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Research Article

**OCCURRENCE OF PSYCHIATRIC DISORDERS AMONG
PREGNANT FEMALES**¹Dr Muhammad Hamza Naseer, ²Dr Junaid Hussain, ³Dr Hafiz Muhammad Hammad
Yaqub¹DHQ Hospital Okara City²THQ Hospital Tandlianwala³Aziz Fatima Hospital, Faisalabad**Article Received:** April 2019**Accepted:** May 2019**Published:** June 2019**Abstract:**

Objective: The current research work displayed that mental complications are very frequent in the women in the period of pregnancy. This research work conducted to examine the occurrence of depression & anxiety in the period of pregnancy who appeared for antenatal checkups. The research work also aimed to determine the risk factors linked with the depression & anxiety during pregnancy period.

Study Design: This was an elaborate research work of two hundred pregnant females.

Study venue & duration: This research work carried out in the OPD of gynecological ward of Allied Hospital Faisalabad. The duration of this research work was from June 2018 to November 2018.

Methodology & Patients: The samples of the research work were two hundred pregnant females who visited for the antenatal checkup. The pregnant females who were willing to give interview were the part of this research work. We noted down the complete detail of demography of pregnant females. The instrument used for the interview was PSE & ICD-10 was in use for the diagnosis.

Results: In accordance with the diagnosis standard of the ICD-10, 34.50% pregnant women were the victims of anxiety & depression was the main cause of suffering behind 25.0% pregnant females. Very young age, parent's loss in very early days & previous history of the mental complications were the most probable risk factors for the development of the depression & anxiety in the period of pregnancy.

Conclusion: The occurrence of depression & anxiety was very much same to many other research works conducted in the West countries. The screening of the females with pregnancy with probable risk factors should be carry out for depression & anxiety. Locally manufactured & authentic instruments require modification for their utilization in our country Pakistan.

KEY WORDS: Anxiety, Depression, Screening, Diagnosis, Pregnancy.

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INTRODUCTION:

There are many emotional & psychological outcomes of pregnancy for every female. There are obvious evidences of high prevalence of the depression & anxiety among pregnant females [1]. Psychological complications are very frequent among the females with pregnancy who are available with past history of mental disorders, psychiatric background of the family, previous complications in pregnancy matters, cesarean surgeries as well as support from family & other social circle [2]. A high amount of the research works has concluded the occurrence of depression & anxiety in the period of pregnancy in various regions of the world. A research work conducted in United States of America concluded that 70.0% females with pregnancy stated the symptoms of depression [3]. In one research work conducted in Pakistan, there was evidence that 72.0% females who were available as physically abused in the period of pregnancy were in depression [4]. Dalton in his research work conducted on five hundred pregnant females of United Kingdom concluded that 37.0% pregnant females faced depression in the duration of pregnancy period [5]. In some other research work from United Kingdom, the incidence of depression among females with pregnancy was available as 62.0% [6]. There is very less amount of research works present on this topic in our country Pakistan.

This is very vital to guesstimate the incidence of depression & anxiety among pregnant females with pregnancy in our country Pakistan because it can affect both mother as well as fetal or child. The main ideas of this research works are;

1. To examine the incidence of the depression & anxiety among females with pregnancy appearing in the gynecological department for routine antenatal checkup.
2. To determine the linked risk factors in those pregnant females.

3. To evaluate the various variables of the demography with the depression & anxiety among those selected females.

METHODOLOGY:

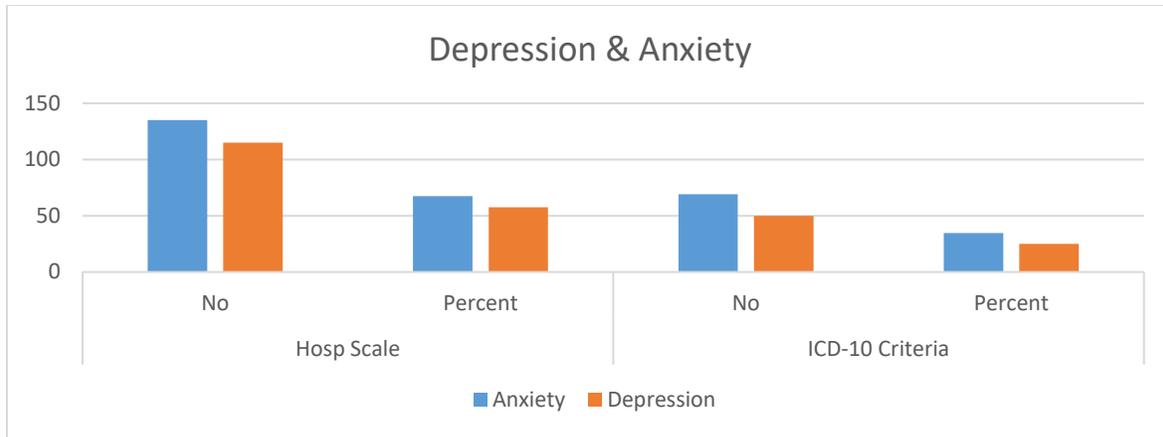
Total 200 females with pregnancy visiting for antenatal checkup were the part of this research work. The pregnant females who were willing to give interview were the part of this research work. We recorded all the information about demography of the patients. The PSE (Present State Examination) was in use to carry a well-organized interview [7]. HADS (anxiety & depression scale) in Urdu version was in use as the screening model for the identification of the symptoms of depression & anxiety [8]. We also use the diagnostic standard of ICD-10 [9]. The duration of this research work was from June 2018 to November 2018. SPSS software was in use for the statistical analysis of the collected information.

RESULTS:

In accordance with the HADS with utilization of the cut-off score of seven for depression & anxiety, 67.50% (n: 135) pregnant women found with anxiety & 57.50% pregnant females were available with depression. In accordance with the utilization of the ICD-10 standard for diagnosis, 34.50% (n: 69) pregnant women were fulfilling the standard of diagnosis for the prevalence of disorder of anxiety & 25.0% (n: 50) pregnant women were fulfilling the standard of the depression. We divided the total two hundred females for 2 subgroups. The patients available with anxiety/depression in accordance with the ICD-10 were the members of Group-A, whereas those who were available with no anxiety/depression in accordance with ICD-10 were the members of Group-B. There were ninety-seven pregnant females in Group-A, and there were one hundred and three pregnant females in Group-B.

Table I : Anxiety & Depression According to Local & International Criteria

Parameters	Hosp Scale		ICD-10 Criteria	
	No	Percent	No	Percent
Anxiety	135	67.5	69	34.5
Depression	115	57.5	50	25

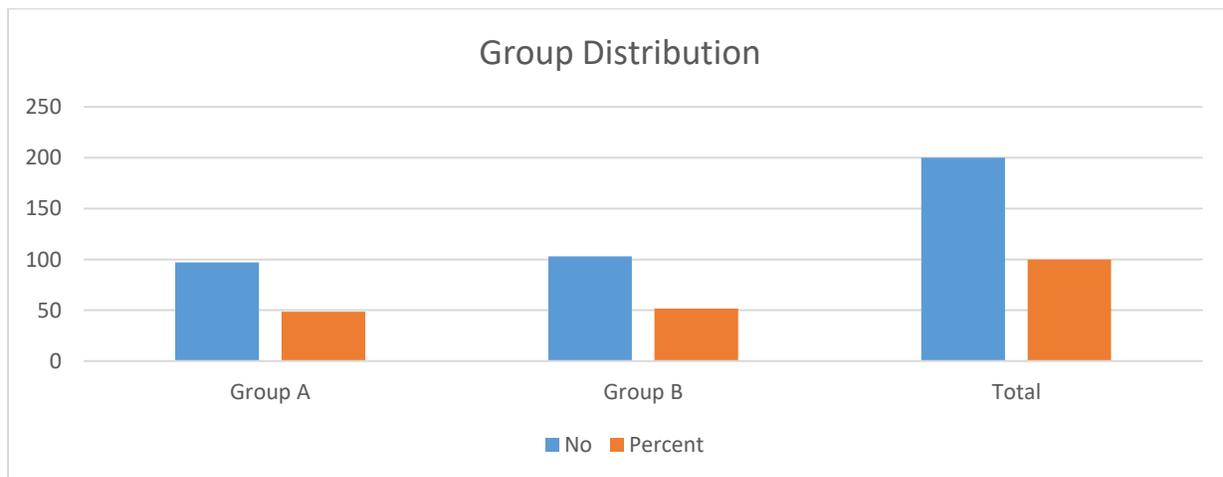


The average education years in Group-A was 6.91 years & in Group-B, it was 6.49 years. There was not much important disparity among them. The average age of the females in Group-A was 25.150 years & in Group-B, average age was 7.180 years. There was important disparity among ages of both groups. Total 36.0% pregnant females in the Group-A were primiparous whereas in Group-B, this amount was 31.0%. The disparity was not statistically important. There was not any important difference among both groups about the pregnancy duration. Among the Group-A, 22.0% females were available with more than 3 children less than fourteen years of age, whereas 18.0% females of Group-B females found with 3 children lower than fourteen year of age. The disparity was again not much significant.

When we study the ideas about suicide, 34.0% pregnant females from Group-A whereas 9.0% pregnant females from Group-B found with these ideas and the disparity was of much significance. Total 18.0% pregnant females from Group-A & 6.0% pregnant females from Group-B found with the loss of their parent in their early age, the difference was again much significant. Total 14.0% females with pregnancy from Group-A found with the past history of family for psychiatric complications whereas 5.0% pregnant females from Group-B were available with the same history.

Table II : Group Distribution

Classification	No	Percent
Group A	97	48.5
Group B	103	51.5
Total	200	100



DISCUSSION:

In current research work, overall incidence of depression & anxiety among the females with pregnancy in accordance ICD-10 was available as 25.0% & 34.50% correspondingly. In accordance with the HADS, the occurrence of depression & anxiety among females with pregnancy was 57.50% & 67.50% correspondingly. There was much significant disparity. One cause behind this disparity was the restrict definition of the ICD-10 standard in comparison with the criteria of HADS. One other cause may be that HADS is privately managed tool while ICD-10 is in use normally by investigators.

In one research work of Kumar & Robson [10], the occurrence of the neurotic disorder among females with pregnancy was 21.0%. The occurrence in the current research work was much high. One cause was that their sample samples were from upper social circle and their research work included only the prim-gravidae pregnant females. This research work was a retroactive research work including both prim-gravidae & multi-gravidae. The samples of current research work were no representing the whole population of our region. The education rate among the specimens of this research work was much high in comparison with the normal public of our country Pakistan. It is due to the reality that females with pregnancy in current research work came from the city areas where there is high rate of literacy in comparison with the non-urban areas. In current research work, the occurrence of the psychological complications was more frequent among the females with young age. There is very high occurrence of depression & anxiety among young mothers because of deficiency of experience. These findings were very much similar to findings of many other research work [11, 12].

There was not much disparity between the females of both groups for pregnancy duration. This outcome is in opposition with many findings of study which proposes high occurrence of depression & anxiety in the 1st & 2nd trimester [13]. We can explain this point on the basis of fact that there is very small amount of pregnant females with 1st trimester is available in this research work in comparison with the females in 2nd & 3rd trimester. It was comprehensible to search that ideas about suicide were very frequent in the pregnant females suffering from psychological complications. The parent's loss in the early childhood is also important reason behind the anxiety as well as depression. This finding is also the conclusion of study carried out by Brown & Harris [14].

CONCLUSION:

The pregnant females with the past history of the mental abnormalities are the most sensitive subjects to acquire the prevalence of depression and anxiety high risks in complete duration of their study.

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