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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

studies in this issue present unique aspects of depressive symptomatology – the association with physical comorbidity among the elderly, a higher prevalence of significant symptoms among surgical versus non-surgical residents and an interesting presentation in the context of COVID-19 illness.

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