

FREQUENCY OF PSYCHIATRIC DISORDERS AMONG WOMEN ATTENDING ANTENATAL AND GENERAL FEMALE OUTPATIENT DEPARTMENT IN A TERTIARY CARE HOSPITAL

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ABSTRACT

Objectives: To find out the frequency of psychiatric disorders among pregnant women attending antenatal clinic and to compare these disorders with those of non-pregnant females attending general female OPD.

Study Design: It was a cross sectional comparative study.

Place and Duration of Study: It was carried out in the department of Psychiatry in collaboration with Department of Gynecology and Obstetrics Combined Military Hospital Lahore from February 2006 to August 2006.

Patients and Methods: Convenience non-probability sample was used for the selection of the subjects. The study population consisted of a total of 200 females, out of which 100 were pregnant women reporting for routine ante natal checkup and 100 non-pregnant females reporting to non-psychiatric general female OPD. After screening by General Health Questionnaire 12 (GHQ12), 96 subjects were excluded on the basis of GHQ 12 scoring and 104 were selected for interview to find out any psychiatric disorder among them. Psychiatric diagnosis was made on the basis of ICD-10 diagnostic guidelines. Data was analyzed using Statistical Package for Social Sciences (SPSS) version 14.

Results: Psychiatric disorders were seen in 65 (65%) females attending antenatal clinic, as compared to 27(27%) non-pregnant females attending general female OPD. Depression in 29 (39.7%) was the leading disorder in pregnant group, followed by anxiety related disorders like somatoform disorder in 11 (15.1%), mixed anxiety and depression 8 (11%), dissociative disorder 4 (5.5%), adjustment disorder 4 (5.5%), generalized anxiety disorder 3 (4.1%), Obsessive compulsive disorder 3 (4.1%), phobic anxiety disorder 2 (2.7%) and Panic disorder 1 (1.4%).

Conclusion: Substantial number of pregnant women reporting in obstetric unit suffer from psychiatric disorders, which are same as in non-pregnant females. However the frequency of these disorders was more in pregnant group. Further investigations in this area are required to improve the plight of pregnant women.

Keywords: Pregnancy, depression, anxiety, military personnel

INTRODUCTION

Despite having dramatic, emotional and psychological consequences for the individual, pregnancy was thought not to be associated with a significant increase in rates of mental disorders unless there was a pre existing disorder [1]. The biological changes during this exclusively female life event have been the major focus of scientific studies [2]. The normal emotional reactions to this crucial phase in women's lives have been ignored and scarcely studied. Pregnancy involves a series of tightly orchestrated

hormonal events that create the potential for unique psychological states [3]. Physical stress, hormonal changes, coping with a changing body shape and yet going about in life and performing daily living and attending to the needs of the family and children together may affect the emotional equilibrium of the would-be mother [4, 5].

Even in obstetric sector prenatal care for the pregnant women is focused mostly on maximizing physical well being of the fetus, and identifying physical difficulties. Recently, however it has been reported that psychiatric disorders in women occur most frequently during the age range of 18-45 years, i.e child bearing age [6]. These and other recent advances in mental health care of women

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have recognized pregnancy as extremely emotional, intensely preoccupying and very crucial phase in women's life. Thus the recent developments in the study of mental health issues surrounding women and child birth have brought about a shift from the narrow concept of 'post natal depression' to a consideration of spectrum of depression and anxiety disorders in the prenatal period [7]. In a recent study it was reported that out of 70 pregnant women attending obstetric clinics and screened positive for psychiatric disorders, depression was the leading psychiatric disorder followed by anxiety and other disorders [8]. This further strengthens the new shift in thinking that pregnancy is a period of vulnerability.

Pregnancy, being a period of major emotional and physical turmoil and one of the most important psychosocial stressors may contribute towards development of psychiatric disorders in Pakistani women as in other parts of the world [6]. However unfortunately, very little information is available as regards psychiatric disorders among pregnant women in Pakistan. Undetected and untreated maternal psychiatric illnesses during pregnancy can adversely affect not only the mothers but infants also, whereas early identification of mental disorders during pregnancy can go a long way in the well being of mother and her child. Keeping this in view, this study on the frequency of psychiatric disorders during pregnancy along with its comparison with a group of non pregnant females attending non psychiatric general female OPD was carried out in Department of Psychiatry, Combined Military Hospital Lahore.

PATIENTS AND METHODS

This cross sectional comparative study was carried out at Department of Psychiatry in collaboration with Department Of Obstetrics/ Gynae Combined Military Hospital Lahore. The duration of the study spanned over the period of six months from February 2006 to August 2006. The sample consisted of 200 subjects initially. It was divided into two groups, a pregnant group

and a non-pregnant group. Pregnant group comprised of 100 pregnant females, wives of junior commissioned officers and other ranks, reporting in antenatal clinic at Department of Gynecology/ Obstetric. Non-pregnant group, matched for the age and socio economic status, consisted of 100 non pregnant females reporting in a general female OPD of Combined Military Hospital Lahore. Exclusion criteria were pregnant females having past history of psychiatric illness, having any obstetric complication during present pregnancy and those having co morbid medical/surgical illness.

After selection they were explained the purpose of the study and informed consent was obtained from each subject. Urdu version of General Health Questionnaire 12 (GHQ12) was administered to each subject in both the groups with cut off score of 4, for the presence of possible psychiatric disorders. GHQ 12(Urdu version) is a valid indicator of psychiatric illness with high sensitivity (93%) and specificity (88%) as a screening test [9].

After screening by the General Health Questionnaire 12 (GHQ12) 96 subjects scored below the cut off. Remaining 104 females having score of 4 or more on GHQ12 screening were interviewed by a psychiatrist using a semi-structured interview Performa based on the principals of Present state Examination (PSE). The demographic details were also recorded on this semi-structured Performa. The diagnosis was established following the diagnostic criteria of International Classification of disease 10 (ICD-10). Follow up interview was requested after 2 weeks, in those cases only where there was ambiguity in the diagnosis or the duration of symptoms was less than 2 weeks. In such cases help was also sought from the senior psychiatrist. All analyses were carried out with the help of computer software, which included Statistical Package for Social Sciences (SPSS-14).

RESULTS

Hundred pregnant women and hundred non-pregnant women were included in the study. Age distribution were given in Figure.

Out of 100 pregnant females subjected to Urdu version of general health care questionnaire 12 (GHQ12) for screening of possible psychiatric disorders, 73% scored 4 or more i.e above the cut off value. Among 100 non-pregnant females subjected to GHQ 12, 31% scored 4 or more.

Table 1 shows the comparison of tendency for psychiatric disorders among pregnant and non-pregnant females based on GHQ 12 scoring. Which showed that pregnant females have more tendency for psychiatric disorders (p<0.01).

In pregnant group 65% females had psychiatric disorders while this percentage was 27% in non-pregnant group. This

difference was significant (p<0.01) (Table 2).

Table 3 shows distribution according to pattern of psychiatric disorders between

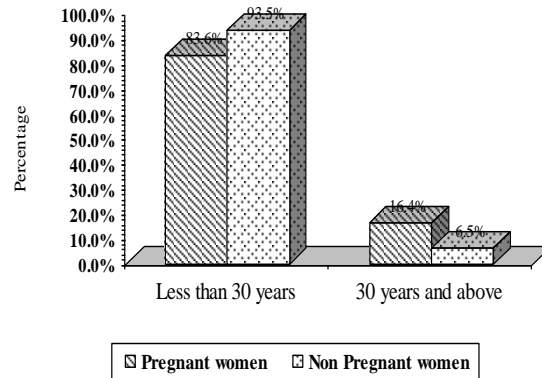


Figure: Percentage distribution of pregnant and non-pregnant women according to age.

Table-1: Comparison of pregnant and non-pregnant females for psychiatric disorders based on ghq 12 screening (n=200)

Tendency of Psychiatric Disorders	Pregnant Women		Non Pregnant Women		Total	
	Freq	Percent	Freq	Percent	Freq	Percent
Present (GHQ12, 4 or more)	73	73.0%	31	31.0%	104	52.0%
Absent (GHQ 12, <4)	27	27.0%	69	69.0%	96	48.0%
Total	100	100.0%	100	100.0%	200	100.0%

KEY: GHQ12: General Health Questionnaire 12
Chi-Square = 35.34, p-value < 0.01

Table-2: Comparison of pregnant and non-pregnant women for the frequencies of psychiatric disorders (n=200)

Psychiatric Disorders	Pregnant Women		Non Pregnant Women		Total	
	Freq	Percent	Freq	Percent	Freq	%
Present	65	65.0%	27	27.0%	92	46.0%
Absent	35	35.0%	73	73.0%	108	54.0%
Total	100	100.0%	100	100.0%	200	100.0%

Chi-Square = 29.07 p-value < 0.01

Table 3: Distribution of pregnant and non-pregnant women according to psychiatric disorders (n=104*)

Pattern of psychiatric disorders	Pregnant Women		Non Pregnant Women		Total	
	Freq	Percent	Freq	Percent	Freq	Percent
Depression	29	39.7%	12	38.7%	41	39.4%
Somatoform disorder	11	15.1%	4	12.9%	15	14.4%
GAD	3	4.1%	2	6.5%	5	4.8%
OCD	3	4.1%	1	3.2%	4	3.8%
Mixed anxiety and depression	8	11.0%	3	9.7%	11	10.6%
Phobic anxiety	2	2.7%	-	-	2	1.9%
Panic disorder	1	1.4%	1	3.2%	2	1.9%
Adjustment disorder	4	5.5%	2	6.5%	6	5.8%
Dissociative disorder	4	5.5%	2	6.5%	6	5.8%
Psychiatric nad	8	11.0%	4	12.9%	12	11.5%
Total	73	100.0%	31	100.0%	104	100.0%

*96 subjects were excluded on the basis of General Health Questionnaire 12 screening

pregnant and non pregnant group.

DISCUSSION

This study provided distinct evidence that pregnant women have much higher tendency for developing psychiatric disorders as compared to non-pregnant females of similar age group. This was highlighted by much higher scores on GHQ 12 scoring by pregnant females as compared to their non-pregnant counterparts. Sixty five percent pregnant females were diagnosed as having psychiatric illnesses as compared to 27% non-pregnant females attending non-psychiatric general female OPD. These results were much higher as compared to a research which indicated that rates of psychiatric disorders among pregnant females were similar to those for women cared for in primary care [8].

In our study depressive illness has been detected to be the most common psychiatric disorder in pregnant females. Out of 65 women 29 (39.7%) suffered from one or the other form of depression in comparison with 12 (38.7%) in non-pregnant females. Studies in Holland and Sweden also reported depression to be the most common psychiatric illness among pregnant females [10-12]. Another study reported depression rates of 20% in pregnant females [13]. Our study population consisted of low socio economic group only, and depression in such group has been found to be more prevalent as has also been reported by other researchers [10]. High rates of depression as in our study population have also been reported in a recent study in Lahore, in which, using same ICD-10 diagnostic guidelines it was found that 25% pregnant females suffered from depression [14].

The next most commonly occurring psychiatric illness after depression in pregnant females was somatization disorder (15.1%). This was followed by anxiety related disorders in which, Dissociative disorder was present in 4 (5.5%) of pregnant females, GAD in 3 (4.1%), OCD in 3 (4.1%), Phobic anxiety 2 (2.7%) and 1 case of panic disorder (1.4%). It has been said that the patients suffering from

Anxiety or Depressive disorders frequently present to the doctor with somatic complaints [13]. If it's true then probably pregnant women having somatoform disorder in our study may turn out to be suffering from either depression or anxiety, if followed through out their pregnancy. Niaz and colleagues using Hospital Anxiety and depression scale reported 34.5% rates of anxiety in pregnant females which is significantly higher than in our study [15].

Panic disorder and OCD have been the most frequently reported anxiety disorders in western culture. With regards to OCD it is reported that a small percentage of women may experience their first episode during pregnancy [16]. Anxiety disorders if undetected and untreated can have significant adverse outcomes not only during present pregnancy but also in post partum period, as these have been associated with post natal depression [17].

The mean age of pregnant women suffering from depression was 26.4 years (+/_SD 3.6) as compared to the mean age of 25.5 years (+/_sd 2.8) in non-pregnant females. Anxiety disorders were seen in relatively younger age group in pregnant females with mean age of 23.0 years (+/_ SD 1.0). Pregnancy at younger age and feelings of helplessness and lack of control over pregnancy in older mothers may be the reasons behind these findings. But this point needs further investigation. These results are in line with a study, which reported mean age of 29 years in pregnant females fulfilling Becks Depressive Inventory (BDI) criteria for depression [17]. The present work attempted to identify the presence of psychiatric disorders in pregnant women, and also to identify the pattern of psychiatric illnesses, to the health care workers involved in dealing with these women at all levels, so that they are able to identify psychiatric symptoms and illnesses and refer them to the psychiatrist at an early stage for specialized help.

Clinical implications of the study are:

1. Psychiatric disorders found in pregnant women are significantly higher and deserve clinical attention.
2. Emphasis should be made on the development and easy availability of screening instruments, which are ingenious and can be applied locally. These should be used in ante natal clinics of the hospitals regularly and the health care providers of the pregnant females should be educated and trained in the use of these tools.

CONCLUSION

The study showed that frequency of psychiatric disorders among pregnant women is more as compared to non pregnant females of similar age group. The use of simple screening instrument like General Health Questionnaire (GHQ 12) may be useful in the obstetric set up, for early detection of psychiatric disorders. It is unfortunate that not only the general public is unaware of or neglects the psychiatric disorders associated with pregnancy, but even the health professionals ignore the psychiatric aspects of this issue and hesitate in dealing with such patients or refer them to mental health professionals. Resultantly these women are ignored and they keep on suffering silently from the painful psychological symptoms.

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