



A STUDY ON PREVALENCE OF DEPRESSION AND ANXIETY, AMONGST FEMALE STUDENTS, IN PROFESSIONAL COURSES

Snigdha Pattnaik

Department of Community Medicine, Bhaskar Medical College, Hyderabad, Andhra Pradesh, India

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Abstract: Epidemiologic and clinical investigations indicate that onset of depressive disorders usually occurs during adolescence or early adulthood. The clinical presentation of adolescent-onset depression shares a variety of features with that of adult onset. Both are more common in females; are frequently associated with anxiety disorders, substance use disorders, and/or suicidal behavior; and result in impairment in social and academic or occupational functioning. The study was conducted to find out the prevalence of anxiety and depression amongst female students of professional college in Hyderabad. The main objective of the present study is to:

1. Estimate the prevalence of anxiety, depression and its overall impact on female students pursuing studies in medicine and technology.

Two batches of medical and engineering female students each totaling up to 264 were interviewed with a valid, pre tested questionnaire. Cross sectional study was conducted in this chosen segment of population. Questionnaire used: Generalized Anxiety Disorder 7 and Goldberg Depression Scale. Of the total number, 264, of females assessed around 60% (160) were depressed. In females, 7 (2.65%) were reported to be “severely depressed”, 11 (4.16%) reported “moderate to severe depression”, 44 (16.66%) were found with “minor to moderate depression”, 19 (7.19%) were “on the verge of depression”, 79 (29.92%) had “minor depression” while in 104 (39.39%) no signs of depression were observed. Of the 264 females, about 58% of female students were anxious. 16 (6.06%) have “severe anxiety”, 39 (14.77%) “Moderate anxiety”, 97 (36.74%) “Mild anxiety” while 112 (42.42%) were not anxious.

Keywords: Anxiety, Depression and Adolescent Health

INTRODUCTION

Depression is a temporary mental state or chronic mental disorder characterized by feelings of sadness, loneliness, despair, low self-esteem and self-reproach; accompanying signs include psychomotor retardation or less frequently agitation, withdrawal from social contact and vegetative states such as loss of appetite. Manifestation of depression, include fatigue, attention / concentration / memory impairment, poor academics, mood disturbances / irritability, daytime sleepiness, motivation energy / initiative reduction, tensions, headaches, predisposition to infections .

Anxiety is a vague uneasy feeling of discomfort or dread accompanied by an automatic response, the source is often nonspecific or unknown to individual, a feeling of apprehension caused by anticipation of danger. It is a potential signal that warns of impending danger and enables the individual to take measures to deal with threat. Anxiety disorders have a chronic and persistent course, and are frequently co morbid with other anxiety disorders, depressive disorders, and substance abuse. Anxiety disorders most frequently precede depressive disorders or substance abuse; Co morbid diagnoses may influence risk factors like functional impairment and quality of life. It remains unclear whether certain anxiety disorders (eg. PD) are

risk factors for suicide. The comorbidity of anxiety disorders has important implications for assessment and treatment and the risk factors should be explored.

Epidemiologic and clinical investigations indicate that onset of depressive disorders usually occurs during adolescence or early adulthood. Although less frequent, onset during childhood has also been documented. The clinical presentation of adolescent-onset depression shares a variety of features with that of adult onset. Both are more common in females; are frequently associated with anxiety disorders, substance use disorders, and/or suicidal behavior; and result in impairment in social and academic or occupational functioning. The rationale behind this work is to establish correlation between mental status of college going young females, in an urban setup keeping in view growing morbidity in early adulthood due to disturbed sleep and urban lifestyle.

Aims and Objectives:

Estimate the prevalence of anxiety, depression and its overall impact on female students pursuing studies in medicine and technology.

*Corresponding Author:

Dr. Snigdha Pattnaik,
Associate Professor,
Department of Community Medicine,
Bhaskar Medical College, Hyderabad,
Andhrapradesh, India.



METHODOLOGY

Selection Criteria:

Young females in the age group of 17- 23 years, attending undergraduate professional colleges (medical and engineering) under J.B. group of educational institutions in Hyderabad city were interviewed. The students who were not present, who were above 23 years or refused to participate have been excluded from this study.

Sample Size:

Two batches of medical and engineering female students each totaling up to 264 were interviewed with a valid, pre tested questionnaire.

Study Design and Methods:

Cross sectional study was conducted in this chosen segment of population through a valid, pre-tested questionnaire.

Generalized Anxiety Disorder 7 (abbreviated as GAD-7) is a self-reported questionnaire for screening and severity measuring of generalized anxiety disorder (GAD). A validated depression questionnaire

The Goldberg Depression Scale: It is a depression test developed by the American psychiatrist Ivan K. Goldberg.

Sample Collection:

The students were explained about the purpose of the study and its use for academic purposes along with the scope of future intervention. Informed consent was taken from each of the participant before the study. The students filled the self-administered questionnaire assessing their perceptions and attitudes about the quality and quantity of sleep and state of mind. Through the answered questionnaires demographic information, academic performance and mental health status of the students were obtained.

In females, 7 (2.65%) were reported to be “severely depressed”, 11 (4.16%) reported “moderate to severe depression”, 44 (16.66%) were found with “minor to moderate depression”, 19 (7.19%) were “on the verge of depression”, 79 (29.92%) had “minor depression” while in 104 (39.39%) no signs of depression were observed. (Table 6)

Table 1: Prevalence of depression in females

DEPRESSION (SCORE) Females	Number	%
Severe Depression (54-81)	7	2.65
Moderate To Severe Depression (36-53)	11	4.16
Minor To Moderate Depression (22-35)	44	16.66
On The Verge Of Depression (18-21)	19	7.19
Minor Depression (10-17)	79	29.92
No Depression (0-9)	104	39.40
Total	264	100.00

Of the 264 females, 16 (6.06%) have “severe anxiety”, 39 (14.77%) “Moderate anxiety”, 97 (36.74%) “Mild anxiety” while 112 (42.42%) were not anxious. (Table 12)

About 58% of female students were anxious.

Table 2: Prevalence of anxiety in females

ANXIETY (SCORE) Females	Number	%
Severe Anxiety (15-21)	16	6.06
Moderate Anxiety (10-14)	39	14.77
Mild Anxiety (5-9)	97	36.74
Normal (0-4)	112	42.42
Total	264	100.00

DISCUSSION

Of the total number of females assessed around 60% (160) were depressed (Table 1). In a prospective study, Gregory and colleagues showed that sleep problems in childhood were predictive of anxiety in adulthood (60% increased odds of being diagnosed with an anxiety disorder). A review of the literature reported substantial overlap in children reporting sleep disturbances, anxiety and depression. Based on the scores obtained from the GAD7 prevalence of anxiety was found. Around 56% (257) of the total participants showed signs of anxiety (Table 10). When intersection of sleepiness and anxiety were considered in the cohort around 67% (89) (Table 1) were assessed with both. p value was <0.01 for sleepiness in the daytime and anxiety in the study population.

In females anxiety was prevalent in 57.6% (152) of 264 (Table 2)

CONCLUSION

From this cross sectional study, which was carried out in urban educational institutions, it was seen that, anxiety and depression are all inter-related and influence academic performance. Depression and anxiety are prevalent problems in colleges across the country. The average age of onset for many mental health conditions is the typical college age range of 18 to 24 years old. During college, students deal with a unique amount of stressors. Specifically, college calls for a significant transition, where students experience many firsts-including new lifestyle, friends, roommates, exposure to new cultures and alternate ways of thinking. Adjusting to college also influences identity. A shaky identity and lack of confidence can lead college students to make poor choices about drinking and drugs. Students also might not seek help because of concerns over confidentiality and finances and the fear that accepting they're struggling will mean they can't lead a productive life. Such concerns cause students to keep their emotional troubles to themselves, reinforcing the stigma and making life far more difficult than it need be. Lifestyle is directly related to

emotional health, so it's vital to get enough sleep, eat well and avoid smoking and excessive drinking. Establishment of on campus counseling centers where proper counseling on lifestyle can be carried out, will be an essential component in dealing with mental health.

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