A STUDY OF ESTIMATION OF DEPRESSION AND ANXIETY IN CHRONIC MEDICAL ILLNESSES – TYPE 2 DIABETES MELLITUS, SYSTEMIC HYPERTENSION AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE.

Key words: chronic medical illness, depression, anxiety, DM, Hypertension, COPD

Background: The relationship between mental health illnesses and chronic physical conditions are significant. Comorbid depression and anxiety is a risk factor for increased severity of the chronic illness because of non-adherence with the treatment and related complications and is also associated with increased frequency of hospitalizations, increased morbidity and increased mortality. The prompt diagnosis of depression and anxiety in chronic diseases is mandatory in optimizing the management and in understanding the cause of the illness.

Methods: 60 patients for each group (DM, SHT, COPD) from respective OPD by consecutive sampling were selected and studied for sociodemographic and clinical variables using various scales. The reports were analysed statistically.

Results: 19.4 % of study population showed depressive symptoms and among them mild depression 6.1% (n=11): moderate depression 9.4% (n=17) and severe depression 3.9% (n=7). The prevalence of depressive symptoms is more among COPD group (28.4%) followed by DM (23.3%) and SHT (6.7%). 18.9 % of study population showed anxiety features and among them mild to moderate 8.3% (n=15): moderate to severe 8.3% (n=15) and 2.2% (n=4) very severe anxiety. The prevalence of anxiety
features is more among COPD group (23.4%) followed by DM (21.7%) and SHT (13.4%).

**Conclusions:** This research throws light on the prevalence of anxiety and depression in DM, SHT and COPD suggesting other avenues of research in multiple angles of thinking. The potential implications from this study would help us to formulate treatment protocols and concentrate on the comprehensive care. Future studies should concentrate more on sampling a larger population and an exploratory study to understand various mediators and moderators of anxiety and depression in DM, SHT and COPD should be considered.