

*PREVALENCE OF DEPRESSION  
AMONG EGYPTIAN GERIATRIC  
COMMUNITY*

*Thesis*

Submitted in partial fulfilment of  
M.Sc. degree in Geriatric

By

Ashraf Shaban metwally  
M.B., B. Ch.

SUPERVISED BY

**Prof. Dr. Mohammed Hassan El-Banoby**

Professor of Neuropsychiatry and Geriatric Medicine  
Chairman of the Geriatrics Department  
Faculty of Medicine, Ain Shams University

**Prof. Dr. Ahmed Kamel Mortagy**

Professor of Geriatric Medicine  
Geriatrics Department  
Faculty of Medicine, Ain Shams University

**Prof. Dr. Mohammed Ghanem**

Professor of Neuropsychiatry  
Faculty of Medicine, Ain Shams University

**Ain Shams  
1998**





بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

# وفوق كل ذي علم عليم

صدق الله العظيم



*To my beloved mother  
and soul of my father  
Ashraf Shaban*



## ACKNOWLEDGEMENT

*I am deeply grateful for the support and constructive guidance of many people, whose valuable assistance made this study possible.*

*First and foremost, I wish to express my thanks and profound gratitude to Professor **Mohammed Hassan EL-Banouby**, Head of Geriatric Medicine Departemnt, Ain Shams University. The original suggestion for the subject came from Professor **Mohamed Hassan EL-Banouby**, to whom I am deeply indebted for encouraging me to develop this subject, and for all the inspiring guidance, valuable supervision and help, he has given me since I started this project. Thanks are also due to him for providing me with the most up to date references related to my topic. It was through his efforts that I was to able to obtain a wide variety of reviews for the dissertation.*

*I am deeply indebted to Professor **Ahmed Kamel Mortagy**, Professor of Geriatrics at Ain Shams University. For his valuable instruction, rich guidance and support throughout my period of study. I am grateful to Professor **Ahmed Kamel Mortagy**, who early saw the importance of this subject and provided sympathetic critical input at intervals throughout.*

*I sincerely appreciate all the encouragement and support given by Professor **Mohammed Ghanem**, Professor of Psychiatry at Ain Shams University. He has generously*



*provided me with continuous, all round research assistance and advice. I am really obliged to him because he has willingly dispersed much of his valuable time trying to clarify any gloomy aspects facing the work. His co-operation, creative ideas and meticulous revision were tremendous, that without which the study would have not been completed.*

*I am eternally grateful to Professor **Mohammed Naguib EL-Sabwah** Professor of Psychology at Cairo University, for his scrutiny, his valuable comments and suggestions, and his deep interest in the subject. I appreciate very much his scholarship, wisdom, understanding and most valuable suggestions. He has always been a real father figure.*

*Acknowledgement is also made for the encouragement and support given by Mrs. Hoda Barakate (Red Crescent Society) she has provided me with many helpful suggestions and comments. I wish also to express my sincere appreciation to Dr. Mohamed Abdel Fattah EL-Okl, Assistant Lecturer of Geriatrics at Ain Shams University for his sincere help and encouragement. Thanks are also due to Dr. Amany Haroun El Rasheed, Lecturer of Psychiatry at Ain Shams University for her support and assistance. I must acknowledge the many contributions of Mrs. Bassent Mohamed Fouda, Clinical Psychologist at Ain Shams University. Her encouragement and valuable suggestions are greatly appreciated.*

*Great many individuals have contributed to the creation and the final "sharpening" of this dissertation. I wish to express particular gratitude to my outstanding Professors and colleagues who have provided me with an opportunity to review what I have written in an agreeable and stimulating environment.*

*Last but not least, I wish to extend my genuine thanks and deep admiration and gratitude to my dear mother for her encouragement, love and support.*



## *List of Abbreviations*

AD	: Alzheimer's Disease.
ADL	: Activities of Daily Living Scale.
AGECAT	: Automated Geriatric Examination for Computer Assisted Taxonomy Package.
AIDS	: Acquired Immune Deficiency Syndrome.
C.S.D.D	: Cornell Scale for Depression in Dementia.
CES-D	: Centre for Epidemiological Studies Depression Scale.
CIDI	: Composite International Diagnostic Interview.
CT	: Computerised Tomography.
D.D	: Dysthymic Disorder.
DSM-III	: Diagnostic and Statistical Manual of Mental Disorders (3 <sup>rd</sup> edition).
DSM-III-R	: Diagnostic and Statistical Manual of Mental Disorders (3 <sup>rd</sup> edition, revised).
DSM-IV	: Diagnostic and Statistical Manual of Mental Disorders (4 <sup>th</sup> edition).
ECA	: Epidemiologic Catchment Area.
ECT	: Electro Convulsive Therapy.
GDS	: Geriatric Depression Scale.
GMS	: Geriatric Mental Status Schedule.
GP	: General Practitioner.
HDRS	: Hamilton Depression Rating Scale.

---

### *List of Abbreviations*

---

ICD-10	: The Tenth Revision of the International Classification of Diseases and Related Health Problems.
M.D	: Minor Depression.
M.D.D	: Major Depressive Disorder.
MMSE	: Mini-Mental State Examination.
MRI	: Magnetic Resonance Imaging.
PD	: Parkinson's Disease.
PET	: Positron Emission Tomography.
PSE	: Present State Examination.
RDC	: Research Diagnostic Criteria.
SAD	: Symptoms of Anxiety and Depression Scale.
SDS	: Self-rating Depression Scale.
SHORT-CARE	: A Short Version of Comprehensive Assessment and Referral Evaluation.
SPECT	: Single Photon Emission Computerised Tomography.
vs	: Versus

***LIST OF TABLES AND FIGURES***

<b>Table No.</b>	<b>Table title</b>	<b>Page</b>
Table (1)	:Examples of Physical symptoms that can represent depression.	28
Table (2)	:Some of the factors associated with suicide in the elderly.	41
Table (3)	:Demographic criteria of the pilot subjects study	62
Table (4)	:Cross matching of B.D.I. scores with GDS-15 scores.	64
Table (5)	:Cross matching of B.D.I. scores with GDS-30 scores.	65
Table (6)	:Cross matching of GDS-15 with GDS-30.	66
Table (7)	:General demographic criteria.	72
Table (8)	:Depression among the two main age groups.	74
Table (9)	:Mental impairment among the two main age groups.	74
Table (10)	:Correlation between MMSE score and age.	75
Table (11)	:Correlation between total number of medical problems and age.	75
Table (12)	:Depression among both sexes.	76
Table (13)	:Depression among subjects supported versus non-supported with pension.	76

---

*List of Tables and Figures*

<b>Table No.</b>	<b>Table title</b>	<b>Page</b>
Table (14)	:Depression among retired males.	77
Table (15)	:Depression among married and not married.	77
Table (16)	:Depression among whom had caregiver.	78
Table (17)	:Frequency distribution of psychosocial stressors.	79
Table (18)	:Stressors of priority in both sexes.	79
Table (19)	:Depression among C.N.S. diseased.	80
Table (20)	:Depression among C.V.S. diseased.	80
Table (21)	:Depression among patients of chest diseases.	81
Table (22)	:Depression among patients of Arthritis.	81
Table (23)	:Depression among patients of visual impairment.	82
Table (24)	:Correlation with total number of problems.	82
Table (25)	:Correlation between total number of medical problems and clinically severe depression.	83
Table (26)	:Correlation between total number of medical problems and MMSE score.	83
Table (27)	:Depression among users of target medications.	84
Table (28)	:Depression among functionally impaired.	84
Table (29)	:Depression among cognitively impaired.	85