Original Article

Assessment of Severity of Panic Disorder with co-morbid Depression and quality of life

Dr. Abhishek[1], Dr. Sathyanarayana MT[2], Dr. Swarna Buddha Nayok[1], Dr. D. Akshatha[3]

[1]Junior Resident, [2]Professor and Head, [3]Assistant Professor, Department of Psychiatry
Sri Siddhartha Medical College & Research Centre, Agalakote, Tumakuru

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Abstract

Background: Panic disorder alone or when co-morbid with depression can severely affect the functioning of an individual. **Aim:** To determine the occurrence of panic disorder and co-morbid depression and their quality of life. **Material and Methods:** Thirty patients from psychiatry ward and out-patient department were assessed by Panic Disorder Severity Scale, Hamilton Depression Rating Scale and World Health Organization Quality Of Life for severity of panic attacks, co-morbid depression and life quality. **Results:** Most patients showed moderate (56.6%) to slight (36.6%) severity of panic symptoms. Of them,80% had depression. In them, 33.3% had mild and 26.6% moderate levels of depression. Quality of life was moderate in 40% and poor in 36.66%. **Conclusion:** Patients with panic disorder have high frequency of co-morbid depression, however severity of both needs to be assessed separately. Those who have higher severity of both or depression have poor life quality.

Keywords: Panic disorders, panic severity, depression, quality of life.

Introduction

Panic disorder, characterized by acute and intense attacks of anxiety accompanied by feeling of impending doom, is a well-known psychiatric illness found in the general population. It has increased in the past few decades owing to a fast-paced lifestyle. It is often associated with co-morbid depression.[1] This affects the overall wellbeing of the patient.[2] There is a compromise of emotional health along with decreased employment and low satisfaction. The severity of panic attacks may also contribute to the distress.[3,4] Often it is severe to make the patient seek medical help as an emergency condition. Overall, frequency, severity and co-morbid depressive symptoms lead to severe psychosocial impairment and substantial negative life quality. Even suicide rates are higher in those who have panic disorder with depression. When alone, panic disorder can be in about 3% of population. However, almost everyone who has panic disorder has high probability of having another co-morbid psychiatric disorder in their lifetime.[4-7] Our objectives for this study were assessing frequency, assessing severity, co-morbid depression and impact on life quality in patients with panic disorder.

Materials & Methods:

This was a cross-sectional observational study done in tertiary care hospital. Institutional Ethics Committee Approval was obtained. Patients who came to the Out-Patient services as well as those who were admitted as In-Patients under the Department of Psychiatry, who consented to take part in the study and fulfilled the diagnostic criteria for panic disorder according to the International Classification of Disorder version 10 (ICD-10) were included in this study.[2] Those who had any other psychiatric diagnosis on the basis of ICD-10 diagnostic criteria were excluded from this study. The total sample size was 30, chosen by purposive sampling.

Address for Correspondence:
Dr. Sathyanarayana M.T.
Professor & Head, Dept. of Psychiatry,
Sri Siddhartha Medical College, Tumkuru.
E-mail: sanamathi23@gmail.com

Tools:

1. Sociodemographic details were obtained through a semi-structured proforma.
2. Panic severity was measured by Panic Disorder Severity Scale (PDSS) which is clinician rated. It has seven items and gives levels as normal, borderline, moderately ill and markedly ill.[8]
3. Presence of depression and its severity were measured by Hamilton Depression Rating Scale (HAM-D). HAM-D is a clinician rated, with 21 items, giving depression levels from mild to very severe[9]
4. Quality of life was measured by applying World Health Organization Quality Of Life (WHOQOL-BREF). It is self-rated with 26 questions evaluating psychological and social factors, as well as environmental factors and physical health[10]

Epi Info version 7.2 was used for Statistical analysis.

Results:

Table 1 shows sociodemographic pattern of the sample population under study. Mean age was 39.66 years (Standard Deviation 13.7).

PDSS and HAM-D scores and levels/severity are given in Table 2. Out of the whole sample, 24 (80%) of the patients had depression as per HAM-D scores. 10 (33.3%) of them had mild depressive levels, followed by 8 (26.6%) of patients who had moderate levels of depression. Four patients had severe (13.3%) and two (6.6%) patients had very severe levels of depression.

Out of the 17 patients who had moderate level of panic severity, 13 (76.4%) had depressive symptoms as per HAM-D scores. Out of those, three (23%) had mild and seven (53.8%) had moderate levels of depression. One patient who had very severe and two who had severe levels of depression were in this group too. Out of the 11 patients who showed slight panic severity, 10 (90.9%) patients reported of having depressive symptoms Six (60%) of them had mild level of depression. Two had severe levels, one had very severe and one had moderate levels of depression. One patient who had marked panic severity had only mild depressive symptoms and one patient who had borderline levels of panic severity did not report to have depression as per HAM-D score.

Table 2 gives life quality scores. Of those who reported of "good" quality of life, three (42.85%) had moderate panic severity, two (28.57%) had slight panic severity

Table 1: Socio-demographic details

	Number (%)		Number (%)
Gender:		**Occupation:**	
Male	17 (56.66)	Unemployed	10 (33.33)
Female	13 (43.33)	Unskilled labourers	10 (33.33)
		Semi-skilled	10 (33.33)
Religion:		**Marital status:**	
Hindu	28 (93.33)	Single	05 (16.66)
Muslim	02 (6.66)	Married	21(70.00)
		Divorced	01 (3.33)
		Widow	03 (10.00)
Education:		**Monthly income:**	
Illiterate	04 (13.33)	<Rs.1,802	00 (0)
Primary school	07 (23.33)	Rs.1,803-5,386	06 (20.00)
Middle school	10 (33.33)	Rs.5,387-8,988	14 (46.660
High school	06 (20.00)	Rs.8,989-13,494	08 (26.66)
Intermediate	02 (6.66)	Rs.13,495-17,999	00 (0)
Graduate/Post-graduate	01 (3.33)	Rs.18,000-36,016	02 (6.66)

Mean age of the sample was 39.66 years.

Table 2: Scores on PDSS, HAM-D &WHOQOL-BREF

PDSS		HAM-D		WHOQOL-BREF	
Severity	**Number (%)**	**Symptom Level**	**Number (%)**	**Level**	**Number (%)**
Slight	11 (36.6%)	Nil	06 (20%)	Good	07 (23.33%)
Borderline	01 (3.3%)	Mild	10 (33.3%)	Moderate	12 (40%)
Moderate	17 (56.6%)	Moderate	08 (26.6%)	Poor	11 (36.66%)
Marked	1 (3.3%)	Severe	04 (13.3%)	_____	_____
_____	_____	Very severe	02 (6.6%)	_____	_____

and one (14.2%) each had borderline and marked panic severity. None of the three patients who had good life quality and moderate panic severity had depression. Of the two who had good life quality and slight panic symptoms, one had moderate depression and the other did not have depression. The one with borderline panic severity and good life quality had no depression. At last, the patient having good quality of life but marked panic symptoms showed only mild depression.

Of those who reported of "moderate" quality of life six (50%) patients each had slight severity of panic and had moderate severity of panic symptoms. All six patients whose quality of life was moderate with slight panic severity reported of having mild depression, out of the six patients who had moderate quality of life and moderate panic severity, three reported to have mild and two had moderate levels of depression, while one patient did not have depression.

Of those who reported of "poor" quality of life, eight (72.72%) had moderate severity of panic and three (27.27%) had slight severity of panic symptoms. Of the eight who poor life quality and moderate panic symptoms, five reported to have moderate depression levels as measured by HAM-D, two had severe depression and one patient had severe depression. Of the three patients who had slight panic severity but poor life quality, two had severe and one had very severe levels of depression.

Conclusion:

Most patients with panic disorder showed moderate to slight severity of panic symptoms. Co-morbid depression was common in them, about 80% showed depression, most of who had mild levels of depression. This is higher than reported in previous study, probably due to inclusion of in-patients [11]. However, depression was more common in those who had slight level of panic, and their level of their depression was mild. On the other hand, marked panic symptoms did not show co-morbid severe depression levels. Moderate panic levels also showed co-morbid depression at all levels, although more for moderate levels.

The results indicate that although depression is a frequent co-morbid condition with panic disorder, their severities do not go together. Thus, one may have a milder degree of panic severity and higher levels of depression. On the same line, those who have severe panic symptoms will not necessarily have severe depression. Assessment of depression as a diagnosis should not just be restricted to making a diagnosis of depressive disorder along with panic disorder, it is required to assess the severity of both, as they may not go hand in hand. Pharmacotherapy and psychotherapy should also be taking these points into consideration and an effort to verify the severities of both panic and co-morbid depression should be made. These results are comparable with previous studies, although some have found greater panic severity with greater depression severity.[11-13] Patients with panic disorder may have varying levels of depression in the course of their illness, and cross-sectional assessment will vary in severity based upon the time of assessment.

Quality of life assessments brought out the observation that depression was either absent or at mild level in those who reported "good" quality of life, even though their panic symptoms were of moderate or higher intensities. Interestingly, one patient with "marked" panic symptoms reported of only mild depression. They showed improved life quality. In "moderate" level of life quality, both panic severity and depressive scores

were within mild or slight to moderate levels. Thus, not having severe level of either panic symptoms or depression resulted in the subjective feeling of a moderate quality. Those with only moderate or slight level of panic severity were in "poor" life category qualitatively. Here, moderate to "very severe" levels of depression were found. Depression levels were high even in those patients in this category who had only slight severity of panic symptoms. Quality of life is found to be poor in panic disorders.[6] In our study, we find that it the severity of panic symptoms may not contribute to decreased quality of life. However, depression also contributes to its deterioration. It changes the affected individual's perspective toward life, affecting qualitatively. [14,15]

Life and its quality do not differ much in patients as per their panic severity levels. However, the presence of depressive symptoms and their severity tends to be higher in those who reported to have poorer levels of life and its quality. This makes the depressive symptoms along with their severity important for evaluation in those with panic disorder, irrespective of the severity.

Limitations are present such as low sample size, no consideration for comorbid medical conditions, chances of panic attacks precipitated due to other environmental factors during hospital visits, reporting bias are present. Also we did not consider those patients whose diagnosis would have subsequently changed from panic disorder to depressive disorder. A prospective study with larger sample or correlation or association assessments of panic and depressive symptoms will be helpful for further understanding.

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