

## Original Research

### Assessment of Depression and anxiety among Indian urban affluent adults

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#### ABSTRACT:

**Background:** The present study was conducted for assessing Depression and anxiety among Indian urban affluent adults. **Materials & methods:** A total of 100 apparently healthy urban affluent 30–45-year-old adults were enrolled from preventive health check programs of private hospitals. A questionnaire was framed and was administered to all the participants. For administration, they were instructed to rank the statements from 0 to 3 indicating the extent to which each of the statements applied to the past week of their life (least applicable was scored 0, whereas most applicable was scored 3). The scores were calculated separately for depression, anxiety, and stress using a standard scoring template. Final scores were obtained by multiplying each score by 2. Complete demographic and clinical details of all the subjects was obtained. All the results were subjected to statistical analysis using SPSS software. **Results:** Among them, 50 were males while the remaining were females. Among male subjects, depression and anxiety were seen in 24 percent and 32 percent respectively. Among female subjects, depression and anxiety were seen in 34 percent and 36 percent respectively. Overall, depression and anxiety were seen in 29 percent and 34 percent respectively. **Conclusion:** Our study demonstrates the significance of preventive screening for mental health and designing clinical preventive strategies for timely detection among the urban affluent population.

**Key words:** Depression, Anxiety, Urban

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#### INTRODUCTION

Up to the mid-1900s, theories and research in child development were based largely on work with middle class Caucasian children. The latter half of the 20th century witnessed substantial increases in research with poor and ethnic minority groups in recognition of the unique risks that they face. In contrast with this enhanced attention to disadvantaged children, there has been almost no research with those at the other end of the socioeconomic spectrum—youngsters in affluent, upper socioeconomic status (SES) families.<sup>1-3</sup>

The near-total neglect of this group probably reflects two related assumptions among developmental scientists. The first is that affluent youngsters are no different from the middle-class majority (on whom there is ample evidence); and the second is that given their "privileged" status, the life circumstances of these youngsters must be harmless or even benevolent (and thus, presumably, undeserving of

scarce research resources). Neither of these assumptions has been carefully scrutinized, however, and as we shall demonstrate in discussions that follow, both seem to be questionable at best.<sup>4-6</sup> Stress has increasingly become a common part of the urban lifestyle and has been found to be persistently prevalent among young adults. Long-term exposure to stress can have adverse effects on the musculoskeletal health, cardiovascular system, and gastrointestinal system among other health issues, whereas short-term stress can act as a trigger for fatal health events. In fact, chronic stress may cause depression and anxiety among individuals. Therefore, assessment of these factors is essential for preventive action.<sup>5-7</sup> Hence; the present study was conducted for assessing Depression and anxiety among Indian urban affluent adults.

## MATERIALS & METHODS

The present study was conducted for assessing Depression and anxiety among Indian urban affluent adults. A total of 100 apparently healthy urban affluent 30–45-year-old adults (50 males and 50 females) were enrolled from preventive health check programs of private hospitals. A questionnaire was framed and was administered to all the participants. For administration, they were instructed to rank the statements from 0 to 3 indicating the extent to which each of the statements applied to the past week of their life (least applicable was scored 0, whereas most applicable was scored 3). The scores were calculated separately for depression, anxiety, and stress using a standard scoring template. Final scores were obtained

by multiplying each score by 2. Complete demographic and clinical details of all the subjects was obtained. All the results were subjected to statistical analysis using SPSS software.

## RESULTS

A total of 100 subjects were assessed. Among them, 50 were males while the remaining were females. Among male subjects, depression and anxiety were seen in 24 percent and 32 percent respectively. Among female subjects, depression and anxiety were seen in 34 percent and 36 percent respectively. Overall, depression and anxiety were seen in 29 percent and 34 percent respectively.

**Table 1: Distribution of patients according to presence of anxiety and depression**

Severity rating		Males	Females	Overall
Depression	Normal	38	33	71
	Mild	5	6	11
	Moderate	5	8	13
	Severe	2	3	5
Anxiety	Normal	34	32	66
	Mild	6	8	14
	Moderate	5	7	12
	Severe	5	3	8

## DISCUSSION

Depression and anxiety are recognized as common, serious disorders and debilitating mental health problems in the changing social context and are afflicting adolescents and student population to a large extent. Lifetime prevalence increases drastically from 1% of the population under age 12 years to ~17–25% of the population by the end of adolescence, with an increase in cases in age-group of 15–18 years. Depression, Anxiety, and Stress Scale 21 (DASS-21) has been widely employed to assess relationship and effect of depression, anxiety, and stress among various population, age-groups, clinical and nonclinical respondents and discriminate between anxiety and depression. There are two versions of the scale; a long form (42 items) and short form (21 items) both versions are reliable and valid measures in clinical and nonclinical population and different cultural and ethnic groups. The factor structure of the DASS was found same in clinical and nonclinical samples, supporting the idea that clinical disorders represent an extreme or maladaptive manifestation of basic emotional syndromes.<sup>8-10</sup> Hence; the present study was conducted for assessing Depression and anxiety among Indian urban affluent adults.

A total of 100 subjects were assessed. Among them, 50 were males while the remaining were females. Among male subjects, depression and anxiety were seen in 24 percent and 32 percent respectively. Among female subjects, depression and anxiety were seen in 34 percent and 36 percent respectively. Chauhan S et al assessed the occurrence

of depression, anxiety, and stress among Indian urban affluent adults. Urban, affluent, 30–45-year-old apparently healthy adults (n = 218; both males and females) were enrolled from preventive health check programs of private hospitals in the National Capital Region, Delhi, India. The DASS-21 item questionnaire was administered as a part of cross-sectional data collection after obtaining written informed consent. Scores were computed as per the DASS-21 manual, and their correlations with probable demographic, dietary, lifestyle, anthropometric, and biophysical factors were explored. Mild to moderate levels of depression anxiety and stress were observed among 22.1%, 23% and 15.2% respectively and severe or extremely severe levels were observed among 5.1%, 8.7% and 7.3% participants respectively. No meaningful correlations were observed with demographic, dietary, lifestyle, anthropometric, and biophysical factors in this population. The incidence of these factors in an apparently healthy and productive population highlights the importance of regular screening for timely detection and designing clinical preventive strategies. Also, further research is needed to ascertain if the DASS scores have any probable relationship with demographic dietary, lifestyle, anthropometric and biophysical factors such as those assessed in their study.<sup>11</sup>

Overall, depression and anxiety were seen in 29 percent and 34 percent respectively. Singh K et al explored the role of socio- demographic variables and examined if there was any difference between school going and school dropouts. Data from 1812

students, aged 12-19 years was collected with mean age = 15.67 years (SD =1.41 years). The participants were administered a booklet containing demographic questionnaire and psychometric scales such as DASS-21 and Strengths and Difficulties Questionnaire. The results of validation indicated that English and Hindi version of 3 factor model of DASS and 2 factor model of SDQ was an acceptable model fit. It was noted that early adolescents were high on prosocial behaviour whereas late adolescents were high on difficulties score.<sup>12</sup>

## CONCLUSION

Our study demonstrates the significance of preventive screening for mental health and designing clinical preventive strategies for timely detection among the urban affluent population.

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