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ORIGINAL PAPER

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Major Depressive Disorder and Difference between Genders

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ABSTRACT

Background: Depression is a common mental disorder and represents a global mental health concern. Presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration. Epidemiologic research have found clear genders differences in the prevalence of Major depressive disorders (MDD). **Objective:** The aim of this study was to find the difference in the symptoms of Major depressive disorder (MDD) between genders. **Methods:** It was analyzed 92 subjects from Health Center Zivinice in the period from September 2019 to May 2021, of which 57 (62 %) are women and 35 (38%) are men. The study identified and measured the severity of 25 different symptoms of depressive disorders in the analyzed subjects. The average age of women is 56 years \pm 8.88, and the average age of men is 52 years \pm 11.03. Statistical data were analyzed in SPSS statistical program. **Results:** Comparing the results t tests revealed significant difference between genders in symptoms like depressed mood, lack of energy, psychomotor retardation, pessimistic attitude towards the future. Symptoms such as angry outbursts, irritability from frustration, even over small matters, frequent or recurrent thoughts of death, suicidal thoughts suicide attempts and impulsive reaction, risky behaviour statistical significance in men in relation to women. **Conclusion:** In this study it was confirmed that MDD is more often diagnosed in women and showing different ways of experiencing, expressing and dealing with the symptoms of MDD. Women complained more about the typical symptoms of depressive disorder according, while men complained more about anger, irritability, waking up early in the morning and alcohol abuse.

Keywords: Major Depressive Disorder, Gender, Difference.

1. BACKGROUND

Depression is a common mental disorder and represents a global mental health concern. Presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration (1,2). Epidemiologic research have found clear genders differences in the prevalence of Major depressive disorders (MDD) (3,4,5). It has been repeatedly shown in different study that women are at greater risk of MDD than men. The prevalence of depressive disorder is higher among women compared to men, and is approximately 21% for women, whereas it is approximately 12% for men (6,7,8). The global 12-month prevalence of MDD was 5.8% in women and 3.5% in men (9,10). These genders differences, have been reported in clinical and general populations are likely to be a result several different factors. Factors that can contribute to genders differences in depression are biological such as genetics, hormones, adrenal functioning, and neurotransmitter systems, sociocultural roles with related adverse experiences, demographic and and psychological attributes related to vulnerability to life events and coping skills are likely to be involved. But clear determinants of gender differences in depressive disorders are far from being completely established (7,11,12). Anxiety disorders are highly coexistent with depression, are more prevalent among women, and also may contribute to the onset, maintenance, and severity of depressive episodes, whereas men have a higher prevalence antisocial behavior and substance abuse (13).

2. OBJECTIVE

The purpose of our study is to address the following topics. Firstly, present the frequency MDD over a period of time between women and men and present notice whether there is

a difference in severity symptoms of depressive disorder between genders which we are in this study identifying and measuring.

3. SUBJECTS AND METHODS

2.1. Subjects and measurements

Data collection was carried in outpatients in Primary care who were diagnosed with MDD, in period September 2019 to May 2021 in Health Center Zivinice. All benefits from these study were explained to all participants. Clinical manifestations of MDD that have been identifying and measuring in both gender in these study are: 1. depressed mood; 2. angry outbursts, irritability and frustration, even over small matters; 3. anxiety; 4. loss of interest and pleasure; 5. lack of energy, psychomotor retardation; 6. concentration difficulty; 7. low self – confidence; 8. feeling of guilt, 9. feelings of worthlessness; 10. pessimistic attitude towards the future; 11. crying for no apparent reason; 12. frequent and recurring thoughts of death, suicidal ideas; 13. impulsive reaction, risky behavior; 14. loss of interest for hobbies or sport; 15. insomnia; 16. hypersomnia; 17. waking up too early; 18. indecisiveness 19. morning depression; 20. fatigue; 21. decreased appetite, 22. increased appetite; 23. decreased libido; 24. low psychosocial functioning, loss interest in work; 25. insight into the illness. Clinical manifestations of MDD were assessed by the Likert scale. A Likert item is simply a statement that the respondent was asked to evaluate by giving it a quantitative value on any kind of subjective or objective dimension, with level of agreement / disagreement being the dimension commonly used. The format of a five-level Likert item is a typical and were: strongly disagree, disagree, neither agree nor disagree, agree, strongly agree. One possible limitations factors which should be acknowledged is rely on self-grade from participants in the assessment symptom questionnaire measures. In study were not included patients with a history of psychotic symptoms, organic mental disorders, organic brain disorder, panic attack, personality disorder, posttraumatic stress disorder, cancer.

2.2. Socio – demographic characteristics

Socio–demographic data, included age, marital status, pleasure in marital relations, years of education, income and employment history, family history of psychiatric illness, and chronic physical disorders and alcohol use, was also collected for all respondents.

2.3. Statistical analysis

Statistical analyses were carried out using the SPSS Statistics package (Officially named IBM SPSS Statistics). Demographic and clinical characteristics were compared between groups using chi-squared test for ordinal data, differences between categorical variables were estimated by Independent Samples t Test for interval data. Statistical significance was evaluated at the $p < 0.05$ level.

4. RESULTS

Of the 92 respondents who were included in the study, 57 (62 %) are women and 35 (38%) are men. The average age of women is 56 years \pm 8.88, and the average age of men is 52 years \pm 11.03. Among women, MDD diagnosed was those aged 36 -50 years 47.3 % (n=27) and 51-65 years

36.8 % (n=21), among men MDD diagnosed was more among those aged 51-65 years 65.7 % (n=23). Among women, the most married are 36, divorced 9, and among men married 23 and divorced 6. Of the total number of married women, 14 complained that marital relations were under great pressure, 13 that they were misunderstood in marriage, 12 that they were happily married while 10 of them were unhappily married, among men 11 complained that they were misunderstood in marriage, 10 of them are in a happily marriage, 8 of them are unhappy while 6 are under pressure in marital relationships. Of the total number of women them 27 was unemployed, 24 was employed, 9 was pensioners, and in group men 16 of them was employed, 9 was unemployed and 10 was retired. Comparing the level of education among women, most were with a high school education 38 of them, primary school education has 12 women and faculty has had 9 women. Among men high school education has 25, primary school education 5 and faculty 5 of them. Prevalence of other chronic disease among respondents was chronic obstructive lung disease have had 8 women, and 12 men, high blood pressure disease have had 20 women and 13 men, diabetes melitus typ2 have had 3 women and 4 men, breast cancer have had 2 women and neurological conditions have had 2 women. Among the respondents, 9 men and one woman were addicted to alcohol, and 10 men and 2 women took alcohol only occasionally. Analyzing data for each symptoms of depressive disorders which were measured in two analyzed groups we found that the results for symptoms like depressed mood, lack of energy, psychomotor retardation, pessimistic attitude towards the future, problem with crying for no apparent reason expressed in women and there is statistical significance $p < 0.05$. Symptoms depressed mood, lack of energy, psychomotor retardation, pessimistic attitude towards the future, is more pronounced at the age of 51 to 65 years and problem with crying for no apparent reason it was expressed at the age of 36 to 50 years.

In men, the symptoms are more pronounced related to non-characteristic symptoms such as angry outbursts, irritability or frustration, even over small matters, frequent and recurring thoughts of death, suicidal ideas, impulsive reaction, risky behaviour where there is statistical significance $p < 0.05$. Symptoms angry outbursts, irritability or frustration, as they state “even over small matters” were more pronounced between the ages of 51 and 65, frequent and recurring thoughts of death, suicidal ideas, impulsive reaction in respondents between the ages of 18 and 50 and 66 and more, more among respondents who had lower financial incomes, the unemployed, divorced, or widowed.

Symptoms like anxiety, loss of interest and pleasure, concentration difficulty, low self – confidence, loss of interest for hobbies or sport, indecisiveness, fatigue, low psychosocial functioning, loss interest in work are almost equally pronounced for two groups, and no statistical significance. Insomnia and hypersomnia are present in both groups. Waking up too early is significantly more pronounced in men as are complaints of morning depression and there is statistical significance $p < 0.05$. No statistical significance for decreased appetite and increased appetite

Significantly more men complained of decreased libido

Symptoms of depressive disorders which were measured	F (X ± SD)	M (X ± SD)	t	p
1. Depressed mood	3.96	3.34	3.97	<0.00
2. Angry outbursts, irritability od frustration, even over smal matters	2.40	3.69	4.83	<0.00
3. Anxiety	3.58	3.34	0.94	0.34
4. Los of interest and pleasure	3.58	3.49	1.59	0.11
5. Lack of energy, Psychomotor retardation	3.95	3.44	2.57	0,01
6. Concentracion difficulty	3.53	3.26	1.24	0.21
7. Low self – confidence	3.19	3.11	0.31	0,75
8. Feeling of guilt	3.04	3.11	0.29	0.77
9. Feelings of worthlessness	2.89	3.11	0.86	0.39
10. Pessimistic attitude towards the future	3.14	3.63	2.12	0.03
11. Crying for no apparent reason	3.72	2.5	4.62	<0.00
12. Frequent and recurring thoughts of death, suicidal ideas	1.89	2,86	3.73	<0.00
13. Impulsive reaction, risky behavior	1.42	3.06	8.11	<0.00
14. Los of intreset for hobbies or sport	3.47	3.40	0.37	0.70
15. Insomnia	3.02	3.40	1.42	0.15
16. Hypersomnia	2.51	2.32	0.61	0.54
17. Waking up too early	2.77	3.35	2.27	0.02
18. Indecisiveness	3.25	3.20	0.21	0.83
19. Morning depression	3.18	3.46	1.20	0.23
20. Fatigue	3.65	3.46	0.90	0.36
21. Decreased appetite	2.75	2.29	1.64	0.10
22. Increased appetite	2.73	2.41	1.11	0.26
23. Decreased libido	2.79	3.37	2.39	0.01
24. Low psychosocial functioning, lose intreres in work	3.25	3.31	0.34	0.73
25. Insight into ilnes	4.23	2.71	7.81	<0.00

Table 1. Comparison for each symptomes of depressive disorders which were measured for two analysed groups *Significant level <0.05 X-average value, SD–standard deviation, t–test value, p–statistical significance

compared to the examined group of women and there is statistical significance $p < 0.05$. There is statistical significance in women compared the examined group men regarding insight into illness $p < 0.05$.

5. DISCUSSION

Genders differences in MDD have been investigated in numerous studies. Myrna Weissman was the first to point out the genders differences in MDD and that women get MDD twice as many as men, which was confirmed by later studies (10). Depression rates have been estimated at 7% and 3% for women and men, bat these figures stand in contrast with suicide rates (14). In our study the percentage of women with MDD is 62 % of the total number of all respondents in the two study groups, relative to the percentage of men who are 35 %. Although it has been documented that the percentage of women diagnosed with MDD is twice as high, estimates indicate that there are still a significant number of men who suffer from this disorder and in whom MDD is masked and this can lead to underestimation of the actual rates at which men suffer from MDD (15). Possible reason why men do not seek help is also that because men consider depressive disorder as shame and hide it from others and maybe even from themselves and men who subscribe to traditional male gender role norms tend to endorse negative help-seeking attitudes and yet frequently have depres-

sive symptoms (16). Male norms of self-confidence, control and competence are incompatible with depression (17). Women with MDD react in ways that are more in line with diagnostic criteria, while men tend to develop symptoms of irritability, aggression and antisocial behaviour (15). In our study between symptoms of depressive disorders which were measured in two analysed groups we found that the results for symptoms like depressed mood, lack of energy, psychomotor retardation, pessimistic attitude towards the future, problem with crying for no apparent reason significantly expressed in women. In men symptoms such as angry outbursts, irritability or frustration, “even over small matters”, frequent or recurrent thoughts of death, suicidal ideas suicide attempts and impulsive reaction, risky behaviour are significantly expressed. Although the percentage of women with MDD is higher than that of men, suicide rates are higher among men. Men complete suicide at a rate of four to five times more often than women (14). Risk factors for suicide include being unemployed may increase the suicide risk more for men than for women, single life increase the suicide risk more for men, then alcohol and drug abuse. For the females, risk factors was divorce or death of spouse and economic inactivity (17). In our study frequent and recurring thoughts of death, suicidal ideas were more pronounced in men who were divorced and alcohol abused. Among women, respondents with marital problems and

problems of low economic standard had suicidal ideations. No suicide attempts were reported.

6. CONCLUSION

In this study, it was confirmed that MDD is more often diagnosed in women than men, and it is interesting how women and men have different ways of experiencing, expressing and dealing with the symptoms of MDD. Women complained more about the typical symptoms of depressive disorder according such as depressed mood, lack of energie, psychomotor retardation, pessimistic attitude towards the future, problem with crying for no apparent reason, while men complained more about syptomnes such as angry outbursts, irritability od frustration, “even over small matters”, frequent or recurrent thoughts of death, suicidal ideaes and impulsive reaction, risky behaviour, waking up too early and alcohol abuse. Women had better insight into illness. Men are less likely to seek help because of depressive symptoms, and all of those can present barriers to health care providers recognizing depression and a willingness to engage in treatment.

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