THE ASSOCIATION OF RESPIRATORY DISORDERS AND DEPRESSION

In the older population, one of the health concerns that are associated with comorbidity, impaired functioning, excessive use of health care resources, and increased mortality is a depressive disorder. One of the reasons why depression often passes unrecognized is co-morbidity. Several practice guidelines recommend that depression be evaluated in patients with medical illnesses.

The objective was to analyse the association of Respiratory disorders and Depression.

Materials and methods: This is a cross-sectional study conducted on a sample of 34 hospitalized patients at the Clinic of Pulmology and Alergology in Skopje. All participants were examined using a general questionnaire, the existing medical records and the PHQ-9 Patient Depression Questionnaire. It is self-administered tools for assessing depression into a brief self-report instruments that are commonly used for screening and diagnosis, as well as selecting and monitoring treatment (It takes less than 3 minutes). Also it has been used in many studies in primary care settings, as well as with older individuals and with those who have physically disabling conditions.

Associate Prof. Roza Krsteska, Faculty of Medical Sciences, Goce Delchev University, Shtip, North Macedonia,PHI HELIO MEDICA2, Bul.Jane Sandanski 59b10/2, Skopje
Dr. Vesna Pachoska Stojcevska Vesna, Pulmology and Allergology Resident
Professor Deska Dimitrievska, PHI University Clinic of Pulmology and Allergy, St. Cyril and Methodius University, Medical Faculty. North Macedonia.

RESULTS in the group of 34 patients:

*70.58% were aged ≥60 years (50% ≥60 years and 20.58% 60-64 years); 14.7% 55-59, 8.8% 50-54 and 5.8% 32 years.

*In all are present at least one comorbidity, and with two (5), three (3) or four (5).

*Of the entire group: 21 are smokers, 2 former, 11 non-smokers.

***Depression should not be diagnosed or excluded solely on the basis of a PHQ-9 score**

PHQ-9 Patient Depression Questionnaire Scores

	Score	Provisional Diagnosis	Treatment Recommendation
0-4	**6**	/	/
5-9	**11**	Minimal symptoms (subsyndromal depression)	Support, educate to call of worse, return in one month
10-14	**10**	Minor depression Dystymia Major Depression, Mild	Support, watchful waiting Antidepressant or Psychoterapy Antidepressant, Psychotherapy
15-19	**3**	Major Depression, Moderately	Antidepressant, Psychotherapy
20-27	**4**	Major Depression, Severe	Antidepressant, Psychoterapy

Conclusions:

In 50% (17 patients) the PHQ-9 Depression Questionnaire score was ≥ 10, which indicates the presence of depressive symptoms.

The data suggest that depression risk is elevated among patients with respiratory disorders that point to a necessity of routine screening of depression in patients with respiratory disorders.

Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Depression should not be diagnosed or excluded solely on the basis of a PHQ-9 score. A PHQ-9 score ≥ 10 has a sensitivity of 88% and a specificity of 88% for major depression.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.