Beck Depression inventory scores for children with some chronic diseases (Type I diabetes mellitus, Sickle cell anaemia, and AIDS) in University of Port Harcourt Teaching Hospital

Yarhere IE, Jaja T, Anolue M

Department of Paediatrics, University of Port Harcourt Teaching Hospital, Rivers State, Nigeria

Objectives:

To determine the presence of depressive disorders in adolescents with T1DM, SCA, and HIV/AIDS being managed in UPTH and to compare the scores between the various diseases.

Method:

A cohort study of 75 children (20 T1DM, 26 SCA, and 29 HIV/AIDS) presenting to the Department of Paediatrics, UPTH between 1st of October 2018 and 31st of May 2019 had an interviewer administered Beck depression inventory questionnaire given to them, after obtaining informed consents from their parents and ascents from the children. Total scores were collated for each patient and means with SD for each disease category were compared using ANOVA, and a post hoc analyses done between 2 different diseases. A Pearson's correlation test was used to compare relationships between Depression scores and independent variables and in all statistics, a p value <0.05 was set as significant.

Results:

➢ Of the 75 children (20 T1DM, 26 SCA, and 29 HIV/AIDS), 43 males (57.3%) and 32 females (42.7%) $\varkappa2$= 11.656, p = 0.003.

➢ The mean age was 14.06 ± 2.57 and most of the children were in the middle social class 48, with 13 in the high class and the difference was significant, $\varkappa^2$ = 31.76, p < 0.001.

➢ **Twenty-eight (37.3%) of the patients had scores in the depression range**; 15 in moderate depression and 13 in clinical depression.

➢ **The children with SCA had the highest mean scores 16.19 ± 6.76**, while those with T1DM had the lowest 12.30 ± 5.42, though the difference in means between all groups was insignificant, p = 0.101.

➢ **The mean BDI scores between socioeconomic classes was lowest in the high class (13.15 ±5.81)**, and highest in the low class (15.07± 4.63), but the difference was not significant, F = 0.296, p = 0.744.

➢ **Twenty patients had suicidal thoughts**, and 2 of these agreed they would like to do it.

Fig 1: a boxplot of the mean BDI score of the study groups
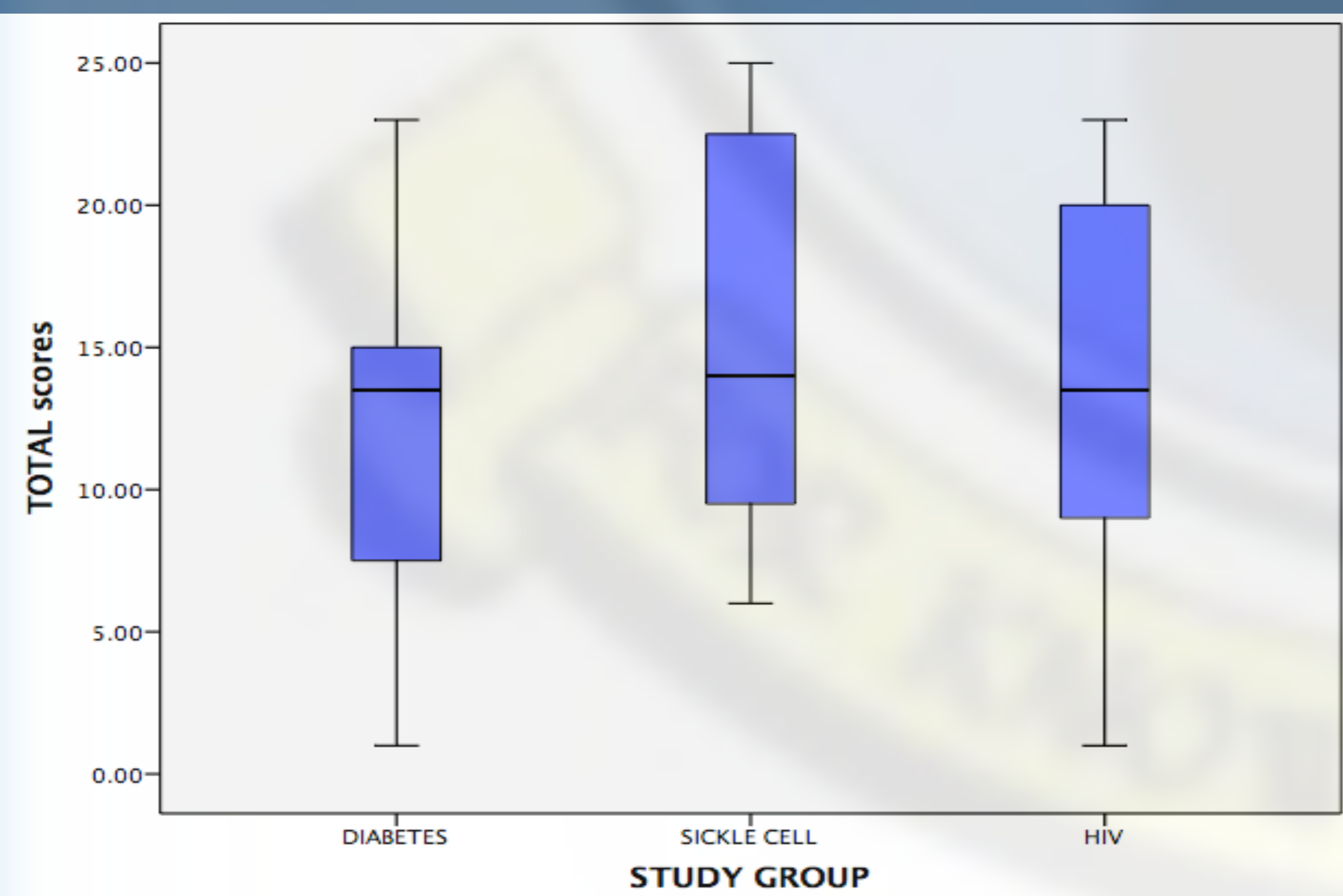
STUDY GROUP		SUICIDE	N	Percent
TOTAL	DIABETES	I DON'T HAVE THOUGHTS OF KILLING MYSELF	13	22.8%
		I HAVE THOUGHTS OF KILLING MYSELF BUT I WILL NOT CARRY THEM OUT	3	5.3%
	SICKLE CELL	I DON'T HAVE THOUGHTS OF KILLING MYSELF	12	21.1%
		I HAVE THOUGHTS OF KILLING MYSELF BUT I WILL NOT CARRY THEM OUT	5	8.7%
		I WOULD LIKE TO KILL MYSELF	2	3.5%
	HIV	I DON'T HAVE THOUGHTS OF KILLING MYSELF	12	21.1%
		I HAVE THOUGHTS OF KILLING MYSELF BUT I WILL NOT CARRY THEM OUT	10	17.5%

Table 1:Suicidal ideation of study population showing the highest proportion in the HIV/AIDS group, and 2 subjects in the Sickle cell group agreed they would carry out the act

Conclusion:

Twenty-eight (37.3%) of the study population had depression and children with sickle cell anaemia had higher mean BDI scores than those with T1DM and HIV/AIDS. Though none of the patients with BDI scores in the depressive range was severe, this screening tool afforded them the opportunity for psychological reviews. Periodic psychological evaluation of children with chronic diseases is advocated to screen those with depressive symptoms and commence treatment immediately.

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Diabetes

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Diabetes and insulin

IRORO YARHERE

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