



Assessment of Symptomatic Anxiety and Depression among Surgical

Patients in Al- Zahrawi Teaching Hospital in Mosul City

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ABSTRACT

Background and aim: depression is a psychiatric illness characterized by a cluster of symptoms including prolonged depressed mood, lowered self-esteem, pessimistic thoughts, and loss of pleasure or interest in former activities for at least 2 weeks. Anxiety is an uncomfortable feeling of apprehension or dread that occurs in response to internal or external stimuli and can result in physical, emotional, cognitive, and behavioral symptoms. This study aimed to measure anxiety and depression among preoperative and post-operative patients. To signify hospitalized anxiety and depression among patients according to their gender.

Materials and method: A descriptive design was carried out from 27th, October, 2012 through 29th, March, 2013 in order to achieve the objectives of the present study. The study subjects consisted of (200) patients were chosen from the wards of al-Zahrawi teaching hospital, (100) preoperative patients and (100) post-operative patients, these patients divided to (100) male and (100) female. In the present study Hospital Anxiety and Depression Scale (HADS) was used to diagnose patients with hospitalized Depression Anxiety.

Results: the majority of the male patients had hospitalized preoperative depression, which constituted 26%, while 18% of them had hospitalized anxiety while the majority of female patients had hospitalized depression which constituted 48%, while 44% of them had hospitalized anxiety. The majority of the male patients had hospitalized post-operative depression, which constituted 40%, while 28% of them had hospitalized anxiety. The majority of the female patients had hospitalized post-operative depression, which constituted 40%, while 28% of them had hospitalized anxiety. The majority of the female patients had hospitalized post-operative anxiety which constituted 60%, while 52% of them had hospitalized depression.

Conclusions: The study highlighted the female show symptoms of depression and anxiety more than men before surgery. The male show symptoms of depression more than symptoms of anxiety before surgery. The female show symptoms of anxiety more than symptoms of depression after surgery. The female show symptoms of depression more than male after surgery.

Recommendations: The doctors should be providing the necessary advice to patients after surgery in terms of taking the necessary treatment and adequate care and support their psychological coping with the new situation after surgery. The study recommends good nurses transaction with patients in terms of providing crisis care to patients before the operation and give treatment and psychological support to patients to reduce the stress that occurs to have before the operation.

Keywords: anxiety, depression, surgical patients.

INTRODUCTION

Depression and anxiety among general hospital patients could be much higher than is generally assumed, compounding the basic medical condition prognosis, patients in general appeared to be more depressed and anxious than the subjects from the general population. Outpatients seemed to be more affected than inpatients in presenting anxiety. This could be attributed to the outpatients' concern about hearing bad news as a result of their consultation (Gorman and Coplan, 2006). Admission to hospital and the prospect of surgery is accepted as extremely anxiety-provoking resulting in behavioural and cognitive sequel which can have far reaching effects on recovery. Numerous studies have demonstrated positive relationships between anxiety and pain, with those less anxious

patients experiencing less pain (Teasdale et. al., 2005). The relationship between psychological factors and post-operative pain has predominantly focused on anxiety, leaving a depression relatively unexplored. A review of 97 research reports dealing with pre-operative care identified anxiety as a main focus of research but no mention was made of depression. The narrow focus on anxiety neglects depression, which have been studied extensively in patients with cancer pain, chronic pain populations and sickle cell pain, but remain a minority interest in acute pain (Massie and Holland, 2010). Interventions that enhance personal control appears to have modifying effects on both anxiety and depression; for example, a small study evaluating the effect of preparatory information prior to total replacement on psychological coping hip

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outcomes. The intervention group experienced significantly less anxiety and depression, which was negatively correlated with their view of their own ability to cope. Generalizations from these findings should be cautious, as no account was taken of personality and situational factors, but they suggest that depression may be involved with the experience of post-operative pain through its ability to influence coping (Magni et. al., 2007). At least three-fourths of patients with primary depression complain of feeling anxious, worried, or fearful. Extreme anxiety may occur in agitated depression in the form of anguished facial expressions; lip biting; picking at fingers, nails, or clothing; hand wringing; constant pacing; and inability to sit quietly. Conversely, primary anxiety can be depressing in its own right. If anxiety persists, particularly if it interferes with functioning, secondary depression is the rule rather than the exception. Some patients have both primary anxiety and primary depressive disorders. Health professionals may mistakenly think that persistent depression is a normal response to other serious illnesses and the social and financial hardships that come along with ageing. This contributes to low rates of diagnosis and treatment in the geriatric population (Johnston et. al., 2008).

MATERIALS AND METHOD

A descriptive design was carried out from 27th, October, 2012 through 29th, March, 2013 in order to achieve the objectives of the present study. A probability sample (random) consisted of 200 patients were chosen from the wards of al-Zahrawi teaching hospital, 100 preoperative patients and 100 post-operative patients, these patients divided to 100 male and 100 female. The HADS is a self-assessment scale which was developed for detecting symptoms of anxiety and depression in non-psychiatric patients from a medical outpatients department. It contains two seven-item scales: one for anxiety and one for depression, with a score ranging from 0-21. Each item has a choice of four fixed response statements (weighted 0-3). A score of 8-10 points indicates borderline significance for either scale, but less than 8 points is insignificant. A cut-off score of 7, was used because research has shown that this is optimal for detecting psychiatric morbidity. In this study, a score of 7 or was categorised as a 'case' and less than 7 as 'noncases'. The validity of the HADS to detect mood disorders has been documented. as has the reliability of the questionnaire with surgical patients (Zigmond and Snaith, 1983). Reliability of the HADS was determined through the use of split-half approach of the computation of Cronbach Alpha Correlation coefficients.

RESULTS

Table (1): Distribution of preoperative male patients, according to hospitalized anxiety and depression.

HAD	Severity	No.	%
	Normal	34	68
Anxiety	Borderline	7	14
	Cases	9	18
	Total	50	100
Depression	Normal	26	52
	Borderline	11	22
	Cases	13	26
	Total	50	100

Table (2): Distribution	of preoperative female patients	according to hospitalized
anxiety and depression	•	

HAD	Severity	No.	%
	Normal	22	44
Anxiety	Borderline	6	12
	Cases	22	44
	Total	50	100
Depression	Normal	14	28
	Borderline	12	24
	Cases	24	48
	Total	50	100





Table	(3):	Distribution	of	post-operative	male	patients	according	to	hospitalized	anxiety	and
depr <u>es</u>	sion.										_

HAD	Severity	No.	%
Anxiety	Normal	26	52
	Borderline	10	20
	Cases	14	28
	Total	50	100
Depression	Normal	2	4
	Borderline	28	56
	Cases	20	40
	Total	50	100

Table (4)	: Distribution	of	post-operative	female	patients	according	to	hospitalized	anxiety	and
depressio	n.									

HAD	Severity	No.	%
	Normal	14	28
Anxiety	Borderline	6	12
	Cases	30	60
	Total	50	100
Depression	Normal	14	28
	Borderline	10	20
	Cases	26	52
	Total	50	100

DISCUSSION

Nearly 91.3% of individuals with a lifetime generalized anxiety disorder will experience at least one other psychiatric illness during their lifetime. In general, the presence of one anxiety disorder increases the risk of developing another by six-fold. Substantial comorbidity also exists between generalized anxiety disorder and a variety of medical conditions, including pulmonary, cerebrovascular and gastrointestinal diseases. For instance. individuals suffering from either panic disorder or generalized anxiety disorder are 5.9 times more likely to experience cardiac illness. Slightly less 76.7% of individuals with a lifetime depressive disorder will experience at least one other psychiatric illness during their lifetime (OR = 4.3). These co-morbid illnesses most frequently include substance use disorders, generalized anxiety disorder, panic disorders, and dysthymia. depressive Furthermore, mild disorder is associated with several medical conditions, including arthritis, cardiovascular disease and diabetes. Mild depressive disorder and generalized anxiety disorder frequently co-occur in 54% to 60% of individuals. Sub-threshold depression is also associated with increased occurrence of generalized anxiety disorder. A clustering of risk factors may explain the elevated

rates of co-morbidity among these conditions (Kessler et. al., 2007; Stoudemire, 1996). The current study findings suggest that the majority of the male patients had hospitalized preoperative depression, which constituted 26% while 18% of them had hospitalized anxiety. While the majority of female patients had hospitalized depression, which constituted 48%, while 44% of them had hospitalized anxiety. The current study findings are consistent with the previous research findings of Aditya and Santosh (2011) who indicated there are a very high prevalence of depression and anxiety among hospitalized geriatric medical inpatients as compared to healthy community dwellers in Nepal (Aditya et.al., 2011) And there were some studies that reported findings similar to our own; for instance, one investigation found that 7.7% of cardiac patients experienced major depression one year prior to their myocardial infarction (Kawachi et. al., 1994). A similar study showed that the moderate to severe depression, 10.7 % and anxiety 3.4% of the sample are lower than the majority of estimates describing the prevalence of these psychiatric conditions among cardiac patients, yet remain slightly above those reported in the general Canadian population, Adshead et. al. (2007) showed that depression was prevalent in 31.9% of medical inpatients (Adshead, 2007). Incongruent with prior research reports (Robyn





and Sharon, 2007; Heng-Hsin et. al., 2008). In our study women had significantly higher anxiety scores than men preoperatively. It seems this pattern of anxiety in women occurred different cultures scores. It also reported anxiety was twice in women than in men and it was emphasized that female gender had poor psychological and physiological functioning status among older adults undergoing coronary artery bypass grafting surgery. Female patients were significantly older than male patients and also are less likely to have a partner, so the women are more likely to lack support. It may by important fact that the female is vulnerable to critical situations (Robyn and Sharon, 2007; Traci et. al., 2010). Our study found the majority of the male patients had hospitalized post-operative depression, which constituted 40%, while 28% of them had hospitalized anxiety. While, the majority of the female patients had hospitalized post-operative anxiety which constituted 60%, while 52% of them had hospitalized depression. The current study findings are consistent with the previous research findings of Dow et. al. (1997) and Stajduhar et. al. (2000) point out, patients awaiting the results of the diagnostic procedures or kept in isolated conditions usually are extremely stressed; anxiety could be a correlative of this stress (Dow KH and other 1997. Stajduhar et. al. (2000). The results are in agreement with review studies of Heng-Hsin et. al. (2008) examined anxiety level and quality of life after surgery and reported a better quality of life was associated with lower anxiety level. In this study that women and men compared with each others, women who scored lower on the illustrated physical dimensions of quality of life experienced slightly high levels of anxiety. Consistent with prior research findings, Annelien et. al. (1997) reported, a small negative correlation was observed between preoperative state anxiety with pre and post operative physical functioning. While, Efharis et al. (2006) identified preoperative distress as an important predictor of quality of life after coronary artery bypass grafting surgery. In the studies of Karl et. al. (2003) have shown decreasing of anxiety during 12-month was happened during follow up in patients' who had not experienced chest pain after the operation on the other hand, there is reason to question whether it is chest pain that influences of quality of life or vice versa. The study recommends doctors to identify the psychological state of the patients before and after surgery. The doctors should be providing the necessary advice to patients after surgery in

terms of taking the necessary treatment and adequate care and support their psychological coping with the new situation after surgery. The study recommends good nurses transaction with patients in terms of providing crisis care to patients before the operation and give treatment and psychological support to patients to reduce the stress that occurs to have before the operation.

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