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DETERMINE THE FREQUENCY OF DEPRESSIVE DISORDERS IN PREGNANT WOMEN VISITING OBSTETRICS & GYNAECOLOGY DEPARTMENT

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Abstract:

Objective: *The aim of the study is to determine the frequency of depressive disorders in pregnant women visiting antenatal clinic also examine the association of depression and anxiety with socio-economic status.*

Study Design: *Cross-sectional/observational study*

Place and Duration: *This study was conducted in Department of Obstetrics & Gynaecology, Jinnah hospital, Lahore from 1st September 2019 to 30th April 2020.*

Materials and Methods: *Total 340 women visiting antenatal clinic were enrolled in this study. Patients ages were ranging from 18 to 40 years. Detailed demographics including age, socioeconomic status, residence, education and gravidity were recorded after written consent. Hospital Anxiety and Depression scale was used to examine the frequency of depression and anxiety. Association of depression and anxiety with socio-economic status was examined.*

Results: *32 (9.41%) patients were ages ≤20 years, 115 (33.82%) were ages 20 to 25 years, 140 (44.11%) were ages 26 to 30 years and 53 (15.59%) were ages above 30 years. Depression was found in 180 (52.94%) patients among those 70 (20.58%), 55 (16.18%), 40 (11.76%) and 15 (4.41%) patients had mild, moderate, severe and very severe level of depression. 72 (21.18%), 80 (23.53%), and 48 (14.12%) had mild, moderate and severe anxiety score. A significant association was observed between low-socio-economic status and depression and anxiety.*

Conclusion: *Frequency of depressive disorders like depression and anxiety was very high in pregnant women attending antenatal clinic.*

Keywords: *Antenatal women, Depression, Anxiety. Socio-economic status*

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INTRODUCTION:

Depressive disorders during pregnancy are major public health problems because of their high prevalence.[1] The world Health Organization (WHO) estimates that the depressive disorders will be the second leading cause of global disease burden by 2020.[2] Rates of depressive illness in women of reproductive age group are reported to be twice than those in men.[3] Some women may experience their first depressive episode during pregnancy, whereas others with a history of depression are at increased risk for its recurrence, continuation, or exacerbation.[4,5]

Recently antenatal anxiety has received increased attention with regards to both its impact on infant outcomes and as a risk factor for postnatal depression.[6] Several cohort studies have reported that the antenatal psychiatric morbidity is the strongest risk factor for postnatal depression.[7] Secondly, new evidence shows that depression during pregnancy is also associated with adverse child outcomes[8] including premature births, low birth weight, and poor infant growth.[9]

Among South Indian women, the prevalence of depression during the last trimester was found to be around 16%.[10] A study conducted in a rural area of Pakistan has reported that 25% of women suffered from depression during pregnancy.[11] Another study from an urban community in Pakistan found that 18% of pregnant women were anxious and/or depressed.[12]

Assessment of psychosocial problems and mental health is an integral part of antenatal services to ensure safe pregnancy and delivery. But developing countries lack such antenatal care (ANC) services; and even if available, lack coverage, quality or support from stake holders. In accordance with this fact, a study at Nottingham University notified that WHO has formulated a focused ANC guideline including women's mental health package to be used during ANC assessment. The present study was conducted aimed to examine the frequency of depressive disorders such as depression and anxiety in pregnant women attending antenatal clinic at our institute. This study will help to reduce the complications associated with depressive disorders.

MATERIALS AND METHODS:

This cross-sectional/observational study was conducted at of Obstetrics & Gynaecology, Jinnah hospital, Lahore from 1st September 2019 to 30th April 2020. 340 women visiting antenatal clinic were enrolled. Patient's ages were ranging from 18 to 40 years. Detailed demographics including age, socioeconomic status, residence, education and gravidity were recorded. Patients with severe maternal complications, patients with cardiovascular diseases, less than 18 years of age were excluded. Hospital Anxiety and Depression scale HADS was used to examine the frequency of depression and anxiety. Severity of depression and anxiety were recorded. Association of depression and anxiety with socio-economic status was examined. Data was analyzed by SPSS 24. Chi-square test was done to examine the association between socio-economic status and depression and anxiety, P-value <0.05 was taken as significant.

RESULTS:

Thirty two (9.41%) patients were ages ≤20 years, 115 (33.82%) were ages 20 to 25 years, 140 (44.11%) were ages 26 to 30 years and 53 (15.59%) were ages above 30 years. Mean BMI was 22.57±2.84 kg/m^2. 210 (61.76%) patients were primigravida while 130 (38.24%) were multigravida. 150 (44.12%) were literate while 190 (55.88%) were illiterate. 161 (47.35%) patients had urban residence and 179 (52.64%) had rural residence. 145 (42.65%) patients had low socio-economic status, 138 (40.59%) had middle and 57 (16.76%) patients had high socio-economic status (Table 1)

According to the HADS scale, depression was found in 180 (52.94%) patients among those 70 (20.58%), 55 (16.18%), 40 (11.76%) and 15 (4.41%) patients had mild, moderate, severe and very severe level of depression. 72 (21.18%), 80 (23.53%), and 48 (14.12%) had mild, moderate and severe anxiety score (Fig. 1). We found that patients with low socioeconomic status had higher depression and anxiety rate. Overall 55 (16.18%) patients had severe and very severe depression among these 35 (63.64%) had low socio-economic status, 16 (29.09%) had middle and 4 (7.27%) had high socio-economic status, a significant association was observed between severe depression and low socio-economic status with p-value <0.05. Overall 48 (14.12%) patients had severe anxiety level, among those 32 (66.67%) patients had low, 13 (27.08%) had middle and 3 (6.25%) had high socio-economic status. A significant association was observed with p-value <0.05 (Table 2).

Table 1: Baseline characteristics of all the patients

Variable	No.	%
Age (years)		
<20	32	9.41
21 to 25	115	33.82
26 to 30	140	44.11
> 30	53	15.59
BMI (kg/m^2)	22.57±2.84	
Gravidity		
Primigravida	210	61.76
Multigravida	130	38.24
Education		
Literate	150	44.12
Illiterate	190	55.88
Residence		
Urban	161	47.35
Rural	179	52.64
Socioeconomic status		
Low	145	42.65
Middle	138	40.59
High	57	16.76

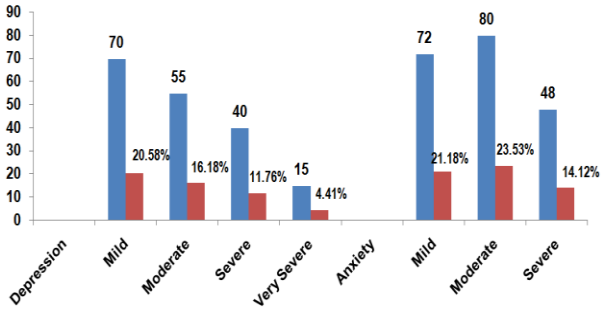

Fig. 1: Frequency of Depression and anxiety among all the patients

Table 2: Association between socio-economic status and depression and anxiety

Variables	Low socio-eco status	Middle socio-eco status	High Socio-eco status	P-value
Severe Depression n=55	35 (63.64%)	16 (29.09%)	4 (7.27%)	0.001
Severe Anxiety n=48	32 (66.67%)	13 (27.08%)	3 (6.25%)	0.001

DISCUSSION:

Depression and anxiety are the most frequent depressive disorders found in pregnant women attending antenatal clinics and associated with higher maternal and neonatal complications.[13] Many of factors contributing to increase the prevalence of depression and anxiety among antennal women but the most important risk factor is poverty/low-socioeconomic status. Many of previous studies demonstrated that women with low socioeconomic status had higher rate of depression and anxiety.[14,15] We conducted this study with aimed to examine the frequency of de3pression and anxiety in antenatal women also determines the association between low-socioeconomic status and depression and anxiety. In this regard 340 pregnant women visiting antenatal clinic were enrolled in this study. Majority of patients 44.11% were ages 26 to 30 years followed by 33.82% were ages 21 to 25 years. These results showed similarity to many of previous studies in which age group 26 to 30 years was most frequent in women attending antenatal clinics.[16,17]

In present study we found that 210 (61.76%) patients were primigravida while 130 (38.24%) were multigravida. 150 (44.12%) were literate while 190 (55.88%) were illiterate. 161 (47.35%) patients had urban residence and 179 (52.64%) had rural residence. 145 (42.65%) patients had low socio-economic status, 138 (40.59%) had middle and 57 (16.76%) patients had high socio-economic status. A study conducted by Ghaffar et al[18] reported in their study that majority of pregnant women belongs to urban area 86.6% and above 40% had low income <15000 PKR/month. Another study by Bavle AD et al [19] regarding depression and anxiety among antenatal women reported that low income and illiteracy were the most important risk factors of depression and anxiety among pregnant women attending antenatal clinic.

In our study depression was found in 180 (52.94%) patients among those 70 (20.58%), 55 (16.18%), 40 (11.76%) and 15 (4.41%) patients had mild, moderate, severe and very severe level of depression. 72 (21.18%), 80 (23.53%), and 48 (14.12%) had mild, moderate and severe anxiety score. A study by Sabita et al[20] reported that 19.5% pregnant women were having risk for antenatal depression, of which the mild, moderate and moderately severe levels of depression were 16.4%, 1.4% and 1.8% respectively. Gul et al[21] reported that mild depression was present among 68 (32.1%), moderate depression in 64 (30.2%), severe depression in 24 (11.3%) and very severe depression in 20 (9.4%) women. According to HAM-A scores, 70 (33%) of the participants scored in normal range, 44 (20.8%) lied in mild anxiety range, 62 (29.2%) lied in moderate anxiety while 36 (17%) lied in severe anxiety range.

In this study we found that patients with low socioeconomic status had higher depression and anxiety rate. Overall 55 (16.18%) patients had severe and very severe depression among these 35 (63.64%) had low socio-economic status, 16 (29.09%) had middle and 4 (7.27%) had high

socio-economic status, a significant association was observed between severe depression and low socio-economic status with p-value <0.05. These results were comparable to many of previous studies in which low socio-economic status was significantly associated with severe depression and anxiety with p-value <0.05.[22,23] Overall 48 (14.12%) patients had severe anxiety level, among those 32 (66.67%) patients had low, 13 (27.08%) had middle and 3 (6.25%) had high socio-economic status. A significant association was observed with p-value <0.05. A study by Ali et al[24] reported in their study that the most common contributing factor was low socioeconomic status (64.4%) a second factor was no partner social support (22.1%) and previous history of psychiatric of psychological consultation (13.5%) of antenatal depression.

CONCLUSION:

Depressive disorders such as depression and anxiety can lead to severe maternal and perinatal complications. We concluded that frequency of depressive disorders like depression and anxiety was very high in pregnant women attending antenatal clinic. We found that severe depression and anxiety level has a significant association with low socioeconomic status.

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