Original Article

Depression Among Women with Gynecological Conditions at MCH Centre, PIMS: Are We Doing the Needful?

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Abstract

Objective: To determine the prevalence of depression and its association with various gynecological conditions in women presenting at MCH Centre, PIMS.

Study Design: A questionnaire-based, Cross-sectional study

Place and Duration: The was undertaken among gynecology patients in MCH Centre unit I by resident doctors from 15th June to 20th November 2016.

Methodology: All consenting participants had demographic data recorded and were screened for depression with Patient Health Questionnaire-9 (PHQ-9) score. A score <5 signified no depression, 5-9 mild depression. Women with score ≥10 with moderate to severe depression were referred for psychiatric consultation. Data was entered in SPSS version 21. Correlation of depression with gynecological conditions was done and the demographic variables of women with gynecological conditions screening positive for depression were compared with the non-depressed women using chi-square test and a p-value of <0.05 was considered significant.

Results: Among 302 studied women, mean age was 37±10 years and 282(93.4%) were married. Majority women were multiparous with only 8.6% nulliparous. Depression was absent in 103 (34.1%), mild depression in 167 (55.3%) and moderate to severe depression in 32 (10.6%) women. Past history of depression was positive in 4 (1.3%), while family history noted in 3(1%) women. The commonest complaint was a backache in 123 (40.7%) women followed by pelvic pain in 122 (40.4%), vaginal discharge 83 (27.5%) and heavy menstrual bleeding 62 (20.5%). Among women presenting with heavy menstrual bleeding, pelvic pain, backache and vaginal discharge, 71%, 68%, 65.8% and 60.2% were depressed respectively. No significant association of gynecologic conditions with depression was found in this population.

Conclusion: Although 65.9% women with gynecological complaints had depression, no significant correlation of depression was found with various gynecological diagnoses.

Keywords: Depression, Obstetrics, Gynecology, Screening.

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Introduction

Depressive disorders are a major cause of disability. According to WHO estimates, globally 322 million people (4.4%) are living with depression.[1] Almost half of these reside in the WHO South-East Asia Region including the Subcontinent and China and Western Pacific Region, reflecting the relatively larger populations of those two Regions. Indeed, the estimated number of people with depression increased over the decade between 2005 and 2015 by 18.4%. This reflects the overall population growth as well as increasing proportion of age groups at which depression is more prevalent. Depression disproportionately affects women, with a lifetime prevalence of 21% verses 12.7% in men. Major depressive disorders can occur in women at any age with highest rates during the reproductive and menopausal transition years. The integration of maternal mental health into primary health care has been advocated by a recent situation analysis of five, low- and middle-income countries, to reduce the mental health treatment gap.[2] Disadvantaged and poor non- pregnant women also have a high prevalence of depression. They often present with vague gynaecologic problems like vaginal discharge, pelvic pain and backache.

Patient Health Questionnaire-9 (PHQ-9) score is a multipurpose, validated, brief tool used for screening, diagnosis, measurement and follow up monitoring of depression in clinical practice. The depression module of the PHQ-9 is used widely for the screening of depression in non-psychiatric settings.[3] It can be completed by literate patients in minutes followed by quick scoring by the clinician. Chaaya et al [4] from Beirut, Lebanon report that women with specific gynecological complaints like post-surgical follow up or IUCD insertion were more likely to be distressed than women who reported for a general gynecology checkup.

On researching the Pakistani literature, postpartum depression and its associations both prenatal and postnatal have been frequently studied.[5,6] Regarding association of gynecological conditions with depression, infertility[7,8,9] is the most often studied in national literature followed by premenstrual and perimenopausal depression and endometriosis. Women tend to use their gynecologist obstetricians as a source for primary care for varied problems. No previous research has been published regarding the possible association between varied gynecologic complaints and depression among the Pakistani women in referral level facilities. We hypothesized that psychological distress could be associated with specific gynecologic symptoms among Pakistani women belonging to disadvantaged groups usually reporting late at Government referral facilities. This study was undertaken to screen for depression and correlate depression with gynecological symptoms in nonpregnant women reporting at MCH Centre.

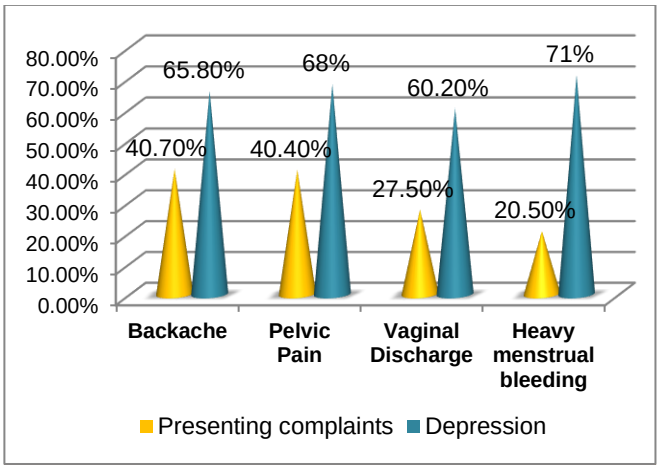
Methodology

A Cross-sectional study was conducted among gynecology patients presenting at MCH center, unit-1 PIMS, Islamabad from 15th June 2016 to 20th November 2016. Permission from hospital ethical review committee was granted. The questionnaires were filled by a resident doctor to facilitate consenting women, the majority of whom were not literate. All consenting participants were screened for depression with Patient Health Questionnaire-9 (PHQ-9) score. A score < 5 signified the absence of depression while 5-9 was considered mild depression. Women with score $\geq$10 suggestive of moderate to severe depression were referred for psychiatric consultation. The demographic variables, namely age, parity, marital status of women with gynecological conditions screening positive for depression were compared to women without depression. Any past personal or family history of depression was elicited. Data was entered in SPSS version 21. Correlation of depression with gynecological conditions was done using chi-square test and a p-value of <0.05 was considered significant.

Results

Among 302 studied women, mean age was 37+10 years with a range from 18 -70 years. Married women were 282 (93.4%), 2.6% were unmarried, 2% widows and 1% divorced. Most of the women were multiparous and only 8.6% nulliparous. No depression was recorded in 103 (34.1%), mild depression in 167 (55.3%) and moderate to severe depression in 32 (10.6%) women. Past history of

depression was positive in 4 (1.3%), while family history of depression was noted in 3 (1%) women. The commonest presenting complaint among these women was backache in 123 (40.7%) followed by pelvic pain in 122 (40.4%), vaginal discharge 83 (27.5%) and heavy menstrual bleeding 62 (20.5%). Among women presenting with heavy menstrual bleeding, pelvic pain, backache and vaginal discharge, 71%, 68%, 65.8% and 60.2% were depressed respectively. No significant association of gynecologic conditions with depression was found in this population.



p- not significant

Figure 1. Association of gynecological complaints with depression

Discussion

In our study, among these gynecological patients at referral level facility, about 10 % had moderate to severe depression. During a feasibility study for depression screening in obstetrics and gynecology practices in the USA, Scholle S.H et al[10] report the highest frequency of depression in hospital-based clinics at 20% followed by 10% in urban outpatients and 8% at office clinics. In contrast, 55% of our population, had mild depression by PHQ 9 scale. The common gynecological complaints in our study included pelvic pain and backache. Among patients with depression seen by psychiatrists, symptoms related to the musculoskeletal and gastrointestinal system have been commonly observed whereas with anxiety, symptoms related to autonomic nervous and cardiovascular systems are more frequent. [11]

In a general medical clinic, at Holy family hospital Rawalpindi, a referral hospital, more than half of cases presenting in medical outpatients with suspected medical diseases actually had either depression, anxiety or panic disorder which responded to treatment after being screened with American Psychiatric Association DSM-IV criteria.[11] Wancata J et al. in a review from Austria, reported highest psychiatric morbidity in admitted patients from medical specialties (38.2%), followed by surgery (32.5%), with least frequency in gynecology department(20%) [12] which is lower than our study where 65.9% women presenting in tertiary care hospital with gynecological complaints had some degree of depression. Review by Patel v et al. reported that half of the women had significant psychological disorders and vaginal discharge was a most common complaint, comparable to our study with a similar prevalence of depression and vaginal discharge was third most common gynecological complaint.[13] Women in South Asian subcontinent often associate abnormal vaginal discharge with tiredness, backache and contraceptive use. Heavy domestic burden and marital issues are often present in the background.

Obstetrician and gynecologists in urban referral level settings are often the only health practitioners that women ever visit. Belonging to poor and disadvantaged communities, these women have a high prevalence of depression and the majority find it convenient to discuss with female health care providers these varied complaints rather than approach medical or psychiatric clinics or even the primary care practitioners. Wancata et al. reported that being single i.e. unmarried, widow or divorced, belonging to lower social class and from rural catchment area of the general hospital predicted a high prevalence of psychiatric morbidity.[10] Almost 50% of women with abdominal pain or breast pain had significant psychological distress in a study by M.M.Chaya et al. in Beirut, however bleeding and infertility was not significantly associated with psychological distress.[3] Two-thirds of women and a quarter men suffering from anxiety and depressive disorders present with complaints which are mainly somatic in nature. [15] Poleshuck et al. reported that one-fifth of the patients had a high degree of depressive symptoms which were independently associated with emotional, physical, and social domains.[16] Gynecology clinics both in the

developed and developing countries are indeed important sites for assessment and initiating treatment in women with complex health problems often compounded by depression.

Conclusion

Almost two-thirds of women with gynecological complaints had some degree of depression while 10% had moderate or severe depression. However, no significant correlation of depression was found with various gynecological diagnoses. Somatoform disorders often present to non-psychiatric specialists, in medical and gynecology clinics.

Recommendations: Interventions to screen depression can be adapted in obstetrics and gynecology clinics with encouragement of multidisciplinary collaboration with general medical and mental health providers to assist women with depression and anxiety seeking gynecological health care. Efforts to improve coordinated care in these women are direly needed.

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