

INVESTIGATION OF FACTORS ASSOCIATED WITH REDUCTION IN HAMILTON DEPRESSION SCALE SCORES IN INPATIENTS DIAGNOSED WITH DEPRESSION AT A UNIVERSITY HOSPITAL

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BACKGROUND AND AIM: Evaluating treatment response in inpatients diagnosed with major depressive disorder is crucial for clinical management. This study aimed to identify sociodemographic, clinical, and biochemical factors associated with changes in Hamilton Depression Rating Scale (HAM-D) scores in patients hospitalized at the Selçuk University Psychiatry Department. The findings are expected to contribute to understanding the course of depression and developing personalized treatment strategies.

METHODS: A retrospective analysis was conducted on 78 patients aged 18 years and older, hospitalized for depression between January 1–31, 2024. Due to missing data, 57 patients were included in the final analysis. Data included sociodemographic characteristics, psychiatric and medical history, laboratory findings, and treatment protocols. HAM-D scores at admission and discharge were the primary outcome measure. Variables associated with HAM-D score reduction were examined through bivariate analyses, and significant factors were further analyzed using multivariate linear regression. Ethics committee approval number 2025/107 was obtained.

RESULTS: Of the included patients, 52.6% were female, with a mean age of 34.8 ± 14.9 years and an average of 3 ± 1.4 depressive episodes. Suicide attempts were reported in 47.4% of the sample, comorbid psychiatric disorders in 41.4%, and a family history of depression in 26.3%. The mean HAM-D score decreased from 22.9 ± 6.4 at admission to 8.9 ± 5.35 at discharge, reflecting a 61.1% reduction in depression severity. Bivariate analyses identified associations between HAM-D score reduction and depression severity, past suicide attempts, psychotic symptoms, comorbid conditions, and certain biochemical parameters. However, multivariate regression analysis revealed that only the number of previous depressive episodes was significantly associated with HAM-D score reduction ($p=0.015, t=-2.573$).

CONCLUSIONS: This study assessed factors related to HAM-D score reduction in inpatients with depression and found that only the number of depressive episodes was a significant predictor of treatment response. These findings suggest that recurrent episodes may limit treatment efficacy, highlighting the importance of considering clinical history in depression management.

Keywords: Depression, depressive episodes, hamilton depression rating scale, inpatient treatment