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Original Article

Disability in Depression among Rural Women during Menopausal Transition

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Abstract

Background: *Disability associated with depression could contribute to declining quality of life of women during menopausal transition. Improving the quality of life of depressed perimenopausal women with disrupted familial, social and/or occupational functioning is one of the valued goals of treatment. This study was conducted with an aim to assess disability due to depression among rural women in menopausal transition.*

Aims: *To study disability due to depression among rural women in menopausal transition.*

Methods: *Sixty-one patients in menopausal transition, diagnosed with major depressive disorder were taken as subjects for the study. Hamilton Rating Scale for Depression and World Health Organization Disability Assessment Schedule (WHODAS 2.0) were applied to assess the severity of depression and disability, respectively.*

Statistical Analysis Used: *Statistical analysis was done using SPSS version 25.*

Results: *Mean age of the sample was 48.89±3.2 years. Among our sample of participants, 50.8% had symptoms of mild depression, and 49.1% moderate depression. Mild difficulty in functioning was reported by 44.2%, while 19.6% reported moderate difficulty on the WHODAS scale. Significant association was found between depression and disability in women during menopausal transition ($p<0.05$).*

Conclusion: *Taken together, our results have indicated that many women during menopausal transition experience symptoms of depression and have significant disability. There is a need to develop interventions to reduce disability thereby enhancing the quality of life of these women.*

Keywords: *Menopausal transition, depression, disability.*

Introduction

The menopausal transition, or perimenopause, is a physiological phenomenon that represents the final years of a woman's reproductive life. It is an ill-defined time period which begins with the first onset of menstrual irregularity and ends after 1 year of amenorrhea has occurred, thereby defining the final menstrual period.[1]It is associated with reproductive, hormonal as well as biological, psychological and social changes.[2]During menopausal transition, there occurs a gradual decline in the endocrine ovarian function, the consequences of which are the emergent unpleasant clinical symptoms called the climacteric symptoms.[3]

In addition to the profound effects on the physical health, menopausal transition does seem to increase the incidence of psychiatric disorders in the years immediately preceding the complete cessation of menstruation.[4] Earlier studies reported the prevalence of overall psychiatric morbidity in perimenopausal women to be 49.5% and depressive symptoms, in particular, to be ranging between 8% and 40%.[5,6,7] While among Indian rural women in menopausal transition, Jagtap BL et al. and Dar SA et al. found depression in 37.03% and 28%, respectively.[4,8] These affective symptoms along with perimenopausal symptoms account for significant proportion of disability which could contribute to a decline in quality of life during menopausal transition.[9,10]

Depression in perimenopausal women has been reported from this part of India, however, the impact of depression on functionality in these women has not been addressed. This study was undertaken with the hypothesis that depression causes decline in functionality among women in menopausal transition. Hence, this study was conducted with an aim to assess disability due to depression among rural women in menopausal transition. The objectives of the present study were to assess the severity of depression, level of disability, association between severity of depression and level of disability among rural women suffering from depression during menopausal transition.

Materials and Methods

The present study is a cross-sectional study conducted in the outpatient department of psychiatry of a tertiary care hospital between January 1 2021 and June 30 2021 after obtaining approval from the Institutional Ethics Committee. Women in menopausal transition diagnosed with major depressive disorder according to DSM 5 criteria, belonging to rural area were selected through purposive sampling and included in the study. Sixty-one patients fulfilling the inclusion criteria were taken as subjects for the study,after excluding women currently diagnosed with thyroid disorders, neurological disorders, acute medical or surgical illness. Written informed consent was obtained at the beginning of interview from all participants after explaining about the purpose and nature of the study in understandable language, responding to questions and concerns, providing adequate opportunity to withdraw from the study at any point of time, and verbally assuring about the confidentiality of their information. Sociodemographic details were obtained, including age, educational status, occupation, socioeconomic status, marital status, and family type (joint/nuclear) using a semi-structured proforma developed in the department of psychiatry.A question on the adequacy of social support (satisfactory/unsatisfactory) was also included.

Hamilton Rating Scale for Depression (HAM-D) and World Health Organization Disability Assessment Schedule (WHODAS 2.0) were applied to assess the severity of depression and disability, respectively. [11,12]

Hamilton Rating Scale for Depression was developed by Max Hamilton. It is the most widely used assessment scale for depression. The strengths include its excellent validation and ease of administration. Total scores range from 0 to 53 (the sum of the first 17 items). A score of 0–7 is normal, scores 8–13 indicate mild depression, 14–

18 indicate moderate depression, 19–22 indicate severe depression and >23 indicate very severe depression.

World Health Organization Disability Assessment Schedule (WHODAS 2.0)is a 36-item self-administered assessment tool which offers several advantages as an instrument for the assessment of functioning. It has high internal consistency, high test-retest reliability, and good concurrent validity and is reliable, responsive to change, and applicable across geographic regions.[13] It evaluates the patient's ability to perform activities in six domains of functioning over the previous 30 days, and uses these to calculate a score representing global disability. These domains are: Understanding and communicating, Getting around (mobility) Self-care, Getting along with people (social and interpersonal functioning), Life activities (household, work, and/or school activities) and Participation in society (participation in family, social, and community activities).

Statistical Package for Social Sciences (version 25.0, released in 2017 by IBM Corp. Armonk, New York, United States of America) was used for analysis of the data.Mean and standard deviation were used to describe continuous variables, whereas frequencies and percentages were obtained for categorical data. A probability value of less than 0.05 has been taken as statistically significant.

Results

The total sample consisted of 61 women in menopausal transition diagnosed with Major Depressive Disorder.

The sample characteristics are summarized in Table 1.

Table 1: Sociodemographic characteristics

Sociodemographic characteristics		Number (%)
Education	Never attended school	28 (45.9)
	Primary school	27 (44.2)
	Secondary school	06 (9.84)
Socioeconomic status	Low	23 (37.7)
	Middle	37 (60.6)
	Upper	1 (1.63)
Marital status	Married	56 (91.8)
	Divorced	02 (3.28)
	Widowed	03 (4.92)
Family type	Joint	43 (70.4)
	Nuclear	18 (29.5)
Occupation	Home makers	34 (55.7)
	Non-skilled	27 (44.2)
Social support	Satisfactory	37 (60.6)
	Unsatisfactory	24 (39.3)

The mean age of the sample was 48.89±3.2 years. Of the total sample, 27 (44.2%) attained a primary level of education, while 28 (45.9%) never received formal education. Majority (*n*=56; 91.8%) were married and homemakers (*n*=34; 55.7%), hailed from joint families (*n*=43; 70.4%), middle socioeconomic status households (*n*=37; 60.6%) and had satisfactory social support (*n*=45; 73.7%).

Results of the Hamilton Rating Scale for Depression are summarized in Table 2.

Table 2: Severity of depression as assessed by HAM-D

HAM-D	Number (%)
Mild	31 (50.8)
Moderate	30 (49.1)
Severe	0 (0)

Among the participants, 50.8% (*n*=31) had symptoms of mild depression, and 49.1% (*n*=30) moderate depression.

Results of the World Health Organization Disability Assessment Schedule are summarized in Table 3.

Table 3: Level of disability on assessment with WHODAS

WHODAS	
No difficulty	22 (36)
Mild difficulty	27 (44.2)
Moderate difficulty	12 (19.6)

Mild difficulty in functioning was reported by 44.2% (*n*=27), while 19.6% (*n*=12) reported moderate difficulty, whereas 36% (*n*=22) reported no difficulty on the WHODAS scale.

Chi-square test found significant association between depression and disability in women with MDD during menopausal transition ($p<0.05$), as shown in Table 4.

Table 4: Association between Depression (HAM-D) and Disability (WHODAS)

HAM-D		**WHODAS**		**P value**
Mild	31	No difficulty	22	0.001
Moderate	30	Mild difficulty	27	
No	0	Moderate difficulty	12	

*p<0.05 is statistically significant
Chi-square value: 13.68

Discussion

The present study was conducted to assess disability in rural women with depression during menopausal transition.

The mean age of our study sample was 48.89 (standard deviation: 3.2 years). A similar trend in the age of perimenopausal women with MDD, as observed in our study, was reported by a study on the impact of depression on quality of life, social adjustment, and disability in women with perimenopausal depression.[10]

Most of our study participants (44.2%) attained a primary level of education, which is in line with theresults of a study by Bromberger JT et al. whose sample consisted of 32.3% women with depressive symptoms during menopausal transition with either a high school degree or below.[14]

Ninety one percent of the total participants in our study were married which corresponds to the results of the studies by Jagtap BL et al. and Wariso BA et al. where majority of the perimenopausal women with psychiatric morbidity were married.[8,10]

A significant proportion (60.6%)of our patients in perimenopause with depression was from middle socioeconomic status households. This is consistent with the report of a community-based study which stated that most perimenopausal women with high depressive symptoms found it not very hard paying for their basics.[14]

In our study, 70.4% and 73.7% respectively, hailed from joint families with satisfactory social support which is in contradiction to the significantly decreased perceived social support reported by depressed perimenopausal women when compared with non-depressed perimenopausal women.[10]

Most of the participants of our study presented with mild and moderate symptoms of depression (50.8% and 49.1%, respectively). This is in agreement to the results of the study by Kanadys K et al. that analyzed predictive value of the severity of depression on the quality of life of perimenopausal women which observed symptoms of mild depression in 30.97%and moderate depression in 7.84% of their respondents.[2]

The WHODAS assessment in our study found that 44.2% and 19.6% of the participants showed mild and moderate difficulty in functioning, respectively. Similarly, increased disability was found when depressed peimenopausal women were compared with non-depressed control women. Also, significant association was found between depression and disability in our sample of participants (p<0.05). This is in accordance with the finding that perimenopausal women with depression showed significant positive correlation between depression and disability, reflecting higher severity of depression associated with higher disability.[10]

The present study is one of its kind, as it is done entirely on rural women in menopausal transition and depression looking for disability. Validated scales have been used to evaluate depression and disability. Medical comorbidities have been excluded, thus impaired functionality (disability) observed in our sample of participants can be assumed solely due to depression in menopausal transition. However, this study was cross-sectional, hospital-based, with a small sample size, thus cannot be extrapolated to the general population. The purposive sampling technique used for data collection is also one of the limitations. Quality of life, if addressed, could have contributed for planning better outcomes in perimenopausal women with depression. Further research with greater number of participants and a longitudinal research design is vital to develop interventions to reduce the disability in perimenopausal women thereby enhancing the quality of life.

Taken together, our results have indicated that many women during menopausal transition experience symptoms of depression and have significant disability. Examining and evaluating interventions to reduce disability and to improve quality of life is crucial in the successful management of perimenopausal women with depression.

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Conflicting Interest (if present, give more details): Nil

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