Depression in Insomnia with other Associated Factors in Perspective of Birth Order.

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ABSTRACT:

Objective: To assess prevalence of depression in insomniac patients in perspective of birth order with other factors; restlessness, appetite, sadness and anger.

Methods: 417 insomniac patients participated in this descriptive study, which were taking medical treatment from psychiatrists. A questionnaire was administered targeting insomnia criteria. Confidentiality of information taken was ensured.

Results: Out of the 417 insomniac patients included in this study, 253 presented with co-existing depression. Also as the age advanced, the number of depressed patients increased. In the age group of 10 to 30, 218 insomniac patients were encountered, and out of these 117 were depressed (53.67%). In the other age group, ranging from 31 to 80, there were 196 insomniacs with 137 complaining of symptoms of depression (69.898%). 65.2% were suffering from anorexia, 193 (46.3%) insomniac patients reported restlessness. 148 were youngest in the family, 184 were eldest and the rest of 85 were in between them. It was found that the eldest member of the family suffers more from insomnia.

Conclusions: Insomniac patients were seen more susceptible to depression, anorexia, restlessness, sadness and anger. As the age advanced, the number of depressed patients increased. It was found that the eldest member of the family suffers more from insomnia.

Keywords: Depression, anorexia, restlessness, insomnia.

Introduction:

Insomnia is described as marked lack of sleep[1]. Rather than initiation in sleep maintenance of sleep is the mostly reported problems in the adults with sleep disturbance and serious results [2,3,4].Depression refers to a feeling of low self-esteem or a lack of interest in life. Both these entities are considered to be clinically significant owing to their inevitable interference in the daily routines of the subjects. Depression is implicated as one of the various factors leading to insomnia, and while the medical field establishes the biological logic of this cause and effect theory, heterogeneous opinions come to the shore; that is, insomnia is the cause and depression the effect [5,6]. Short sleep duration is associated with increased depressive symptoms [7].

Both of these have been seen to occur in co-existence and any one may precede the other[8]. As a result, it might be possible to eradicate depression by treating insomnia[9].

Aims and objectives:

To assess prevalence of depression in insomniac patients in perspective of birth order with other factors; restlessness, appetite, sadness and anger.

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Methodology:

This study is based upon the information collected from the patients coming to the Psychiatric Ward, Nishtar Medical Hospital, Multan (Pakistan) from Multan itself and nearby areas of Southern Punjab, encompassing Dera Ghazi Khan, Kot Adu, Mianwali, Ali Pur, and Muzaffargarh in the year 2011-2012. A total of 417 patients, all insomniacs, were interviewed about their daily lifestyles, education, age, marital status and whether they experienced depression or not. Consent was taken. The study method was observational and cross-sectional, and the collection of information spanned a time of 1 year. The results were then organized in tabulated forms, and a conclusion was drawn out.

Results:

Out of the 417 patients included in this study, 100% presented with insomnia, and 253 presented with co-existing depression. This amounts to 60.67% of the total population. Understandably, the remaining 164, or 39.32%, presented with Insomnia, but NOT with depression. Duration of illness ranged from a month to a year, and a graphical correlation between insomniac period and depressed patients does not present us with a definite trend to define. Also as the age advanced, the number of depressed patients increased. In the age group of 10 to 30, 218 insomniac patients were encountered, and out of these 117 were depressed (53.67%).In the other age group, ranging from 31 to 80, 196 insomniacs presented themselves to the hospital, with 137 complaining

of symptoms of depression (69.898%).
This study showed that eldest were more depressed, sad and lacking appetite followed by the youngest and the middle in the family order (Table 1, 2, 3).

Table 1: Depressed youngest family members

			Count
Family Order Youngest	Sad	Yes	85
		No	63
	Anger	Yes	97
		No	51
	Weeping	Yes	89
		No	58
	Appetite	Yes	50
		No	98

Table 2: Depressed family members middle in birth order

			Count
Family Order Middle	Sad	Yes	51
		No	34
	Anger	Yes	64
		No	21
	Weeping	Yes	51
		No	34
	Appetite	Yes	30
		No	55

Table 3: Depressed eldest family members

			Count
Family Order Eldest	Sad	Yes	106
		No	78
	Anger	Yes	123
		No	61
	Weeping	Yes	112
		No	72
	Appetite	Yes	65
		No	119

Prevalence of lack of appetite was vividly seen in the depressed insomniac patients, along with sadness, anger and weeping behavior (Table 4)
Table 4: Prevalence of appetite with sadness, anger and weeping behavior in depression

			Count
Yes	Sad	Yes	80
		No	65
	Anger	Yes	112
		No	33
	Weeping	Yes	79
		No	66
No	Sad	Yes	162
		No	110
	Anger	Yes	172
		No	100
	Weeping	Yes	173
		No	98

To broaden the picture still, gender and depression were correlated. 223 patients were males, and 194 were females. Out of those 223 male patients, depression was observed in 119 patients (53.36%), and among the females, in 133 (68.67%).

Discussion:

Insomnia seems to be an expanding problem in the world, given the change of lifestyle that modernity has enforced upon us. Interestingly, depression seems to be flanking insomnia in majority of insomniac cases, if not all of them. People with insomnia had greater depression and anxiety levels than people not having insomnia and were 9.82 and 17.35 times as likely to have clinically significant depression and anxiety, respectively [10]. Lack of sleep significantly predicted later insomnia along with depression, and vice versa [11]. In the findings, the eldest of the family member is seen to be more effected with depression followed by youngest and the middle in birth order along with marked lack of appetite, sadness and ager. The incidence of insomnia and depression together is very common [12].This research found that depression and insomnia co-existed in a dominant 60.67% of the cases while the rest of the patients, though insomniac, were not diagnosed with depression. This depression could lead to the after-effects of insomnia as in neurobiological abnormalities, insomnia also causes abnormal circadian rhythms, decreased mental capability, memory and irritability [13, 14]. Hence brings havoc in lives, and the resulting depression. In support of this observation, nearly all of our depressed patients complained of an inability to sleep, unsatisfactory lives, and the resulting feelings of low- esteem.
The area to which this study is related constitutes an underdeveloped part of Pakistan, with a low literacy rate and peaking poverty. The disoriented political, social and economic progress of the country defines the shadow of the stress people have to face: a large proportion of population presents with clinically significant depression and insomnia [15].This, combined with the disturbance of circa-

dian rhythms imposed by the increasing trends of night-time parties for the emerging adults, drug abuse, and hectic professional routines, contributes significantly to a lack of adequate sleep and depression [16, 17].Depression and insomnia are interrelated [18, 19, 20]. Insomnia can occur at any age but it is more frequent in elderly [21] and similar results in our survey suggests it. Also the coexistence of insomnia and anorexia nervosa has been confirmed[22].

Conclusion:

Insomniac patients were seen more susceptible to depression, anorexia restlessness, sadness and anger. As the age advanced, the number of depressed patients increased. It was found that the eldest member of the family suffers more from insomnia followed by the youngest and the middle in birth order.

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