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Prevalence of depression in patients with hypothyroidism in Health Care Center Mostar

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Background & Aim: Thyreoid dysfunction, especially hypothyroidism, if it's not treated could lead to a severe depression and demention. Although hypothyroidism and depression are two interrelated illnesses with intertwined symptomatology, there is relatively small amount of studies which point to the frequent occurrence of depression in patients with hypothyroidism compared to a general population. The main goal was to investigate the prevalence of depression in patients with hypothyroidism.

Method: The study included 53 patients with hypothyroidism who were treated in HCC Mostar. The study was conducted in the period of 3 months. Diagnosis and types of depression were set based on MINI questionnaire and depression severity was based on Hamilton rating scales. Including parameters were: age, gender, marital and employment status, place of residence, smoking, alcohol, family history of depressive disorder, TSH and FT4.

Results: The prevalence of depression in patients with hypothyroidism was 56,6%. 52,8% of them had mild depression type, and 3,8% had moderate form of depression. Furthermore, research has found that 66,7% older than 50 years have some degree of depression. Given the habit of drinking alcohol, 80,0% of respondents who don't drink alcohol had some degree of depression. Moderate depressive episode occurs in 100% patients older than 50 years. A statistically significant difference was found in relation to marital status. Minor depression occurs in 64,3% patients who are married and 7,1% of bachelors. In this study, melancholic depression occurs in 81,8% older then 50 years and nonmelancholic depression in 46,2 % those under the age of 50.

Conclusion: Prevalence of depression in patients with hypothyroidism was significantly higher compared to data relating with the occurrence of depression in general population. There was no statistically significant difference in severity of depressive episode and type of depression, compared to the history of depression, TSH and FT4.