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High Default Rates in Treatment for Depression in Rural Sri Lanka

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Introduction

The success of treatment of depression in rural Sri Lanka is under-assessed. Given the limited facilities, social stigma associated with mental illness and cultural beliefs, clinic attendance and treatment compliance was expected to be poor

Objectives

To ascertain the default rates of patients treated for depression

Methods

This study was conducted at the psychiatry unit of the Provincial General Hospital, Ratnapura, Sri Lanka. All newly diagnosed patients with depression (with ICD 10 criteria) over a 4 month period were enrolled in to the study and were followed up for further 6 months. Each patient had their socio-demographic details recorded at the beginning. They were followed up at monthly intervals for 6 months and treatment response was assessed. At the end, statistical correlations between socio-demographic factors and defaulting were assessed.

Results

Fifty patients (n=50) diagnosed with depression were recruited and the overall default rate was 70% (33). Of those who were lost to follow up, 19 (57.6%) only came for the initial visit and the rest did not come beyond a maximum of three monthly visits. On assessing correlations to defaulting; gender, monthly income, relationship status, being employed, severity of depression and living closer to hospital (less than 30 km) did not show a significant association with defaulting (chi square test, $p>0.05$).

Conclusions

Cultural beliefs and social stigma were not assessed in this study and may contribute significantly to high default rates. Identification of contributory factors to high default rates is urgently needed to improve treatment success in depression.