To the Editors:

We read with great interest the article by Sinha (*MEDICC Review* 2013;15(4):41–4), on depression in an older adult population of rural India. The study aptly points to the substantial problem of depression among rural older Indians. Other studies have examined depression in other parts of the country[1,2] but are limited in geographical scope and possibly wider policy impact.

WHO's Study on global AGEing and adult health (SAGE)[3] in India provides nationally representative data on depression, based on both self report of diagnosed depression and symptomatic assessment, using diagnostic criteria from DSM-10. The findings from SAGE Wave 1 India further highlight the magnitude of depression among older adults (aged ≥50 years) in both rural and urban India, as well as differences by sex and age. Overall, about 4% of men and women reported being diagnosed with depression, while 18% of men and 21% of women met criteria for depression from symptomatic assessment. In rural India, self-reported depression prevalence is higher in men (5%) than women (4%), but using symptom reporting, it is the opposite (men 17%, women 22%). Symptom-based depression prevalence rates for rural dwellers are lower in this study than those found by Sinha, with a clear age gradient and sex difference. In urban India, men (3%) reported lower prevalence than women (4%). However, symptom-based prevalence overall did not differ by sex in urban dwellers (18% for both), but did show unique age-related patterns by sex.

The clear difference between prevalence of depression from self-reported diagnosis and symptom-based assessment may be viewed as undiagnosed prevalence. Therefore, prevalence of undiagnosed depression in India is 14% among older men and 17% among older women. This assessment across subgroups of the population shows a very high prevalence of undiagnosed depression for all subgroups of older Indian adults: a clarifying call to action for future research and policy.

Note: Detailed tables from the analysis of WHO-SAGE India data on depression are available from the authors on request.

1. Poongothai S, Pradeepa R, Ganesan A, Mohan V. Prevalence of depression in a large urban south Indian population - The Chennai Urban Rural Epidemiology Study (Cures – 70). PLoS ONE. 2009;4(9):e7185. doi:10.1371/journal.pone.0007185
2. Rajkumar AP, Thangadurai P, SenthilkumarP, Gayathri K, Prince M, Jacob KS. Nature, prevalence and factors associated with depression among the elderly in a rural south Indian community. Int Psychogeriatr. 2009;21(2):372–8. doi:10.1017/S1041610209008527
3. World Health Organization [Internet]. Geneva: World Health Organization; c2013. Programmes. WHO Study on Global AGEing and adult health (SAGE); [cited 2013 Apr 28]; [about 1 screen]. Available from: http://www.who.int/healthinfo/sage/en/

Perianayagam Arokiasamy PhD (parokiasamy@yahoo.co.uk)
International Institute for Population Sciences, Mumbai, India

Uttamacharya Verma, PhD candidate (uttamacharya.iips@gmail.com)
International Institute for Population Sciences, Mumbai, India

Paul Kowal PharmD MS (kowalp@who.int)
Research Centre on Gender, Health and Ageing, University of Newcastle, UK

To the Editors:

With reference to your positive photo feature on laughter therapy in the October issue (*MEDICC Review* 2013;15(4):15–7), I feel it is important to let your readers know that the founder and director of Therapeutic Clowns International (TCI) is Joan Barrington. She appears on page 16 in her clown persona, Bunky. Joan has delivered two training workshops in Cuba, the first to young adults of the Colmenita theater group in 2012 and the second in March 2013 as the first step in the bilateral project with Cuba's Ministry of Public Health (MINSAP).

Also, Reyna de la Paz Campos is not a doctor, but a professional actress and clown known as Mantequilla. Reyna took training as a therapeutic clown in Joan's 2013 MINSAP-TCI workshop and now heads the therapeutic clown program at William Soler Pediatric University Hospital. This is currently the only therapeutic clowning project operating in Cuba, but we hope that soon other children's hospitals will follow suit.

Adrienne Hunter PhD (hunter@infomed.sld.cu), Havana, Cuba

[Ed. Note: We thank Dr Hunter, a Canadian resident in Cuba, for the correction, which has been made on line.]