A Review on the Prevalence of Depression in Malaysia

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Abstract: Transforming western technology to Eastern populations, including Malaysia, presents important implications in understanding the development, maintenance, and treatment of depression. The present paper aims to review the literature on the prevalence of depression studies in Malaysia. PsycINFO, Medline databases, local journals, and 13 published articles, were included in the current review. Findings were presented in three categories i.e., ‘prevalence of depression in primary care’, ‘general community’, and ‘among clinical population’. Major limitations of previous studies were noted, and thus, problems associated with the implementation and future direction of clinical and research on depression in Malaysia, was provided. In short, the contribution of empirical research on the prevalence of depression has remained inconsistent and fragmented and it is therefore, a time to venture modification.

Keywords: Prevalence, depression, Malaysia.

1. INTRODUCTION

Depression affects all people - regardless of age, geographic location, demographics, or social position. It is projected that depression will be among the leading causes of worldwide disability by the year 2020 [1]. Across the Asia Pacific region, rates of current or 1-month major depression range from 1.3 to 5.5%, and rates of major depression during the previous year ranged from 1.7 to 6.7% [2]. Epidemiological studies indicate that the rates of depression in the Asia Pacific, although dropping internally, are comparable to other western countries [2].

The lifetime occurrence of depression in any country is between 8 and 10% [3]. Contrary to common belief, it is not only an illness of developed countries. The case of Malaysia is no exception; in fact, depression is the most common mental illness reported in Malaysia. It is by far the most important and the most treatable condition, and is projected to affect approximately 2.3 million people in Malaysia, at some point in their lives [4]; yet, depression remains under detected and undertreated [5]. To date however, issues of depression in Malaysia have not received the kind of attention that they deserve [5,6,7]; hence, the picture of depression in Malaysia is fragmented and unclear.

Over the last two decades, considerable research has addressed the issue of cultural differences, in the manifestation of depression [8,9,10,11,12]. Among the problems noted, in reviews of cross-cultural studies of depression, are the ubiquitous lack of resources, too few trained providers, and the social stigma associated with mental disorders, including depression. These problems exist in most developing countries and occur for various reasons.

To date in Malaysia, literature is unclear on the following important issues: no prevalence of depression, lack of valid and reliable assessment tools, no appropriate theory, no good evidence of treatment efficacy data, and no clear long-term outcome data [5]. As a result, this scenario contributes to a serious shortage of documented empirical research on depression in Malaysia. Therefore, the aims of this paper are twofold; first, to review available articles related to the prevalence of depression, and second, to appraise the problems of implementation, and thus, present future directions for clinical application and research on depression.

2. METHOD

2.1. Selection of Studies

A search of literature, using the electronic databases PsycINFO (SilverPlatter, 1970-present) and MEDLINE (1970-present), was conducted (Fig. 1). Due to the scarcity of papers found in these databases, this review also includes electronic and manual searches of available local journals in Malaysia, such as the Malaysian Journal of Psychiatry, the Malaysian Medical Journal, and the Malaysian Medical and Health Science Journal, in order to meet the objectives of this review.

Searches were refined to identify studies published in English over the past 40 years that included at least a cross-sectional and experimental study of depression using adult participants. Adult studies were targeted in order to eliminate developmental differences that are present in child or adolescent groups.

Searches were conducted using the keywords: prevalence, Malaysia, depression, depressive disorder, and mood disorder. These keywords were selected due to their frequency in the majority of papers collected early in the review process. The prevalence keywords were combined to yield 125 citations in PsycINFO and 180 citations in Medline. The
assessment terms were combined to produce 22 citations in PsycINFO and 24 in Medline. Studies were excluded for the following reasons: review papers, biological/physiological studies, treatment or assessment studies, depression was not the focus of study; i.e., stress was misinterpreted as depression, and historical data paper, rather than an empirical study.

This resulted in 7 studies that were suitable for the review. An additional 6 studies from local journals, meeting the selection criteria, were cited in these articles and added to the review, resulting in a total of 13 studies.

2.2. Description of Studies to Review

The prevalence studies are presented in Table 1 and are arranged in order of year of publication, according to three categories of population.

The following study features are summarised in Table 1: (a) population (b) study number and reference (c) target group with sample size in brackets (d) representative of ethnic (e) gender (f) prevalence rate, and (g) measures used to screen for depression are conducted. The population and target group were included to investigate whether assessment for depression was targeting patient or non-patient samples. Ethnicity is important, because Malaysia is a multi-ethnic society. Gender information can be used for further recommendations of research, especially for early intervention programs. The measures used to screen for depression are important, in order to conclude the trend in Malaysia.

3. RESULTS

3.1. Description of Studies Included in the Review

A total of 13 studies fulfilled the above criteria for inclusion (see Table 1). A total of 9,463 participants were represented, with sample sizes ranging from 50 to 6,342. A diversity of ethnicities was represented, with Malays as the dominant ethnic group, having been involved in previous studies (Studies 1 and 5 recruited Malays subjects only). The range of subjects that participated in prevalence studies included patients from primary care services, patients with specific clinical problems (postnatal, post-stroke, breast cancer, and headache), and samples from the general community (the elderly and a group of women). Meanwhile, in terms of ethnicity, Malays (n=8333), followed by Chinese (n=402), Indian (n=405), and others (n=73) were involved in prevalence studies in Malaysia. In terms of gender, female subjects (n=6198) participated the most in research for depression. However, Study 7 did not report gender as a study category.

3.2. Prevalence of Depression in Malaysia

As can be seen from Table 1, the prevalence of depression in the primary care population, ranged from 6.7 to 14.4%. Two studies (i.e., Studies 1 and 2) used a General Health Questionnaire (GHQ) in screening for depressive symptoms, while Study 3 used a Patient Health Questionnaire (PHQ-9). The gap between studies was quite large and significant, from 1995 to 2009. No studies discussed or investigated the nature of prevalence, and it is therefore unclear whether it is lifetime, point, or past 12 months. Information is also limited on depressive symptoms and the nature of severity, as most studies only reported total questionnaires scores.

The second section of Table 1 is a clinical group consisting of four studies on postnatal women, post-stroke depression, breast cancer, and headaches. The prevalence of depression in clinical groups ranges from 3.9 to 46%. This result is important, as apart from having a physical illness patients may also suffer from depression before, after, or during, the adjustment of their illness. This will importantly assist clinicians and physicians to concentrate not only on the biological or physical state of patients. The gap is large because Study 8 considered positive cases as a prevalence of depression among patients with headaches. However, the study was further refined using SCID as a gold standard measurement for depression, by having 17% lifetime MDD and 8% current MDD. However, no other studies further investigated depression as a disorder. Further refinement of screening is good, so as to assist the patient in getting the best treatment and rehabilitation that they deserve. This could also help clinicians to lessen their burden, and in managing their cases better.
For postnatal depression, the main tool used by researchers was EPND, which needed to be taken carefully when interpreting scores. This has been used worldwide, but at the time that this review was prepared, no one had validated it according to Malaysian norms. This is similar to cases using HADS (Hospital Anxiety and Depression Scale) and GHQ. Although it has been used for many studies and clinical work, a good tool for screening (especially psychological assessment), should be tested on psychometric properties and its compatibility to be used among all backgrounds in Malaysia. This may otherwise lead to misleading or an overgeneralization of the results, to compare with worldwide research outcomes.

The last section in Table 1 consists of studies that were carried out amongst the general community, such as the elderly (Studies 9 to 12) and a large study on women in rural and urban areas, in one State in Malaysia (Study 13). The prevalence of depression was reported to be from 6.3 to
13.9% amongst the general community in Malaysia. Again, in all studies, no gold standard measures to pursue depression as a disorder were carried out. However, in terms of the measurement used in studies (Geriatric Depression Scale and PHQ-9) for the general community, all measures were validated for use with confidence in Malaysia.

Nevertheless, no studies were conducted at two-stages of screening to confirm whether the depressive symptoms were a disorder or otherwise. Study of the prevalence of depression among women is important, as recent statistics have reported that women in Malaysia were placed at 16-rank to suffer depression, compared to all other countries worldwide [26].

4. DISCUSSION

This paper aims to review all studies on the prevalence of depression in Malaysia. Results are summarised in Table 1, with three categories of studies at primary care level, clinical patients, and the general community. Overall, the prevalence of depression in Malaysia ranges between 3.9 to 46%. However, careful interpretation of this result is important for each study, as certain studies describe in terms of depressive symptoms, or lifetime and current depression disorders.

Compared to Western countries, approximately 9.5% of the US population aged 18 or older had a depressive disorder in 2009 [3]. Women (12%), numbering nearly twice as men (6.6%), are affected by a depressive disorder each year. Women between the ages of 25 to 44 are the most affected by depression [3].

In primary care in Italy, the prevalence of current depression ranges between 7.8 and 9.0% [27] whereas in Malaysia, it ranges between 6.7 and 14.4%. Most of the epidemiological studies on depression in primary care were conducted at single site.

The comparable rates of depression, between the elderly in Malaysia and the Western world, also suggests that a preventive program, earlier detection, and treatment consultation, is required. In America, 1 to 2% of people over 65 are living in the community suffering from major depression, and about 2% have dysthymia [3]. In addition, between approximately 1 to 27% of older adults have subclinical depressions that do not meet the diagnostic criteria for major depression, but are associated with an increased risk of major depression, physical disability, medical illness, and high use of health services [3]. Whereas in Malaysia, studies have reported between 6.3 and 18% of the elderly with depressive symptoms. Moreover, as stated in the above studies, validated instruments are important to give a reliable detection of symptoms of depression amongst Malaysians. Therefore, in order to understand depression, its management and cost-effective intervention plans, valid, reliable, and accurate measurements, are needed.

For postpartum, American studies reported rates from 5 to 25%, but the methodological difference between the studies makes the actual prevalence rate unclear [3]. Meanwhile, in Malaysia, the pick-up rates are almost similar to Western results, which are between 3.9 to 20.7%. It is now time that a proper diagnosis on depression as a disorder to be highlighted; so that patients can be managed properly in terms of assessment, diagnosis, and treatment, especially in isolated cases where it can also affect children’s development.

Limitations of study on the prevalence of depression in Malaysia:-

1. Research studies vary in the methodology and designs used, and thus, often present conflicting findings in all areas, including epidemiological, assessment, and treatment.
2. There is a lack of information on the use of gold standard measures of depression, in order to have information on lifetime or current diagnosis of depression, which can actually lead to confusion by society, especially when the media releases inaccurate reports. The most commonly alarming issue is when society is informed that depression occurs in certain populations, and it is misinterpreted as general mental illness, or even worse, depression is thought to be similar to psychotic cases.
3. Obviously, the lack of valid and reliable measurements used in studies, such as HADS, EPND, and GHQ. Consequently, study results may lack a cut-off score and cultural norms to be considered depressive symptoms or mood disorder. This is because most measures were derived from a Western perspective of understanding and investigation on depression, and thus, the conclusion can be lacking diagnosis information or the need for extra caution to be interpreted as it is.
4. In terms of sample size, many studies have represented an inadequate sample size, for certain ethnicities, which can bias the concluded prevalence rate of depression in the general Malaysian population.
5. It is expected that depression appears earlier in life, with an average age of just 14 in America. However, it is still undetermined in Malaysia, as results from studies vary on the reported age recruitment and studies on children are not included in this review paper.
6. In addition, inadequate information on subjects’ recruitment, unclear diagnoses, and a lack of validated instruments, could lead to difficulty of accurate information reporting on the prevalence of depression in Malaysia.

Future research could actually suggest several instruments that have been validated using larger sample sizes, good psychometric properties, and are able to differentiate between clinical and non-clinical groups. There is evidence of testing treatment outcome measures, such as the Beck Depression Inventory-Malay [28], Depression Anxiety Stress Scale [29], and the latest screening for mental health SSKM-20 [30] which are culturally sensitive, compared to measures that are derived from the West.

In the Ninth Malaysia Plan (2006-2010) published recently, the government allocated RM900 million (USD225 million) for professionals to improve mental health problems in Malaysia. Therefore, as Malaysian society grows more complex and sophisticated, the accompanying problems, such as social and mental health problems, should not be accepted. Clearly, depression is common in the general
population, but patients’ symptoms often go unnoticed and untreated, due to a lack of awareness for many reasons. Only about half of the patients diagnosed with depression in primary care were recognised as having depression, and of these, less than a half received adequate treatment, even though effective treatments were available [4]. Although psychiatric services in Malaysia are still in their infancy, and services are not utilised at their optimum level, the rise in cases of depression indicates that urgent attention to this area of mental health care is required. It is time to make the recognition and treatment of depression in clinical practices through a bold and effective paradigm shift that will transform the management of depression to coexist with the diversity of religion and cultural context.

5. CONCLUSION

The impact of local factors and methodological differences may limit the comparability between studies, and may partially account for variations in reported prevalence figures; ranging from 3.9 to 46%. In conclusion, the high prevalence rate of depression amongst patients in primary care, clinical settings, and in the general community, indicates that depressive symptoms need to be taken seriously, because their severity may contribute to a decrease in the quality of productivity and an increased morbidity and mortality of the individual, as well as society and the nation.

ACKNOWLEDGEMENT

Prof. Sherina Mohd Sidik for her generosity in assisting with this review, and Mr Philip Morgan, a professional proofreader, for his final edit on the language used in this paper.

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