

The Impact of Social Support on Depression amongst Amputees in Quetta, Balochistan



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Abstract

Background: Lower levels of social support, self-efficacy, and religiosity have been implicated in the onset and persistence of depression. Depression is characterized as a mood disorder marked by persistent feelings of hopelessness, sadness, and a lack of interest in activities. Social relationships and support significantly influence general well-being and mortality risk. This study aimed to investigate the effect of social support on depression among amputees.

Methodology: A cross-sectional study was conducted from May to July 2018 at three rehabilitation centers in Quetta. Primary data were collected from amputees, due to both traumatic and non-traumatic causes, using a non-probability purposive sampling technique. Depression was assessed using the Hospital Anxiety and Depression Scale (HADS). Ethical approval was obtained from the Health Services Academy (HSA), Islamabad, and written informed consent was secured from all participants.

Results: A total of 54 participants were included, comprising 7 women (13%) and 47 men (87%). Nearly all participants (98.1%) reported positive social support, while 2% experienced negative or no social support. HADS results revealed that 31.5% (n = 17) of participants experienced no or mild depression, while 68.5% (n = 37) had moderate to severe depression. A statistically significant relationship was found between social support and depression (p = 0.04).

Conclusion: Higher levels of social support significantly reduce depression severity among amputees, underscoring the critical role of social relationships in mitigating depression in this population.

Keywords: Amputation; depression; social support; mental health; rehabilitation

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Introduction

Approximately 3.8% of the populace experience depression, which is about 50 percent more common among females than males (1,2). Depression is “A mood disorder that causes the persistent feelings of hopelessness, sadness and a loss of interest” (3).

Amputation is “A removal of the whole or the portion of limb”. Doctors might recommend this because of traumatic injury or chronic ailment (4). These days, the ratio of people reporting depression is surging expeditiously (5), as it is one of most prevalent mental ailments (6). It can lead to suicide, nevertheless, this is avoidable when appropriate social support is provided (7), so always stay connected to family and friends, to manage depression (8).

Amputation may cause depression in addition to social discomfort. Patients have fear of cross infection as well (9,10). After amputation, social support and family cohesion play imperative roles in the positive adaptation, as a return into the

social system is necessary (11). Social support offers re-assurance of self-worth, as it provides the perception that an individual is accepted and valued by others (12). One study concluded that higher perceived social support has been linked to better mental health outcomes (13).

Literature confirmed that many patients suffered depression after amputation (14).

A perceived social-support encourages self-esteem, which ultimately results in positive mental health consequences (15). Another research construed that lower level social support, self-efficacy, and religiosity, may play a role in the onset & continuation of depression (16).

Vital source of a psychological support which is needed by disabled persons in daily life is a social support. There is significant strong positive correlation between QoL and social support (17).

Caregiving can influence numerous aspects, for instance physical, psychological, and social levels. Difficulty in managing these patients may affect their QOL (18) So, their poor mental health can lead to

poorer physical health, affecting not only these individuals but also communities (19).

To promote quality of life and reduce the burden, interventions should focus on the social support and distress, as close relationships and social support have great importance for the mortality risk. Hence social relationships play critical role in general well-being and health (20).

Prosthesis users after amputation surgery, face problems with postural control and balance (21). Clinicians should aim exercise programs to improve balance to encourage better mobility for these individuals (22). Interventions directing psychosocial factors might improve rehabilitation consequences for prosthesis users afterwards limb amputation (23).

The objective of study was to find the effect of social support on depression amongst amputees.

Methodology

Cross-sectional research was done from May-July 2018 at 03 core rehabilitation centers of Quetta. 02 were NGO-based while 01 was a public center. Primary data were gathered from those patients having amputations owing to either traumatic or non-traumatic causes via non-probability purposive sampling technique. Structured questionnaire comprising of two sections. First section was about sociodemographic data, while second part included a validated tool "Hospital Anxiety and Depression Scale" (HADS) was used to assemble data according to an inclusion & an exclusion criterion. This research included 54 (fifty-four) subjects. Inclusion Criteria were "uni-lateral amputation of lower & upper limb, only Pakistani nationals, amputees without history of mental health, newly amputees to 10-years, and time since amputation. Exclusion Criteria were "Amputees having bi-lateral amputation, amputees from Afghanistan, and amputation as a result of congenital malformation. Amputees from Afghanistan and other regions, affected by the displacement and trauma, were excluded to avoid the confounding effects on results.

Structured questionnaire/Performa of Hospital Anxiety and Depression Scale (HADS), which is a commonly used self-rating scale established to assess psychological distress was used for data collection. Principal investigator along with trained data collectors were involved in this study.

Ethical approval was taken from Health Services Academy (HSA) Islamabad and written informed consent considering principles of ethics (confidentiality, beneficence, non-maleficence, autonomy) from patients prior to data collection. This quantitative tool was a respondent-centered & was assisted for any query/question. Collected data were then tabularized & analyzed by applying Chi-square test. P-value < 0.05 was considered statistically significant.

Results

Total fifty-four participants were included, of whom, ladies were 7(13%) while men were 47(87%). The majority 35(64.81%) were working and belonged to different professions whereas 19(35.19%) were non-working class. Socio-demographics of partakers are depicted in Table 1.

Table 1: Sociodemographic characteristics of participants

Category	Frequency (Percentage)
Gender	
Female	7 (13)
Male	47 (87)
Total	54 (100)
Working Status:	
Working	35(64.81)
Non-Working	19(35.19)
Total	54(100)

Almost all 98.1% subjects reported positive social-support, whereas merely 2% had negative or no social support. Figure 1.

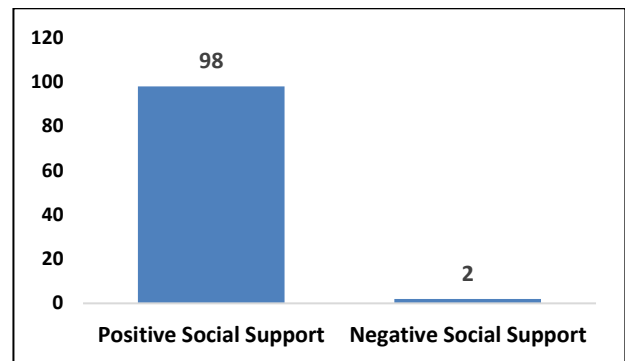


Figure 1: Social support in relation to participants

Table 2: Level of depression in relation to social support

Category	Level of Depression [N (%)]				p-value
	Normal or Mild	Moderate	Severe	Total	
Social support					
Negative	0 (0%)	0 (0%)	1 (1.9%)	1 (1.9%)	0.04
Positive	17 (100%)	22 (100%)	14 (98.1%)	53 (98.1%)	
Total	17 (31.5%)	22 (40.7%)	15 (27.8%)	54 (100%)	

Discussion

Amputation and depression are considered one of the greatest public health concerns/problems as it escalates the burden on society & health services. To make life's quality of these patients better, we must support them socially and understand their issues (6, 24). Social support & positive re-

framing were noteworthy negative predictors of the psychological distress (25). Support & empathy are important for helping these amputees to cope with the uncertainty, mobility issues, and emotions, and to enable them to adjust to their new normality (26).

Significant differences in receipt of the basic living-security assistance, family support, and transportation use between employed and un-employed partakers were noticed (27). It is hypothesized that social support protects mental health by acting as buffer against nerve-wracking situations and directly through advantages of social-relationships. Social support is the multifaceted notion that generally refers to the informational (like telling someone about a job opportunity), instrumental (like assisting with housework), or emotional (like offering encouragement) support that is received from the others (28).

One study demonstrates that social support is protective against depressive symptoms (29). In this study, Chi-square test revealed statistically significant relationship between depression and social support (p value= 0.04). This observation construes that those who had positive social support had lower level of depression than those who had negative social support in peer relationships. They presumed that lack of social support increases likelihood of developing depression.

Social support can also be identified by the source of support, such as a spouse, family member, or friend, all of whom are believed to have separate antidepressant benefits (30). Several other investigations suggest that the participants who received greater social support had low depression (30,31). Whereas other researchers also specified that the peer-support affected the subsequent depressive symptoms (32,33).

Thus, an entire rehabilitation process and health-seeking behavior are disrupted owing to psychiatric problems. (24).

Interventions should be designed with aim of increasing mental ailment treatment amongst socio-economically underprivileged people (34). It is important to consider practical suggestions for families throughout college years, as the family support during that duration tends to boost self-esteem and may reduce depressive symptoms. As a preventive measure, families should be educated to stay connected to their children even throughout their early adulthood period. Theories and concepts of popularity-socialization might further aid in understanding this transition and the role of support in managing depression related symptoms (35).

Future studies investigating how the perceived social support can impact depression, need to be considered with the greater sample size involving multiple centers and advanced statistical tests. The findings of this present study could drive research towards this direction.

Conclusion

The more the social support, the less depression among the amputees. Clinical implications of our research are relevant to development of interventions against depressive symptoms at an earlier stage, involving a substantial degree of family support and communication.

Limitations:

Small sample size due to shorter duration of study. The exact time-period since amputation of these patients has not been mentioned. Simple cross-sectional research with basic statistical tests.

Ethical Approval:

This study was approved by Internal Review Committee of Health Services Academy, Islamabad.
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Authors' Contribution:

SIA: Introduction, Drafting

MH: Methodology

ABK: Data Collection, Original idea

RM: Revision, Analysis

MA: Discussion

MRA: Supervision, Critical revision

MA: Analysis, drafting

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