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Research Paper

Profile of Depression and Anxiety Related Disorders in Women

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ABSTRACT

Background: Depression and anxiety disorders are prevalent in women however there is less literature regarding the diagnostic types, symptom presentation and severity of anxiety and depression in women from India. ***Aims & Objectives*** To assess diagnostic profile of depression and anxiety related disorders in women, demographic factors and symptom and severity profile of depression and neurotic, stress and anxiety related disorders in women. ***Material & Methods:*** This study was a chart based review of records at Department of Psychiatry, MGM Medical College. The inclusion criteria comprised of women who presented with psychiatry symptoms and were diagnosed with Depression or Anxiety Related Disorders as per clinical records. Records where the female patients were less than 18 years or inconclusive diagnosis or diagnosis deferred were excluded from the study. The data collection form comprised of variables such as demographic factors, psychiatry diagnosis, HAM-D and HAM- A scores. Data was collected on excel sheet and analyzed with appropriate descriptive statistics. ***Results:*** We had a total sample size of n=50 women. The mean age of the sample was 34.11 years with the minimum age being 18 years and 76% of women were married and majority of the sample 62% came from urban area. We found that depression related disorders in our sample were 36% and Anxiety related disorders were 54%. We found that Depressive episode (27.8 %) was the most common depressive disorder and Panic disorder (21.8%) was the most common anxiety related disorder. In the sample of n=18 women with depression, the mean HAM-D score was 25.44 and in the sample of n=32 women with anxiety related disorders, the mean HAM-A score was 29.25. 50.0 % of women with depressive disorders had very severe scores of depressive symptoms as assessed by HAM-D and 56.2 % of women with anxiety related disorders had severe scores of anxiety symptoms as assessed by HAM-A. ***Conclusions :*** We conclude that depression and anxiety related disorders can exist in women and can have different sub types of depression and anxiety disorders and can have varied levels of symptom presentation and severity profile of anxiety and depressive symptoms.

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Keywords: *Depression, Anxiety, Women*

Depression is the leading cause of disease-related disability in women. Epidemiological studies have shown that the lifetime prevalence of a major depressive disorder in women (21.3%) is almost twice that in men (12.7%).[1] Depression is much more common among women than men, with female/male risk ratios roughly 2:1. The key to understanding the higher rates of depression among women than men lies in an investigation of the joint effects of biological vulnerabilities and environmental provoking experiences.[2] Women have higher overall prevalence rates for anxiety disorders than men. Considerable evidence suggests that anxiety disorders remain under recognized and undertreated despite their association with increased morbidity and severe functional impairment. Increasing evidence suggests that the onset, presentation, clinical course, and treatment response of anxiety disorders in women are often distinct from that associated with men.[3] Anxiety disorders are not only more prevalent but also more disabling in women than in men.[4]

Aims and objectives of the study:

1. To assess diagnostic profile of depression and anxiety related disorders in women.
2. To assess demographic factors in women with depression and anxiety related disorders in women
3. To assess symptom profile of depression and anxiety related disorders in women with HAM-D and HAM-A scores.

METHODOLOGY

This study was a chart based review of records at Department of Psychiatry, MGM Medical College. The inclusion criteria comprised of women who presented with psychiatry symptoms and were diagnosed with Depression or Anxiety Related disorders as per clinical records. Records where the female patients were less than 18 years or inconclusive diagnosis or diagnosis deferred were excluded from the study. The data collection form comprised of variables such as demographic factors, psychiatry diagnosis, HAM-D and HAM- A scores.[5,6] Data was collected on excel sheet and analyzed with appropriate descriptive statistics.

RESULTS

We had a total sample size of n=50 women. The mean age of the sample was 34.11 years with the minimum age being 18 years and maximum age being 58 years in our study. Seventy six percentage of women were married and majority of the sample 62% came from urban area. The maximum percentage of sample around 34.0 percentage was Higher Secondary Passed. Forty six percentage of sample were housewives. We found that the prevalence of depression related disorders in our sample was 36% and Anxiety related disorders were 54%. We found that Depressive episode(27.8 %) was the most common depressive disorder in the sample of depression related disorders and Panic disorder was the most common anxiety related disorder in found in 21.8% of women with anxiety related disorders. In the sample of n=18 women with depression, the mean HAM-D score was 25.44 and in the sample of n=32 women with anxiety related disorders, the mean HAM-A score

was 29.25. HAM D scores severity assessment revealed that 50.0 % of women with depressive disorders had very severe scores of depressive symptoms as assessed by HAM-D. HAM-A scores severity assessment revealed that 56.2 % of women with anxiety related disorders had severe scores of anxiety symptoms as assessed by HAM-A.

Table 1: Age status of sample

N		
	Valid	**50**
	Missing	**0**
Mean		34.11
Median		30.00
Minimum		18
Maximum		58

Figure 1 : Marital status of sample

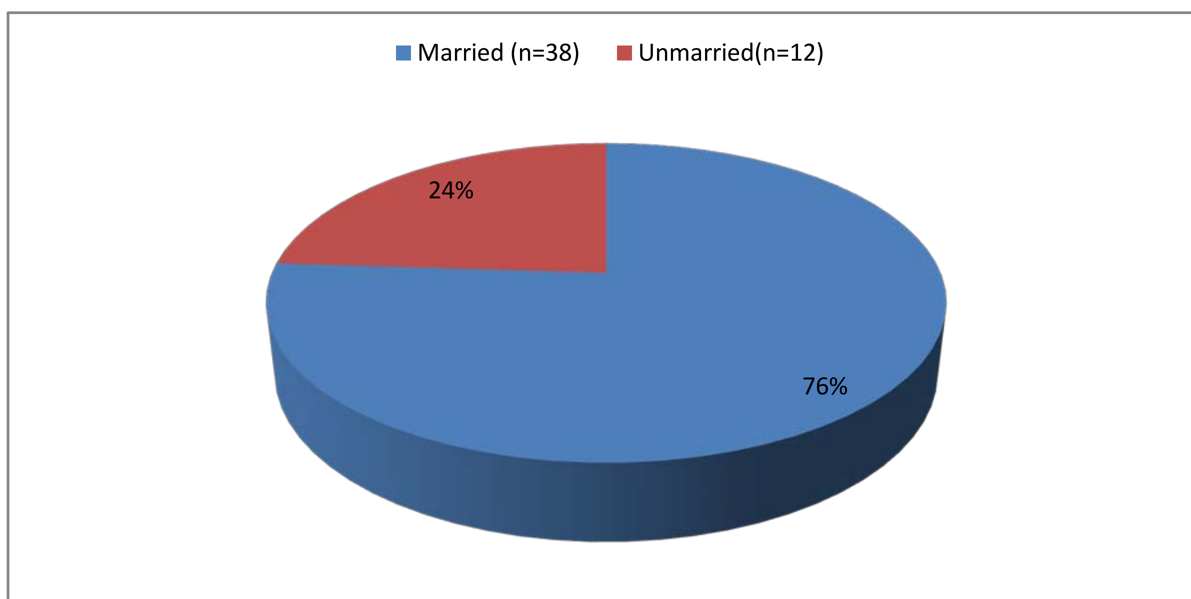

Figure 2: Residential profile of sample

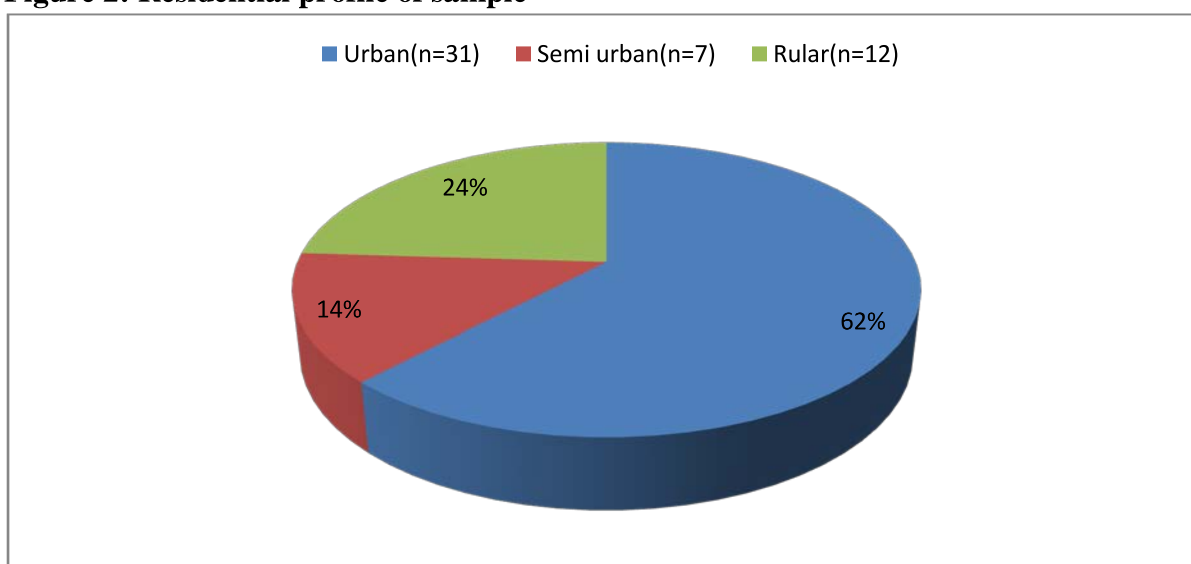

Table 2: Education status of sample

	Frequency	Percentage
Illiterate	11	22.0
Primary	7	14.0
Higher Secondary	17	34.0
Graduation	15	30.0
Total	50	100.0

Table 3 : Occupation status of sample

	Frequency	Percentage
Student	8	16
Employed	19	38
Housewife	23	46
Total	50	100.0

Figure 3: Profile of Depression and Anxiety Related disorders.

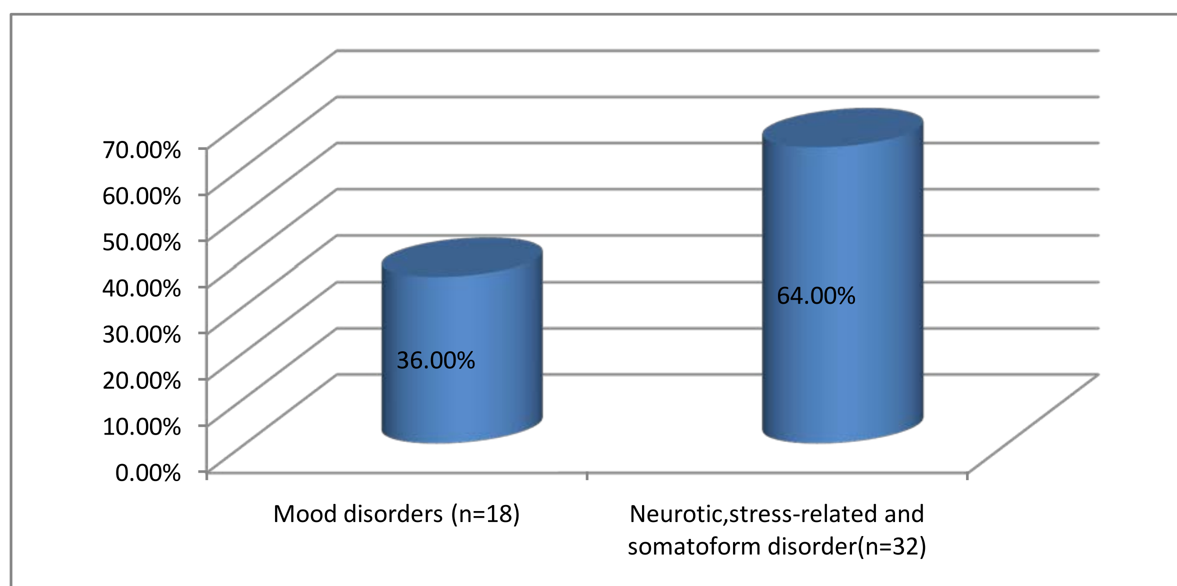

Table 4: Depressive disorders(n-18)

	Frequency	Valid Percentage
Depressive episode	5	27.8
Recurrent depressive disorder	3	16.7
Dysthymia	4	22.2
Depression NOS	3	16.7
Bipolar depression	3	16.6
Total	18	100.0

Table 5: Anxiety related disorders(n=32)

	Frequency	Valid Percentage
Panic disorder	7	21.8
Adjustment disorder	6	18.7
Generalized anxiety disorder	5	15.6
Somatoform disorder	4	12.5
Social anxiety disorder	3	9.4
Acute stress reaction	3	9.4
Post traumatic stress disorder	2	6.3
Dissociative convulsion	2	6.3
Total	32	100.0

Table 6: Total Scores Profile of HAM-D and HAM-A

	MINIMUM	MAXIMUM	MEAN
HAM D(n=18)	7	48	25.44
HAM A(n=32)	12	52	29.25

Table 7: Profile of HAM D

Sr Number	Number of sample(n)total n=18	HAM D Score	HAM D Category	Percentage
1	1	0-7	Normal	5.6
2	4	8-13	Mild depressive symptoms	22.2
3	2	14-28	Moderate depressive symptoms	11.1
4	2	19-22	Severe depressive symptoms	11.1
5	9	≥23	Very severe depressive symptoms	50.0

Table 8: Profile of HAM A :

Sr Number	Number of sample(n)total n=32	HAM A SCORE	HAM A Category	Percentage
1	3	0-13	Normal	9.4
2	3	14-17	Mild anxiety symptoms	9.4
3	8	18-24	Moderate anxiety symptoms	25.0
4	18	≥25	Severe anxiety symptoms	56.2

DISCUSSION

Ps A et al found that the prevalence of Major Depression among middle aged women was 26.09% using the PHQ-9 diagnostic criteria and 24.2% using a PHQ-9 cut off score ≥ 10.[7] Jagtap BL et al found that psychiatric morbidity was significantly more in women having lesser education, from rural background, with a history of psychiatric illness in the family, a later age of menarche, and in the late stage of perimenopause.[8] Bansal et al found that the level of syndromal depression and anxiety was found to be 86.7% and 88.9%, respectively. Most of the subjects had the moderate type of depression (49.5%) followed by mild (29.4%) and severe depression (7.8%). While in case of anxiety, most of the subjects (69.4%) had a mild form of anxiety and 17.8% had moderate anxiety level.[9] Unique gender-specific symptom profiles and gender-specific patterns of psychotropic drug usage can be identified in Asian patients with depression.[10] Sinha SP et al found that Depression, particularly mild depression, is common in this rural population of older adults, particularly among women and widowed elderly.[11] Women, and persons facing social and economic disadvantage, are at greater risk for depressive disorders.[12] Patel PA et al found high prevalence rates of stress and anxiety in Indian women[13] Poverty and female gender have been found to be associated with depression and anxiety in developed countries.[14]Being female, not married (especially separated/divorced or widowed) and unemployment were significantly associated with presence of either symptoms of depression or generalised anxiety.[15]The prevailing disorders include neurotic disorders; diagnosed according to the 10th Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) classification as a range of anxiety disorders, mixed anxiety-depressive disorders, stress-related and somatoform disorders; as well as personality disorders. Izydorczyk B found that the prevalence rate of the aforementioned disorders was found to be higher among working females than in the group of working males.[16] Stein DJ et al found that across countries Social Anxiety Disorder is associated with specific socio-demographic features (younger age, female gender, unmarried status, lower education, and lower income) and with similar patterns of comorbidity.[17] Cultural factors can influence the presentation, diagnoses, and treatment of anxiety disorders in India for several centuries.[18] Anxiety symptoms may present differently between women and men, and at different points in the female lifespan. The female lifespan includes distinct epochs of hormonal function, including puberty, the premenstruum, in some women pregnancy or postpartum, and the menopausal transition. These stages give rise to important treatment considerations when treating anxiety in women.[19] Gender differences in social anxiety disorder (SAD) have not received much empirical attention despite the large body of research on the disorder, and in contrast to significant literature about gender differences in other disorderssuch as depression or posttraumatic stress disorder.[20] Increased prevalence, severity, and burden of anxiety, trauma-related and stress-related disorders in womencompared with men has been well documented. Evidence from a variety of fields has emerged suggesting that sex hormones, particularly oestradiol and progesterone, play a significant part in generation of these sex differences.[21] Yeshaw Y et al found that being female, widowed, or khat chewer or having a history of conflict with colleagues and no job satisfaction were predictors of depression, anxiety, and stress.[22] Çakıcı M et al found a point prevalence of 23.4% for relatively high

BDI scores (≥17) suggesting clinical depression. Being female, a widow, unemployed, having a limited education and low income level, having a physical illness, living alone, and using illicit substances were defined as possible risk factors for depression.[23] A range of somatic diseases as well as anxiety disorders are linked to depression - and especially patients with co-/multi-morbidity are affected. However, interactions with gender and anxiety disorders are noteworthy and of relevance to potentially improve recognition and treatment of depression by physicians.[24]Research has elucidated causal links between stress exposure and the development of anxiety disorders, but due to the limited use of female or sex-comparative animal models, little is known about the mechanisms underlying sex differences in those disorders. This is despite an overwhelming wealth of evidence from the clinical literature that the prevalence of anxiety disorders is about twice as high in women compared to men, in addition to gender differences in severity and treatment efficacy.[25] Nearly 30% of women experience an anxiety disorder at some time during their lives, and there is increasing evidence that anxiety disorders are associated with adverse pregnancy outcomes. Despite increased media coverage regarding anxiety disorders, women are reluctant to discuss signs and symptoms of anxiety with family or health care providers. Additionally, despite ongoing research and improved educational curricula, primary care and women's health care providers find diagnosis and treatment of mental health disorders challenging.[26] Anxiety is a problem for millions of Americans. It poses special challenges for women as they grow into advanced age.[27] Individuals with panic disorder often seek medical care for their symptoms prior to receiving effective treatment. However, little is known about how often, and in what settings, patients with other anxiety disorders present for medical treatment.[28]

STRENGTHS AND LIMITATIONS OF STUDY

The strength of study being that we assessed depression and anxiety related disorders in women using clinical interview and valid reliable scales such as HAM-D and HAM-A. However, the limitations being that we did not assess for correlations with menstrual, obstetric, gynaecological and perinatal history and we did not assess and correlate for stressors profile. We also did not assess for medical or other psychiatric comorbidities.

CONCLUSION:

We conclude that depression and anxiety related disorders can exist in women and can have different sub types of depression and anxiety disorders and can have varied levels of symptom presentation and severity profile of anxiety and depressive symptoms. Further research can be directed in arena of assessing medical and psychiatric comorbidities, substance use, stressors and pharmacotherapeutic and psychotherapeutic profiles of women with depression and anxiety related disorders.

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