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EDITORIAL

The Spate of Mental Health Breakdown among Health Professionals

This edition of the West African Journal of Medicine offers an interesting array of scientific articles from various specialties and subspecialties of medicine, surgery and mental health. We welcome the editorial by Oginni, *et al* which focused on 'Depression' especially among elderly patients.

Elderly patients have been found to be prone to depression due to existence of chronic diseases, with many having two or more co-morbidities; functional and structural disabilities, burden of medical cost for healthcare, socioeconomic status, loneliness, life events, and lack of social support, amongst others.¹⁻⁴ Damagum, *et al* looked at correlates of depression among the aging population and found a high prevalence of depression among this vulnerable population as well as associated factors for depression and co-morbidities. I hope these articles stir up interest among clinicians and policy makers to initiate adequate screening methods and programs for the elderly.

All over the world, a lot of attention is being placed on mental health issues among professional groups, especially medical practitioners. The last few years has seen a precipitous rise of up to about 25% in the incidence and prevalence of anxiety and depression globally, particularly since the COVID-19 pandemic.^{5,6} The impact of the pandemic on mental health was enormous as many battled fears of infection, loss of lives, increased work stress and economic downturn.^{7,8} Health workers have been on the receiving end with increased demands for health services and physician burnout further compounding the problem of mental meltdown.^{9,10,11} Depression is a common mental health

disorder and it has been said that it may be overrepresented in the medical profession, under-recognized, stigmatized and undertreated, all of which may have fatal outcomes.^{11,12} Physicians have been found to be at an increased risk of suicide (28–40 per 100,000) compared to the general population (12.3 per 100,000).¹¹

A number of articles in this edition explored prevalence of depression in varying population groups and provides insights to this condition. Obilom, *et al* considered the prevalence of depression and associated factors among resident doctors across the six geo-political zones in Nigeria. This article is an eye-opener to the magnitude of mental health issues among residents. It serves as an important reference for directors of residency training programmes, offering the possibility of identifying modifiable risk factors and putting measures in place to combat this. Uteh, *et al*, considered suicidal ideation among medical students and highlighted that students with greater severity of depressive symptoms had a greater tendency of having suicidal ideations.

Mental health breakdown and depression among health professionals can severely affect their well-being, decreasing professional efficiency and effectiveness, and impacting personal life and patient management.¹¹ Hospital management boards and training institutions must therefore put this into cognizance and institute measures to combat physical, emotional, and mental exhaustion among health professionals, especially clinicians.^{11,12}

We welcome other intriguing articles in this edition and acknowledge the efforts of researchers in the West African sub-region. The West African Journal of Medicine is the only journal in West Africa that publishes articles for both

medical and surgical subspecialties. We have improved our ease of submission, processing, review and final publications of articles. We are indexed in major international research databases. The publication process is highly subsidized; costs are however often affected by fluctuating global exchange rates. Our main goal is to improve scholarship and academic impact of this journal thereby showcasing the works of our researchers to international audience. We welcome original articles, review articles, case reports, short communications, medical vignettes, amongst others, as we continue to work hard at improving the output of the WAJM.

Prof. Gregory E. Erhabor
Editor-In-Chief

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Depression in Special Groups: Doctors, COVID-19 Patients and Older Adult

Despite the increasing recognition of the morbidity and disability associated with depression globally (World Health Organisation, 2017), the unmet need is still high in Nigeria and in many other low- and middle-income countries (Rathod, *et al.*, 2017). Considering the dearth of resources required to meet this need in resource-poor settings, a cost-effective strategy would be to identify high-risk groups among whom depression may be largely unrecognised and under-prioritised. This aligns with the theme for the 2021 World Mental Health Day – “Mental Health in an Unequal World” which highlights the need to recognise specific groups that are differentially affected by mental health conditions. This is in turn a necessary prerequisite to this year’s focus on making mental health and well-being for all a global priority (World Federation for Mental Health, 2022).

One such risk group is the older adults, among whom depression is the commonest mental health condition. However, in addition to independently causing disability among older adults, depression can also potentiate mortality from pre-existing medical and surgical conditions if not adequately treated. The paper by Damagum, *et al.* (2022) in this issue with its focus on depressive symptoms in the elderly is therefore very timely. In their paper, the authors investigate correlates of depressive symptoms among 392 older adults

attending the General Outpatient Department of a tertiary hospital in Kano state, Nigeria. Using a cross-sectional design, the authors found that nearly one out of every four older adult had significant depressive symptoms, and significant correlates included female sex, being widowed, low socioeconomic class and physical conditions like osteoarthritis and obesity. They thus, highlight socioeconomic disadvantage, social isolation and physical illnesses as potential risk indicators for depression among older Nigerians and the need for screening and low index of suspicion among this demographic group.

Another paper focuses on an often-neglected high-risk group – medical personal (Peterson, *et al.*, 2008). Despite providing healthcare for patients, their own health (especially mental health) needs often go unrecognised. This may even be more so among resident doctors who need to juggle their training needs with the health services demanded by patients. This is often in the context of their own personal difficulties and the larger unfavourable context of clinical practice in Nigeria (Adeyi, 2016). The study by Obilom, *et al.* (2022) among resident doctors based in all the six geopolitical zones in Nigeria is therefore relevant. As with older adults, female residents were at higher risk for depressive symptoms, as were older individuals and those in surgical specialties. These may reflect the higher demands of caregiving on women in the

Nigerian context and on older individuals who are more likely to have families while surgical residents may experience more stress and burnout compared to the other specialties.

Finally, Edet, *et al.* (2022) describe the unique risk presented by the COVID-19 pandemic. In contrast to research implicating worry about the impact of COVID-19 on the risk for depression (Oginni, *et al.*, 2021), the index patient in this case report represented with depressive and prominent somatic symptoms *after* recovery from COVID-19. One possibility is ‘long COVID’ in which fatigue and somatic symptoms outlast COVID-19 (Raveendran, *et al.*, 2021). However, while this condition is typically difficult to treat, the patient presented made full recovery within six weeks.

Future considerations can include the diagnostic assessment of depression. The rating of depressive symptoms may include subthreshold depressive symptoms and the present studies may not accurately reflect the correlates of depressive disorders in these risk groups. The designs were all cross-sectional which means causality cannot be inferred. Future studies can use prospective approaches, for example, resident doctors can easily be followed up with minimal attrition. This can in turn pave the way for intervention studies to improve the residency training experience, especially for surgical residents. However, the interesting