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Assessment of etiologic factors for depression among females: A clinical study

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Abstract

Background: Depression is the most common illness worldwide and the leading cause of disability. They estimate that 350 million people are affected by depression. It is predicted that depression will be the second leading cause of disability worldwide by 2020. The prevalence is 9% and average age of onset of depression is 31.9 years in Nepal. The present study was conducted to assess depression among females.

Materials & Methods: This study was conducted in the department of Gynaecology and Obstetrics in year 2014. It consisted of 2210 females. All were informed regarding the study and written consent was obtained. Ethical clearance was taken prior to the study. Women at high risk of depression due to gynaecological conditions, teenage girls, women with no living issue, antenatal cases, delivered patients and perimenopausal women were included.

DSM-IV criteria was used to diagnose depression.

Results: Teenagers were 210, women with no living issue were 170, pregnant women were 1620, post partum women were 120 and peri-menopausal women were 90 in number. The difference was significant ($P < 0.05$). Patients with late menarche, STIs and HIV, PCOD and obesity had 12, 11 and 80 depressed women. Depression was seen in women with primary infertility (52/80), secondary infertility (16/30) and recurrent pregnancy loss (32/60). Out of 1620 pregnant women, 812 had depression. Out of 120 post partum women, 55 had depression. Out of 40 malignancy women, 40 had depression, out of 30 abnormal uterine bleeding, 18 had depression and out of 20 women with gynaecological disorder, 8 had depression.

Conclusion: Depression is common among females and it is more prevalent in pregnancy. Early detection and intervention is necessary to avoid effect on baby.

Keywords: depression, menopausal, pregnancy

Introduction

Depression is a mental health disorder. It is a mood disorder characterized by persistently low mood and a feeling of sadness and loss of interest. Depression is a persistent problem, not a passing one - the average length of a depressive episode is 6-8 months. According to the World Health Organization (WHO), depression is the most common illness worldwide and the leading cause of disability. They estimate that 350 million people are affected by depression ^[1].

It is predicted that depression will be the second leading cause of disability worldwide by 2020. The prevalence is 9% and average age of onset of depression is 31.9 years in Nepal. Women are at great risk of developing depressive disorder in different phases of life, spanning from menarche to menopause ^[2].

Social pressure, environment, educational status and individual response to stress are among several factors that contribute to depression in women. It is likely that genetic, biological, chemical, hormonal, environmental, psychological and social factors all contribute towards depression ^[3].

It has been seen that various sex hormones during the reproductive years leads to the Premenstrual Dysphoric Syndrome, Depression during pregnancy and Post partum Psychosis. Women with delayed menarche, difficulty in acceptance of pregnancy unwanted pregnancy and postpartum period are more prone to depression. Perimenopausal age group who are at higher risk of malignancies also suffer from depression ^[4].

Women with less successful coping strategies, or previous life trauma, childhood trauma, some prescription drugs such as corticosteroids, some beta-blockers, interferon, and other prescription drugs leads to depression. First-degree relatives of depressed patients are at higher risk. The present study was conducted to assess depression among females.

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Materials & Methods

This study was conducted in the department of Gynaecology and Obstetrics in year 2014. It consisted of 2210 females. All were informed regarding the study and written consent was obtained. Ethical clearance was taken prior to the study.

Women at high risk of depression due to gynaecological conditions, teenage girls, women with no living issue, antenatal cases, delivered patients and perimenopausal women were included.

DSM-IV criteria was used to diagnose depression. Results were tabulated and subjected to analysis. P value less than 0.05 was considered significant.

Results

Table I shows that teenagers were 210, women with no living issue were 170, pregnant women were 1620, post partum women were 120 and peri - menopausal women were 90 in number. The difference was significant ($P<0.05$). Table II shows that patients with late menarche, STIs and HIV, PCOD and obesity had 12, 11 and 80 depressed women.

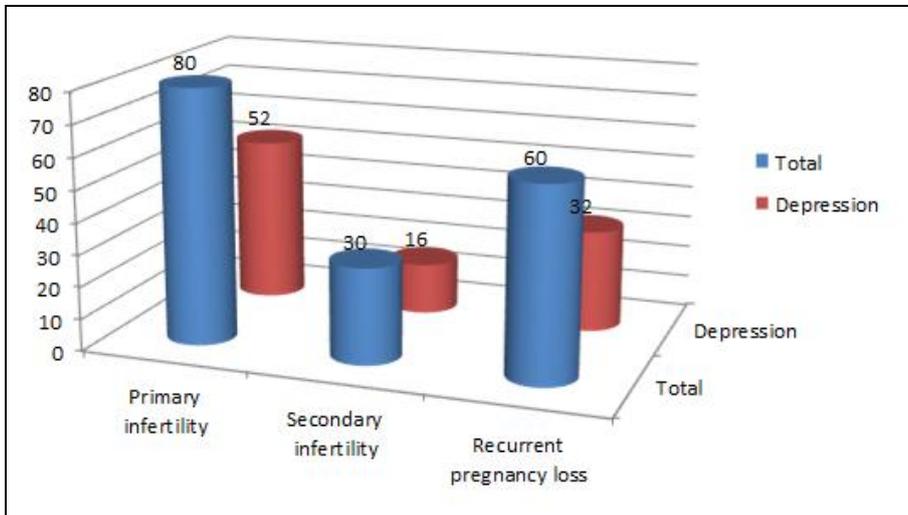
Graph I shows that depression was seen in women with primary infertility (52/80), secondary infertility (16/30) and recurrent pregnancy loss (32/60). Graph II shows that out of 1620 pregnant women, 812 had depression. Graph III shows that out of 120 post partum women, 55 had depression. Graph IV shows that out of 40 malignancy women, 40 had depression, out of 30 abnormal uterine bleeding, 18 had depression and out of 20 women with gynaecological disorder, 8 had depression.

Table 1: Distribution of Patients

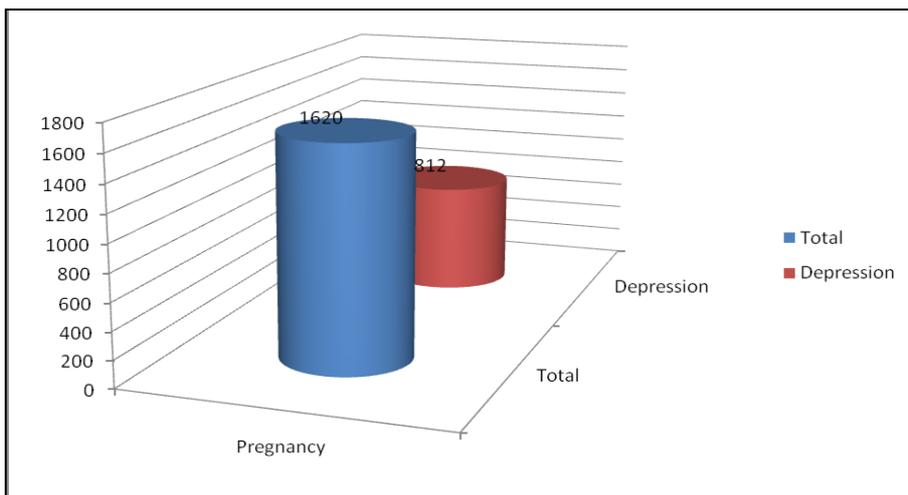
Teenager	women with no living issue	Pregnant	Post-partum	Perimenopausal
210	170	1620	120	90

Table 2: Depression in teenagers

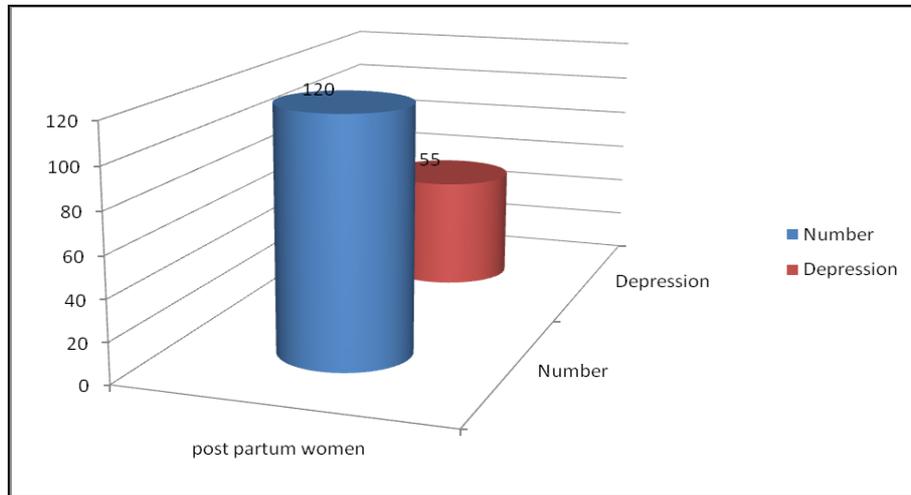
Cause of depression	Total number	With depression
Late menarche	35	12
STIs and HIV	25	11
PCOD and obesity	150	80
Total	210	103



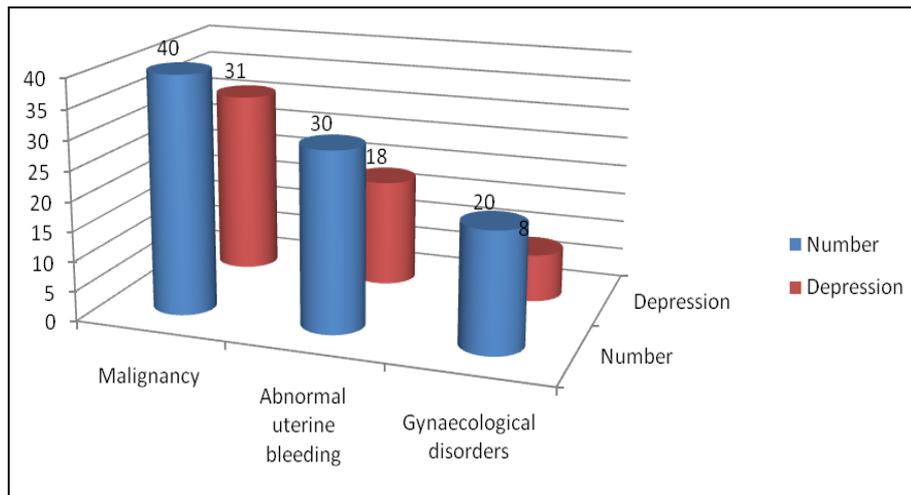
Graph I: Depression in women with no living issue



Graph II: Depression in pregnancy



Graph III: Depression in post partum women



Graph IV: Depression in peri menopausal women

Discussion

Depression is different from the fluctuations in mood that people experience as a part of normal life. Temporary emotional responses to the challenges of everyday life do not constitute depression. Life events such as bereavement, divorce, work issues, relationships with friends and family, financial problems, medical concerns, or acute stress are other causes of depression [5]. The present study was conducted to assess depression among females.

In present study, teenagers were 210, women with no living issue were 170, pregnant women were 1620, post partum women were 120 and peri-menopausal women were 90 in number. We found that 12, 11 and 80 depressed women were among late menarche, STIs and HIV, PCOD and obesity respectively. This is in accordance to Tawar S *et al.* [6].

We also found that depression was seen in women with primary infertility (52/80), secondary infertility (16/30) and recurrent pregnancy loss (32/60). This is similar to Mani C *et al.* [7]. We found that out of 1620 pregnant women, 812 had depression and out of 120 post partum women, 55 had depression. Results are similar to Gavin *et al.* [8].

Out of 40 malignancy women, 40 had depression, out of 30 abnormal uterine bleeding, 18 had depression and out of 20 women with gynaecological disorder, 8 had depression. This is in accordance to Siefert *et al.* [9].

Women with depression usually experience some of the following symptoms for 2 weeks or more which includes

persistent sadness, difficulty concentrating, sleeping too little or too much, loss of interest in activities that you usually enjoy, recurring thoughts of death, suicide, or hopelessness, anxiety. Aerobic exercise may help against mild depression since it raises endorphin levels and stimulates the neurotransmitter norepinephrine, which is related to mood. Brain stimulation therapies - including electroconvulsive therapy - are also used in depression. Repetitive transcranial magnetic stimulation sends magnetic pulses to the brain and may be effective in major depressive disorder [10].

Conclusion

Depression is common among females and it is more prevalent in pregnancy. Early detection and intervention is necessary to avoid effect on baby.

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