

Depression: Global and Saudi-specific Clinical Features

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Key Points:

1. Global Clinical Definitions,
2. Global prevalence & demographics,
3. Global burden of depression,
4. Depression in Saudi Arabia: prevalence & demographics,
5. Depression in Saudi Arabia: specific characteristics
6. Depression in Saudi Arabia: access to treatment

Global Clinical Definitions: the ICD-11 (WHO, 2022; Stein et al., 2020)

- At least FIVE of ten symptoms co-occurring most of the day, almost daily, for at least 14 days,
- One of these must be either a depressed mood or anhedonia,
- With no history or presence of manic, hypomanic, or mixed episodes,
- Associated with substantial impairment in functional performance,
- Not due to medical conditions, substance abuse, or medications,
- Not due to, or better explained by, bereavement.

1. Depressed mood, aka “Dysphoria”,

2. Anhedonia - diminished interest or pleasure in activities, decreased or diminished capacity to experience pleasures,

3. Concentration issues - decreased ability to think or maintain attention, or apparent indecisiveness,

4. Worthlessness- perceptions of reduced self-worth, or unjustified feelings of guilt,

5. Hopelessness – the future is black,

6. Suicidal Ideation - repeated thoughts of death or suicide, or attempted suicide,

7. Sleep Issues - remarkably disrupted sleep or excessive sleep,

8. Appetite Issues – significant changes in appetite or weight,

9. Psychomotor agitation or retardation,

10. Diminished energy or fatigue.

Global Clinical Definitions: the DSM-5-TR (APA, 2022)

Widely used in clinical and research settings worldwide, not just in the USA!

- At least FIVE of nine symptoms co-occurring most of the day, almost daily, for at least 14 days,
- One of these must be either a depressed mood or anhedonia,
- With no history or presence of manic, hypomanic episodes,
- Associated with substantial distress or impairment in functional performance,
- Not due to medical conditions, substance abuse, or medications,
- Presence of at least one depression episode that is not better explained by schizoaffective disorder and is not superimposed on psychotic disorders.

1. Depressed mood, aka “Dysphoria”,

2. Anhedonia - diminished interest or pleasure in activities, decreased or diminished capacity to experience pleasures,

3. Weight loss or appetite issues – significant changes in appetite or weight,

4. Sleep Issues – insomnia or hypersomnia,

5. Psychomotor agitation or retardation,

6. Fatigue or loss of energy,

7. Worthlessness or inappropriate guilt,

8. Concentration issues - decreased ability to think or maintain attention, or apparent indecisiveness,

9. Frequent thoughts of death or suicidal Ideation

Global Clinical Definitions: ICD-11 vs. DSM-5-TR

overall selected differences in defining depression (1-2)

👉 *BOTH* systems share the limitations of the categorical approach!

1. The ICD-11 includes the symptom “*Hopelessness*” in diagnostic criteria for major depression, the DSM-5 and its revision do not!
2. The ICD-11 utilizes the ‘bereavement exclusion’, like in the DSM-IV; the DSM-5 and its revision do not!
 - Depression can still be diagnosed in ICD-11, but diagnostic threshold is made higher in the presence of bereavement (e.g., a month duration, presence of certain symptoms not usually present in normal grief - psychotic symptoms, unrelated grief, etc.).

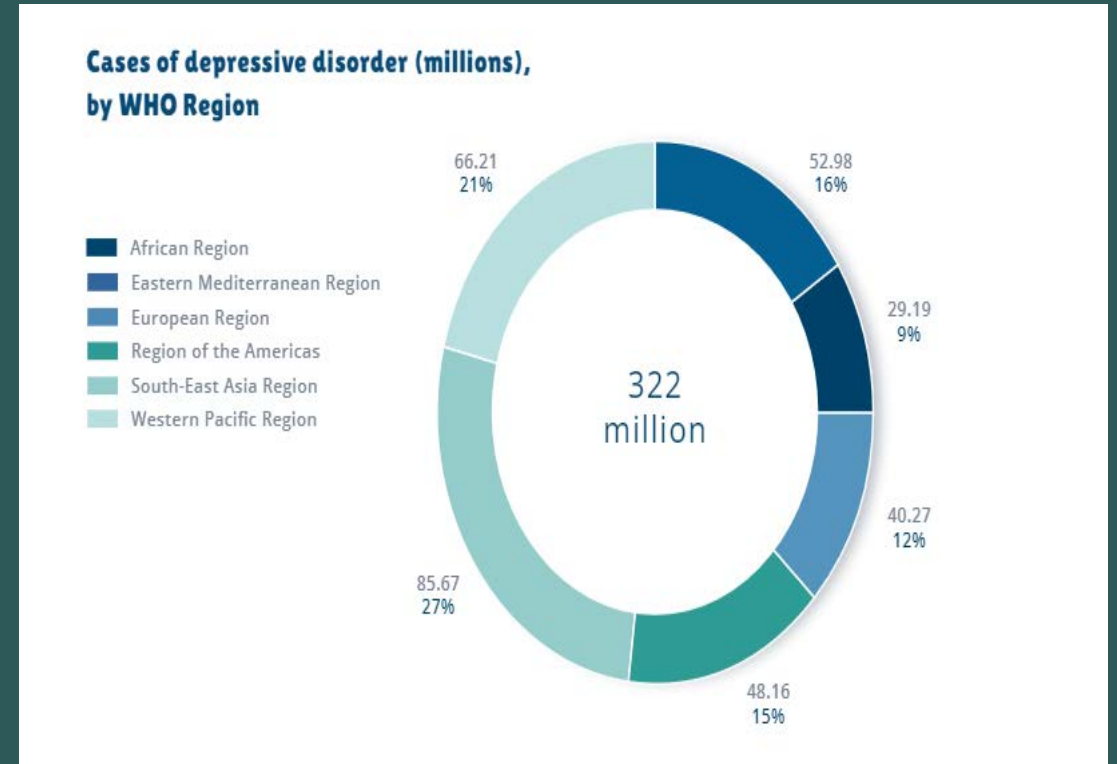
Global Clinical Definitions: ICD-11 vs. DSM-5-TR

overall selected differences in defining depression (2-2)

3. The DSM, in all editions including the DSM-5-TR, is more operational (i.e., stricter) than the ICD,
4. ICD-11 introduced the qualifier 'with prominent anxiety symptoms',
5. The DSM-5 introduced integrated rating scales,
6. ICD-11 does not consider the number of symptoms in assessing severity, but rather symptoms intensity and functional impairment. The DSM-5 utilizes rating scales for this purpose.

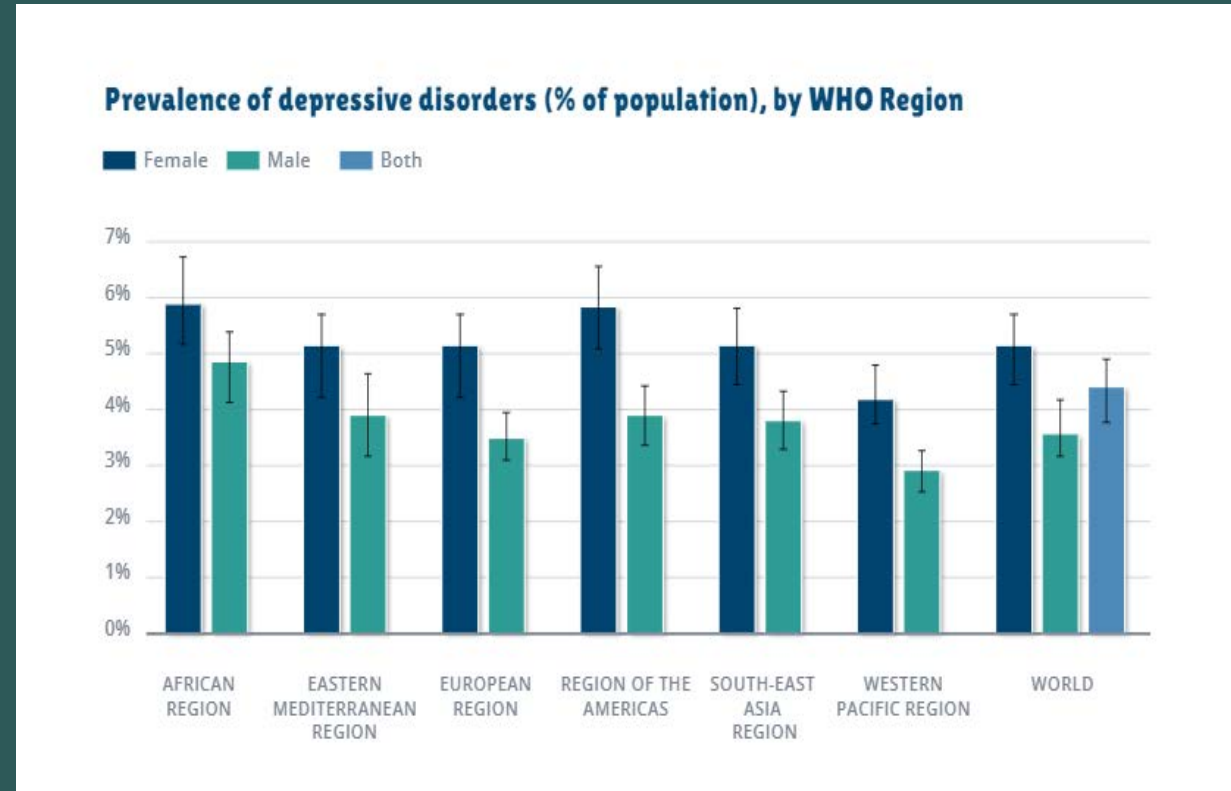
Global Prevalence & demographics (1-3) (WHO, 2017)

- **Highly prevalent at a global level – 332 million (4.4%) of the world's population in 2015 live with depression, and growing!**
- **Increased by 18.4% between 2005 and 2015.**
 - Reflecting the growth in global population, and proportional growth in the vulnerable age groups



Global Prevalence & demographics (2-3) (WHO, 2017)

- Prevalence rates vary by region, gender, and age:
 - 27% of those affected live in the South-East Asia (previous graph),
 - Could be due to larger populations in countries of this region (e.g., India and China).
 - Lowest rates in men living in the Western Pacific (2.6%), and highest among women in Africa (5.9 %).
 - Mostly among women (5.1%) than men (3.6%), globally.



Global Prevalence & demographics (3-3) (WHO, 2017)

- Prevalence rates vary by region, gender, and age:
 - Over 7.5% in women aged 55-74 years, and above 5.5% among men.



Global Burden of Depression

(WHO, 2017; Global Burden of Disease Study, 2019, 2022)

- Depression led to a total of more than 50 million Years Lived with Disability (YLD) in 2015 globally,
 - 80% of this burden took place in low- and middle-income countries.
- Ranked the single largest contributor to non-fatal health loss (7.5% of all YLD),
- The second leading cause of years lived with disability (YLDs) globally, accounting for 5.7% of all YLDs.
- Accounted for the largest proportion of mental Disorder Disability-adjusted Life-years (DALYs) in 2019 (37.3%).
- A key contributor to suicide.

Depression in Saudi Arabia: Prevalence & demographics (1-3)

- **The Saudi National Mental Health Survey (Al-Subaie et al., 2020):**
 - A large-scale, nation-wide, epidemiological multistage survey,
 - Conducted as part of the World Health Organization (WHO) World Mental Health (WMH) Survey Initiative
 - A nationally representative household sample (n = 4,004)
 - Citizens aged 15 to 65,
 - The World Health Organization (WHO) Composite International Diagnostic Interview (CIDI) - ICD and DSM diagnoses.

Depression in Saudi Arabia: Prevalence & demographics (2-3)

- **12-month prevalence: 3.8 % (SE: 0.4) (Altwaijri et al., 2020)**
 - The second most prevalent individual disorder, preceded by social phobia (4.2 %) Significantly higher in women (OR = 3.8),
- Significantly higher in the age group 15-24 (OR = 4.4),
- Associated with low education (OR = 0.4),
- Associated with Marital status “previously married” (OR = 2.5),
- Not associated with income.

Depression in Saudi Arabia: Prevalence & demographics (3-3)

- Lifetime prevalence of 6.0 % (SE = 0.5) (Altwaijri, Al-Subaie, et al., 2020)
 - Greater in women (8.9 %, SE = 1.0) than men (3.1 %, SE = 0.4).
 - Not associated with age.

Depression in Saudi Arabia: Specific characteristics

- **Economic burden,**
 - Estimated for treatment-resistant depression in SA to be 3994 million \$ a year (Akram et al., 2022).
- **Tendency to express depression mostly through physical manifestations,**
 - Mistaken for somatization diagnosis.
- **Variations in cultural dimensions (e.g., collectivism, masculinity),**
- **Help-seeking behaviours.**

Depression in Saudi Arabia: Access to treatment (1-2)

- Only 13.4 % (SE = 2.9) of those with 12-month prevalence of depression, reported receiving any treatment for depression during the 12 months before interview (Al-Habeeb et al., 2020)
 - 6.1 % (SE = 2.8) of them received treatment from mental health specialty, 5.1 % (SE = 1.4) received general medical care,
 - 6.3 (SE = 2.8) received treatment from human services agencies,
 - 4.1 % (SE = 2.8) utilized what is called “complementary-alternative medicine treatment” – Non-healthcare treatment!

Depression in Saudi Arabia: Access to treatment (2-2)

- In a sample of 321 visitors of faith healers (Alosaimi et al., 2014),
 - 23.4 % reported past psychiatric diagnoses;
 - Among them, depression was the most common past psychiatric diagnoses (34.7%),
 - Verifying “caseness” using the M.I.N.I. instrument, depressive disorders had the highest lifetime/present prevalence rate (34.9%, 95% CI 29.7–40.4),
- Shortage of properly-trained mental health professionals,

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