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Research Article

**A DESCRIPTIVE RESEARCH ON THE INCIDENCE OF
PREGNANT WOMEN'S ANXIETY AND DEPRESSION IN THE
LIGHT OF INTERNATIONAL DISEASE CLASSIFICATION
HELD AT SERVICES HOSPITAL, LAHORE**

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Abstract:

Objective: The study was aimed at finding out the causes of dejection and restlessness in the pregnant women at a teaching hospital's out patient department. The patients presented in the obstetrics department were analyzed for the depression and anxiety during the pregnancy period. The associated risk factors and psychiatric issues among pregnant women were also discussed in our analysis. **Design:** The design of the study was descriptive and it consisted of two hundred patients. **Subjects and methods:** The sample consisted of two hundred patients from OPD of Services Hospital, Lahore (May, 2017 – October 2017). The subjects were selected on the basis of inclusion criteria and interview. Socio-economic details for each patient were recorded. Present State Exam (approved by WHO for assessment of current state of psychiatric patients) was utilized to interview the subjects and ICD-10 was used to evaluate the overall diagnosis. **Results:** The results were compiled in light of International Classification of Diseases and showed that gravid women were the victims of depression and anxiety (25% and 34.5% respectively). The risk factors accounted for dejection and discomfort were multiple like early marriages, death of parents in childhood, psychiatric illness / family history. **Conclusion:** The incidences of dejection and discomfort among pregnant women are found everywhere in the world. The need is to filter out the women who possess the possible risk factors for depression and anxiety and formulate the local procedures which improve the mental condition of the psychiatric gravid patients

Key Words: Gravid, Dejection, Discomfort, Anxiety and Depression**Corresponding author:**

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INTRODUCTION:

The outcomes of gravidity are closely related to the psychological, emotional and mental feelings of the patients. The dejection and uneasiness during pregnancy has been observed in many cases [1]. The psychological conditions of the gravidas are more clear and common if the patients have obstetric complications before, mental illness, family incidences of mental disorders, C – section and ignorant behavior / casual support from the guardian.

The presence of discomfort and nervousness among gravidas has been reported from every part of the world. A study conducted in USA reported that seventy percent pregnant women were having indications for depression [3]. A local study verified that 72% of Pakistani gravid women were facing depression due to lack of care and abuse during pregnancy [4]. The number is relatively lower in some European countries. A study conducted by Dalton on the subject delivered that among 500 gravidas 37% were depressed [5]. Another study in UK revealed that the 62% pregnant women were facing anxiety and discomfort [6].

In Pakistan, the data on the topic is limited to a few studies. It becomes important because the effects of depression and anxiety are two dimensional; the conditions are equally harmful for the mother and the new born. The current study encompasses the incidences of dejection and worry associated with pregnancy at gynecology department of a teaching hospital in Pakistan. It is also aimed at exploring the possible risks attached to the depression and anxiety in the selected sample. Also, the relation between different socio-economic factors and dejection in pregnant women were discussed in this study.

PATIENTS AND METHODS:

The sample consisted of 200 pregnant women from Services Hospital, Lahore (May, 2017 – October 2017). The inclusion criteria mentioned that the women will be interviewed and those who refused to interview were dropped from the analysis. Details regarding qualification, age, household income, occupation, religion, family size and birth rate etc. were recorded in case of each patient. The interview was based on PSE (Present state examination) techniques. The patients were segregated for the detection of depression and anxiety by using the HADS (Urdu version) [8]. The diagnosis was made on the basis of Global standards of ICD 10 – International Classification of Diseases [9].

The study lasted for six months starting from May 2001. The statistical analysis was made with the help of SPSS - Software.

RESULTS:

The findings of the study based on the HADS (Hospital Anxiety and Depression Scale) showed that 57.5% (115 cases) were facing despair whereas 67.5% (135 cases) were feeling nervous (Table – I). According to International Classification of Diseases (ICD), the number of depressed and anxiety gravidas were calculated to be 25% (50 cases) and 34.5% (69 cases) respectively.

The sample was further distributed into two sub branches. Group A consisted of those women who were having depression or anxiety confirmed by ICD diagnosis. Group B consisted of the gravidas who were clear of depression and anxiety according to the ICD standards. The number of women in both groups A and B were 97 & 103 respectively.

Table – I: Case wise distribution

Cases	Depression	Anxiety	Criteria Fulfilled	Generalized Anxiety Disorder
Number	135	115	69	50

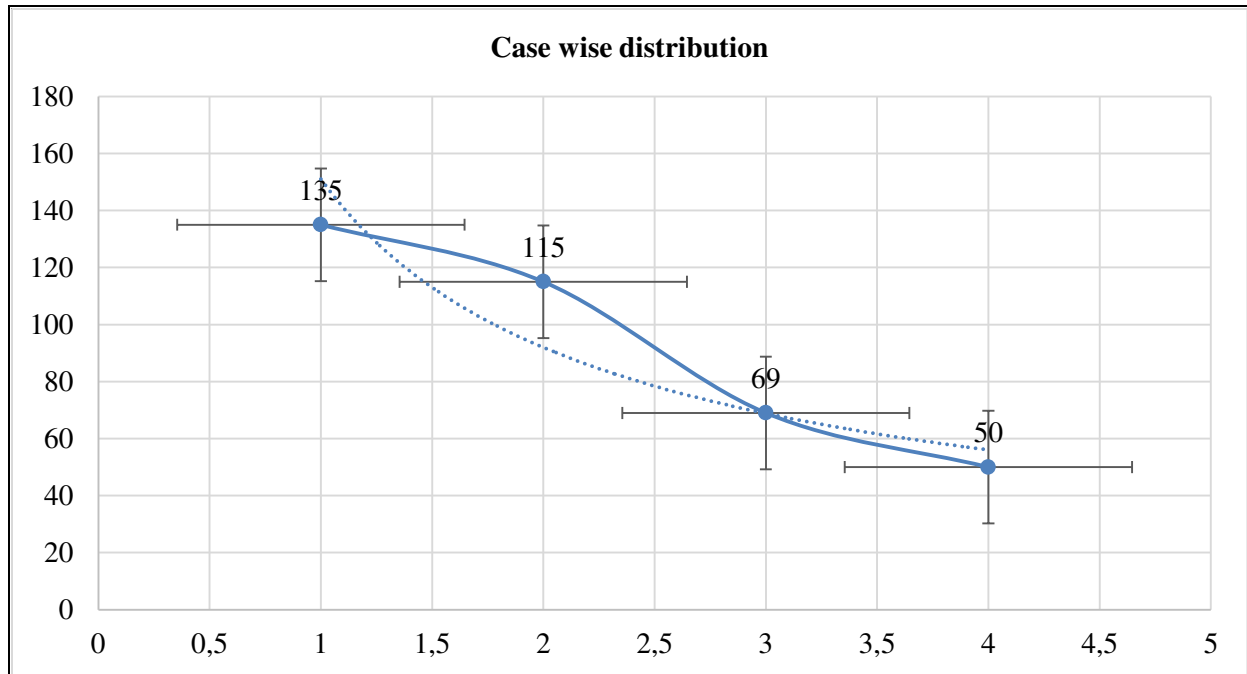
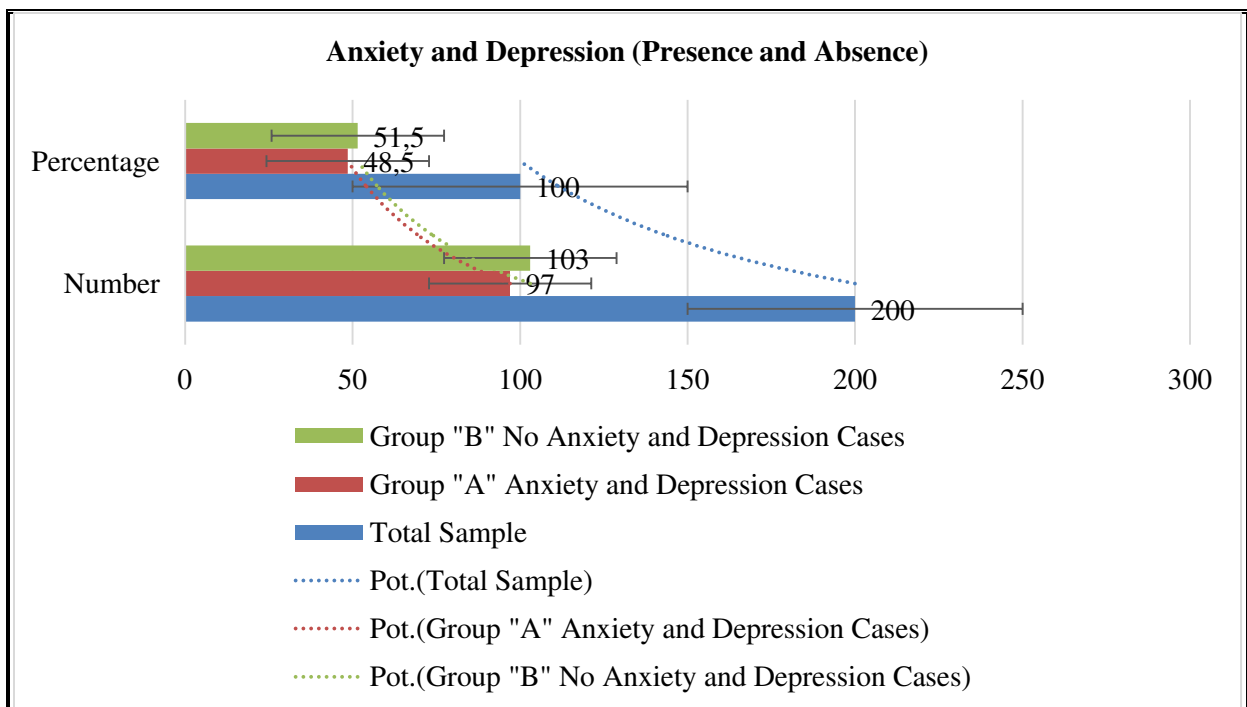


Table – II: Depression and Anxiety Incidence Presence and Absence Comparison

Group	Number	Percentage
Total Sample	200	100
Group "A" Anxiety and Depression Cases	97	48.5
Group "B" No Anxiety and Depression Cases	103	51.5



Group A and B means of years spent on education were 6.91 and 6.49 respectively which were statistically insignificant. Group A mean age was 25.15 years which was significant as compared with Group B 27.18 years ($p < 0.05$). The women having their first pregnancy (primiparous) in both groups were 36% and 31% respectively (statistically insignificant). Moreover, no substantial difference was noted in relation to [pregnancy period in both groups.

The number of children for both groups was noted (3 or more children- Group A, 22% and Group B, 18%). The subjects' children were under fourteen years of age. The depression related suicidal killings and thoughts were noticed in both groups (Group A, 34% and Group B, 9%). The significance in this aspect was high ($p < 0.05$). The women who lost their parent in early age were 18% in Group A and 6% in Group B. Again, the change was significant with a p value of < 0.05 .

The former association with mental illness was 28% in Group A and 13% in Group B patients with a p value of < 0.05 (statistically significant). Similarly, previous family associations with psychiatric problems were significant ($p < 0.05$). Group A association were noticed in 14% cases and Group B in 5% cases.

DISCUSSION:

In our analysis, the occurrences of depression and anxiety were confirmed by ICD among gravid women (depression 25% and anxiety 34.5%). The HADS reported results showed depression and anxiety to be 57.5% and 67.5% respectively. The significance was high. The difference between the findings of HADS and ICD owe to the stricter rules applied by ICD as compared to HADS. Furthermore, HADS is an independent system for the measurement of depression and anxiety whereas the methods applied by ICD diagnosis are interconnected.

A study conducted by Kumar and Robson [10] delivered that the occurrence of mental disorders was 21% among gravidas. In our analysis, occurrences were higher. The factors responsible for this difference include the subject gynecologic history (most of the cases in Kumar's study were primipara) and the socio-economic status (Kumar's study was done on the patients who were socially better off than

our sample). The study under discussion included both types of gravidas; primipara and multipara. Our sample was limited and did not represent whole community.

The educational qualifications of our sample were greater than the general literacy rate prevailing in Pakistan. This might be due to the fact that the research was conducted in teaching hospital of an urban area and most of the women in our sample were residing in the city where the literacy rate is usually high as compare to rural areas. It has been observed that the women who become pregnant in younger age feel more depressed and worried as compared to mature women due to lack of experience, labor pain and fear. Some other studies have delivered the same results about the younger mothers [11, 12].

Our study included both primipara and multipara women but the difference was marginal. The women with 1st pregnancy was supposed to be more worried but can be otherwise if the family is supportive. The issue is yet to be resolved and need further analysis in this regard. The period of pregnancy of the women in both groups was statistically insignificant. Many other studies have yielded opposite results. The incidences of depression and anxiety are high during first 6 months of the pregnancy [13]. The justification for the difference in results was made on the basis of the presentation of the patients. Most of the patients in our case reported in 2nd and 3rd trimester of their pregnancy.

The suicidal thoughts are the outcome of the depression and anxiety developed due to multiple factors such as early age marriage, environment, and loss of parents in young age, mental disorders and psychological inheritance from a family member. Similar factors have been reported by a study conducted by Brown and Harris [14]. Hence, it is of vital importance to identify and check these risk factors among the gravid women for better physical and mental health of mother and the new born.

CONCLUSION:

The incidences of dejection and discomfort among pregnant women are found everywhere in the world. The need is to filter out the women who possess the possible risk factors for depression and anxiety and formulate the local procedures which improve the mental condition of the psychiatric gravid patients.

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