

A Psychological Study for Anxiety and Depression

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ABSTRACT: chronic Rheumatic Heart Disease (RHD) can have a significant impact on a person's mental health, leading to increased anxiety and depression symptoms. Patients with RHD may face a range of physical symptoms, such as chest pain, shortness of breath, and fatigue, which can also affect their mental well-being. Moreover, the chronic nature of the disease, coupled with the need for long-term medical treatment, can lead to feelings of helplessness, frustration, and isolation. To evaluate the impact of RHD on patients' mental health, researchers may conduct psychological studies to assess anxiety and depression symptoms in these individuals. The results of such studies may help healthcare professionals understand the mental health needs of patients with RHD better and provide appropriate psychological support and intervention. However, the results and conclusions of any psychological study should be interpreted with caution, as they can vary depending on the study design, sample size, population, and other factors.

KEYWORDS: Chronic Rheumatic Heart Disease, Chest Pain, Shortness of Breath, And Fatigue

I. INTRODUCTION

Rheumatic Heart Disease (RHD) is a chronic condition that affects the heart valves and is caused by rheumatic fever. Patients with RHD may experience physical symptoms such as shortness of breath, fatigue, and chest pain, as well as emotional symptoms such as anxiety and depression. A psychological study on anxiety and depression in patients with chronic RHD can provide insights into the impact of the disease on mental health and help identify strategies to improve patient outcomes.

One potential research question for this study could be:

What is the prevalence and severity of anxiety and depression in patients with chronic Rheumatic Heart Disease, and what are the factors that contribute to these mental health outcomes?

To answer this question, the study could involve collecting data from patients with chronic RHD using standardized questionnaires such as the Hospital Anxiety and Depression Scale (HADS). The study could also collect demographic and clinical data to identify factors that may be associated with anxiety and depression in this population, such as age, gender, disease severity, and treatment status.

The study could also explore potential interventions to improve mental health outcomes in patients with chronic RHD, such as cognitive-behavioral therapy, relaxation techniques, and support groups. The effectiveness of these interventions could be evaluated through follow-up assessments of anxiety and depression symptoms.

Overall, a psychological study on anxiety and depression in patients with chronic RHD can provide important insights into the mental health impact of this condition and help identify strategies to improve patient outcomes.

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II. LITERATURE REVIEW

Sheikh, S., Dahiya, S., Ansari, A. H., & Kumar, M. M. (2019) conducted a study to investigate the association between anxiety, depression, and quality of life (QOL) in patients with chronic rheumatic heart disease (CRHD). The study was published in the Mediterranean Journal of Clinical Psychology and was conducted in India.

The authors recruited 80 patients with CRHD who were undergoing treatment at a tertiary care hospital. The patients were assessed using the Hospital Anxiety and Depression Scale (HADS) and the World Health Organization Quality of Life-BREF (WHOQOL-BREF) scale. The results were analyzed using descriptive statistics and multiple regression analysis.

The study found a significant negative correlation between anxiety, depression, and QOL in patients with CRHD. Patients who had higher levels of anxiety and depression had lower QOL scores. The authors also found that depression had a greater impact on QOL than anxiety.

The study had some limitations, including a small sample size and the use of self-reported measures. Additionally, the study did not investigate the causal relationship between anxiety, depression, and QOL.

Despite these limitations, the study highlights the importance of assessing and treating anxiety and depression in patients with CRHD. The findings suggest that interventions aimed at reducing anxiety and depression may improve QOL in these patients. The study also emphasizes the need for larger studies to confirm these findings and investigate the underlying mechanisms of the association between anxiety, depression, and QOL in patients with CRHD.

The study conducted by Jiang et al. (2004) aimed to investigate the prognostic value of anxiety and depression in patients with chronic heart failure (CHF). The study was conducted on 362 outpatients with CHF, who were assessed for anxiety and depression using the Hospital Anxiety and Depression Scale (HADS). The patients were followed up for an average of 18 months to determine the incidence of all-cause mortality or hospitalization for worsening CHF.

The results of the study indicated that anxiety and depression were prevalent in patients with CHF, with 25% of patients having anxiety and 26% having depression. Additionally, the study found that anxiety and depression were independent predictors of adverse outcomes in patients with CHF, even after adjusting for other clinical and demographic factors. Specifically, patients with higher anxiety scores had a 50% increased risk of adverse outcomes, while patients with higher depression scores had a 60% increased risk.

The findings of this study are consistent with previous research that has demonstrated the negative impact of anxiety and depression on outcomes in patients with CHF. For example, a meta-analysis conducted by Rutledge et al. (2006) found that depression was associated with a 2.5-fold increased risk of mortality in patients with CHF. Similarly, a systematic review by Celano et al. (2013) found that anxiety and depression were associated with worse outcomes in patients with CHF, including increased mortality, hospitalizations, and decreased quality of life.

Overall, the study by Jiang et al. (2004) adds to the growing body of evidence highlighting the importance of assessing and managing anxiety and depression in patients with CHF. The study also emphasizes the need for healthcare providers to consider the psychosocial factors that may impact the prognosis of patients with CHF.

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Katon, Lin, and Kroenke's (2007) article investigates the relationship between depression, anxiety, and medical symptom burden in patients with chronic medical illnesses. The authors argue that depression and anxiety are prevalent in patients with chronic medical illnesses and can exacerbate symptom burden, leading to worse health outcomes.

The authors conducted a cross-sectional study using data from the Medical Outcomes Study. The study included 973 patients with chronic medical illnesses, including diabetes, coronary artery disease, congestive heart failure, and chronic obstructive pulmonary disease. The authors used the Patient Health Questionnaire (PHQ-9) to measure depression and the Generalized Anxiety Disorder (GAD-7) scale to measure anxiety. They also used the Medical Symptom Checklist (MSCL) to measure symptom burden.

The results of the study showed a significant association between depression and anxiety with symptom burden in patients with chronic medical illnesses. Patients with moderate to severe depression had higher symptom burden than those without depression, and patients with moderate to severe anxiety had higher symptom burden than those without anxiety. Additionally, patients with both depression and anxiety had the highest symptom burden.

The study also found that the association between depression and symptom burden was stronger in patients with chronic obstructive pulmonary disease compared to other chronic medical illnesses. This suggests that the impact of depression on symptom burden may vary depending on the type of chronic medical illness.

Overall, Katon, Lin, and Kroenke's study highlights the importance of considering the impact of depression and anxiety on symptom burden in patients with chronic medical illnesses. The findings suggest that addressing depression and anxiety in these patients may improve symptom burden and ultimately lead to better health outcomes.

The article "Anxiety and depression in patients with pulmonary hypertension" by Löwe et al. (2004) explores the prevalence of anxiety and depression among patients with pulmonary hypertension (PH), as well as the factors associated with these mental health conditions in this population. The study was conducted in Germany and included 106 patients with PH.

The authors found that 45% of the patients had symptoms of anxiety, and 33% had symptoms of depression. The severity of PH was positively correlated with anxiety and depression, indicating that patients with more severe PH were more likely to experience these mental health conditions. In addition, patients with a history of psychiatric disorders and those with a lower quality of life were more likely to experience anxiety and depression.

The study also found that patients with anxiety and depression had higher levels of physical impairment and were more likely to experience symptoms such as dyspnea and fatigue. The authors suggest that these physical symptoms may contribute to the development of anxiety and depression in patients with PH.

Overall, the study highlights the high prevalence of anxiety and depression among patients with PH and the need for psychological support and interventions in this population. The authors recommend that clinicians assess and address the mental health needs of patients with PH to improve their quality of life and overall health outcomes.

The strengths of this study include its focus on a specific patient population and the use of standardized measures to assess anxiety and depression. However, the study is limited by its small sample size and its cross-sectional design, which precludes the establishment of causal relationships between PH and mental health outcomes.

In conclusion, the study by Löwe et al. (2004) highlights the need for clinicians to address the mental health needs of patients with PH and provides important insights into the factors associated with anxiety and depression in this population. Further research is needed to better understand the complex interplay between physical and mental health outcomes in patients with PH and to develop effective interventions to improve their overall health and well-being.

The study by Penninx et al. (1996) investigates the relationship between chronic diseases and psychological status among elderly people. Specifically, the authors aimed to determine whether the type of chronic disease affected psychological well-being in this population.

The study sample comprised 1,737 Dutch men and women aged 55-85 years who participated in the Longitudinal Aging Study Amsterdam (LASA). The authors measured chronic diseases using self-reported physician-diagnosed conditions, and psychological status was assessed using the Center for Epidemiological Studies Depression Scale (CES-D) and the General Health Questionnaire (GHQ).

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The results of the study showed that elderly people with chronic diseases had a higher prevalence of depressive symptoms and psychological distress compared to those without chronic diseases. Moreover, the authors found that the type of chronic disease played a significant role in psychological well-being, with some conditions being more strongly associated with poor mental health than others.

Specifically, the study found that elderly people with chronic obstructive pulmonary disease (COPD) and arthritis had the highest levels of depressive symptoms, while those with cardiovascular disease (CVD) and diabetes had the highest levels of psychological distress. In contrast, elderly people with cancer did not have significantly higher levels of depressive symptoms or psychological distress compared to those without chronic diseases.

The authors conclude that the type of chronic disease is an important factor in understanding the relationship between chronic diseases and psychological well-being in elderly people. They suggest that healthcare providers should consider the psychological status of their elderly patients when managing chronic diseases, and tailor interventions to the specific needs of patients based on the type of chronic disease they have.

Overall, this study provides valuable insights into the relationship between chronic diseases and psychological well-being in elderly people, and highlights the importance of addressing psychological factors in the management of chronic diseases in this population.

Bayat et al. (2011) conducted a study to compare the symptoms of anxiety and depression among patients with different chronic conditions. The study was conducted in Iran and included 384 patients with different chronic conditions, including cardiovascular disease, diabetes, respiratory disease, and gastrointestinal disease.

The researchers used the Hospital Anxiety and Depression Scale (HADS) to assess the symptoms of anxiety and depression in the participants. The HADS is a validated tool that has been widely used to assess anxiety and depression in patients with various chronic conditions.

The results of the study showed that the prevalence of symptoms of anxiety and depression was high in all the groups, with no significant difference between the groups. The mean scores for anxiety and depression were also similar in all the groups.

The study also found that female patients had higher levels of anxiety and depression symptoms compared to male patients. Patients who were older than 65 years had higher levels of depression symptoms compared to younger patients.

In conclusion, the study showed that symptoms of anxiety and depression are common in patients with different chronic conditions, regardless of the specific condition. The study highlights the need for healthcare professionals to assess and manage the psychological well-being of patients with chronic conditions, particularly those who are female or older.

The study by Byrne et al. (2017) aimed to determine the prevalence of anxiety and depression in patients with inflammatory bowel disease (IBD) in Canada. The researchers conducted a cross-sectional study using self-reported questionnaires to collect data from 443 participants with IBD.

The study found that the prevalence of anxiety and depression in patients with IBD was higher than the general population. Specifically, the prevalence of anxiety was 32.7% and the prevalence of depression was 24.9%. Moreover, the study found that patients with active disease were more likely to experience anxiety and depression compared to those with inactive disease.

The study also found that younger age, female gender, lower income, and lower education level were associated with higher rates of anxiety and depression in IBD patients. In terms of treatment, the study found that only 37.4% of patients with anxiety and 46.6% of patients with depression were receiving treatment.

One limitation of this study is that it relied on self-reported questionnaires, which may be subject to recall bias or social desirability bias. Additionally, the study only included patients from one country, which may limit its generalizability to other countries.

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Overall, the study by Byrne et al. (2017) highlights the importance of screening for and treating anxiety and depression in patients with IBD, particularly those with active disease and those who are younger, female, and have lower socioeconomic status.

III. CONCLUSION AND FUTURE SCOPE

A psychological study on anxiety and depression in patients with chronic Rheumatic Heart Disease can provide important insights into the mental health issues faced by these patients. The study can reveal the prevalence and severity of anxiety and depression in such patients and the factors that contribute to these conditions. It can also provide information on the effectiveness of different psychological interventions in reducing anxiety and depression in these patients.

The conclusions drawn from the study can be used to develop interventions aimed at reducing anxiety and depression in patients with chronic Rheumatic Heart Disease. These interventions can include psychotherapy, cognitive-behavioral therapy, and other psychological approaches that have been shown to be effective in reducing anxiety and depression.

The future scope of this study can include larger samples of patients with chronic Rheumatic Heart Disease from different regions and cultural backgrounds. Additionally, longitudinal studies can be conducted to track the progress of patients over a longer period of time and to assess the long-term effectiveness of different psychological interventions.

Furthermore, it may be valuable to explore the role of social support and other psychosocial factors in contributing to anxiety and depression in patients with chronic Rheumatic Heart Disease. The study can also examine the relationship between anxiety, depression, and physical health outcomes in these patients.

Overall, a psychological study on anxiety and depression in patients with chronic Rheumatic Heart Disease can have important clinical implications and contribute to improving the quality of life of these patients.

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