



DOES COPING STRATEGIES DETERMINE THE PATH TO DEPRESSION IN ADULTS??

FAREEHA BUTT¹, RAZA-UR-RAHMAN², MASOOD ANWAR QURESHI³

¹M.B.B.S, M Phil. (Physiology), Assistant Professor, Department of Physiology, Dow University of Health Sciences

^{2,3} Professor, Dow University of Health Sciences

CORRESPONDENCE: FAREEHA BUTT, E-mail: dr_fareehabutt@hotmail.com

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ABSTRACT

OBJECTIVE

To find out whether coping strategies determine the path to depression in the population of Karachi, Pakistan.

STUDY DESIGN

Cross-sectional study

PLACE AND DURATION OF STUDY

The study was conducted in psychiatric unit of civil hospital Karachi from 2016 to 2017.

SUBJECTS AND METHODS

Convenient sampling was used to select 42 participants divided in age group < and > 30 years. Hamilton Depression Rating Scale (HDRS – 17) was used to identify the patients of depression and Coping strategies were determined with the help of brief-COPE, a 28 item scale. Study aimed to examine the association of coping strategies with different demographic characteristics.

RESULTS

The 60% of total participants were with the age less than 30 years and 62% were females. 55 % depressed patients were using emotion focused coping, 33% were using problem focused coping and 12% appraised focused coping.

CONCLUSION

Participants below the age of 30 years and females were more in the sample. Majority of the depressed participants were found in emotion focused coping strategy. Depressed Participants with less than 30 years of age were more in emotion focused group. Moreover, depressed patients older than 30 years of age, male and married participants were more in problem focused group. Female and unmarried depressed participants were more in appraised focused group.

KEY WORDS

Coping and depression, Gender differences, Age.

INTRODUCTION

Depression is one of the major psychiatric diseases. It does not only affect mood but also causes alterations in cognitive dysfunction, sleep and appetite disturbance, fatigue, and many other metabolic, endocrine, or inflammatory alterations^{1,2}. The episode of major depression is characterized by the presence of a severely depressed mood that lasts for at least two weeks³. It is one of the most significant causes of disability worldwide⁴ and can lead to suicide attempts. According to WHO estimation, depression will be the one of the two main causes of disability-adjusted life years by the year 2020⁵.

Coping is to apply cognizant effort to solve personal and interpersonal problems, and seeking to deal with, reduce or stand strain or conflict⁶. Moreover, coping is a response aimed to reduce the physical and psychological burden which is a result of stressful life events and daily tension⁷. Coping is a mixture of constantly changing emotional and behavioral efforts used to deal with specific external or internal demands which are useful for taxing the individual resources⁸. According to Weiten the coping strategies are divided into 3 major types: Appraisal-focused, Problem-focused and Emotion-focused⁶. Appraisal-focused strategies occur when the person changes the way they think, for example: employing denial, or separating oneself from the crisis⁹. A problem-focused coping strategy includes making strategies and putting effort that focuses to correct the situation than to just allowing the tension to continue¹⁰. Emotion-focused strategies involve releasing unexpressed emotions, off-putting one, managing unpleasant feelings, meditating or using systematic relaxation procedures¹¹.

Depression as a disorder, remain un-addressed in Pakistan due to lack of education and poverty. Early diagnosis and treatment of depression through medicines is the fundamental part, nevertheless new coping strategies were seen to be more helpful for depressed patient to cope with it. Pakistan is still far away in grounding research about role of coping strategies related to depression. This study aims at filling this gap.

SUBJECTS AND METHODS

Participants

Total 42 participants were selected from the Psychiatric OPD of Civil Hospital Karachi. Further we categorized the age variable into <30 years and >30 years. Patients with mental retardation, substance abuse and organic disorders were excluded from the study. This study was conducted from June 2016 to June 2017. Samples were collected on the basis of non-probability (convenience) sampling technique. HDRS – 17 was used to identify the patients of depression,

scores were classified as normal (<11) and depression (>11). Coping strategies were determined with the help of brief-COPE, a 28 item scale. The patients were divided into three groups according to their answers. Problem focused, appraisal focused and emotion focused.

Procedure

After seeking institutional permission, patients were approached and informed consent was obtained. Data were collected. Result has been analyzed in SPSS version 21. At descriptive statistics, we calculated the prevalence of depression with age groups, gender, and marital status. Cross table was drawn to examine the association of coping strategies with different demographic characteristics such as age, gender and marital status.

RESULTS

Out of 42 participants 60% (n=25) of participants were less than 30 years of age and 40% (n=17) were older than 30 years (Figure i). Male were 38% (n=16) and female were 62% (n=26) see Figure ii. Unmarried participants were 48% (n=20) and 52% (n=22) were married (Figure iii). 55% (n=23) participants were coped with emotion focused coping, 33% (n=14) with problem focused and 12% (n=5) with appraised focused coping (Figure iv).

Participants with less than 30 years of age were using emotion focused coping strategy more (78%) than appraised (40%) and problem focused (36%), meanwhile participants with more than 30 years of age were using more problem focused (64%) and appraised focused (60%) coping than emotion focused (22%) see table 1.

64% male participants were found in problem focused coping while 26 % were using emotion focused and 20 % were using appraised focused coping. However, female participants were found more in appraised focused (80%) than emotion focused (74%) and problem focused (36%) see table 1.

Majority of unmarried participants were found in appraised focused group (80%) than emotion focused (56.5%) and problem focused (21%). On the other side, Majority of married participants were found in problem focused group (79%) than emotion focused (43.5%) and appraised focused (20%) see table 1.

Figure 1
Prevalence of depression in different Age group

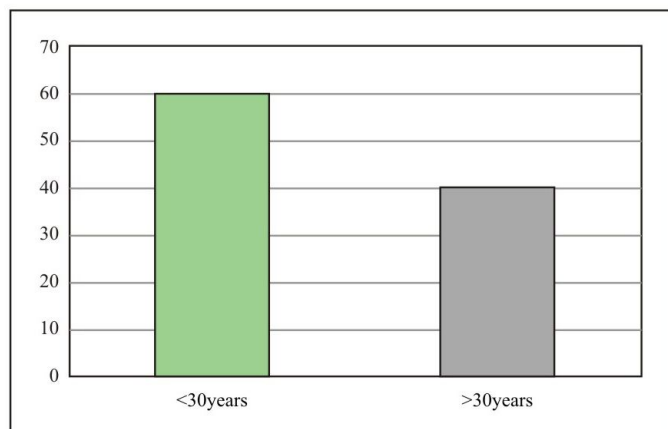


Figure 2
Prevalence of Depression in Male and Female

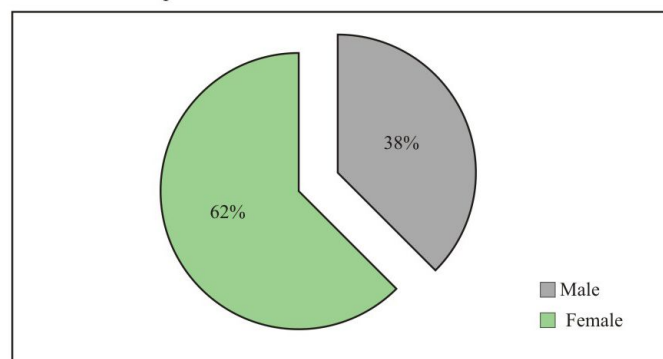


Figure 3
Prevalence of depression in different marital status

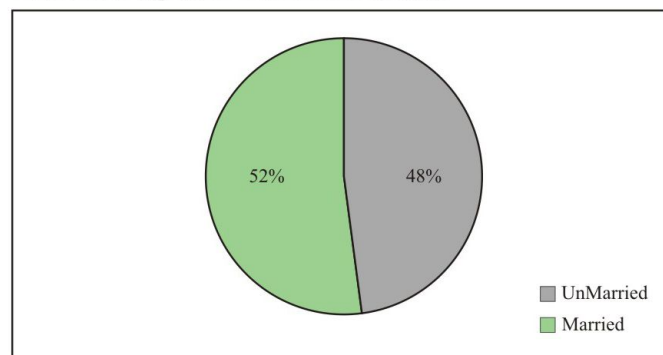


Figure 4
Relationship of depression with coping strategies

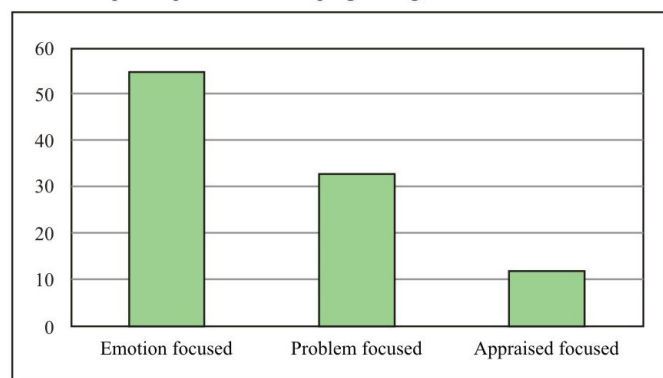


Table 1
Cross table of coping strategies with demographic data of depressed patients

		COPE			
		N	Emotion focused n(%)	Problem focused n(%)	Appraised focused n(%)
Age	<30years	25	18 (78)	5 (36)	2 (40)
	>30years	17	5 (22)	9 (64)	3 (60)
Gender	Male	16	6 (26)	9 (64)	1 (20)
	Female	26	17 (74)	5 (36)	4 (80)
Marital Status	UnMarried	20	13 (56.5)	3 (21)	4 (80)
	Married	22	10 (43.5)	11 (79)	1 (20)

DISCUSSION

A notable finding of our study was majority of the participants were found in emotion focused coping strategy. Moreover, we found the significant association between age, gender and marital status of participants with different coping strategies.

Our study revealed that patients with less than 30 years of age were more in the sample than those who were older than 30 years. Similarly, a study by A.F.Jorm in 2000¹² revealed that increasing age decreased the chances of depression. Plausible reason behind the low prevalence of depression in older adults was the decreased emotional reaction and increased emotional control with age to tense life. Our study also elaborated that females were more in the participants than males. Consistently, different studies¹³⁻¹⁶ were noticed that females had higher risk of depression than males.

Our study also revealed that depressed patients were more commonly found using emotion focused coping strategy and less commonly found using appraised focused coping. However, there were several studies¹⁷⁻²⁰ shown the relationship between depression and coping strategies but unfortunately we could not found any study which used the 28-scale of coping by Weiten.



CONCLUSION

Majority of the participants were below the age of 30 years and females. Most of the depressed participants were found using emotion focused coping strategy. More depressed participants with age less than 30 years were found in emotion focused group. Moreover, depressed participants older than 30 years of age, male and married participants were more found in problem focused group. Female and unmarried depressed participants were more found in appraised focused group.

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Sr.	Author Name	Affiliation of Author	Contribution	Signature
1	Dr. Fareeha Butt	Dow University of Health Sciences	Principal researcher	
2	Prof. Dr. Raza-ur-Rahman	Dow University of Health Sciences	Supervisor of study	
3	Prof. Dr. Masood Anwar Qureshi	Dow University of Health Sciences	Supervisor of study	