SEVERITY OF RECENT STRESSFUL LIFE EVENTS IN DEPRESSIVE PATIENTS

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ABSTRACT

OBJECTIVE
To determine the frequency of recent stressful life events in depressive patients.

STUDY DESIGN
Cross sectional study.

PLACE AND DURATION OF STUDY
The study was conducted in psychiatric unit of civil hospital Karachi from 2016 to 2017.

SUBJECTS AND METHODS
The present prospective cross sectional study was conducted over a period of six months in the Department of Psychiatry of Pakistan Navy Ship (PNS) Shifa Hospital Karachi. After approval of synopsis from CPSP and the ethic committee of PNS Shifa hospital. All the patients through Psychiatry inpatients and out-patient's departments who fulfilled the eligibility criteria were enrolled in the study. Informed consent was taken after explaining the procedure, risks and benefits of the study. The stressful life events were diagnosed on social readjustment rating scale (SRRS) score. All the collected information will be entered the pre-designed Performa and SPSS version 20.0 was used for data analysis.

RESULTS
Mean ± SD of age was 36.81 ± 11.02 years. Out of 237 patients, 90 (38%) were male and 147 (62%) were female. Mean ± SD of SRRS was 220.61 ± 80.06. In frequency of life event severity 156 (66%) had low, 49 (21%) and 32 (13%) had severe and mild severity of life event respectively.

CONCLUSION
Current study concludes that most of the depressive patients had low stressful life event severity. It is to be concluded that to handle the stressful events during short and long-term period, prevention and treatment strategies for depression are required.

KEYWORDS
Depression, Mood Disorders, Life change events, Life event severity.

INTRODUCTION
Public health concern in developing countries includes an increasing percentage of depressive disorder1. Major contribution of depressive disorder to the global burden of diseases in 2020 is predicted to be the second most common cause of disability2. Occurrence of depressive disorders in Pakistan is particularly high a major fraction being contributed by women3. In Pakistan, the adjusted prevalence of depressive disorders is 44.44%. An overall prevalence of anxiety and depressive disorders recommended by systematically collected peer reviewed studies is 34%4.

Stressful Life event stress is directly associated with depression and is mostly operationalized by self-report checklists of specific distressing life experiences such as divorce, loss of close relatives, serious diseases, or sexual abuse in childhood. The development of depression is most likely to occur with the person who has experienced more stressful life events and can also be caused by job related factors5. Depression affects the whole life in general and can impact performance on job6. Research has also shown that stressful life events (SLEs) influence the pattern of individual depressive symptoms7.

Recent studies identify various factors that are directly associated to or that may predispose to the progression of first depressive episode or contributes to the recurrence. Different clinical, demographic variables and psychosocial factors have been identified8,9. Major stressful life events play significant important role in the etiology of depression. In a recent study, life events severity pertaining to number of episodes showcased statistically differences in SRRS total score, moderate and mild life events (F= 15.14, p<0.001) but not for severe life events11. People with a recent major stressful life event are 2.3-12 times more vulnerable to develop depression10,11. A local study concluded that stressful life events preceding depressive illness as compared with dissociative (conversion) disorder were of similar timing, type, nature and intensity. While majority of such events were marked within first 02 months prior to the development of the current episode11. In a study, the prevalence of low, mild and severe stressful life events in patients with first and recurrent depressive episodes was 65%, 29.8% and 5.9%11.

The purpose of this study is to find out the frequency of severity of stressful life events in our target population, which might suffer from depression due to stressful life events. This study would help in...
preclusion and management strategies for the recurrences of depression and to educate them as to how to manage stressful events of life during mild and long term periods and not just in the initial recurrences of the disease.

**SUBJECTS AND METHODS**

**Participants**

237 patients with depression (using ICD-10 diagnostic criteria) were recruited using non-probability consecutive sampling technique. The biasness was controlled by strictly following the inclusion and exclusion criteria.

Inclusion criteria was patients of age between 18-60 years, of either gender and already diagnosed as depressive using ICD-10 diagnostic criteria. Exclusion criteria followed as patients, who had a lifetime history of bipolar disorder, schizophrenia, schizoaffective disorder, confirmed on the basis of history or medical records, patients with history of substance use/abuse within last 6 months and patients with Intellectual development disorder/general learning disability on the basis of clinical history.

**Instruments**

After identifying patient, the demographic profile of the patients was noted and stressful life events were diagnosed on the basis of psychometric rating instrument named as social readjustment rating scale (SRRS). Stressful life events were categorized into three levels of severity (mild, moderate and severe). The relevant effect modifiers/confounders like age, gender, living status, educational status, employment status, marital status, economic status and depression status were analyzed.

**Procedure**

The present prospective cross sectional study was conducted over a period of six months in the Department of Psychiatry of Pakistan Navy Ship (PNS) Shifa Hospital Karachi. After institutional ethical committee approval, patients were briefed about the study and informed consent was sought. The data were collected and confidentiality of patient was maintained.

The data was analysed by using SPSS version 21. Mean and standard deviation were computed for quantitative variable, i.e. age, number of family members, SRRS score. Frequency and percentage were calculated for qualitative variables (i.e. Gender, living status, lives, educational status, employment status, marital status, economic status, depression status and recent stressful life events (Low/Mild/Severe). Stratification were done with regards to age, living status, lives, educational status, employment status, marital status, economic status and depression status to see the effect of these on confounders, by using chi square test and P-value < 0.05 was taken as significant.

**RESULTS**

A total of 237 patients was recruited to assess the recent stressful life events in depressive patients. Mean age of the sample was 36.81±11.02, mean score of SRRS was 220.61±80.06 and Mean number of family members was 6.60±3.72.
DISCUSSION

The study aimed to assess the frequency of recent stressful life events in depressive patients. In recent years, recurrent depression studies have moved from a simple demonstration of the effect of stressful life events to examining more complex interrelationships. Empirical research on hysterical conversion has lagged behind theoretical speculation\(^1\). Prevalence studies are rare, etiological considerations are even rarer.

ICD-10 research criteria do not consider the impact of depressive symptoms on daily living activities and requiring a diagnosis of a depressive episode\(^2\). Consequently, we performed parallel tests using both a broader depressive phenotype (i.e., ICD-10 depressive episode of any severity) and a narrower phenotype (i.e., only ICD-10 severe depressive episode). The results for the gene–environment interaction are more apparent when using the latter to construct.

This may indicate that ICD-10 severe depressive episode is a more specific depressive phenotype. It may also suggest that there could be a linear tendency for the reported gene–environment interaction to influence increasingly more intense depressive states. The definition of the depressive phenotype is crucial in tests of the gene–environment interactions and has been one of the major limitations of previous research on this topic\(^1,2,3\).

In the present study, the mean age of the patient was 36.81±11.02 years with a confidence level (35.40-38.22) years. This result correlates with the other studies\(^4\).

Marital tension was more prominently present in manic and depressed patients. In earlier studies, marital tension has been reported as a stressful life event of depressed patients\(^5\). In a recent study of stratification of marital status, severity of depression, economic and educational status, highly significant difference was found (i.e., 0.0001).

Our results show a somewhat better model fit after adjustment for potential confounders, such as gender and family history. Age had a significant impact. The relationship between gender and depression was established by some studies\(^6,7\), but we found no statistically significant differences in gender.

The strength of our study was the use of non-probability consecutive sampling technique best suited for our sample selection and study design, as our eligibility criteria was stringent. The use of operational definitions of the dependent and independent variable also minimizes the source of bias in our study. The main limitations of our study were the use of a weak study design (cross-sectional); the analysis and strength of evidence of which is limited and therefore the study design does not require any prior sample size calculation. Also limited outcomes selected in our study affects the worth of our study. There were many variables and factors that have associated with our independent and outcome variables that could have included in our study. The use of non-probability sampling also limits generalizability; however, we had a small number of patients and no follow-up.

CONCLUSION

Current study concludes that most of the depressive patients had “LOW” stressful life event severity preceding the index episode. Hence, prevention and management strategies for depression, need to focus even more on “LOW” stressful life events.

REFERENCES


