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Research Article

**STUDY OF DEPRESSION IN ADULTS PATIENTS WITH
BRONCHIAL ASTHMA IN TERTIARY CARE****Dr Syed Haris Mustafa Zaidi¹, Dr Mohammad Raza Mehdi¹, Dr Malik Naveed Hassan²,
Dr Iqra Moatter Nurie¹, Dr Muhammad Wajih Ansari¹, Dr Ali Sattar¹**¹Baqai Medical University, Karachi²The Indus Hospital, Muzaffargarh**Article Received:** January 2020**Accepted:** February 2020**Published:** March 2020**Abstract:**

One of the typical illness of psychiatric is Major depressive disorder (MDD). In medical settings the symptoms and disorder of depression are very common. Arthritis, diabetes and hypertension are pay very impactful role in MDD. Due to depression other diseases are associated to relate and this directly decreases the quality of life. Poor medical outcomes resulted when depression happens during coronary artery and diabetes mellitus. Another most common disease now a days is asthma.

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INTRODUCTION:

Now a day's depression has become very common, sometimes depressed feeling state can be reflected by self-limited and transient mood but this may not come in the category of illness. Typically, clinical features of depression are sad or depressed mood, suicidal thoughts, lack of interest, low energy, sleeplessness, retardation, guilty feelings and poor concentration etc. these all symptoms collectively can be a reason of various mood disorders. MDD is one of them.

Clinical Symptoms of MDD

1. Sleeplessness: poor quality, hypersomnia, and terminal insomnia. patients of MDD have very common problem related to sleep, for example during day they can sleep normally but not at night. Normal sleep time for adults is 6-8 hours and comparatively children require more sleep for healthy life.
2. Depressed mood: feelings like empty, blue, sad, depressed mood are very common symptoms of MDD.
3. Guilty feelings: Patients of MDD feel guilty for all of the consequences for which they might not be responsible. They feel useless and worthless.
4. Lack of Interest: In MDD patients don't feel excited about anything they lose their interest in everything for example children quit to participate in activities like sports.
5. Appetite: MDD affect the appetite greatly in this patient don't want to eat anything they even don't feel hunger.
6. Poor Energy: In this patient experience poor energy or persistent fatigue
7. Psychomotor: In MDD the spontaneous movements of patients decreased too much extent. They speak or moves very slowly.
8. Concentration: MDD patients cannot concentrate on anything.
9. Suicidal thoughts: In this patient think and even attempt for suicide

Prevalence:

Asthma is seems to related with depression, on this there are a lot of studies to diagnose the prevalence of asthma with depression specially in adults and from the results it was very clear that asthma patients has commonly symptoms of depression.

Levy [10] researched on this and from self-report questionnaire he found that high score ($p=0.005$) found in asthma patients($n=102$). In another study total 35 asthma patients high score of depression and anxiety was found comparatively in healthy person and other ill population. Concentrates in kids and young people have detailed comparative discoveries. Surís *et al.* [13], utilizing an unknown, self-managed survey, announced more noteworthy

burdensome indications ($p = 0.001$) in juvenile females yet not guys with ceaseless disease ($n=162$ aggregate and incorporating 86 with asthma) looked at to solid controls ($n = 865$). Seigel and Golden [14] found that young people with asthma ($n = 40$) had Beck Depression Inventory (BDI) scores comparative to those in patients with sickle cell illness and diabetes, and fundamentally higher than in solid controls ($p = 0.001$). As the subjects were moderately asymptomatic outpatients the specialists proposed that the expansion in burdensome manifestations was not identified with asthma-related physical side effects. Padur *et al.* [15] found altogether higher scores on the Child Depression Stock (CDI) in kids with asthma than in kids with diabetes, malignant growth, or on the other hand sound controls. The couple of studies analyzing the commonness of burdensome issue have yielded blended outcomes. Yellowlees *et al.* [16] analyzed patients with close to deadly asthma assaults ($n = 13$) and a benchmark group with less extreme sickness ($n = 36$), finding a 33% in general predominance pace of mental ailment in the two gatherings. The predominance pace of burdensome sickness in all subjects was 4%.

Effect of Depression on Asthma:

On asthma effects of depression may be some adverse kind. According to some studies depression can affect the asthma patients greatly and it is considered as the risk factor related to mortality and morbidity. Asthma patients who had the symptoms of depression has 3.5 times greater chances of voluntary drive to breathe. In a study it was researched that in 21 children 16 patients who died due to asthma in them 9 children had the symptoms of depression. Another study deduced that 4 patients out of 6 asthma patients died were found to have symptoms of anxiety and depression and before fatal attack they stopped taking the medication of psychiatrist. There is strong relation in asthma service utilization and depressive symptoms in children. In 46 asthma patients having age between 6 to 16 depression symptoms were found by children' depression rating scale (CDRS). According to CDSR 30% children have almost, or very likely MDD. In this study the severity of asthma may not seem too associated with the depression. Less severity in asthma might be related to the mood disorder. Thus, it can conclude that less severe asthma is associated to depression. Poor outcomes related to medication can be reported in depressed patients. An asthma patient who had depression can perceive their symptoms of asthma more severe comparatively to patients who did not have asthma.

Treatment

There are some studies who analyzed that to treat the depression of asthma patient have what kind of

consequences and this is comparatively less than those studies which were on other chronic disease such as diabetes mellitus with a relation to depression. Tricyclic agents were used to treat the depressed asthma patients rather than adopting the newer medication. Very few studies studied the symptoms of asthma in patient but in this depressed patient were not included in these studies. In a study depressed asthma patient were administered under tricyclic amitriptyline and good response was experienced.

Two reports on the effect of antidepressants in discouraged asthma patients have been distributed. Wilson [3] detailed the instance of a lady with asthma who indicated impressive improvement in asthma side effects on a blend of perphenazine 12mg/day and amitriptyline 60 mg/day, given for uneasiness and sorrow related with menopause. Subsequent to taking this blend for a month and a half, her asthma meds were halted, and her asthma stayed in abatement at a 3-month development. One examination has inspected the effect of upper treatment on burdensome side effects in discouraged asthma patients.

No reports to date have inspected the viability of the more current upper specialists (e.g., particular serotonin reuptake inhibitors) for either despondency or asthma side effects in discouraged asthmatics. In any case, our gathering has a continuous randomized, controlled preliminary of the specific serotonin reuptake inhibitor citalopram in discouraged patients with asthma.

Etiology of Depression in Asthma Patients

The pin point answer on the relation of asthma and depression were not found yet. One of the reason can be that when asthma patient can not actively participate in surrounding and their reduced quality can lead to depression. More severity in asthma can lead to more severe depression.

Another possibility of asthma patient having depression might be some undiscovered genetic predisposition that can be reason of severity in both disorders. Dysregulation of neuroendocrine system is another explanation for the depressed asthma patients. A subset of depressed patients and asthma patients show the evidence of glucocorticoid resistance.

CONCLUSIONS:

In asthma patients the symptoms of depression is very common comparatively in other disease. In medical settings the symptoms and disorder of depression are very common. Arthritis, diabetes and hypertension are pay very impactful role in MDD. Due to depression other diseases are associated to relate and this directly decreases the quality of life. There are very less studies on

examining the prevalence of depression in asthma patients. So this area demands more research in order to determine the relationship in asthma and depression causes and effects in patients.

REFERENCE:

- 1 Kessler RC, McGonagle KA, Zhao S, Nelson CB, Hughes M, Eshleman S, Wittchen HU, Kendler KS: Lifetime and 12 month prevalence of DSM-III-R psychiatric disorders in the United States. Results from the National Comorbidity Survey. *Arch Gen Psychiatry* 1994;51:8–19.
 - 2 Katon W, Schulberg H: Epidemiology of depression in primary care. *Gen Hosp Psychiatry* 1992;14:237–247.
 - 3 Wells KB, Stewart A, Hays RD, Burnam MA, Rogers W, Daniels M, Berry S, Greenfield S, Ware J: The functioning and well-being of depressed patients. Results from the Medical Outcomes Study. *JAMA* 1989;262:914–919.
 - 4 Wells KB, Rogers W, Burman MA, Camp P: Course of depression in patients with hypertension, myocardial infarction, or insulin-dependent diabetes. *Am J Psychiatry* 1993;150:632–638.
 - 5 Frasure-Smith N, Lesperance F, Talajic M: Depression and 18-month prognosis after myocardial infarction. *Circulation* 1995;91:999–1005.
 - 6 Weiss KB, Wagener DK: Changing patterns of asthma mortality identifying target populations at high risk. *JAMA* 1990;264:1683–1687.
 - 7 CDC: Leads from the morbidity and mortality weekly report, Atlanta, GA. Asthma – United States, 1980–1990. *JAMA* 1992;268:1995–1996.
 - 8 American Psychiatric Association: Diagnostic and Statistical Manual for Mental Disorders: DSM- IV-TRTM: Fourth Edition Text Revision. Washington, American Psychiatric Association, 2000.
 - 9 Zielinski TA, Brown ES, Nejtek VA, Moore JJ, Rush AJ: Depression in asthma: Prevalence and clinical implications. *Prim Care Comp J Clin Psychiatry* 2000;2:153–158.
 - 10 Badoux A, Levy DA: Psychologic symptoms in asthma and chronic urticaria. *Ann Allergy* 1994; 72:229–234.
 - 11 Lyketosos CG, Lyketosos GC, Richardson SC, Beis A: Dysthymic states and depressive syndromes in physical conditions of presumably psychogenic origin. *Acta Psychiatr Scand* 1987;76:529–534.
- Dyer CAE, Sinclair AJ:

- A hospital-based case-control study of quality of life in older asthmatics. *Eur Respir J* 1997;10:337–341.
- 12 Eur Respir J 1997;10:337–341.
- 13 Surís JC, Parera N, Puig C: Chronic illness and emotional distress in adolescence. *J Adolesc Health* 1996;19/2:153–156.
- 14 Seigel WM, Golden NH: Depression, self-esteem, and life events in adolescents with chronic diseases. *J Adolesc Health* 1990;11:501–504.
- 15 Padur JS, Rapoff MA, Houston BK, Barnard M, Danovsky M, Olson NY, Moore WV, Vats TS, Lieberman B: Psychosocial adjustment and the role of functional status for children with asthma. *J Asthma* 1995;32:345–353.
- 16 Yellowlees PM, Haynes S, Potts N, Ruffin RE: Psychiatric morbidity in patients with life-threatening asthma: Initial report of a controlled study. *Med J Aust* 1988;149/5:246–249.
- 17 Brown ES, Khan DA, Mahadi S: Psychiatric diagnoses in inner city outpatients with moderate to severe asthma. *Int J Psychiatry Med* 2000;30:319–327.
- 18 Nejtek VA, Brown ES, Khan DA, Moore JJ, Van Wagner J, Perantie DC: Prevalence of mood disorders and relationship to asthma severity in patients at an inner-city asthma clinic. *Ann Allergy Asthma Immunol* 2001;87:129–133.
- 19 Allen GM, Hickie I, Gandevia SC, McKenzie DK: Impaired voluntary drive to breathe: A possible link between depression and unexplained ventilatory failure in asthmatic patients. *Thorax* 1994;49:881–884.
- 20 Strunk RC, Mrazek DA, Fuhrmann GSW, LaBrecque JF: Physiologic and psychological characteristics associated with deaths due to asthma in childhood. *JAMA* 1985;254:1193–1198.
- 21 Picado C, Montserrat JN, de Pablo J, Plaza V, Agusti-Vidal A: Predisposing factors to death after recovery from a life-threatening asthmatic attack. *J Asthma* 1989;26/4:231–236.
- 22 Brown ES, Khan DA, Nejtek VA, Thomas NR, Mahadi SF: Depressive symptoms and functioning in asthma patients. *Prim Care Psychiatry* 2000;6:155–161.
- 23 Morrison KM, Goli A, Van Wagoner J, Brown ES, Khan DA: Depressive symptoms in inner-city children with asthma. *Prim Care Companion J Clin Psychiatry* 2002;4:174–177.
- 24 Bosley CM, Fosbury JA, Cochrane GM: The psychological factors associated with poor compliance with treatment in asthma. *Eur Respir J* 1995;8:899–904.