Demographic factors and coping processes contributing to anxiety and depressive disorders following major limb amputation

El-Shaikh, M. El-Shaikh, O.

Current Psychiatry. Ain Shams University (Print)

2008 v15 n2

The psychological response to amputation is determined by many
variables ; however it remains a period of intense psychological stress, the psychiatric morbidity during this period is markedly increased. Therefore, the current study aimed at assessing the frequency of psychiatric morbidity among trauma and pathological
amputees, determining the possible impact of socio-demographic and
surgical variables on the development of anxiety and depression, studying the various coping strategies and sources of fear facing amputees, analyzing the severity of postoperative pain and
correlating them with the severity of anxiety and depressive disorders. Participants were 35 patients of both genders (17 males and 18 females).
All amputees were subjected to General Health Questionnaire, design questionnaire for surgical and demographic variables, the Structured Clinical Interview for axis I diagnoses (SCID-IV-I), Visual Analogue Scale, Beck Depression Inventory and Taylor Manifest Anxiety Scale. Coping Process scale and comprehensive fears scale.
Results revealed that 60% of the sample had psychiatric morbidity (17.1% had major depressive disorder, 25.1% had generalized anxiety disorder, 5.7% had post traumatic stress disorder and 11.4% had mixed anxiety depressive disorder). Depressive symptoms were mild in 42.85%, 14.28% had moderate and 14.28% had severe symptoms. As for anxiety, 74.28% had mild anxiety and 25.7% had moderate anxiety symptoms.
There was a negative correlation between depressive and anxiety severity and wishful thinking, emotional discharge, active coping, positive reinterpretation and cognitive
disengagement. Pain severity had a very highly significant positive correlation with depressive and anxiety severity.
All sources of fear had a very high significant correlation with severity of depression and anxiety except fear of death and judgment which was correlated with positive coping strategies. Demographically female gender and unemployment had a significant impact; surgically the site of amputation and emergency surgery had a highly significant impact on psychiatric morbidity. In conclusion, it seems of utmost importance to have pre operative comprehensive psychiatric assessment for amputees-whenever possible- and to increase awareness of surgeons for the strong impact of pain on psychiatric morbidity.