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A Retrospective Chart Analysis of Sociodemographic, Clinical Profiles, Prescription Patterns of Patients with Depression and Related Disorders Attending a Psychiatry Outpatient Department at a Tertiary Care Hospital

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ABSTRACT

Depression is a major public health concern in India, contributing significantly to disability and suicide risk. Evaluating sociodemographic characteristics, clinical profiles, and prescribing trends provides insight into real-world treatment practices and highlights gaps in care delivery. This study was carried out to assess the sociodemographic characteristics, clinical and phenomenological profiles, and prescription patterns of patients newly diagnosed with depression and related disorders attending a psychiatry outpatient department at a tertiary care hospital. This retrospective chart review included newly diagnosed patients with depressive disorders attending the psychiatry outpatient department between January and December 2021. Following Institutional Ethics Committee approval, sociodemographic data, clinical features, diagnoses based on DSM-5 criteria, and treatment details were extracted from medical records and analyzed descriptively. A total of 673 patients were included. The mean age was 55.53 ± 10.46 years, with a predominance of females, employed individuals, and homemakers. Major Depressive Disorder was the most common diagnosis. A substantial proportion presented after prolonged illness duration and reported suicidal ideation or self-harm attempts. Escitalopram was the most frequently prescribed antidepressant, and polypharmacy at initiation was uncommon. Middle-aged women and economically active individuals constituted a major proportion of patients with depression. Late presentation and high rates of suicidality underscore the need for early detection and community-based interventions. Prescribing patterns largely adhered to established treatment guidelines, emphasizing rational pharmacotherapy.

Keywords: *Depression, sociodemographic profile, prescription patterns, psychopharmacology*

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INTRODUCTION

Depression affects an estimated 57 million individuals in India and represents one of the leading causes of years lived with disability worldwide [1]. Despite its high prevalence and burden, access to timely and appropriate mental healthcare remains limited, particularly in low- and middle-income countries [2]. Sociocultural factors, stigma, poor mental health literacy, and reliance on non-medical healing practices often contribute to delayed help-seeking behavior [3].

Drug utilization research in psychiatry plays a crucial role in promoting rational prescribing practices, improving quality of care, and aligning clinical practice with evidence-based guidelines [4]. Evaluating real-

world prescription patterns, along with clinical and sociodemographic correlates, provides valuable insights into prevailing therapeutic trends and treatment gaps [5].
Although several studies have examined antidepressant prescribing practices in India, many are limited by small sample sizes or restricted demographic representation [6]. There remains a paucity of comprehensive data exploring the interplay between sociodemographic variables, clinical phenomenology, and treatment patterns in newly diagnosed patients with depression. This study was undertaken to address this gap and was aimed to evaluate the sociodemographic characteristics, clinical and phenomenological profiles, and prescription patterns of patients newly diagnosed with depressive and related disorders attending the psychiatry outpatient department of a tertiary care hospital.

MATERIAL AND METHODS

This was a retrospective chart review conducted in the psychiatry outpatient department of a tertiary care teaching hospital in Mumbai, India after obtaining Institutional Ethics Committee permission. Medical records of patients attending the psychiatry outpatient department between January 2021 and December 2021 were reviewed. Patients newly diagnosed with depressive and related disorders as per DSM-5 criteria were included in the study. Sociodemographic details, clinical characteristics, phenomenology, diagnoses, and treatment prescriptions were systematically extracted and entered into a structured database.

Statistical Analysis

Data thus collected was analysed using descriptive statistics. Continuous variables were expressed as mean ± standard deviation or median with range, while categorical variables were presented as frequencies and percentages.

RESULTS

Demographic details: The study included 673 newly diagnosed patients of depression and related disorders coming to the psychiatry OPD at a tertiary care hospital. The mean (SD) age at primary diagnosis was found to be 55.53 ± 10.46 years in the range of 18 - 85 years. Also, the mean (SD) education of the patients was 8.04 ± 5.14 in the range of 0-18 years. (43.7%, 294), (56%, 377) and (0.3%, 2) of the study population (%, n) identified as male, female and transgender respectively. A majority of the patients (%, n) belonged to the employed (39.4%, 265) and homemaker (35.5%, 239) sector. (13.2%, 89) of them were unemployed, (2.2%, 15) had retired and (9.7%, 65) were students. Most of them (%, n) were married (62.9%, 423) and the rest were either unmarried (27.9%, 188), widowed (5.8%, 39) or divorced/separated (3.4%, 23). [Table 1]
Phenomenological details: The median duration of illness in months was found to be 26.66 ± 42.76 in the range of 0.2-360 months. The primary diagnosis in most patients (%, n) was Major Depressive Disorder (MDD) (69.39%, 467) followed by MDD with anxious distress (17.83%, 120), MDD with psychotic features (6.98%, 47), MDD due to general medical condition **(**3.41%, 23), MDD with cluster B traits (0.89%, 6), dysthymia **(**0.89%, 6), childhood depression (0.29%, 2) and lastly, MDD and substance use disorder (0.29%, 2). [Table 2]
Symptomatology as per DSM-5: A majority of the study population (%, n) complained of sadness (91.7%, 617) while almost half of the patients suffered from insomnia (70.4%, 474), loss of interest in previously pleasurable activities (57.5%, 387), low appetite (38.2%, 257) and a feeling of worthlessness/excessive guilt (35.7%, 240). A worrying percentage of patients presented with thoughts of death/suicide (39.5%, 266) and self-harm attempts (13.8%, 93). Other presenting symptoms included fatigue (24.1%, 162), decreased concentration (15.3%, 103), weight loss (2.4%, 16) and psychomotor agitation (0.4%, 3). A small proportion also presented with atypical symptoms like weight gain (0.3%, 2) and hypersomnia (2.8%, 19). [Table 3]
Other symptoms not included in DSM 5 criteria: A sizeable proportion of patients (%, n) presented with the symptom of ruminating thoughts (39.1%, 263) and somatic complaints (29.3%, 197).
Treatment details: Number of Antidepressants started on day 1: 0 (6 patients), 1 (472 patients), 2 (186 patients), 3 (8 patients), 4 (1 patients). Most of them were started on Escitalopram (69.1%, 465) followed by Mirtazapine (23.6%, 159), Amitriptyline (18.4%, 124), Fluoxetine (15.3%, 103) and Paroxetine (9.5%, 64). A few of them were also prescribed Modafinil (5.6%, 38), Aripiprazole (2.1%, 14), Desvenlafaxine (1.6%, 11), Sertraline (1.6%, 11), Dosulepin (0.4%, 3), Nortriptyline (0.4%, 3), Clomipramine (0.4%, 3), Venlafaxine (0.3%, 2), Imipramine (0.1%, 1), Armodafinil (0.1%, 1) and Amoxapine (0.1%, 1). (0.6%, 4) of the severely ill patients were also advised electroconvulsive therapy. [Table 4]

Table 1: Demographic details of study population:

Parameter (N = 673)		Mean ± S.D./ Frequency (%)
Age in Years		55.53 ± 10.46 (18 - 85)
Education in Years		8.04 ± 5.14 (0 - 18)
Gender	**Male**	294 (43.7%)
	Female	377 (56%)
	Transgender	2 (0.3%)
Employment	**Employed**	265(39.4%)
	Unemployed	89 (13.2%)
	Homemaker	239 (35.5%)
	Retired	15 (2.2%)
	Student	65 (9.7%)
Marital Status	**Married**	423 (62.9%)
	Unmarried	188 (27.9%)
	Widowed	39 (5.8%)
	Divorced/ Separated	23 (3.4%)

Table 2: Phenomenological details

Parameter (N = 673)		Mean ± S.D./ Frequency (%)
Duration of Illness in Months		26.66 ± 42.76 (0.2-360)
Diagnosis	**Major Depressive Disorder**	467 (69.39%)
	MDD with Anxious Distress	120 (17.83%)
	MDD with Psychotic Features	47 (6.98%)
	MDD due to General Medical Condition	23 (3.41%)
	MDD with Cluster B traits	6 (0.89%)
	Dysthymia	6 (0.89%)
	Childhood Depression	2 (0.29%)
	MDD and Substance Use Disorder	2 (0.29%)

Table 3: Symptoms as per DSM-5 Criteria present:

DSM-5 Criteria Present (N = 673)	Frequency (%)
Depressed mood	617 (91.7%)
Loss of Interest or Pleasure	387 (57.5%)
Low Appetite/ Weight Loss/ Weight Gain	257 (38.2%)/16 (2.4%)/2 (0.3%)
Insomnia or Hypersomnia	474 (70.4%) / 19 (2.8%)
Fatigue	162 (24.1%)
Feeling Worthless or Excessive/Inappropriate Guilt	240 (35.7%)
Psychomotor Agitation	3 (0.4%)
Decreased Concentration	103 (15.3%)
Thoughts of Death/Suicide	266 (39.5%)
Self-Harm Attempts	93 (13.8%)

Table 4: Medication Started on Day 1:

Medications Advised (N = 673)	Frequency (%) (Overlapping Data)
Escitalopram	465 (69.1%)
Mirtazapine	159 (23.6%)
Amitriptyline	124 (18.4%)
Fluoxetine	103 (15.3%)
Paroxetine	64 (9.5%)
Modafinil	38 (5.6%)
Aripiprazole	14 (2.1%)
Desvenlafaxine	11 (1.6%)
Sertraline	11(1.6%)
Dosulepin	3 (0.4%)
Nortriptyline	3 (0.4%)
Clomipramine	3 (0.4%)
Venlafaxine	2 (0.3%)
Imipramine	1 (0.1%)
Armodafinil	1 (0.1%)
Amoxapine	1 (0.1%)

DISCUSSION

This study provides a comprehensive overview of the sociodemographic characteristics, clinical profiles, and prescribing trends among newly diagnosed patients with depression attending a tertiary care hospital. The predominance of middle-aged women, employed individuals, and homemakers observed in this study is consistent with earlier Indian findings [7]. These groups may experience higher psychosocial stress and should be prioritized for early screening and preventive interventions.

The prolonged duration of illness prior to presentation and the high prevalence of suicidal ideation and attempts are particularly concerning. Similar trends have been documented in Indian community-based studies, highlighting the impact of stigma, lack of awareness, and delayed access to psychiatric care [1, 8]. Strengthening community mental health services and public education initiatives is essential to promote early intervention.

Major Depressive Disorder was the most common diagnosis, followed by depressive disorders with anxious distress and psychotic features. While core depressive symptoms predominated, a substantial proportion of patients reported ruminative thoughts and somatic complaints, which are frequently encountered in Indian patients but are not explicitly emphasized in DSM-5 criteria [9]. This underscores the need for culturally informed clinical assessments.

Prescribing patterns in this study largely adhered to established guidelines, with selective serotonin reuptake inhibitors being the most frequently initiated antidepressants. This trend mirrors findings from other Indian and international prescription audits [6, 10]. SSRIs are preferred due to ease of administration, favorable side-effect profiles, and lower toxicity in overdose compared to tricyclic antidepressants [11]. Polypharmacy at treatment initiation was uncommon, reflecting rational prescribing practices.

LIMITATIONS

The present study has certain limitations. Its retrospective, unicentric design limits the generalizability of findings. Variations in documentation quality and incomplete records may have influenced data extraction. Additionally, important variables such as socioeconomic status, comorbid medical conditions, illness severity, medication dosage, cost considerations, and quality-of-life outcomes were not evaluated. Future multicentric, prospective studies using standardized assessment tools are warranted.

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