Original Article

Psychosocial Stressors in Patients Presenting with Depression Episodes

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ABSTRACT

Depression is a mood disorder characterized by aversion to activities that affects a person's thoughts, behaviour, feelings, and sense of well-being. Objective: To explore the psychosocial stressors / life events and demographic variables in patients with major depression in 1st and subsequent episodes with related sociodemographic factors in each. Methods: The sample of this study was 50 consecutive in-patients with Major Depression. Detailed open-ended interview was conducted and also administered The Presumptive Stressful Life Events Scale (PSLES) to elicit psychosocial stressors and major life events in 1st episode and in the subsequent episodes. Results: showed that of the 50 subjects, majority of subjects 32(64%) were female, 13 (26%) were 26-30 years' age group, 33(66%) belonged to urban area, 23(46%) were suffering from 3rd and more depressive episodes, 2(4%) reported positive family history, 28(56%) were suffering for 3 months. In psychosocial stressors / life events, 26% had Death of spouse, in Marital and Sexual factors 16% patients reported relationship effect with spouse in 1st, 22% in 2nd and 30% in 3rd Depressive episode and in financial difficulties 12% patients in 1st episode, 20% and 28% in subsequent episodes. Conclusions: Study concluded that there was difference of psychosocial stressors in 1st and subsequent episodes of depression.

INTRODUCTION

Depression is a mood disorder characterized by aversion to activities that affects a person's thoughts, behavior, feelings, and sense of well-being [1]. Sadness, nervousness, emptiness, hopelessness, frighten, powerless, worthless, guilty, irritated, hurt, or restless feelings are common in depressed persons. They may lose interest in formerly pleasurable activities, lose their appetite or overeat, have difficulty concentrating, remembering information, or making decisions, and consider or attempt suicide. Insomnia, excessive sleeping, weariness, a lack of energy, or aches, pains, or digestive issues that do not respond to treatment are all possible symptoms [2]. Major depression is one of the most common mental illnesses, with a complex aetiology. Depression affects people of all genders, ages, and backgrounds. Childhood traumatic traumas and current stressful life events have been determined to be important risk factors for major depression, in addition to hereditary variables [3]. There is a well-established link between life stress and major Depression. Unemployment, chronic social difficulties and persistent financial strains, health-related difficulties and loss of (close) social contacts, death of a loved one / family member or friend, job problems / the loss of a job, relationship problems, separation, childbirth, menopause, and natural disasters such as earthquakes, hurricanes, tornadoes, and other natural disasters have all been found to be risk factors for depression in several studies [4]. In a positive event, such as going to marriage, moving to a new home, place / city, or starting a new business or new job, can also cause stress. It’s not unusual
for either happy or bad occurrences to turn into a crisis that leads to clinical depression [5]. Researchers have created a theory termed “learned helplessness” to explain how stressful events might lead to depression. According to this idea, people learn to feel helpless as a result of chronic or recurrent stressful occurrences. When a person believes he or she has no control over a difficult circumstance, this sense of helplessness is heightened. Depressed people frequently hold negative attitudes about their abilities to handle many elements of their lives, based on perceived failures in the past [6]. Recurrence has been linked to demographic (gender, married status, or economic position), clinical (age of onset, severity of episode index, comorbidity, or a familial history of affective disorders), and psychosocial characteristics (cognitions, personality, social support, or stressful life events) [7]. The contrast between early and subsequent episodes, as well as their relationship to stressors, is important for conceptual and practical reasons [4]. Kessler is one of many who has pointed out that most depression research focuses on recurrence because only a small percentage of depressed patients will suffer their first episode, and the predictors of first and subsequent episodes are likely to differ [8]. It is said that compared with subsequent episodes of depression, the first episode of depression is more likely to be preceded by major psychological stressors [9]. According to Nuggerud-Galeas et al. (2020), those who have previously had a major depressive episode may have a high recurrence rate, which is defined as the occurrence of a new major depressive episode after a previous one has completely resolved. The initial episode has an average recurrence time of about 3 years, while the subsequent episodes have an average recurrence time of between 1 and 1.5 years. During the first few months of recovery, the chance of recurrence is higher [7]. The aim of the present study was to explore the psychosocial stressors / life events and demographic variables in patients with major depression in first and subsequent episodes with related sociodemographic factors in each, reporting to Department of Psychiatry & Behavioral Sciences, Nishtar Medical University & Hospital, Multan.

**M E T H O D S**

A Descriptive study was conducted in the Department of Psychiatry & Behavioural Sciences, Nishtar Medical University & Hospital, Multan from October, 2021 to December, 2021. The sample size was 50 consecutive inpatients of Depression. They were admitted in Department of Psychiatry & Behavioural Sciences. All the patients included in the study who fulfilled the criteria and patients excluded from the study who did not fulfill the criteria and with any organic brain syndromes, other psychiatric morbidity and alcohol or any other drug abuse. Diagnostic and Statistical Manual (DSM-V) criteria was for Depression used to diagnosed the patients [10]. All the information according to proforma and data collected after written informed consent and ensured confidentially. Detailed open-ended interview was conducted and also administered The Presumptive Stressful Life Events Scale (PSLES) [11] to elicit psychosocial stressors and major life events in first episode and in the subsequent episodes. Statistical Package for Social Sciences (SPSS) version 23.0 was using to analysed the data and to find out percentages and frequencies. Tables were used to showed findings and study results such as gender, age groups, marital status, locality, educational status, income, depressive episode, duration of index episode, family history of depression and psychosocial stressors & life events in all Depressive episodes.

**R E S U L T S**

Table 1 shows Demographic Characteristics of subjects. Out of 50 subjects, majority of patients 32(64%) were female, 13 (26%) were 26-30 years' age group, 33(66%) belonged to urban area, 23(46%) were single, 13(26%) were students and 16(32%) were housewives (n=50).

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENDER</strong></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>32 (64%)</td>
</tr>
<tr>
<td>Males</td>
<td>18 (36%)</td>
</tr>
<tr>
<td><strong>AGE GROUPS</strong></td>
<td></td>
</tr>
<tr>
<td>16-20</td>
<td>9 (18%)</td>
</tr>
<tr>
<td>21-25</td>
<td>12 (24%)</td>
</tr>
<tr>
<td>26-30</td>
<td>13 (26%)</td>
</tr>
<tr>
<td>31-35</td>
<td>4 (8%)</td>
</tr>
<tr>
<td>36-40</td>
<td>8 (16%)</td>
</tr>
<tr>
<td>41-45</td>
<td>4 (8%)</td>
</tr>
<tr>
<td><strong>MARITAL STATUS</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>23 (46%)</td>
</tr>
<tr>
<td>Married</td>
<td>21 (42%)</td>
</tr>
<tr>
<td>Divorced</td>
<td>6 (12%)</td>
</tr>
<tr>
<td><strong>LOCALITY</strong></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>17 (34%)</td>
</tr>
<tr>
<td>Urban</td>
<td>33 (66%)</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
</tr>
<tr>
<td>Uneducated</td>
<td>9 (18%)</td>
</tr>
<tr>
<td>Primary</td>
<td>6 (12%)</td>
</tr>
<tr>
<td>Middle</td>
<td>5 (10%)</td>
</tr>
<tr>
<td>Matric</td>
<td>7 (14%)</td>
</tr>
<tr>
<td>F.A</td>
<td>4 (8%)</td>
</tr>
<tr>
<td>B.A</td>
<td>12 (24%)</td>
</tr>
<tr>
<td>M.A</td>
<td>7 (14%)</td>
</tr>
<tr>
<td><strong>OCCUPATION</strong></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>5 (10%)</td>
</tr>
<tr>
<td>Student</td>
<td>13 (26%)</td>
</tr>
<tr>
<td>House wife</td>
<td>16 (32%)</td>
</tr>
</tbody>
</table>
Table 1: Demographic Detail
Table 2 shows Episodes of Depression. Out of 50 patients 23(46%) were suffering from 3rd and more depressive episodes and it also shows the Duration of Index Episode. Out of 50 patients 28(56%) were suffering for 3 months and 11(22%) for 4 to 6 months.

<table>
<thead>
<tr>
<th>NO OF EPISODES</th>
<th>FREQUENCY (%)</th>
<th>DURATION OF INDEX EPISODE</th>
<th>FREQUENCY (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Episode</td>
<td>17(34%)</td>
<td>0-3 Months</td>
<td>28(56%)</td>
</tr>
<tr>
<td>2nd Episode</td>
<td>10(20%)</td>
<td>4-6 Months</td>
<td>11(22%)</td>
</tr>
<tr>
<td>3rd and More Episodese</td>
<td>23(46%)</td>
<td>7-9 Months</td>
<td>3(6%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10-12 Months</td>
<td>8(16%)</td>
</tr>
</tbody>
</table>

Table 2: Episode and Duration of Depression
Table 3 shows Family History of Depression. Out of 50 patients, 29(58%) reported No family history & 21(42%) reported family history of Depression.

<table>
<thead>
<tr>
<th>FAMILY HISTORY</th>
<th>FREQUENCY (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Family History</td>
<td>29(58%)</td>
</tr>
<tr>
<td>Mother</td>
<td>13(26%)</td>
</tr>
<tr>
<td>Father</td>
<td>6(12%)</td>
</tr>
<tr>
<td>Sibling</td>
<td>2(4%)</td>
</tr>
</tbody>
</table>

Table 3: Family History of Depression
Table 4 shows list of major life events and psychosocial stressors of The Presumptive Stressful Life Events Scale (PSLES). In each subject, more than one stressor was found. In psychosocial stressors / life events, 26% had Death of spouse, in Marital and Sexual factors 16% patients reported relationship effect with spouse in 1st, 22% in 2nd and 30% in 3rd Depressive episodes and in financial difficulties 12% patients in 1st episode, 20% and 28% in subsequent episodes. And 6% patients were facing lack of child or infertility in 1st Depressive episode and with time it increased 12% in 2nd episode and 16% in 3rd Depressive episode. Same 12% patients reported financial difficulties in 1st, 20% in 2nd and 28% in 3rd Depressive episode.

<table>
<thead>
<tr>
<th>STRESSORS</th>
<th>1ST EPISODE (%)</th>
<th>2ND EPISODE (%)</th>
<th>3RD &amp; MORE EPISODES (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY AND SOCIAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict with in-laws</td>
<td>14%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Disturbed relationship with family</td>
<td>22%</td>
<td>18%</td>
<td>2%</td>
</tr>
<tr>
<td>WORK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fired from work</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FINANCIAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial difficulties</td>
<td>12%</td>
<td>20%</td>
<td>28%</td>
</tr>
<tr>
<td>Property issues</td>
<td>8%</td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>

Table 4: Psychosocial Stressors / Stressful Life Events

Discussion
In this research, 64% were females & 36% were males presenting with Depression. This was in concordance with another research by Lewinsohn, et al., where the 52% were females and 26% were male [12], however other researchers reported female and male ratio respectively 74%-26% [5], 64%-36% [13] and 83.2%-16.8% [14]. In the present study, majority of the subjects 28% were presented with Depression at 26-30 years & 24% were from 21-25 years’ age group. This is in accordance with observation of other studies in which all subjects of 18-58 years [5] and 32.4% subjects were from 20-30 years [14], 44% were from 25-29 years [15], 100% were from 35-50 years of age group presented with Depression [16]. In this research, 66% belonged to urban area, 46% were single, 26% were students, 32% housewives & 11% employed but the socio-economic status was low. This is in accordance with various other researchers reported. According to other studies 58% [5], 53% patients were single [13], 31% were from urban area [13] and People who met the poverty level criteria had a higher rate of major depression than those who did not [6]. In this study, 34% of the patients were suffering from 1st episode, 20% 2nd episode and 46% suffering from 3rd and more episodes. Amongst them 56% of the patients were suffering from Depression for 3 months & 22% for 4 to 6 months. This is in keeping with various other researches. According to Roca, et al., each episode of depression increases the chances of subsequent episodes: up to 60% of all patients who suffer from 1 episode will undergo at least one recurrence in their
against will always lead to divorce. According to a survey by disturbed relationship with spouse or in-laws and marriage during course of treatment [24]. In our Pakistani culture, depressed married patients who received outpatient treatment had a significant improvement in their marriage 22.4% were not satisfied with housing situation [14]. In a study of families, 40.5% were not satisfied with family situation and other studies reported. According to these studies, 68% patients reported relationship effect with spouse in 1st, 4% in 2nd and 6% in 3rd Depressive episode, 8% reported property issues and 4% fired from word / trouble with boss in 1st Depressive episode. In other studies, on depression recurrence, for example, life stress has almost exclusively referred to severe and major negative life events, such as the loss of stable job, and so on, are common [26]. According to other studies, 7.1% job stress [27], 33.3% not satisfied with working situation, 32.9% poor finance in 1st depressive episodes [14]. One study result on nurses in Pakistan showed 27.1% poor environment, 21.4% heavy work load, 12.9% occupational hazards [15]. In this study widows also reported financial difficulties after death of spouse. Other studied found prevalence of depression was 19.2% [28] and explained that in Asian culture sexually, emotionally and economically exploitation or abuse of widows is very common [29]. In Pakistan one study by Gopang et al., 2017 at Karachi widows that facing depression, its results sowed 7% widows earning 3000 to 4000rs per month and faced financial difficulties & 53.85% widows facing bad attitude of family and society [30]. In this study, 26% patients were students, in which 16% reported exam failure in 1st, 4% in 2nd and 6% in 3rd depressive episode and 6% reported ending school / study in 1st, 4% in 2nd and 2% in 3rd Depressive episode. Examination stress among children and teenagers is unquestionably higher than it has ever been. Smith reported one student killed himself with his father's shotgun because he had failed his physics paper and one more student hanged himself from a tree because he believed he would not pass his math [31].In this study, 6% patients were facing lack of child or infertility in 1st Depressive episode and with time it increased 12% in 2nd episode and 16% in 3rd Depressive episode. In Pakistani culture female suffer socially, emotionally and psychologically due to family pressure for lack of child or infertility and it's a major stress for a married woman that lead to depression. According to Pakistani studies 20% were mild depression, 11% moderate to severe depression and 49% suffering from Moderate Depression and 10% Severe Depression due to infertility [32-33]. In some other stressors of present study, 8% patients were reported physical illness in 1st, 6% in 2nd and 4% in 3rd Depressive episode. People suffering from any physical disease experience more psychological and emotionally distress than the healthy people. Risk of depression also increased due to poor physical health, especially it is very common in
chronically ill patients[34].

CONCLUSIONS
Study concluded that there was difference of psychosocial stressors in 1st and subsequent episodes of depression.

Conflicts of Interest
The authors declare no conflict of interest.

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REFERENCES


