Original Article

ANXIETY AND DEPRESSION IN PREGNANT WOMEN PRESENTING IN THE OPD OF A TEACHING HOSPITAL

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ABSTRACT:
Objective: Recent research has shown that psychiatric disorders are more common during pregnancy. This study was done to investigate the prevalence of anxiety and depression during pregnancy in females presenting in the antenatal clinic. The study also tried to find out risk factors associated with anxiety and depression in pregnancy in the above-mentioned population.

Design: This was a descriptive survey of 200 outpatients.

Place and duration of study: This study was done in the outpatient’s department of Lady Atchison Hospital, Lahore. The study was done from May 2001 to October 2001.

Subjects and methods: Study sample consisted of 200 consecutive outpatients presenting in the antenatal clinic. Pregnant women who agreed to be interviewed were included in the study. Demographic details were noted. PSE was used as an interviewing instrument and ICD-10 was used as diagnostic criteria.

Results: According to ICD-10 diagnostic criteria 34.5% of females were suffering from anxiety and 25% were suffering from depression. Young age, loss of parent during childhood, past history of psychiatric illness, family history of psychiatric illness was identified as possible risk factors to develop anxiety and depression during pregnancy.

Conclusion: Prevalence of anxiety and depression was similar to many studies reported from the West. Pregnant females with possible risk factors should be specially screened for anxiety and depression. Locally prepared and validated instruments need to be developed for use in Pakistan.

KEY WORDS: Anxiety, depression, pregnancy.

INTRODUCTION

Pregnancy has dramatic emotional and psychological consequences for the individual. There is evidence of increased incidence of

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anxiety and depression in pregnancy.1 Mental disorders are more common in pregnant women who have a past history of psychiatric illness, family psychiatric history, past obstetric/gynaecologic complications, caesarean section and those who lack marital, family or social support.2

A large number of studies have reported prevalence of anxiety and depression in pregnancy from different parts of the world. A study from the USA stated that 70% of pregnant women reported depressive symptoms.3 In a study done in Pakistan it was seen that 72% of women who were physically abused during pregnancy were anxious/depressed.4 Dalton, in a prospective study of 500 pregnant women from the UK reported that 37% experienced depression during pregnancy.5 In another study from the UK prevalence of
depression in pregnant women was found to be 62%. There are few studies on this topic from Pakistan. It is important to estimate the prevalence of anxiety and depression in pregnant women in Pakistan because it has effects on both mother and child.

The aims of the present study were as follows:
1. To investigate the prevalence of anxiety and depression in pregnant females presenting in the antenatal clinic of a teaching hospital
2. To find out risk factors associated with anxiety and depression in the above group.
3. To assess the relationship of different demographic variables with anxiety and depression in the above group.

PATIENTS AND METHODS

Two hundred consecutive pregnant women coming to the antenatal clinic of Lady Atchison hospital, Lahore were studied. Only those females were included in the study that agreed to be interviewed. Demographic details were noted. Present state examination was used as a structured interview. Urdu version of Hospital Anxiety and Depression Scale (HADS) was used as a screening instrument for detecting the anxiety and depression symptoms. Diagnostic criteria of ICD 10 was used. The study was conducted from May 2001 to October 2001. Statistical analysis was done by using Statistical Package for Social Sciences (SPSS).

RESULTS

Prevalence of Anxiety and Depression:

According to Hospital Anxiety and Depression Scale, by using the cut off score of 7 for anxiety and depression, 135 (67.5%) females had anxiety and 115 (57.5) had depression. If ICD-10 diagnostic criteria were used 69 (34.5%) females fulfilled the diagnostic criteria for generalised anxiety disorder and 50 (25%) of females fulfilled the diagnostic criteria for depression.

The study group of 200 females was divided into two sub Groups. Those who had anxiety or depression according to ICD-10 were placed in group A while those who did not have either anxiety or depression according to ICD-10 were included in Group B. Group A consisted of 97 pregnant women and Group B had 103 females.

Relationship of Anxiety and Depression with different variables:

Mean years of education in Group A was 6.91 years and in Group B was 6.49 years. The difference was not statistically significant. Mean age of females in Group A was 25.15 years and in group B was 27.18 years. The difference was statistically significant (p<0.05). Thirty six percent of females in Group A were primiparous while in Group B this figure was 31%. The difference was statistically insignificant. There was no difference between the groups as far as the duration of pregnancy was concerned.

Among the Group A 22% had more than three children under the age of 14 years, while 18% of Group B females had more than 3 children under the age of 14 years. The difference was statistically insignificant. When suicidal idea, plans and attempts were studied, 34% of females from Group A while 09% from Group B had suicidal ideas, plans and attempts. The difference was statistically significant (p<0.05). Eighteen percent of females from group A and 06% from Group B had history of loss of parent during childhood. The difference was statistically significant (p<0.05).

Twenty eight percent of persons from Group A had a past history of psychiatric illness during previous pregnancies while 13% from Group B had a similar history. The different was statistically significant (p<0.05). Fourteen percent of females from Group A had a family history of psychiatric illness while 05% from Group B had a similar history. The different was significant (p<0.05).

DISCUSSION

In this study the overall prevalence of anxiety and depression in pregnant women according to ICD-10 was found to be 34.5% and 25% respectively. According to Hospital Anxiety
and Depression Scale prevalence of anxiety and depression among pregnant females was estimated to be 67.5% and 57.5% respectively. The difference was statistically significant. One reason of this difference could be that ICD-10 system has restrictive definitions as compared to HADS. Another reason may be that HADS is a self-administered instrument while the investigator uses ICD-10.

In the study done by Kumar and Robson\textsuperscript{10} prevalence of neurotic illness among pregnant women was reported to be 21%. Prevalence in the present study was much higher. One reason may be that their sample was slanted towards the healthier end of the social scale. Secondly their study was a prospective study, which included only primigravidae. Present study was a retrospective study including both primigravidae and multigravidae. Sample in the present study was also not representative of the whole population.

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Literacy rate in the sample of present study was higher than the literacy rate of general population of Pakistan. It may be due to the fact that pregnant women in this study mainly came from urban areas where literacy rate is higher as compared to rural areas. In the present study anxiety and depression was found to be more common in younger mothers. Young mothers may have more anxiety and depression due to lack of experience. Findings are similar to those reported in some other studies\textsuperscript{11,12}.

In this study no statistically significant difference was found between primiparous and multiparous females. This finding might be surprising as primiparous females might be expected to show more anxiety because of lack of experience. One explanation may be that in our joint family system support may be provided by other members of the family. This point needs further study. There was no difference between the groups as far as duration of pregnancy was concerned. This finding is in contrast to many reports in the literature, which suggest an increased prevalence of anxiety, and depression in the first and second trimester\textsuperscript{13}. It could be explained on the basis of the fact that there were few females presenting in the first trimester in our sample as compared to second and third trimester.

It was understandable to find that suicidal ideation and plans were more common in the group having anxiety and depression. Loss of a parent during childhood predisposed females to have anxiety and depression. This has also been reported in the study by Brown and Harris\textsuperscript{14}. Having a past history or family history of psychiatric illness made pregnant females more vulnerable to develop anxiety and depression. This stresses the need for assessing these high-risk mothers throughout their pregnancy.

REFERENCES