

ORIGINAL ARTICLE

Coping Strategies in Patients Diagnosed with Major Depressive Disorder

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ABSTRACT

OBJECTIVE: To determine the coping strategies adopted by patients diagnosed with major depressive disorder (MDD) and their association with various socio-demographic variables.

METHODOLOGY: This descriptive cross-sectional study was done on diagnosed patients of major depressive disorder presenting to the out-patient department of Liaquat University Hospital and Sir Cowasjee Jehangir Institute of Psychiatry, Hyderabad during 6 months from November 2019 to April 2020. All the cases aged >18 years, both gender and diagnosed with major depressive disorder were included. Depression coping questionnaire (DCQ) was administered to check for coping strategies employed. All the data was entered and analyzed by using statistical package for social sciences SPSS version 20.

RESULTS: A majority of the sample comprised of middle-aged female patients, living in nuclear families in the urban setting with a middle socioeconomic status. The mean time delay in presenting to the OPD was 116±13 day. As per strategies the majority of the cases were taking pharmacological therapy and even fewer were under any other therapy. 92.75% of the patients admitted to employing coping strategies; a majority (78.57%) of whom deemed them useful.

CONCLUSION: Coping strategies are adopted by many of the patients the belief of them being useful is prevalent. Different strategies are common among different sociodemographic groups, however, most of the coping strategies employed are negative and lead to negative consequences in the long run.

Key words: Depression, coping, adopted, socio-demographic factors

INTRODUCTION

Major Depressive Disorder (MDD) is a frequent mental condition, which presents with feelings of low self-worth or guilt, poor concentration, decreased energy, loss of pleasure or interest, depressed mood, and disturbed appetite or sleep.¹ These issues may become persistent or recurring and result in serious disabilities in a person that may hinder performing routines work. Nearly 0.121 billion individuals are affected by this condition globally.² The WHO reports that MDD is the biggest disability contributor as calculated by YLDs, and the 4th leading contributing factor to the international disease burden. It is estimated that by 2020, the MDD will hit second position in the disability-adjusted life year (DALY) rating for all age groups. Nowadays, MDD is the 2nd contributing factor of DALYs for age group of 15-44 years.³ Epidemiological data shows higher rates of MDD in the Middle East, North Africa, America and South Asia.⁴ Depressive disorders have been directly linked to years lived with disability DALYs and YLDs (11 and 27% respectively) in the world. A review of South Asian MDD epidemiological research reveals that the incidence in primary care ranges between 26.3% and 46.5%. Over the past decade, various researches of Pakistan reported MDD incidence between 22 and 60%.⁵ Coping makes reference to, both behavioral and cognitive, endeavors in managing internal and external needs and conflicts which affect an individual, which burdens or exceeds the resources of that person. Overall, coping is believed to have a moderating impact on the result of

depressive conditions.⁹ Researches relating the coping method in particular scenarios have indicated that both the scenario itself as well as its emotional effects are influenced by the coping strategy adopted. It was further found that coping mode as an individual disposition is correlated with emotional health levels.¹⁰ However, not all coping strategies entail a positive outcome. While some coping strategies are functional (such as meditation and engaging in physical or creative activity), dysfunctional and mal-adaptive such as binge eating, drinking, allowing bad feelings let out, blaming oneself or smoking.¹¹ Various coping approaches to be used in medical patients have been reported by researchers to deal with illness, be it physical, emotional or mental. Unfortunately, contemporary theories in this field are limited in giving explanation of variability found in empirical data. Evidently, coping denotes the expressing and course of a complex series of factors that involves in attitudinal, expectancy, cognitive elements and personality.^{12,13} The use of a selective coping strategy by patients can possibly be understood by scrutinizing such factors. However, systematic knowledge is limited about specific behavioral and psychological correlates of variation in terms of using a selective coping strategy by MDD patients. In such population, research data is limited in terms of association of these variables to preference trend of specific coping strategies. The behavioral and psychological correlates have mostly been associated to just single specific coping strategy, such as repression-sensitization or denial.^{14, 15} This study has been

conducted to determine the coping strategies adopted by patients diagnosed with major depressive disorder.

MATERIAL AND METHODS

This descriptive - cross-sectional study was carried out among diagnosed patients of Major Depressive Disorder presenting to the out-patient department of Liaquat University Hospital and Sir Cowasjee Jehangir Institute of Psychiatry, Hyderabad. The study was carried out in 6 months from November 2019 to April 2020. All the cases aged >18 years, both gender and diagnosed with major depressive disorder were included. All the cases those who were not willing to participate in the study were excluded. The internationally validated depression coping questionnaire (DCQ) was administered to check for coping strategies employed. All the data was entered and analyzed by using statistical package for social sciences SPSS version 20.

RESULTS

The mean age of the sample stood at 42±13 years and mean depression coping questionnaire score was 82±13. 59.62% were females and the remaining 40.38% were males. 77.92% of the subjects were from urban areas and rest of 22.18% belonged to rural areas. Majority of cases 212 comprised of middle-class individuals, 80 belonged to the low socioeconomic status and fewer 25 hailed from a high socioeconomic status. A vast majority (294 out of 317) of the patients thus recognized the strategies they employed. 43.53% (138) of the subjects hailed from a joint family system, while rest of 56.47% (179) subjects belonged to a nuclear family set-up. A large proportion (193) of the individuals were not working professionals i.e. they were not employed, while just a meagre (124) were presently employed. The commonest coping strategy were over sleeping (16.1%), followed by over eating (19.9%). Ignoring the feeling (18.2%) and talking to close friends (17.75%) were also common. Fig 1 to 3.

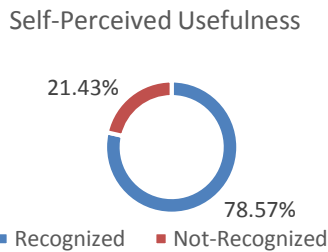


Fig. 1. Self-perceived usefulness of coping strategy (n = 294)

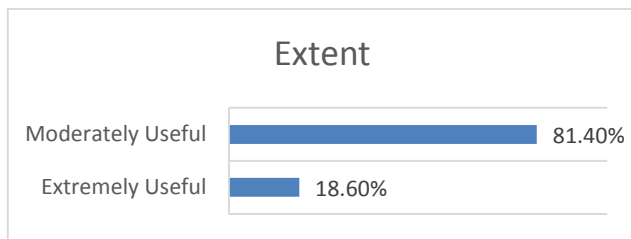


Figure 2. Self-Perceived extent of usefulness of coping strategy n=231

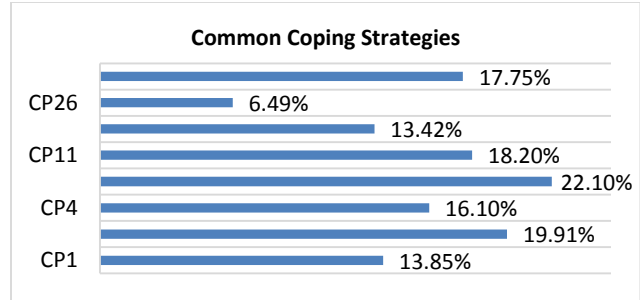


FIG. 3. Common Coping Strategies (n = 231)

DISCUSSION

Pakistan lacks the research data about this very crucial matter of public health. Among the most repeated studies in epidemiology is the elevated female-to- male gender ratio in depressive disorder incidence, particularly during fertile age. French ESEMeD data backed this results that around two times as many females suffered from depression at global level as males did. This representation was true for all age ranges with the single except one study in which there was estimated gender parity among the age group of 18-24 years.^{16,17} In a recent study of global surveys, a decrease in the typical female to male OR for MDD too was observed in younger population (18 to 34 years) as opposed to other age ranges. These researchers propose that the relative decline in women's depression incidence may be due to rising opportunities for women in schooling, jobs, family planning and other causes that improve gender equality. It'll be fascinating to see whether as this younger generation ages, the more equal female to male ratio will prevail.^{18,19} Interestingly enough, the research corroborated that living in nuclear families with lesser number of people living under one roof and thus each having little or no social support may have contributed to the higher levels of MDD. Additionally, the said families also more commonly employed negative coping strategies as compared to their join family counterparts who more commonly employed positive coping strategies to deal with MDD. This may serve as a useful indicator of the significance of human interaction and social contact in lessening the psychological suffering of individuals, as is supported by evidence-based literature.^{20,21} Moreover, the serious findings that this research reported were also plenty. First among them being the unearthed fact that the mean time delay in presenting to the OPD was 116±13 days. Such a long wait of nearly 4 months in reporting their symptoms to a dedicated mental health professional is worrying to say the least. In the said time, a patient's condition may likely worsen considerably and become more difficult to treat as compared to when it initially manifested. Literature suggests that this behavior may stem from the stigmatization of seeking mental healthcare.^{22,23}

CONCLUSION

Coping strategies are adopted by many of the patients the belief of them being useful is prevalent. Different strategies are common among different sociodemographic groups, however, most of the coping strategies employed are negative and lead to negative consequences in the long

run. Interventions aimed at increasing the use of the adaptive coping strategies may help to cope with stressful life situations and also improve the patient's mood. Concentrating on the support and the use of adaptive coping strategies, it may become a useful tool in prevention and control of the depressive disorders. Thus, education in this regard is crucial to promote more healthy coping strategies.

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