



SELF-REPORTED DEPRESSIVE SYMPTOMS AND ANXIETY AMONG MEN WITH UROLOGICAL CHRONIC PELVIC PAIN SYNDROME

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ABSTRACT

Aims: The aim of present study was to investigate the prevalence of anxiety and depression and its association with higher and lower age groups.

Materials and Methods: This cross sectional, observational study consisted of 91 consenting adult patients attending to surgical or urological department and diagnosed as "Urological Chronic Pelvic Pain Syndrome" were included for the study. Patients provided their socio demographic information and Hospital Anxiety and Depression Scale (HADS) was applied.

Results: A total of 91 subjects with mean age of 34.40 ± 6.32 years assessed with HADS found depression and anxiety 25.27% and 14.28% respectively. sample categorized below and above the mean age of sample (34.4 years), consisting 39 and 52 patients respectively. Means of HADS Depression scores were (11.8 ± 2.41 vs 9.71 ± 2.12 ; $t = 5.750$, $p = .001$) and total HADS Anxiety scores were (9.29 ± 2.36 vs 10.16 ± 2.23 ; $t = .980$, $df = 82$, $p = .355$) respectively for older and younger group.

Conclusions: Prevalence of depression and anxiety in men with UCPPS as measured by HADS was found to be 25.27% and 14.28% respectively for depression and anxiety, also higher depression for elder group was found.

KEYWORDS : Depression - Anxiety, Urological Chronic Pelvic Pain Syndrome (UCPPS), Prevalence.

INTRODUCTION

Urological Chronic Pelvic Pain Syndrome (UCPPS) includes Chronic prostatitis and or chronic pelvic pain syndrome (CP/CPPS), it is a common male chronic pain condition. Its prevalence ranges from 9% to 16% [1]. UCPPS presents with various voiding symptoms, perineal or suprapubic pain, sexual disturbance, and psychological problems such as depression and anxiety [2, 3]. A cluster analysis of MMPI profiles study revealed that depression and psychosocial distress are common among chronic prostatitis patients [4].

It has been suggested that stress is important factor in the development, prolongation, and perpetuation of the UCPPS symptoms [5]. In a study of chronic Prostatitis 80% of the patients revealed mild psychic and in 20 to 50% reported signs of severe psychic disturbance [6]. To further establish the relationship of UCPPS and psychological issues we need exploratory studies about prevalence and determinants of these relationships. Thus the aim of this study was to determine the prevalence of anxiety and depression among UCPPS and their relationship with age of the patients.

MATERIALS AND METHOD

The aim of the present study was to assess for anxiety and depression among men with Urological Chronic Pelvic Pain Syndrome and its comparison among high and low age group. This study was conducted at department of surgery and urology at Hi-Tech Medical College and Hospital, Bhubaneswar, which is a tertiary care medical college hospital of Odisha, India. The study protocol was approved by the institutional review board of Hi-Tech Medical College and Hospital, Bhubaneswar. It was a cross-sectional study carried out over a period of six month period (January 2016- June 2016). All consenting adult patients attending to surgical or urological department and diagnosed as "Urological Chronic Pelvic Pain Syndrome" were included for the study. Severe illness that makes clinical interview difficult and aged above 60 years and below 18 years were excluded from the study. Exclusion criteria also included substance use disorders or alcoholism or currently withdrawal and past or current illness of any significant

psychiatric disorders. All recruited patients were requested to complete a questionnaire about their socio-demographic data sheet and thereafter Hospital Anxiety and Depression Scale (HADS) were applied.

Tools

Socio-demographic Data Sheet: The socio demographic data sheet included age, religion and years of education of the patients.

Hospital Anxiety and Depression Scale (HADS) [7]: this is very well validated scale to assess anxiety and depression among hospitalized patients. It consists 14 questions, 7 scoring anxiety and 7 scoring depression. We omitted those questions relating to depression. Patients were asked to read each question and place a tick against the reply that came closest to how they had been feeling that day. Each answer was scored 0, 1, 2 or 3. The possible range of scores was therefore 0 to 21, with higher scores indicating greater levels of anxiety. Score of 0-7 is considered normal, scores of 8-10 is borderline abnormal and scores of 11-21 is abnormal case.

Procedure: It was a cross sectional observational study. All subjects were assessed for inclusion – exclusion criteria, and on qualification they were requested to fill up Socio-demographic data sheet or asked verbally and filled up by investigators. The anxiety subset of HADS was applied on all subjects and recorded.

Statistical Analysis: The collected data of all students was statistically analyzed, using Statistical Package for Social Sciences (SPSS, Inc., Chicago, Illinois) version 10.0. Data analysis included means and standard deviations for each group, and clinical subgroup of the sample. The parametric t-test was used to determine if differences existed between the groups. Statistically significant levels are reported for p values less than or equal to 0.05. Highly significant levels are p values less than .001.

RESULTS

A total of 91 subjects were included for the study, who consented for the study, The mean age of the total sample was 34.40 ± 6.32 years

with minimum age of 20 years to a maximum age of 60 years in our sample. There were 23 patients who scored above cut off of 11 for anxiety subscale that consisted of 25.27 %. Similarly 13 patients scored above cut off of 11 for depression subscale, which consisted of 14.28 %.

We categorized the data based on mean age of complete sample (34.4 years), there was 39 patients below this mean age group and 52 patients above this mean age group. the younger age group were lesser in number but the group was slightly higher on mean years of education 10.67 ± 1.68 versus 9.23 ± 2.51 years for higher age group. (Table -1).

Means of HADS Anxiety scores and HADS Depression scores were compared for these two groups by independent t test. Result shows significant high depression for elder group in HADS (11.8 ± 2.41 vs 9.71 ± 2.12 ; $t = 5.750$, $p = .001$) and Total HADS Anxiety scores were (9.29 ± 2.36 vs 10.16 ± 2.23) respectively for older and younger group; ($t = .980$, $df = 82$, $p = .355$). [Table -1]

DISCUSSION

We assessed self-reported depressive symptoms and anxiety in men with UCPPS as measured by HADS and we found high anxiety and depression among the complete sample. For anxiety it consisted 25.27% and for depression it was 14.28%. The found prevalence of anxiety and depression is comparable to most of the Indian studies assessing anxiety and depression among general population [8,9] as well as patient populations [10].

In our study, in addition to determining the prevalence of anxiety and depression, we also categorized sample on mean age and compared the mean anxiety score of HADS and mean depression score of HADS to see the effect of age. The sample was categorized above and below the mean age of 34.4 years, that allotted 52 and 39 patients respectively for the group comparison. We found significantly higher depression rating among elder patients (11.8 ± 2.41 vs 9.71 ± 2.12 ; $t = 5.750$, $p = .001$) and non significant higher anxiety ratings among lower age group (9.29 ± 2.36 vs 10.16 ± 2.23 , $t = .980$, $df = 82$, $p = .355$).

The found mean score are comparable with early studies, a recent study [11] assessed anxiety among preoperative surgical patients and their mean anxiety score of HADS was found to be 9.66 ± 2.23 for their male subjects, in addition they also found significantly higher anxiety for female patients. In our study we used both anxiety and depression subscale and found equally high anxiety across higher and lower age clusters.

In a study Ku et al. [12] also found that state and trait anxiety were not different according to the scores for pain and urinary symptoms, but depression increased with increase in pain and urinary symptoms. There are various research suggesting some differences between younger and older people such as high co morbidity of anxiety and depression in the elderly. Depression in elderly people is often having somatization that leads to the accentuation of symptoms of concomitant illness [13].

The age related difference in clinical manifestation of depressive disorder also includes higher anxiety, somatization, and hypochondriasis, in addition to absent or masked depressed mood among elderly depressed patients than in younger patients. Insomnia is also very common in elderly depressed patients [14].

There may be many other attributable factors, including fear of sustained disability, anticipatory pain, incontinence and possibility to undergo surgical procedures. Hence in order to counteract these anxiety and apprehensions; we need to adequately counseled educate or prognosticate the patients. From the perspective of the patient, better doctor patient communication, information, attention to queries by the patient may also be required [15].

CONCLUSION

Prevalence of depression and anxiety in men with UCPPS as

measured by HADS was found to be 25.27% and 14.28% respectively for depression and anxiety, also higher depression for elder group was found.

Table 1. Comparison of mean Anxiety scores according to grouped as Below and above mean age of the patients.

	Below mean age of 34.4 (n=39)	Above mean age of 34.4 (n=52)	t	df	Sig. (2-tailed)
Years of education	10.67 ± 1.68	9.23 ± 2.51	2.285	82	.036
Total HADS Depression Score	9.71 ± 2.12	11.8 ± 2.41	5.760	77.750	.001
Total HADS Anxiety Score	10.16 ± 2.23	9.29 ± 2.36	.980	82	.355

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