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Research Article

DEPRESSION & ANXIETY DURING PREGNACY PERIOD¹Dr. Muhammad Shehroz, ²Dr Amna Kazmi, ³Dr Sundas Manzoor¹DHQ Hospital Faisalabad, ²Nawaz Sharif Social Security Hospital Lahore, ³Islamabad
Medical and Dental College.**Article Received:** March 2019**Accepted:** April 2019**Published:** May 2019**Abstract:**

Objective: Current research works have displayed that mental issues are very frequent in the period of pregnancy. The aim of this study is to interrogate the occurrence of depression & anxiety among females having pregnancy visiting the outpatient department of maternity hospital. This research work conducted to determine the factors of risks linked with the depression & anxiety during the period of pregnancy of female visitors.

Study Design: This was an elaborate research work with two hundred participants.

Study Period & Place: This research work carried out in the OPD of DHQ Hospital Faisalabad. This research work was conducted from October 2018 to March 2019.

Methodology: Two hundred females with pregnancy were the part of this research work. The females with pregnancy who were ready to give interview were the participants of this research work. We gathered information about the details of demography. We used PSE as an instrument of interview & ICD-10 was in utilization as method of diagnosis.

Results: In accordance with the criteria of diagnosis of ICD-10, total 34.50% pregnant women were the victim of anxiety and 25.0% pregnant females were bearing the symptoms of depression. The loss of the parents in early age, initial young age, previous background for mental issues and history of families about the metal illness were the possible factors of risk in the development of depression and anxiety in the period of pregnancy.

Conclusion: The occurrence of depression and anxiety was consistent to the various other research works conducted in Europe. The screening of the females with pregnancy and with probable factors of risks should be carried out for depression & anxiety. There is a need of the development of the locally made apparatus for its utilization in best way in our country Pakistan.

Keywords: Occurrence, Depression, Anxiety, Maternity, Risk, Demography, Pregnancy, Symptoms.

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INTRODUCTION:

There are many emotional and mental outcomes of pregnancy among females. We have the proof of high occurrence of anxiety & depression in females with pregnancy [1]. Psychological complications are very common in the females with pregnancy with previous background of mental illnesses, family history of psychiatric issues, complications in previous pregnancy, cesarean section & those females who have deficiency of support or family [2]. A very high amount of research works have stated the occurrence of depression & anxiety in the period of pregnancy from various areas of the world. A case study from United States of America concluded that female with pregnancy reported the symptoms of depression [3]. In a case study conducted in Pakistan, about 72.0% physically abused females were available as anxious or depressed in the period of pregnancy [4].

Dalton conducted a research work on five hundred females in United Kingdom and stated that 37.0% Females were experiencing depression in the period of pregnancy [6]. There are some research works on the same literature in our country Pakistan. It is very vital to estimate the occurrence of the depression & anxiety in the females with pregnancy with Pakistan because it can have impacts on mother as well as child. This study aimed to interrogate the occurrence of depression & anxiety in the females with pregnancy appearing in this very hospital and to determine the factors of risk linked with the occurrence of depression and anxiety as well as to evaluate the association of depression & anxiety with various variables of demography.

METHODOLOGY:

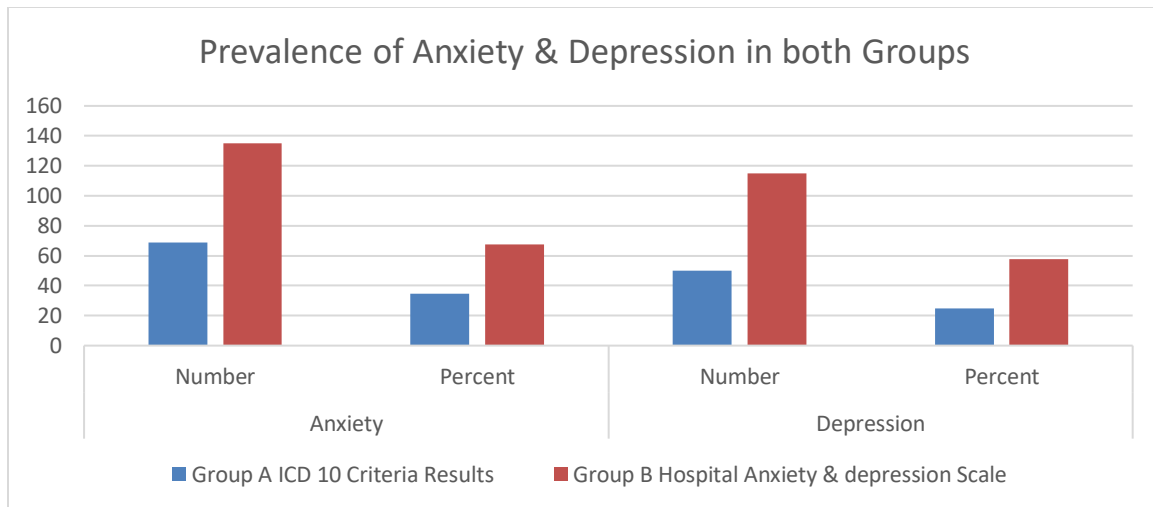
Total 200 hundred who were visiting the DHQ Hospital Faisalabad were the part of this research work. The females with pregnancy who were willing to give interview were the part of this research work. We recorded the information about demography. Current condition examination [7] was in use as a planned interview. HADS (hospital anxiety & depression scale) with version in Urdu [8] was in utilization as a screening instrument for the diagnosis of symptoms of depression & anxiety. The diagnostic standard of ICT Ten was in use [9]. This research work was conducted from October 2018 to March 2019. SPSS software was in use for the statistical analysis of the collected information.

RESULTS:

In accordance with the HADS, with the utilization score of seven for depression & anxiety, 67.50% (n: 135) found with anxiety & 57.5 (n: 115) females were available with depression. In accordance with the standard of ICD-10, 34.50% (n: 69) pregnant females were fulfilling the standard of disorder of anxiety and 25.0% (n: 50) females were suffering from disorders of depression (Table – 1). We divided the two hundred females into sub groups. The pregnant females who were suffering from depression or anxiety in accordance with the standard of ICD-10 were the part of Group-A. Whereas the other pregnant females were the part of Group-B. There were ninety seven females with pregnancy in Group-A and one hundred and three females with pregnancy were in Group-B.

Table I: Prevalence of Anxiety & Depression in both Groups

Group	Results	Anxiety		Depression	
		Number	Percent	Number	Percent
Group A	ICD 10 Criteria Results	69	34.5	50	25
Group B	Hospital Anxiety & depression Scale	135	67.5	115	57.5



The average years of qualification in Group-A was 6.90 ears & in Group-B was 6.50 years. There was not much important difference. The average age of the pregnant females in the Group-A was 25.150 years & in Group-B, the mean age was 27.180 years. This disparity was a little bit significant. There were total 36.0% prim-parous pregnant females in Group-A whereas there were 31.0% pregnant females of this category were available in other group. This was not a statistically significant difference. We did not find any difference in the pregnancy duration among the patients of both groups. Twenty two percent females in Group-A had greater than 3 children wo were below fourteen year of age, whereas eighteen percent females in group were in the same category, difference was still not significant.

When we studied about the ideas of suicide and attempts, 34.0% females of Group-A and only 9.0% pregnant females from Group-B found with the same ideas, these differences were significant. Total 18.0% & 6.0% pregnant females in Group-A and Group-B fount with the past history of losing their parents in very early childhood. This disparity was also significant. Total 28.0% females with pregnancy in Group-A were available with previous history of mental issues in the duration of past pregnancies whereas 13.0% females with pregnancy found with the same history. This difference was also significant. Total 14.0% females with pregnancy in Group-A were available with the past history of mental issues in their family whereas 5.0% pregnant females in the second group found with the same issues. This disparity was also significant among the patients of both groups.

DISCUSSION:

In current research work, overall occurrence of

depression & anxiety was present in 25.0% & 34.50 in accordance with standard of ICD-10. In accordance with HADS, the occurrence of depression & anxiety in females with pregnancy was 57.50% & 67.50% correspondingly. The disparity between both groups was significant. The main reason behind the difference was different standard of the both methods. According to a research work conducted by Kumar & Robson [10], the occurrence of the neurotic illness in the females with pregnancy was 21.0%. The occurrence discovered by this research work was very high. One of the cause of this difference may be, that was a prospective research work in which only prim gravidae were the participants. This current work was retroactive in nature including the both categories. The selected sample in this research work was not representing the whole community.

The education level of the samples was much high as compared to the normal population of the country. The reason behind this issue was that most of the females were belonging to urban areas where the education level is much high in comparison with the nonurban areas of the country. In this case work, the occurrence of depression anxiety were very frequent among the mothers of very young age. The reason behind this issue was the deficiency in experience among young mothers. This outcome of the current case work was consistent with the other case works of the past [11, 12]. In current case work, we found no disparity between prim-parous & multi-parous pregnant females. This outcome was very amazing like prim-parous pregnant females might have advance level of anxiety due to deficiency in experience. One cause of this fact was that we have join family systems in our communities and members of the family provide the support in these matters. There is requirement to elaborate this point in further

case works on the same topic.

There was no disparity of pregnancy duration among the pregnant females of both groups, this finding was not similar with many previous case works which showed high occurrence of depression & anxiety in 1st & 2nd trimesters of the pregnancy period [13]. The ideas of suicide were very common among the females available with depression & anxiety. Parent's loss in the early childhood age is also one of the reason for depression & anxiety. This fact was also available in the research work of Brown & Harris [14].

CONCLUSION:

The occurrence of the depression and anxiety is very high among the pregnant females of our communities. There is a need of screening for such females to know about different factors for their sufferings.

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