

Pattern of Psychiatric Disorders in Antepartum Women attending Obstetrics and Gynaecology OPD of MMMC & H, Kumarhatti, Solan

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ABSTRACT

Introduction: Pregnancy is considered as a period of increased vulnerability to psychiatric disorders. Psychiatric disorders during pregnancy are associated with poor maternal health and inadequate prenatal care. Maternal psychiatric disorders during pregnancy and the postpartum period are also associated with numerous adverse outcomes for the offspring, including maladaptive fetal growth and development, poor cognitive development and behavior during childhood and adolescence, and negative nutritional and health effects. This study was done to examine the pattern and severity of psychiatric disorders in 100 antepartum women attending Obstetrics & Gynaecology OPD of MMMC & H, Kumarhatti, Solan.

Material and methods: Two scales, the BPRS and HAM-D will be applied on the patients. The Brief Psychiatric Rating Scale (BPRS) is rating scale which a clinician or researcher may use to measure psychiatric symptoms such as depression, anxiety, hallucinations and unusual behaviour. The Hamilton Rating Scale for Depression (HRSD), also called the Hamilton Depression Rating Scale (HDRS), abbreviated HAM-D, is a multiple item questionnaire used to provide an indication of depression, and as a guide to evaluate recovery.

Results: Pattern of psychiatric disorders, according to BPRS showed, prevalence of anxiety (8%), tension (8%), depressed mood (5%), somatic concern (4%), guilt feeling (3%), emotional withdrawal (1%). Out of the 100 antenatal females, HAM-D scale showed three females with mild depression {8-13 score range}, one with moderate depression {14-18 score range} and one with severe depression {19-22 score range}.

Conclusion: The study showed that psychiatric disorders are not uncommon in antenatal women & need to be looked into for their better diagnosis & management

Keywords: Pregnancy, Antepartum, Anxiety, Depression, Psychiatric Disorders.

INTRODUCTION

Mood disorders are twice as common in women compared to men and the prevalence increases during childbearing years.¹ Though pregnancy has traditionally been considered a time of emotional well-being for women, conferring protection against psychiatric disorders, studies describe rates of minor and major depression to be approximately 14-20%.^{2,3} Bipolar disorder patients are at high risk of relapse of symptoms during the pregnancy^{4,5} and early postpartum period.^{6,7} The risk of relapse during pregnancy has been estimated to be 50% or more.^{4,5}

Women suffering with schizophrenia are more likely to have unplanned pregnancies,⁸ and have lowest risk for psychosis in the first six months postpartum, compared with women diagnosed with other functional psychoses.⁹ A study conducted by B Vythilingum, in 2009¹⁰, reached the conclusion that anxiety

disorders are common during pregnancy and postnatally. Women with perinatal anxiety commonly present with excessive concerns about the pregnancy, foetus or infant.¹⁰ Results on incidence, course and patterns of perinatal mental disorders vary widely, as was reported by Martini J et al in 2015.¹¹

This study was performed to determine the pattern and severity of psychiatric disorders in patients attending Obstetrics & Gynaecology OPD of MMMC & H, Kumarhatti, Solan.

MATERIAL AND METHODS

An observational survey based study was conducted in the Obstetrics & Gynaecology OPD, by a close ended questionnaire BPRS and HAM- D Scale. 100 antepartum females were enrolled in the study keeping in mind the below mentioned inclusion and exclusion criteria.

The Brief Psychiatric Rating Scale (BPRS) is rating scale which a clinician or researcher may use to measure psychiatric symptoms such as depression, anxiety, hallucinations and unusual behaviour. Each symptom is rated 1-7.

The Hamilton Rating Scale for Depression (HRSD), also called the Hamilton Depression Rating Scale (HDRS), abbreviated HAM-D, is a multiple item questionnaire used to provide an indication of depression, and as a guide to evaluate recovery.

Inclusion criteria - Age between 18–45 years.

Exclusion criteria - Women with previous history of psychiatric disorder and unusual emotional scenarios.

STATISTICAL ANALYSIS

Descriptive statistics like mean and percentages were used to interpret the data. Statistical analysis was done with the help of Microsoft Office 2007.

RESULTS

In the study, 100 antepartum females were enrolled and BPRS and HAM-D Scales were applied. These antepartum females were again evaluated clinically to screen for various psychiatric disorders. The results of the BPRS Scale that was applied first are shown below.

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Brief psychiatric rating scale (BPRS)

This scale used the following ranges for each criterion assessed.
 0 = Not assessed, 1 = Not present, 2 = Very mild,
 3 = Mild, 4 = Moderate, 5 = Moderately severe,
 6 = Severe, 7 = Extremely severe

1. Somatic concern: 4(4%), showed positive response for this criterion, which assesses preoccupation with physical health, fear of physical illness and hypochondriasis.

Out of these four, one showed mild {3}, two showed moderate {4}, and one showed moderately severe {5} symptom grade.

2. Anxiety: 8(8%), showed positive response for this criterion, and it assesses worry, fear, over-concern for present or future and uneasiness.

Out of these eight, four showed mild {3}, three showed moderate {4}, and one showed moderately severe {5} symptom grade.

3. Emotional withdrawal: 1(1%), showed positive response for this criterion, which assesses lack of spontaneous interaction, isolation and deficiency in relating to others. This patient showed moderate {4} level of symptom grade.

4. Conceptual disorganization: This assesses thought processes which may be confused, disconnected, disorganized or disrupted. No patient responded positively to this.

5. Guilt feelings: 3 (3%) showed positive response this criterion, which assesses self-blame, shame, remorse for past behaviour. One showed mild {3}, one showed moderate {4} and one showed moderately severe {5} symptom grade.

6. Tension: 8 {8%} showed positive response to this criterion, which assesses physical and motor manifestations of nervousness and over-activation. Out of these eight, four showed mild {3}, three showed moderate {4} and one showed moderately severe {5} symptom grade.

7. Mannerisms and posturing: This assesses peculiar, bizarre, unnatural motor behaviour (not including tic). No patient responded positively to this.

8. Grandiosity: This assesses exaggerated self-opinion, arrogance, conviction of unusual power or abilities. No patient responded positively to this.

9. Depressive mood: 5 {5%}, responded positively to this item, which assesses sorrow, sadness, despondency and pessimism. Out of the five, three had mild {3}, one had moderate {4}, and remaining one had moderately severe {5} symptom grade.

10. Hostility: This item assesses animosity, contempt, belligerence, and disdain for others. No patient responded affirmatively to this.

11. Suspiciousness: This item assesses mistrust and or belief that others harbour malicious or discriminatory intent. One patient responded positively to this, and the severity was moderately severe {5}.

12. Hallucinatory behavior: This item assesses perceptions without normal external stimulus correspondence. One patient responded positively to this and the grading was moderate {4}.

13. Motor retardation: This item assesses slowed, weakened movements or speech and or reduced body tone. One very mild patient showed positive response, though grading was found to

be very mild {2}.

14. Uncooperativeness: This item assesses resistance, guardedness and or rejection of authority. One patient responded positively to this and grading showed it to be moderate {4}.

15. Unusual thought content: positively to this grading revealed moderately severe {5}. This item assesses unusual, odd, strange, bizarre thought content. One patient responded and

16. Blunted affect: This item assesses reduced emotional tone, reduction in formal intensity of feelings and or flatness. One patient responded positively to this and grading was found to be very mild {2}

17. Excitement: This item assesses heightened emotional tone, agitation and or increased reactivity. No patient responded positively to this.

18. Disorientation: This item assesses confusion or lack of proper association for person, place or time. No patient responded positively to this.

Hamilton depression rating scale (HAM-D)

The HAM-D is designed to rate the severity of depression in patients. Although it contains 21 areas, we calculate the patient's score on the first 17 answers.

Scoring is as follows:

- 0 - 7 = Normal
- 8 - 13 = Mild Depression
- 14-18 = Moderate Depression
- 19 - 22 = Severe Depression
- > 23 = Very Severe Depression

Out of the 100 antenatal females, three showed mild depression {8-13 score range}, one showed moderate depression {14-18 score range} and one showed severe {19-22 score range}.

Prevalence of psychiatric disorders detected by using the scales BPRS, HAM-D and Clinical Examination of the antepartum females:

Total sample was 100. Following tables shows the number and percentages of females.

Any psychiatric diagnosis 14 (14%)
Any mood disorder 5 (5%)
Major depressive disorder 1 (1%)
Dysthymia 0 (0%)
Moderate depressive disorder 1 (1%)
Minor depressive disorder 3 (3%)
Bipolar disorder 0
Schizophrenia 1
Any anxiety disorder 8 (8%): Following subcategories:
Anxiety NOS 4 (4%)
Generalized anxiety disorder 1 (1%)
Panic disorder 2(2%)
Obsessive-compulsive disorder 1(1%)
Social phobia 0 (0%)
PTSD 0%
Co-morbidity was encountered in 22 patients (22%), which were mostly between anxiety disorders and depressive disorders.

DISCUSSION

All new mothers are somewhat anxious. Being a mother is a new role, a new job, with a new person in your life and new

responsibilities. Anxiety in response to this situation is very common and somewhat adaptive. However, for several reasons, some mothers have excessive worries and experience a severe level of anxiety in perinatal period.

In our study, the prevalence of anxiety disorders as a whole was found to be 8%, which is slightly lower than the findings of Heron et al., who, in a large community sample of pregnant women, found that 21% had clinically significant anxiety symptoms and, of these, 64% continued to have anxiety in postpartum.¹² Anxiety and depression often occur together, are often present in pregnancy and persist if not treated.¹³ Comorbidity among anxiety and depressive episodes was 22%, in our study. Sixty-five percent of patients with current GAD report comorbid disorders (most commonly depression, panic disorder, and agoraphobia). GAD, persistent and excessive worry of more than 6 months duration, may be more common in postnatal women than in the general population.¹⁴

Panic disorder, prevalence of which, in our study was 2%, is an anxiety disorder characterized by recurring severe panic attacks, for at least one month. A panic attack may be a one-time occurrence, but many people experience repeated episodes. Due to the physiological changes of pregnancy a woman may be at increased risk of onset or recurrence of panic disorder. Physiological symptoms such as fear and autonomic arousal symptoms like shortness of breath, pounding heart and dizziness may be misinterpreted in catastrophic ways in relation to the pregnancy. However, recent data suggest that pregnancy may confer some kind of protection against this disturbance. In contrast the early postpartum period is reported to be a time of increased vulnerability to panic disorder, with figures ranging from 0.5% to 1.5% at 6 week postpartum.¹⁵

The prevalence of OCD during pregnancy has been reported in the range of 0.2% to 5.2% in the literature, the relatively consistent rates among the studies are between 1% to 3%. Obsessive-compulsive symptoms are more frequently seen in pregnant women.^{16,17} This finding is consistent with the finding of 1% prevalence of OCD in our study.

CONCLUSION

Psychiatric illnesses pose a significant risk to pregnancy outcome. The clinical decision of diagnosing psychiatric illnesses in pregnant women, and treating them, is a dilemma for most clinicians. Contrary to earlier belief, that pregnancy is a state of wellbeing with low rates of mental health issues, pregnancy does not protect at all against psychiatric disorders. The study showed that psychiatric disorders are not uncommon in antenatal women & need to be looked into for their better diagnosis & management. Further studies are needed in future, to be better able to understand the psychiatric disorders, so that we can take adequate steps to prevent and treat the females during this, most important and sensitive period, (antenatal) of women's life.

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