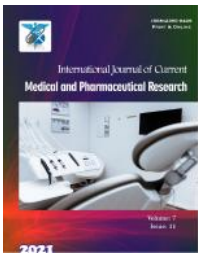
Research Article

INTERNATIONAL JOURNAL OF CURRENT MEDICAL AND PHARMACEUTICAL RESEARCH

ISSN: 2395-6429, Impact Factor: 4.656
Available Online at www.journalcmpr.com
Volume 7; Issue 11(A); November 2021; Page No.6039-6044
http://dx.doi.org/10.24327/23956429.ijcmpr2021111072



A STUDY OF THE PREVALENCE OF ANXIETY AND DEPRESSION AMONG PATIENTS ATTENDING THE GENERAL MEDICINE OUTPATIENT DEPARTMENT

Sridharan A[1]*., Sivakumar Ch[2]., Tondehal NR[3] and Molanguri U[4]

[1]Consultant Psychiatrist, Hyderabad, TS, India
[2]Psychiatry, Nizamabad Medical College, Nizamabad, TS, India
[3]Fellow, Geriatric Psychiatry, Mount Sinai Beth Israel, NY, USA
[4]Psychiatry, Gandhi Medical College, Hyderabad, TS, India

ARTICLE INFO

Article History:

Received 06th August, 2021
Received in revised form 14th September, 2021
Accepted 23rd October, 2021
Published online 28th November, 2021

Key words:

Anxiety, Depression, General Medicine, Outpatient

ABSTRACT

Background: Anxiety and depressive disorders among patients seeking general medical health care have largely been under-recognized. Therefore, not only do the patients tend to lead a lower quality of life but also the load on the already overburdened health system is further increased. This study aims to assess the prevalence of anxiety and depression among patients attending the general medicine outpatient department and emphasize the need to screen for the same during the outpatient visits.

Material and methods: Patients attending the general medicine outpatient of a tertiary care government hospital were enrolled, screened for anxiety and depressive disorders using ICD-10 criteria, and assessed for severity using the Hamilton Rating Scale for Anxiety and Hamilton Depression Rating Scale. The data was analyzed using SPSS and the means of scores were compared with the categories of individual demographic variables using t-test and ANOVA.

Results: In the present study, 39% and 48% of the study subjects were found to suffer from anxiety and depression respectively. The mean HAM-A and HAM D scores of the sample were 11.04 ± 9.30 and 9.50 ± 9.00 respectively. T-Test and ANOVA analyses were done for HAM-A and HAM D scores with the categories of the variables. Marital Status ($F = 3.553$, $p = 0.017$) showed statistical significance for HAM D scores.

Conclusion: Since a considerable number of patients attending medical OPD suffer from varying degrees of anxiety and depression, a short screening for psychiatric morbidity in patients with chronic conditions followed by a psychiatric consultation might be beneficial.

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INTRODUCTION

Anxiety and depressive disorders have consistently shown to be of increased prevalence in many studies, community-based and hospital-based. They may manifest as, exacerbate or hinder the treatment of, the condition with which the patients present to a general physician. Due to more prevalence of somatic symptoms in these disorders, they tend to present to a medical setting long before being seen at a psychiatric hospital.

A large community epidemiological survey by Andrade *et al*. states that major depressive episodes are a commonly occurring disorder and strongly comorbid with anxiety disorders in all the countries.[(1)] Mental disorders are highly prevalent among patients seen in general hospitals, often passing undetected by the physicians; as a result, the patients end up being physically examined and investigated at times far too extensively. [(2)(3)] Kessler *et al*.[(4)] concluded that normalizing attributional style predominant in general practice attendees is an important cause of low rates of depression and anxiety. Another article addressing the issue of recognition of psychiatric disorders by general physicians[(5)(6)(7)] states that only 40-47% of the new patients had their psychiatric disorder recognized by their general practitioner. Psychiatry morbidity was found to be around 36% in out-patient clinics, with approximately 24% suffering from purely psychiatric problems like anxiety neurosis and depression, with 12% being psychiatric comorbidity.[(8)] Hence the need to recognize them in a general medical setting. Assessment of the psychiatric morbidity would help in strengthening psychiatry services and thus improve the quality of life.

Aim

The study aimed to find the prevalence of anxiety and depression in patients attending the general medicine outpatient department. The objectives were to evaluate depressive and anxiety symptoms, determine the demographic profile of the patients, and assess the association between the demographic correlates and the prevalence of anxiety and depression.

Corresponding author:* **Sridharan A
Consultant Psychiatrist, Hyderabad, TS, India

MATERIALS AND METHOD

This is a cross-sectional study based in a general hospital general medical outpatient setting. The data has been collected from a tertiary care government hospital located in Hyderabad. The subjects who fulfilled the criteria for selection were recruited for the study after obtaining written informed consent. The sample size is 100, comprising 50 male and 50 female subjects obtained by convenience sampling.

Persons between 18-65 years of age and those who had given written informed consent were included in the study, while those with a past history of psychiatric disorder or those not conversant in either English, Telugu, or Hindi were excluded from the study.

The materials used in the study included a written informed consent form; a semi-structured intake Pro-forma that recorded the socio-demographic data, chief medical complaints, the provisional medical diagnosis, history of past and present medication use, and the details of substance use; Hamilton Rating Scale for Anxiety (HAM-A), a 14-item severity rating scale and Hamilton Depression Rating Scale (HAM-D), a 17 item scale to measure the severity of depression.

Those who qualified for the study as per the inclusion and exclusion criteria were administered the intake Pro-forma. They were assessed for the presence of anxiety and depression using ICD-10 criteria and rated for severity using the Hamilton Rating Scale for Anxiety and Hamilton Depression Rating Scale.

Statistical Analysis

Statistical analysis was done using SPSS version 22. Demographic data were described using frequencies and percentages. Means and standard deviations were used to describe and analyze scores on assessment scales. T-test and ANOVA analyses were done to identify the differences among the variable groups. Statistical significance was set at 0.05.

RESULTS

The sample comprised a total of 100 subjects (n=100), 50 of them males and 50 females. (Table 1). The majority of the sample were Muslims (51%), followed by Hindus (47%). In the sample, 43% were illiterate, 38% semi-skilled workers, followed by 28% skilled workers. The majority of the sample (31%) had a family income of INR 5547-9248 per month.

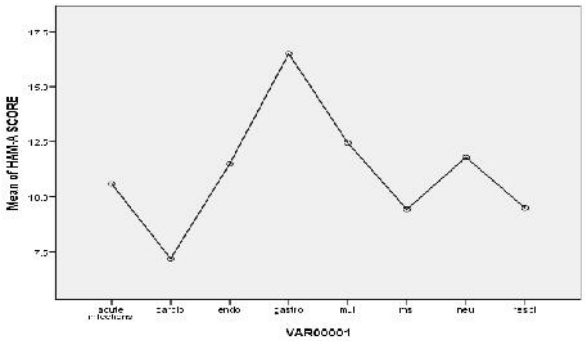

Figure 1 HAM-A scores in medical conditions

Patients from urban domiciles were the majority (83%), and 77% of the total sample were married. 95% of the sample came from a nuclear family. Acute infections were the most common diagnoses (25%) in the sample visiting the hospital, followed by musculoskeletal diagnoses (23%).

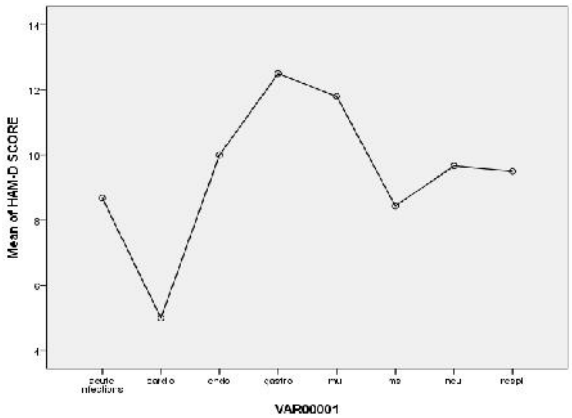

Figure 2 HAM-D scores in medical conditions

The comorbidities found in the sample were bronchial asthma, hypertension, diabetes mellitus, hypothyroidism, retroviral disease, coronary artery disease, chronic kidney disease, Koch's disease, acid peptic disease, left ventricular hypertrophy, alcohol-induced pancreatitis, and old liver abscess. They were found either singly or in combination. The past and present medication usage in the sample belonged to the following categories: antacids, antibiotics, anti-inflammatory, antimalarials, anti-tuberculous treatment, bronchodilators, laxatives, NSAIDs, and thyroxine. Only 12% of the sample had some form of substance dependence.

Table 1 Variable Distribution by Sex

Variables	Sex		Chi Square	P Value
	Male	Female		
Religion				
Hindu	29(61.7)	18(38.3		
Muslim	19(37.3)	32(62.7)	7.888	0.048
Christian	1(100)	0(0)		
Sikh	1(100)	0(0)		
Education				
Illiterate	23(53.5)	20(46.5)		
Primary school	6(54.5)	5(45.5)		
Middle school	4(30.8)	9(69.2)	5.890	0.317
High school	7(38.9)	11(61.1)		
Intermediate	5(55.6)	4(44.4)		
Graduate/PG	5(83.3)	1(16.7)		
Occupation				
Unemployed	7(53.8)	6(46.2)		
Unskilled worker	8(53.3)	7(46.7)	17.814	0.007
Semi-skilled worker	10(26.3)	28(73.7)		
Skilled worker	20(71.4)	8(28.6)		
Shop owner/farmer	2(100)	0(0)		
Semi-professional	1(50)	1(50)		
Professional	2(100)	0(0)		
Domicile				
Rural	10(58.8)	7(41.2)	0.638	0.424
Urban	40(48.2)	43(51.8)		
Marital status				
Unmarried	12(70.6)	5(29.4)		
Married	36(46.8)	41(53.2)	6.007	0.111
Separated	1(100)	0(0)		
Widowed	1(20)	4(80)		
Family type				
Nuclear	49(51.6)	46(48.4)	1.895	0.169
Joint	1(20)	4(80)		
Diagnostic category				
Acute Infections	14(56)	11(44)		
Cardiovascular	2(40)	3(60)		
Endocrinological	1(50)	1(50)	6.624	0.469

Gastrointestinal	5(83.3) 1(16.7)		
Multiple	9(45) 11(55)		
Musculoskeletal	8(34.8) 15(65.2)		
Neurological	8(53.3) 7(46.7)		
Respiratory	3(75) 1(25)		
Substance use			
Yes	12(100) 0(0)	13.636	0.003
No	38(43.2) 50(56.8)		
Familyincome			
<=1865	1(100) 0(0)		
1866-5546	9(34.6) 17(65.4)	7.533	0.274
5547-9248	18(58.1) 13(41.9)		
9249-13873	14(56) 11(44)		
13874-18497	5(71.4) 2(28.6)		
18498-36996	2(28.6) 5(71.4)		
>=36997	1(33.3) 2(66.7)		

*N(Percentage)

The mean age of the sample was 39.08 ± 13.70 years. The mean HAM-A score of the sample was 11.04 ± 9.30. The mean HAM D score of the sample was 9.50 ± 9.00. The means of HAM-A and HAM D among the different categories of the variables are as shown in Table 2, Table 3, Figures 1 and 2. T-Test and ANOVA analyses were done for HAM-A and HAM D scores with the categories of the variables. None of the variables had any statistical significance except Marital Status (F = 3.553, p = 0.017) for HAM D scores.

A total of 39 (39% of the sample) subjects suffered from anxiety of any severity in the sample; among males, the number was 17 (34% of males) and among females, it was 22 (44% of females).

Table 2 HAM-A distribution among variables

Variables	HAM A				Chi Square	P Value
	Normal	Mild	Moderate	Severe		
Religion	32(68.08)	3(6.38)	7(14.89)	5(10.63)		
Hindu	28(54.90)	9(17.64)	8(15.68)	6(11.76)	11.353	0.252
Muslim	1(100)	0(0)	0(0)	0(0)		
Christian	0(0)	0(0)	0(0)	0(0)		
Sikh						
Education	28(65.11)	5(11.62)	3(6.97)	7(16.27)		
Illiterate	7(63.63)	0(0)	2(18.18)	2(18.18)		
Primary school	7(53.84)	2(15.38)	2(15.38)	2(15.38)	13.182	0.588
Middle school	10(55.55)	3(16.66)	5(27.77)	0(0)		
High school	7(77.77)	1(11.11)	1(11.11)	0(0)		
Intermediate	2(33.33)	1(16.66)	2(33.33)	1(16.66)		
Graduate/PG						
Occupation	7(53.84)	1(7.70)	5(38.5)	0(0)		
Unemployed	10(66.66)	1(6.7)	1(6.7)	3(20.00)		
Unskilled worker	21(55.26)	7(18.4)	5(13.2)	5(13.2)	18.274	0.438
Semi-skilled worker Skilled	19(67.85)	2(7.10)	4(14.3)	3(10.7)		
worker	2(100)	0(0)	0(0)	0(0)		
Shop owner/farmer	1(50)	1(50)	0(0)	0(0)		
Semi-professional	1(50)	0(0)	0(0)	1(50)		
Professional						
Domicile Rural	10(58.82)	1(5.9)	5(29.4)	1(5.9)	4.130	0.248
Urban	51(61.44)	11(13.3)	10(12)	11(13.3)		
Marital status						
Unmarried	10(58.82)	0(0)	6(35.3)	1(5.9)		
Married	49(63.63)	9(11.7)	9(11.7)	10(13)	26.615	0.002
Separated	0(0)	0(0)	0(0)	1(100)		
Widowed	2(40)	3(60)	0(0)	0(0)		
Family type						
Nuclear					7.714	0.052
Joint	60(63.15)	10(10.5)	13(13.7)	12(12.6)		
Diagnostic category Acute	1(20)	2(40)	2(40)	0(0)		
Infections						
Cardiovascular	17(68)	0(0)	5(20)	3(12)		
Endocrinological	4(80)	1(20)	0(0)	0(0)		
Gastrointestinal	1(50)	1(50)	0(0)	0(0)	27.660	0.275
Multiple	3(50)	0(0)	1(16.7)	2(33.3)		
Musculoskeletal	11(55)	5(26.3)	1(5.3)	3(15.8)		
Neurological	15(65.21)	4(17.4)	3(13)	1(4.3)		
Respiratory	8(53.33)	1(6.7)	4(26.7)	2(13.3)		
	3(75)	0(0)	0(0)	0(0)		
Substance use						
Yes	5(41.66)	0(0)	4(33.33)	3(25)	13.001	0.163
No	56(63.63)	12(13.6)	11(12.5)	9(10.2)		
Family income <=1865						
1866-5546	1(100)	0(0)	0(0)	0(0)		
5547-9248	18(69.23)	4(15.4)	3(11.5)	1(3.8)		
9249-13873	20(64.51)	3(9.7)	2(6.5)	6(19.4)	17.593	0.483
13874-18497	14(56)	3(12)	5(20)	3(12)		
18498-36996	2(28.51)	0(0)	3(42.9)	2(28.6)		
>=36997	4(57.14)	2(28.6)	1(14.3)	0(0)		
Sex	2(66.66)	0(0)	1(33.3)	0(0)		
Male						
Female	33(66)	1(2)	8(16)	8(16)	10.143	0.017
	28(56)	11(22)	7(14)	4(8)		

***N(Percentage)**

Table 3 HAM-D distribution among variables

Variables	HAM D					Chi Square	P Value
	Normal	Mild	Moderate	Severe	Very Severe		
Religion				1(2.1)			
Hindu	27(57.44)	6(12.8)	7(14.9)	3(5.9)	6(12.8)		
Muslim	25(49.01)	8(15.7)	10(19.6)	0(0)	5(9.8)	14.946	0.244
Christian	0(0)	1(100)	0(0)	0(0)	0(0)		
Sikh	0(0)	0(0)	0(0)		1(100)		
Education				3(7.00)			
Illiterate	23(53.48)	3(7.00)	7(16.3)	0(0)	7(16.3)		
Primary school	6(54.2)	2(18.2)	1(9.10)	0(0)	2(18.2)		
Middle school	5(38.5)	3(23.1)	3(23.1)	1(5.6)	2(15.4)	15.839	0.727
High school	10(55.6)	3(16.7)	3(67.7)	0(0)	1(5.6)		
Intermediate	6(67.7)	1(11.1)	2(22.2)	0(0)	0(0)		
Graduate/PG	2(33.3)	3(50.0)	1(16.7)		0(0)		
Occupation				0(0)			
Unemployed	5(38.5)	4(30.8)	3(23.1)	0(0)	1(7.7)		
Unskilled worker	8(53.3)	1(6.7)	4(26.7)	1(2.6)	2(13.3)	19.491	0.725
Semi-skilled worker	20(52.6)	4(10.5)	6(15.8)		7(18.4)		
Skilled worker				3(10.7)			
Shop owner/farmer	16(57.1)	5(17.9)	2(7.1)	0(0)	2(7.1)		
Semi-professional	1(50.0)	0(0)	1(50)		0(0)		
Professional				0(0)			
	1(50)	1(50)	0(0)	0(0)	0(0)		
Domicile	1(50)	0(0)	1(50)		0(0)		
Rural							
Urban				0(0)			
	10(58.8)	3(17.6)	3(17.6)	4(4.8)	1(5.9)	1.742	0.783
Marital status	42(50.6)	12(14.5)	14(16.9)		11(13.3)		
Unmarried							
Married				1(5.9)			
Separated	9(52.9)	3(17.6)	4(23.5)	3(3.9)	0(0)		
Widowed	42(54.5)	11(14.3)	11(14.3)	0(0)	10(13.0)	13.642	0.324
	0(0)	0(0)	0(0)	0(0)	1(100)		
Family type	1(20.0)	1(20)	2(40)		1(20)		
Nuclear							
Joint				4(4.2)			
	52(54.7)	14(14.7)	14(14.7)	0(0)	11(11.6)	9.040	0.060
Diagnostic category	0(0)	1(20)	3(60)		1(20)		
Acute Infections							
Cardiovascular							
Endocrinological				1(4.00)			
Gastrointestinal	14(15.6)	3(12.0)	5(20)	0(0)	2(8.00)		
Multiple	4(80)	0(0)	1(20)	0(0)	0(0)		
Musculoskeletal	1(50)	0(0)	1(50)	1(16.7)	0(0)		
Neurological	3(50)	0(0)	1(16.7)	1(5)	1(16.7)	23.89	0.687
Respiratory	7(35.0)	3(15.0)	6(30.0)	1(4.3)	3(15)		
	15(65.2)	2(8.7)	2(8.7)	0(0)	3(13.0)		
	6(40.0)	6(40.0)	1(6.7)	0(0)	2(13.3)		
	2(50.0)	1(25)	0(0)		1(25)		
Substance use							
Yes	3(25)	2(16.66)	3(25)	2(16.66)	2(16.66)	27.374	0.007
No	49(55.68)	13(14.8)	14(15.9)	2(2.3)	10(11.4)		
Family income							
<=1865	1(100)	0(0)	0(0)	0(0)	0(0)		
1866-5546	15(57.7)	3(11.5)	5(19.2)	0(0)	3(11.5)		
5547-9248	16(51.6)	7(22.6)	1(3.2)	3(9.7)	4(12.9)	25.368	0.386
9249-13873	13(52.0)	1(4.00)	6(24.0)	1(4.00)	4(16)		
13874-18497	2(28.6)	1(14.3)	4(57.1)	0(0)	0(0)		
18498-36996	4(57.1)	2(28.6)	0(0)	0(0)	1(14.3)		
>=36997	1(33.3)	1(33.3)	1(33.3)	0(0)	0(0)		
Sex							
Male	27(54)	8(16)	7(14)	3(6)	5(10)	2.006	0.735
Female	25(50)	7(14)	10(10)	1(2)	7(14)		

***N(Percentage)**

Among all the subjects, 12 (12% of the sample) suffered from mild anxiety, 15 (15% of the sample) from moderate anxiety, and 12 subjects (12% of the sample) from severe anxiety.

A total of 48 (48% of the sample) subjects suffered from depression of any severity in the sample; among males, the number was 23 (46% of males) and among females, it was 25 (50% of females).

Among all the subjects, 15 (15% of the sample) suffered from mild depression, 17 (17% of the sample) from moderate depression, 4 (4% of the sample) from severe depression, and 12 (12% of the sample) suffered from very severe depression.

DISCUSSION

In the present study the sample size was 100. Out of 100, 39% of the subjects suffered from anxiety and 48% suffered from depression.

Out of those who suffered from anxiety, more subjects suffered from moderate anxiety (15% of the sample) compared to mild and severe anxiety. Out of those who suffered from depression, more subjects suffered from moderate depression (17% of the sample) followed by mild, very severe, and severe depression in that order. Marchesi *et al*[6] in their study comparing anxiety and depressive disorders in an emergency ward of a hospital and a medical ward, found that more medical ward patients suffered from depression (20.8%), compared to anxiety (11.6%) and more emergency department patients suffering from anxiety disorders (18.1%) compared to depression. The findings were lower compared to those of this study. Kohli *et al* [9] found an overall prevalence of depression to be 30.1%, out of which only 21% were already diagnosed cases, the remaining 79% were unrecognized cases of depression. Half of the total unrecognized depression patients were detected from Medicine OPD. Also, the descending order of prevalence of depression in terms of its severity was mild, followed by moderate, severe, and very severe depression which is different from this study where the order was moderately followed by mild followed by very severe followed by severe depression. Obadeji *et al* [10] in their study in Nigeria found that, among those assessed, 47.8% suffered significant depressive symptoms, the value being similar to this study. The category-wise prevalence however varied. In the Nigerian study, the order of prevalence was mild, moderate, moderately severe, and severe depression in descending order.

In this study the prevalence of anxiety of any severity was more among females, Sikhs, those educated up to graduation/post-graduation, employed as semi-professionals and professionals, with a family income of between INR 13,874 and 18,497 per month, belonging to the rural background, separated, living in joint families, with a medical diagnosis of gastrointestinal disease, those suffering from medical co-morbidities, and those dependent on alcohol, using nicotine or both. Olfson *et al*[11] found a higher prevalence of major depressive disorder, panic disorder, and generalized anxiety disorder among women compared to men similar to the findings of the current study. Zahid *et al*[3] found that compared to those who did not have any psychiatric morbidity those who suffered from psychiatric morbidity had more mean years of schooling.

The prevalence of depression of any severity was more prevalent among females, Christian and Sikh, those educated up to graduation/post-graduation, employed as shop owners/farmer, semi-professionals and professionals, with a family income of between INR 13,874 and 18,497 per month, belonging to the urban background, separated, living in joint families, with a medical diagnosis of gastrointestinal disease, those suffering from medical co-morbidities, and those dependent on alcohol, using nicotine or both. Obadeji *et al*[10] found a statistically significant difference in the prevalence of depression in both sexes.

Thappa *et al*,[2] Zahid *et al*,[3] Amin *et al*,[12] and Ray *et al*[13] have similar findings to show regarding female preponderance. Kohli *et al*[9] found that 73.4% of the depressed patients in their study were Hindus and the association with religion was significant; the study also found the association of education status with the prevalence of depression was significant with the majority of the depressed patients being illiterate. Poongothai *et al* [14] in their population-based study found that individuals with lower levels of education were more depressed compared to those who were better educated. This finding was significant with the descending order of prevalence of depression being professional education followed by post-graduation, graduation, SSC, below SSC, and illiterates. Amin *et al* [12] and Ray *et al* [13] found that depression was seen more often in patients who were unemployed. Amin *et al* [12] in their study in 1998 found that the vast majority of the depressed patients had a monthly income of INR 1000 or less. Poongothai *et al* [14] in their population-based study found that a significant inverse relationship was observed between household income and depression rates. Thappa *et al* [2] too found more psychiatric morbidity among people with low socioeconomic status. Thappa *et al* [2] in their study of psychiatric morbidity have observed that the prevalence was more in rural than in urban populations. Amin *et al* [12] however observed that majority of the depressed patients had an urban background. Olfson *et al* [11] found similarly, that separated and divorced persons were more likely to meet the criteria for major depressive disorder. Obadeji *et al* [9] also found a statistically significant relationship between being separated/widowed/divorced and suffering from depression than married persons. They had observed similarly for generalized anxiety disorder. De *et al*[15] observed that about 50% of patients suffering from connective tissue and hematological disorders and 40% of patients suffering from hepatic disorders were affected by psychiatric illness. Ahmad *et al* [16] in the study of psychiatric morbidity in patients attending neurological outpatient observed that 16.6% and 10.6% of the sample suffered from major depressive episode and anxiety disorders respectively which constituted 27.8% and 17.66% of the total psychiatric morbidity in their study

CONCLUSION AND RECOMMENDATIONS

It can be concluded that a considerable number of patients attending medical OPD suffer from varying degrees of anxiety and depression; and therefore, the need for them to be recognized in a general medical setting cannot be overemphasized. A short screening for psychiatric morbidity in patients with chronic conditions followed by a psychiatric consultation might be a holistic approach to be considered in general medical settings. This invariably improves the quality of life and sometimes a response to treatment through promoting treatment adherence.

Limitations

The sample size is small, and the sampling was restricted to the general medical OPD.

Therefore the study findings are not generalizable to the entire OPD attending population.

The effect of the medication being used by the patients has not been emphasized upon.

Conflict of Interest: NIL

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How to cite this article:

Sridharan A *et al* (2021) 'A Study of the Prevalence of Anxiety and Depression among Patients Attending the General Medicine Outpatient Department', *International Journal of Current Medical and Pharmaceutical Research,* 07(11), pp 6039-6044.

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