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Research Article

**ANALYSIS OF SYMPTOMS OF DEPRESSION AND ANXIETY  
AMONG WOMEN OF PAKISTAN****<sup>1</sup>Dr. Muhammad Suleman Akhtar, <sup>2</sup>Dr. Imran Hussain, <sup>2</sup>Dr. Naveed Iqbal**<sup>1</sup>Medical Officer at Rural Health Centre, Shershah, Multan<sup>2</sup>Medical Officer at THQ MNS Hospital, Layyah**Abstract:**

**Introduction:** Here are the facts about depression in women: In the U.S., about 15 million people experience depression each year. The majority of them are women. Unfortunately, nearly two-thirds do not get the help they need. Depression in women is very common. In fact, women are twice as likely to develop clinical depression as men.

**Aims and objectives:** The basic aim of the study is to find the symptoms of depression and anxiety among women of Pakistan. **Methodology of the study:** This study was conducted in a major city of Pakistan, Multan, during 2017 to 2018. After approval of research protocols from institutional ethical review committee, data were collected from women presented for the treatment of different physical symptoms. Before collecting data verbal consent was also taken from individual research participants. The study enrolled 200 women age ranged from 17 to 81 years.

**Results:** Participants' presenting problems were: 43(10.2%) hypertension, 15(3.6%) diabetes mellitus, 12(2.8%) ischemic heart disease, 9(2.1%) asthma, 8(1.9%) tuberculosis, 11(2.6%) hepatitis, 29(6.9%) psychiatric illnesses, and 295(69.9%) reported "other" medical problems. Most of the research participants were married (71.5%), majority of them were housewives (50.9%), and a good number of them (32.4%) had 14 years and above education level. **Conclusion:** It is concluded that women have higher level of depressive symptoms but their anxiety symptoms were lower when compared with cut-off score. Women's age and level of education were found to be significant risk factors for their depressive and anxiety symptoms but their occupation tended to play an important role only in anxiety symptoms however.

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**INTRODUCTION:**

Here are the facts about depression in women: In the U.S., about 15 million people experience depression each year. The majority of them are women. Unfortunately, nearly two-thirds do not get the help they need. Depression in women is very common. In fact, women are twice as likely to develop clinical depression as men. Up to one in four women is likely to have an episode of major depression at some point in life [1]. Clinical depression is a serious and pervasive mood disorder. It causes feelings of sadness, hopelessness, helplessness, and worthlessness. Depression can be mild to moderate with symptoms of apathy, little appetite, difficulty sleeping, low self-esteem, and low-grade fatigue. Or it can be more severe.

Globally, it is estimated that 4.4% of the population suffer from depressive disorders, and 3.6% from anxiety disorders. Worldwide, mental illnesses claim a major share in the years lived with disability (YLD) figures amounting for a good 32.4% [2]. Among these illnesses, depression and related disorders remained the second highest cause on the list i.e. 9.6% of YLDs globally. Anxiety disorders were the seventh i.e. 3.5%. As per the available World Health Organization figures from Europe, 4 out of every 15 individuals had to face either of the two every year. Women remained the dominant gender in either disorder, with 5.1% women versus 3.6% men, and, 4.6% women versus 2.6% men in each respectively [3]. Population estimates from Pakistan offered a prevalence of 4.2% for depressive and 3.5% for anxiety disorders. The women in Pakistan were found to be having two to three times more anxiety and depressive disorders than their male counterparts, which is similar to the estimates from elsewhere [4]. Women are more prone to psychological causes of depression than men. With a tendency to be more emotional, women are more likely to rehash negative thoughts during bouts of depression. While it is a normal response to cry, talk with friends, and rehash why it is you are in your depressive state, research has shown that ruminating about depression can cause it to last longer and even make it worse [5]. In contrast, men tend to distract themselves from their depressive state which has been shown to reduce the duration of symptoms. Additional psychological factors that tend to affect women over men are negative body images and stress-induced depression [6]. Women are more prone to stress than men

because their increased levels of progesterone have been shown to prevent stress hormones from leveling out. Negative body image issues usually begin in adolescence and seem to be correlated with the onset of puberty in women [7].

**Aims and objectives**

The basic aim of the study is to find the symptoms of depression and anxiety among women of Pakistan.

**METHODOLOGY OF THE STUDY:**

This study was conducted in a major city of Pakistan, Multan, during 2017 to 2018. After approval of research protocols from institutional ethical review committee, data were collected from women presented for the treatment of different physical symptoms. Before collecting data verbal consent was also taken from individual research participants. The study enrolled 200 women age ranged from 17 to 81 years. Administering PHQ-9 assessed participants' depressive symptoms and GAD-7 was used to measure their anxiety symptoms. Demographic information form was administered to collect participants' demographic information like age, presenting problems, living province, education level, occupation etc.

**Statistical analysis**

Student's t-test was performed to evaluate the differences in roughness between groups. Two-way ANOVA was performed to study the contributions. A chi-square test was used to examine the difference in the distribution of the fracture modes (SPSS 19.0 for Windows, SPSS Inc., USA).

**RESULTS:**

Participants' presenting problems were: 43(10.2%) hypertension, 15(3.6%) diabetes mellitus, 12(2.8%) ischemic heart disease, 9(2.1%) asthma, 8(1.9%) tuberculosis, 11(2.6%) hepatitis, 29(6.9%) psychiatric illnesses, and 295(69.9%) reported "other" medical problems. Most of the research participants were married (71.5%), majority of them were housewives (50.9%), and a good number of them (32.4%) had 14 years and above education level (table 01). There were no significant differences in depressive and anxiety symptoms between women from GB and those from the rest of Pakistan. However, ANOVA results indicated inter-province differences in depressive symptoms with a small effect size (table 02).

**Table 01:** Comparison of participants' anxiety and depressive symptoms against cut-off score.

Scales	Cut-off score	N	M	SD	t	p	d
PHQ-9	≥6	309	8.89	6.7	7.58	0.00	0.43
GAD-7	≥10	309	7.0	6.1	8.3	0.00	0.47

**Table 02:** Province-wise comparison of anxiety and depressive symptoms.

Variable	Sources	df	SS	MS	F	$\omega^2$
PHQ-9	Between Groups	3	802.7	267.5	5.7**	0.03
	Within Groups	418	19341.8	46.2		
	Total	421	20144.5			
GAD-7	Between Groups	3	496.7	165.5	4.5**	0.9
	Within Groups	418	15083.9	36.0		
	Total	421	15580.7			

\*\*p&lt;0.01

**DISCUSSION:**

The most common treatment options for women suffering from depression include medications and therapy. It is imperative you tell your doctor if you are pregnant or may become pregnant during treatment as certain medications to treat depression may affect your growing baby. If you are depressed, your doctor may prescribe you antidepressants to help you cope and to lessen the symptoms of your depression [7, 8]. If you do begin taking antidepressants for your depressed mood state, it is important that you monitor your symptoms and note any side effects. Certain side effects of antidepressants can worsen depression in a small percentage of individuals.

Taking into account the overwhelming prevalence of depression and anxiety among women in Pakistan, Zahidie and Jamali identified risk factors associated with depression among adult women within Pakistani geographical context are; marriage related problems, domestic violence, abuse either verbal or physical by in-laws, stressful life and poor social conditions, and pregnancy related concerns [9]. According to Mirza and Jenkins, being a female and housewife, middle age, low level of education, and financial and relationship problems were positively associated with anxiety and depressive disorders in Pakistan. Ali et al. reported age and lack of education as risk factors for depression and anxiety. Similarly, in the current study, age and education were found as significant risk factors associated with depression and anxiety for women. Additionally, women's occupation was also proved to be a significant risk factor for their level of anxiety [10].

**CONCLUSION:**

It is concluded that women have higher level of depressive symptoms but their anxiety symptoms were lower when compared with cut-off score.

Women's age and level of education were found to be significant risk factors for their depressive and anxiety symptoms but their occupation tended to play an important role only in anxiety symptoms however.

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