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Psychiatry

THE COURSE OF ANXIETY AND DEPRESSION DURING PREGNANCY

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ABSTRACT Pregnancy is a very crucial phase of every woman's lives. Every lady feels anxious by anticipating about this phase and is very concerned about her and the baby while going through pregnancy. It is been studied from times immemorial that pregnancy not only has its physiological but also has its psychological manifestations over a women. In order to study certain psychological aspect of women going through a period of pregnancy, the present study is aimed at investigating the level of anxiety and depression among the women belonging to various stages of pregnancy. The total sample of 90 women was taken from the gynecology and obstetrics department, NIMS hospital, Jaipur, Rajasthan where 30 women from each trimester was taken under the study. The tools administered on them were HARS (Hamilton's Anxiety Rating Scale) and HDRS (Hamilton's Depression Rating Scale). Frequency and percentage was calculated. Results obtained indicated that majority of women showed moderate to high level of anxiety in third trimester, whereas, moderate to severe depression was observed in women who belonged to first trimester group. Implications and limitations are stated.

KEYWORDS : Pregnant women, Anxiety, Depression.

Introduction

Several emotional and physical changes occur during pregnancy. One study on the impact of prior pregnancy loss on subsequent pregnancy revealed high levels of anguish: the principal symptom reported was a mixture of hope and fear (Armstrong, 2004). Traumatic experiences involve a pattern of psychological and physiological reactions such as anxiety, depression, irritability, excess fatigue, sleep disorders and concentration difficulties (Horowitz, 1974). Various studies have described high rates of symptoms of anxiety and depression following prenatal loss (Adeyemi et al., 2008). Nevertheless, little is known of the consequences of continuous grief on future pregnancies.

Therefore, most research about psychiatric problems during pregnancy that has been done so far is on depression, but less is known about anxiety. Several risk factors predispose to depression during pregnancy. Some of them are poor antenatal care, poor nutrition, stressful life events like economic deprivation, gender-based violence and polygamy, previous history of psychiatric disorders, previous puerperal complications, events during pregnancy like previous abortions, and modes of previous delivery like past instrumental or operative delivery. Other factors include age, marital status, gravidity, whether pregnancy was planned or not, previous history of stillbirth, previous history of prolonged labor, and level of social support (Wissart, Parshad & Kulkarni, 2005; Adewuya et al., 2007; Alder et al., 2007)

Thus, the current study adds to existing research by charting the patterns of depressive symptoms and associated features over the entire course of pregnancy in a large, non-selected group of pregnant women. There is evidence that depression increases with or at least varies across gestation (Evans et al. 2001; Bennett et al. 2004).

Material and methods

The objective of the study was to assess the level of anxiety and depression among pregnant women belonging to different trimesters. The sample of 90 pregnant women was taken for the purpose of cross sectional study on availability basis which was divided into three groups equally for each trimester. The purposive sample was taken from the OPD of Department of Gynecology, NIMS Hospital, Jaipur, Rajasthan. The tools employed were Hamilton's Anxiety Rating Scale (HARS) and Hamilton's Depression Rating Scale (HDRS). These questionnaires were administered on all the 90 subjects. Exclusion criteria were psychotic features, current drug or alcohol addiction and poor general and medical condition. Informed consent was taken from the participants.

Procedure

After the primary medical procedure by the department of gnaecology, all the relevant information from patient was taken for the fulfillment of inclusion and exclusion criterias of the present study.

Sociodemographic data as well as medical information and history of drug abuse were also collected from participants. Both of the scales (HDRS and HARS) were administered over the patients. The scoring of the data obtained was done according to the respective manuals. The results obtained were computed. Frequency and percentage was calculated and results were tabulated. Interpretation of the tables was drawn. Limitations and implications of the study were stated.

Tools employed

1. Hamilton's Anxiety Rating Scale (HARS) (Hamilton, 1959)
2. Hamilton's Depression Rating Scale (HARS) (Hamilton, 1960)

Statistical Analysis

Frequency and percentage were applied to the raw data obtained after the administration of the questionnaires of anxiety and depression.

Results

Table 1- Indicating the level of Depression among the pregnant women belonging to 1st , 2nd and 3rd Trimester of pregnancy.

Categories (HDRS)	Score Range	Distribution of sample according to Trimester					
		Ist Trimester		Iind Trimester		IIIrd Trimester	
		Freq.	%age	Freq.	%age	Freq.	%age
Mild	0-7	7	23.3	9	30	12	40
Mild to Moderate	8-19	10	33.3	11	36.6	9	30
Moderate to Severe	20-53	13	43.3	10	33.3	9	30
Total		30		30		30	

Graph 1- Highlighting the percentage of pregnant women belonging to 1st , 2nd and 3rd Trimester of pregnancy having mild, mild to moderate and moderate to severe Depression.

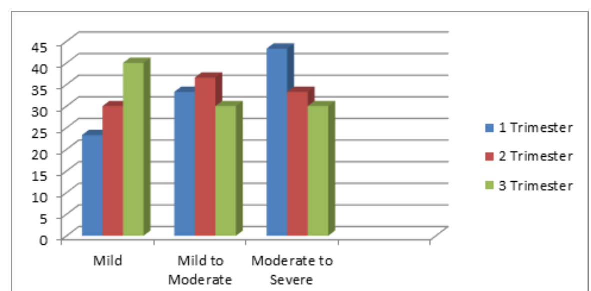
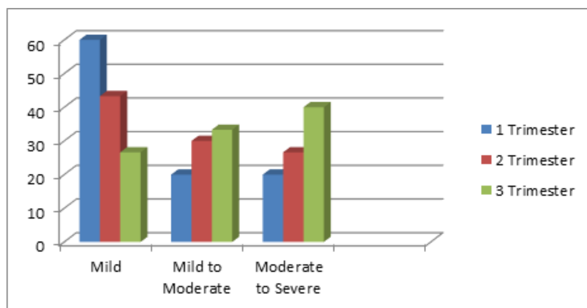


Table 2- Stating the level of Anxiety among the pregnant women belonging to 1st, 2nd and 3rd Trimester of pregnancy.

Categories (HARS)	Score Range	Distribution of sample according to Trimester					
		Ist Trimester		IInd Trimester		IIIrd Trimester	
		Freq.	%age	Freq.	%age	Freq.	%age
Mild	0-17	18	60	13	43.3	8	26.6
Mild to Moderate	18-24	6	20	9	30	10	33.3
Moderate to Severe	25-30	6	20	8	26.6	12	40
Total		30		30		30	

Graph 1- Showing the percentage of pregnant women belonging to 1st, 2nd and 3rd Trimester of pregnancy having mild, mild to moderate and moderate to severe Anxiety.



Discussion

The purpose of the present research work was to analyze the level of anxiety and depression among the pregnant women of all three trimesters. 30 women from each trimester were selected according to purposive sampling, HDRS and HARS were administered, frequency and percentage were calculated and the interpretation of results obtained is as follows:

Table 1 given in results is an indicative of the level of depression among the women belonging to fisrt, second and third trimester of pregnancy. The results obtained reported that during the first trimester, 43.3% of the women suffered from moderate to severe depression. It was also observed that majority of women i.e. 36.6% were suffering form mild to moderate level of depression during their second trimester. The depression level seemed to decrease in the third trimester.

The basic symptoms observed were depressed mood, feeling worse in the morning, decreased energy, lack of concentration, sensitivity to criticism, feeling of heavy limbs. These symptoms were seen to be higher in the beginning of the pregnancy. The reason behind the decreasing pattern in the level of depression may be changing biology in pregnancy, psychological changes and adjustment to the state of pregnancy. The graph of the findings is also stated (Graph-1).

Furthermore, the level of anxiety among thses women was assessed and tabulated in table 2, where it was found that 40% of first trimester has mild to moderate (20%) and moderate to severe (20%) level of anxiety. As the duration of pregnancy proceeds, subsequent increase in the level of anxiety was also observed indicating 30% of women suffering from mild to moderate anxiety and 26.6% suffering from moderate to severe level of anxiety in second trimester. The symptoms of anxiety such as fear due to anticipation of pain during delivery, fatigue, sleep distortions found to increase further in third trimester therby increasing the percentage of women suffering from moderate to severe anxiety to 40% and mild to moderate anxiety to 33.3%.

The findings of the present study was found to be in correlation with a similar study conducted by Hu et al., (2017) in China in which it was found that the prevalence of anxiety symptoms during the first, second and third trimesters were 7.9% (110/1 392), 8.8% (124/1 413) and 8.8% (123/1 405), respectively. The prevalence of depression symptoms during the first, second and third trimesters were 14.0% (195/1 392), 12.6% (178/1 413) and 10.8% (152/1 405), respectively.

One of the studies conducted in India (Navi Mumbai) by Ajinkya et al., (2013) stated that depression during pregnancy is prevalent among pregnant women in Navi-Mumbai, and several obstetric risk factors were associated to depression during pregnancy. Future research in this area is needed, which will clearly elucidate the potential long-term impact of depression during pregnancy and associated obstetric risk factors so as to help health professionals identify vulnerable groups for early detection, diagnosis, and providing effective interventions for depression during pregnancy.

Along with the physiological changes involved in the pregnancy, it was also observed by Faisal- Curry and Rossi Menezes (2017) that antenatal anxiety and antenatal depression were also associated with socio- demographic and socio- economic risk factors suggesting some common environmental stressors may be involved.

Conclusion

It may be concluded that depression and anxiety during pregnancy is prevalent among pregnant women. Future research in this area is needed, which will clearly elucidate the potential long-term impact of depression and anxiety during pregnancy.

Limitations

Small number of samples, absence of longitudinal study and assessment of only two variables are some of the major limitations of the present study. Participant recall bias is an important possible source of error, although is unlikely to explain the recall of different pattern of change for the different symptoms.

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