

Acomparative study of Depression among patients with hip fracture

With psychiatric depressive patients

Abdul zahra al-khafagiIhssan abdul abbas*** Mossa O. Mossa Al-gazali*,**,***college of medicine /Qadsiyah university*

الخلاصة

تمت الدراسة في مستشفى الديوانية التعليمي في الديوانية على (50) شخص من المرض الراقدين في ردهة الكسور الذين يعانون من كسر مفصل الورك لغرض دراسة مرض الكآبة و مقارنه هذا المرض مع مرض الكآبة لدى المرضى النفسانيين الذين يعانون من مرض الكآبة النفسية , و محاولة دراسة صدى الاختلاف بين الشريحتين و قد بينت الدراسة ارتباط شدة المرض الكآبة عند مرض كسر مفصل الورك بـ :

1- الإعاقة عن الحركة

2- شدة الألم

3- وجود أمراض سرطانية

كما بينت الدراسة إن شدة هذه الأعراض مرتبط ارتباطاً وثيقاً مع مصير الكسر : و بالمقارنة مع المرضى النفسانيين لوحظ بأنه مرضى كسر مفصل الورك يعانون أعراض اكتئابية أقل شدة . كذلك فإن الأفكار الانتحارية و الشعور بالذنب أقل لديهم

Abstract

A total (50)patients with hip fracture, admitted to the Al-Diwaniya teaching hospital were screened for the depression and those fitting the criterion for the depression were studied further.

32% of the patients with the hip fracture met the criterion for the depression based on DSMIV. (1)

The occurrence of depression and course appeared closely bound up with hip fracture, when compared with depression in (100)psychiatric depressed patients, the hip fracture depressed patients were less severely depressed, less guilty feeling and suicidal, but show sever anxiety, refamdation and helplessness

Objectives

To determine the prevalence of depression among the patients with fracture around the hip compared with psychiatric depressed patients.

Introduction

Depression means dysphonic mood accompanied by reduction in energy and activity with loss of the interest or pleasure in all or almost usual activities and pastimes.(2)

Hip is the joint between the head of femur and the socket in the pelvis (the acetabulum). When the injury to the hip joint occur, fracture can occur in one of the component of the joint, mostly in the femur, either in the head of the femur ,neck, or in the intertrochantric area.

Many studies, showed that the incidence of the depression for both men and women is higher for those who have had a hip fracture.(3,4)

The psychiatrist has a clear role in the diagnosis and treatment of the depression before and after hip fracture. The psychotherapy can assist the patient in adapting to and coping with hip fracture and its sequelae

This work includes supporting the patients in accepting temporary dependency and role change. The psychiatrist may also work supportively with the patients family as adjusts to the role changes and dependency of the order role..(5)

Materials and methods

From first February to the first august 2007 . a total of (50) patient with hip fracture were studied at Al-Diwaniya teaching hospital, using DSMIV . Looking for the prevalence and feature of depression. Those fitting a criterion for depression were studied further using Beck depression inventory short version, to detect the severity of depression. (6)

The inventory contains (21) items, from which are derived total scores which can range from (0) to (4).

The inventory was administered as a structured interview within (7) to (10) days of the patient admission.

Then we compared the feature and course of these patient with control sample of (100) depressed patients in psychiatric unit at Al-Diwaniya teaching hospital.

Result.

Among the (50) hip fracture patient, (32) shows depressive feature by DSMIV.

When screened on the beck inventory, most of the depressive patients appeared to be relative mild severity. Only (8) patient showed scores of (26) or more, regarded by beck as indicative of severe depression.

Table (1): severity of depression.

Severity of depression	Total no	%
Server depression	8	25
Relative mild depression	24	75

25% of patients shows sever depression according to beck inventory.

Table(2): patients in pain

Fracture hip	Total no.	Depression no	%
Patient in server pain	22	18	81.7
Patient in tolerable pain	28	14	50

As the table shows that patient in sever pain showed more depression compared with others .

Table(3): confinement to bed

Fracture hip	Total No.	Depression no.	%
Confined to bed	40	30	75
Not Confined to bed	10	2	20

75% of the patients who were confined to bed are depressed as opposed to 20% of patients who were not confined to bed.

Table (4): patient with malignancy.

Fracture hip	Total No.	Depression no.	%
Patients with malignancy.	5	4	80
Patients had no malignancy.	45	28	62.2

Patients with malignancy showed more depressive disorder.

Table(5): relation between depression and discharge.

Psychiatric diagnosis	Total no.	No . of discharged patients	%
No of patients not depressed	18	15	83.3
No of patients depressed	32	6	12.5

83.3% of patients with hip fracture who were not depressed were discharged, while only 12.5% of depressed patients were discharged.

Table (6): comparison of fracture hip and psychiatric depression matched for severity.

Symptoms	Fracture hip depression		Psychotic depression		Significance
	Mean	S . D	Mean	S . D	
Helplessness	3.52	1.46	2.26	1.53	< 0.001
Retardation	1.37	1.58	0.62	1.08	< 0.05
Anxiety	2.86	1.18	2.32	1.19	< 0.05
Agitation	0.90	1.12	1.68	1.45	0.001
Guilt	1.80	1.36	2.72	1.52	0.001
Suicidal feeling	0.97	1.48	2.72	1.71	0.001

Comparison between the two groups on 21 symptoms, only 6 were significantly different.

As table showed that helplessness, anxiety and retardation are more in hip fracture depression while agitation, guilt and suicidal feeling are more in psychiatric depression.

Discussion

This study showed that depression is a common disease among the patients with hip fracture and is presented in 64%.

The depression was found more commonly among those who were in pain and those confined to bed ,also those with malignancy(pathological fracture).

Comparison with psychiatric depression, revealed that depression in patient with hip fracture were less suicidal, agitation and guilty feeling, but had more helplessness, retardation and anxiety.

The prevalence of depression among hip fracture patients showed more when compare with other studies done on medical in-patient with depression, which result only 22%.(7,8)

Our study is supported by mutran et.al and mossey et.al, where both found that the incidence of depression for both men and women is higher to those who have had a hip fracture.(3,4)

Many other studies showed a strong relation between depression and malignancy which goes with our study. (9,10,11), and appear to be more frequent in those suffering pain.(12,13)

Conclusion.

Depression is a common complication in patient with hip fracture.

Psychiatrist have an important role in diagnosis and treatment of depression in patient with hip fracture.

Many research, suggests that ,psychiatrist have a role in the prevention of hip fracture as well as follow up treatment.

Although clear standers exist for medical management of hip fracture little attention has been given to depression and hip fracture.(14)

The important fact that this study reached was, recognition of depression by staff of the orthopedic ward was poor. In spite of the availability of psychiatric unit in Al-Diwaniya teaching hospital, the majority of the hip fracture patients did not receive any psychiatric referral or an active treatment(psychopharmacology and psychotherapeutic).

References

- 1- American psychiatric association: diagnostic and statistical manual of mental disorder, 4th ed. Text revision. Washington, dc, American psychiatric press. 200 .
- 2- Michael, g, dennis, g. Richard. M. Philip c. oxford textbook of psychiatry. Third edition (1996)
- 3- Mutran ej, reitzes dc, mossey j, et al: social support, depression, and recovery of walking ability following hip fracture surgery. Journal of gerontology series b: psychological sciences and social sciences 50:s 354-s 361 , 1995.
- 4- Mossery jm, knottk, craik r; the effects of persistent depression symptoms on hip fracture recovery. Journal of gerontology series a: biological sciences and medical science 45:m 163-m 163 , 1990.
- 5- Von vort wb, Rubenstein m, rose rp: osteoporosis with pathological hip fracture in major depression. Journal of geriatric psychiatry and neurology 3:10-12 , 1990.
- 6- Beck ward, g,h, mendelson, m., mock, j and erbaugh, j. an inventory for measuring depression. Archives of general psychiatry. 1961. 4, 561-71.
- 7- Schwab ,j.j. bialow, m., rown, j.m and holzer, c.e. diagnosing depression in medical in-patient. Annals of internal medicine. 1967. 67, 695-707
- 8- Schwab j.j, bialow, m., clemmons, r. martin, p and holzer, c.e., the beck depression inventory with medical in -patient. Acta psychiatrica scandinavica. 1967. 44, 255-66.
- 9- Noyes, r. and kathal r.c. depression and cancer. Psychiatric developments. 1986. 2, 77-100
- 10- Alexander pj, dinesh n, vidya sagar ms. Psychiatric morbidity among cancer patients and its relationship with a awareness of illness and expectation about treatment outcome. Acta oncologica. 1993. 32; 623-626.
- 11- Godding pr, mc anulty. Wittrock d, a. brith dm, khansur t. predictor of depression among male cancer patients. Journal of nervous and mental disease. 1995. 183; 95-98.

- 12-Spiegel, d. health caring: psychosocial support for the patient with cancer. 1994. 74. 1453-7
- 13- Mcdaniel, j.s., musseelmann, d.l., porter, m.r, reed. D.a. and nemer off ,c.b. depression in patient with cancer. Archers of general psychiatry. 1995. 25 ,89-99
- 14- Morrison r: the medical consultants role in caring for patients with hip fracture.
Annals of internal medicine. 128:1010-1020, 1998.