

ORIGINAL RESEARCH

Evaluation of Various Coping Strategies in Adolescents Presenting with Depressive Disorders at a Tertiary Care Hospital

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ABSTRACT

Background: Depression is a common mental disorder cutting across age, gender and socioeconomic status in India and across the world. To scale up and priorities interventions to promote positive mental health requires an understanding of how mental illness differs across population groups and geographies. Hence; the present study was conducted to evaluate various coping strategies in adolescents with depressive disorders. **Materials & Methods:** The present study was conducted in Department of Psychiatry, GMERS Medical College, Rajpipla, Gujarat (India) to evaluate various coping strategies in adolescents with depressive disorders. A total of 100 adolescents were enrolled in the present study. Complete demographic and clinical details of all the patients were obtained. A Performa was made consisting of self-framed questionnaire. It consisted of knowledge and coping strategies employed in relation to depressive disorders among adolescents. All the results were recorded on a Microsoft excel sheet and were subjected to statistical analysis using SPSS software. **Results:** A total of 100 subjects were enrolled. The mean age of the patients was 15.4 years. 57 percent of the subjects were boys while the remaining were girls. 77 subjects were of urban residence while the remaining were of rural residence. While assessing various coping strategies, Positive reappraisal, listening to music, Other-blame, Catastrophizing and Rumination were found to be present in 23 percent, 21 percent, 20 percent, 15 percent and 22 percent of the patients respectively. **Conclusion:** As children grow older, their coping repertoire increases and shifts from primarily external, behaviorally oriented coping strategies to more internal, cognitively based ones. Hence; adequate attention should be given to adolescents for improving their mental health.

Key words: Coping Strategies, Adolescent, Depressive.

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INTRODUCTION

Depression is a common mental disorder cutting across age, gender and socioeconomic status in India and across the world. Globally, the burden of depression has been rising and major depressive disorder (DD) was the third leading cause of disability in 2015. Estimated global prevalence of depressive episode/DD varies from 3.2% to 4.7%.¹⁻⁴ The global pooled period prevalence of mood disorders was 5.4%, and its prevalence in WHO-World Mental Health Survey ranged from 0.8% to 9.6% across countries. By 2030, unipolar depression is predicted to be the second leading contributor to the global burden of disease.⁵ Burden of depression is further amplified by its 'cause and consequence' relationship with many non-communicable diseases (NCDs) and thus has a huge impact on individuals, families and societies.⁴

Depressive disorders are associated with adverse health outcomes and reduced life-expectancy, including chronic diseases such as diabetes, arthritis, coronary heart disease and cancers, and may lead to poor maternal and perinatal health outcomes, disruptions of family relationships, poor work performance, physical inactivity, increased risk of self-injury, substance abuse and adverse life events (such as suicide). To scale up and priorities interventions to promote positive mental health requires an understanding of how mental illness differs across population groups and geographies.⁶⁻⁸ Hence; the present study was conducted to evaluate various coping strategies in adolescents with depressive disorders.

MATERIALS & METHODS

The present study was conducted in Department of Psychiatry, GMERS Medical College, Rajpipla, Gujarat (India) to evaluate various coping strategies in adolescents with depressive disorders. A total of 100 adolescents were enrolled in the present study. Complete demographic and clinical details of all the patients were obtained. A Performa was made consisting of self-framed questionnaire. It consisted of knowledge and coping strategies employed in relation to depressive disorders among adolescents. All the results were recorded on a Microsoft excel sheet and were subjected to statistical analysis using SPSS software.

RESULTS

A total of 100 subjects were enrolled. The mean age of the patients was 15.4 years. 57 percent of the subjects were boys while the remaining were girls. 77 subjects were of urban residence while the remaining were of rural residence. While assessing various coping strategies, Positive reappraisal, listening to music, Other-blame, Catastrophizing and Rumination were found to be present in 23 percent, 21 percent, 20 percent, 15 percent and 22 percent of the patients respectively.

Table 1: Demographic data

Variable	Number	Percentage
Boys	57	57
Girls	43	43
Mean age (years)	15.4	
Rural residence	23	23
Urban residence	77	77

Table 2: Coping strategies

Coping strategies	Number	Percentage
Positive reappraisal	23	23
Listening to music	21	21
Other-blame	20	20
Catastrophizing	15	15
Rumination	22	22

DISCUSSION

Depression is a disorder of major public health importance, in terms of its prevalence and the suffering, dysfunction, morbidity, and economic burden. Depression is more common in women than men. The report on Global Burden of Disease estimates the point prevalence of unipolar depressive episodes to be 1.9% for men and 3.2% for women, and one-year prevalence has been estimated to be 5.8% for men and 9.5% for women. It is estimated that by the year 2020 if current trends for demographic and epidemiological transition continue, the burden of depression will increase to 5.7% of the total burden of disease and it would be the second leading cause of disability-adjusted life years (DALYs), second only to ischemic heart disease.⁹⁻¹¹Hence; the present study was conducted for assessing various coping strategies in adolescents with depressive disorders

A total of 100 subjects were enrolled. The mean age of the patients was 15.4 years. 57 percent of the subjects were boys while the remaining were girls. 77 subjects were of urban residence while the remaining were of rural residence. While assessing various coping strategies, Positive reappraisal, listening to music, Other-blame, Catastrophizing and Rumination were found to be present in 23 percent, 21 percent, 20 percent, 15 percent and 22 percent of the patients respectively. Horwitz AG et al assessed the relation of

coping to depression and suicidal ideation. In hierarchical regression models, the specific coping behaviors of behavioral disengagement and self-blame were predictive of higher levels of depression; depression and using emotional support were predictive of suicidal ideation. Results suggest that specific behaviors within the broad coping categories of emotion-focused coping (e.g., self-blame) and avoidant coping (e.g., behavioral disengagement) account for these categories' associations with depression and suicidal ideation. Specific problem-focused coping strategies did not independently predict lower levels of depression or suicidal ideation. It may be beneficial for interventions to focus on eliminating maladaptive coping behaviors in addition to introducing or enhancing positive coping behaviors.¹²

Mihailescu I et al measured the cognitive emotion regulation strategies of inpatient adolescents with clinical depression, aged 13–18, and analyzed these coping strategies in relation to different comorbidities of Major Depressive Disorder (MDD). There were 112 adolescents with MDD and 78 healthy adolescents included. The Cognitive Emotion Regulation Questionnaire (CERQ) was used to assess nine specific cognitive coping strategies. A cognitive coping style model for depression in adolescents was described by analysing the differences between the two groups. The CERQ scores in MDD participants,

grouped by comorbidity, were also assessed. Adolescents with MDD had significantly higher scores for Self-Blame and Catastrophizing strategies, and significantly lower scores for Positive Refocusing, Refocusing on Planning, and Positive Reappraisal. Adolescents with MDD and Borderline Personality Disorder (BPD) traits had significantly higher scores for Rumination, Catastrophizing, and Blaming Others than adolescents with MDD and anxiety or with no comorbidity. Conclusions: Clinical depression in adolescents is associated with a cognitive profile that consists of an increased use of maladaptive coping styles and low employment of adaptive strategies.¹³ Garnefski N et al assessed the comparability of adolescents and adults in the reporting of cognitive coping strategies and their relationship to symptoms of depression and anxiety. Two samples were included: 487 adolescents attending a secondary school and 630 adults from a general practitioners practice. Data were obtained on symptoms of depression and anxiety and the use of nine cognitive coping strategies: acceptance, catastrophizing, other-blame, positive reappraisal, putting into perspective, refocus on planning, positive refocusing, rumination and self-blame. All cognitive coping strategies were reported by adolescents to a significantly lesser extent than by adults. Further, it was shown that both in adolescents and adults a considerable percentage of the variance in symptomatology was explained by the use of cognitive coping strategies. Although adolescents and adults differed in relative strength of the relationships, generally speaking, conclusions were the same: in both groups, the cognitive coping strategies self-blame, rumination, catastrophizing and positive reappraisal were shown to play the most important role in the reporting of symptoms of psychopathology, showing the importance of introducing prevention and intervention programmes at an early stage.¹⁴

CONCLUSION

As children grow older, their coping repertoire increases and shifts from primarily external, behaviorally oriented coping strategies to more internal, cognitively based ones. Hence, adequate attention should be given to adolescents for improving their mental health.

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