SUMMARY

An investigation of depressive phenomena in a Sri Lankan General Practice was undertaken using a two-stage method of case identification. The objectives were, to estimate the prevalence of depressive phenomena, to identify demographic risk factors, observe phenomenology and assess severity. A new, consecutive, unduplicated and unselected series of adult patients attending the author's practice comprised the study population. 3626 adults were screened using the Screening for Depression Questionnaire-9 and clinically assessed for depressive symptoms blind to the questionnaire scores. Those patients who met the criteria for depressive disorder by DSM-III-R criteria were further evaluated using the Beck Depression Inventory and Hamilton Depression Scale. The demographic data and clinical features were recorded in the Psychosocial Evaluation Form. 16.6% of the practice attenders admitted to depressive symptoms. The prevalence rate of depressive disorder was 7.7%. Elderliness (≥55years), female sex, widowhood, low education, being a housewife, low occupation in the male and economic unproductivity emerged as significant risk factors. Subtyping by DSM-III-R criteria showed that moderate Major Depressive Episode was the commonest and Major Depressive Episode with psychotic features the least common. Pain and dyspepsia were the most common presenting symptoms and multiple symptoms, as well as multiple organ involvement were characteristic features of the depressives studied. While affective and vegetative symptoms were typical, cognitive symptoms of depression were infrequent. Hypochondriasis and anxiety too, were very common. Severity assessment by subtyping showed that 60% to be moderately or severely depressed. 66% of the depressives were found to be incapacitated functionally to a moderate degree at least by Global Assessment of Functioning Scale criteria. By Hamilton Depression Scale criteria 53% were severely depressed, while 40% were moderately and 7% mildly depressed. The respective Beck Depression Inventory figures were 26%, 32% and 42%. Validity and the reliability of the findings, limitations and implications of the conclusions are discussed.