

INTRODUCTION

Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. Today, depression is estimated to affect 350 million people. The World Mental Health Survey conducted in 17 countries found that, on average about 1 in 20 people reported having an episode of depression in the previous year. Depressive disorders often start at a young age; they reduce people's functioning and often are recurring. For these reasons, depression is the leading cause of disability worldwide in terms of total years lost due to disability (*WHO, 2013a*).

Major depression is one of the most common mental disorders in adult populations and is the most common illness that psychologists treat. Major depression is considered to be the fourth leading cause of disability (*WHO, 2013b*). It can affect people at any stage of life and once a person experiences one episode of major depression, that person is likely to experience at least two to three relapses in his or her lifetime (*Parashar et al., 2015*). Major depression is also the leading cause of suicide in adults, particularly adults aged 65 and older and it is associated with increased morbidity and mortality when related to medical illness (*Conwell, 2013*).

Major depressive disorders the second leading disease causing functional impairment, disability and workforce loss worldwide. It is a prevalent health problem, which is associated with substantial mortality; direct medical costs diminished life quality, significant physical and psychosocial impairment. Currently, more than 140 million people around the world are suffering from depressive disorder (*Okasha, 2014*).

Quality of life (QOL) encompasses more than just good health at a basic level; it can represent the sum of person's physical, emotional, social, occupational and spiritual well-being. The World Health Organization described quality of life (QOL) as "individuals perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concern" (*Dean et al., 2015*).

In addition, quality of life (QOL) is a measure of personal satisfaction with adaptation to the conditions of life and it is affected by an individual's responses to the physical, psychological and social effects of disease (*Boulos et al., 2015*).

There is assessment of QOL in chronic psychiatric diseases was conducted on psychiatric Egyptian patients and found that, patients with schizophrenia, depression and

obsessive-compulsive disorders are the most patients who suffer from lost interest in the functions of everyday life, disruption of thought and weakness all those factors lead to non-enjoyment of every life and low QOL (*Essaway et al., 2012*).

There are many factors affect quality of life positively or negatively. Tiredness, anxiety, concern for the future and the family difficulties to meet basic demands. Social support, economic security and faith in recovery improve the quality of life (*Eom et al., 2013*).

The goals of nursing care for patients with depressive disorders is to, intervening in lives of depression at early stage helps to limit the development of depressive disorders and enhancing QOL. Brief interventions from health care professionals can have a psychological impact on preventing behavior disturbances becoming a long-term problem (*Schostak, 2016*).

Nurses are largest single group working in the field of mental health and will continue to play a key role in the management of depression in the future. Therefore, they must be aware of the patient's problems and needs in order to develop a successful care plan that can reduce symptoms, avoid complications, reduce the likelihood of relapse and achieve the maximum level of functioning to patients. So, it essential for helping to assess quality of life

among patients with depression as well as enhancing life satisfaction, achieving independent daily social activities, assist community reintegration, enhancing psychosocial adjustment and ultimately improving the over quality of life for depressed patients (*Mohr, 2014*).

Significant of the study

Depressive disorder represents, worldwide a significant public health problem not only due to its high prevalence, but also to its high annual direct and indirect costs (**Andrews et al., 2013**). In fact, projections for the year 2020 indicate that major depression will occupy the second place in terms of impact on human health, being second only to ischemic heart disease (*Murray and Lopez, 2015*).

Depressive disorders are also associated with serious consequences in terms of mortality and secondary morbidity leading, for example, to a lack of work productivity and interpersonal problems (*Ballenger et al., 2014*). Furthermore, they can adversely influence longevity and wellbeing during the episode and potentially, for the rest of the afflicted person's life and its functional effects in the long term are as devastating as those found in chronic medical disease, such as diabetes mellitus and cardiovascular disease (*Greden, 2014*). High mortality rates are also a major problem, since almost 15% of depressed patients commit suicide during their lives (*Angst et al., 2015*).

For these reasons, the impact of depressive disorders should go beyond estimating its prevalence, the seriousness of its symptoms and complications and begin to include

studies that attempt to establish how they affect the quality of life (QOL) of the affected individuals (*Papakostas et al., 2014*).

AIM OF THE STUDY

This study aimed to:

Assess the quality of life among patients with depression through assess the level of QOL among patients with depression and assess factors affecting quality of life among patients suffering from depression.

Research Question: -

- What is the level of QOL among patient suffering from depression?
- What are the factors affecting QOL among patient suffering from depression?

REVIEW OF LITERATURE

Overview of depression

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also, called major depressive disorder or clinical depression, it effects on feeling, thinking and can lead to a variety of emotional and physical problems. In addition, depression is the common cold of mental disorders that most people can be affected by depression in their lives either directly or indirectly, through a friend or family member (*Haber, 2014 and Grohol, 2017*).

Depression is a state of low mood and aversion to activity. It may be a normal reaction to occurring life events or circumstances, a symptom of a medical condition, a side effect of drugs or medical treatments, or a symptom of certain psychiatric syndromes, such as the mood disorders major depressive disorder and dysthymia (*Birmaher, Ryan, Williamson et al. 2015*).

According to *NIMH (2016)* major depressive disorder (MDD), also known simply as depression, is a mental disorder characterized by at least two weeks of low mood that is present across most situations. It is

often accompanied by low self-esteem, loss of interest in normally enjoyable activities, low energy and pain without a clear cause. People may also occasionally have false beliefs or see or hear things that others cannot. Some people have periods of depression separated by years in which they are normal while others nearly always have symptoms present. Major depressive disorder can negatively affect a person's personal, work, or school life, as well as sleeping, eating habits and general health. (*American Psychiatric Association. 2013*), between 2–7% of adults with major depression die by suicide and up to 60% of people who die by suicide had depression or another mood disorder (*Lynch et al., 2014*).

A depressive disorder is an illness that involves the body, mood and thought. It interferes with daily life, normal functioning and causes pain for both the person with the disorder and those who care about him or her. A depressive disorder is a syndrome (group of symptoms) that reflects a sadness or grief. More specifically, the sadness of depression is characterized by a greater intensity, duration and by more severe symptoms and function disabilities than is normal (*Dayringer et al., 2014*). Additionally, Depressive disorders are also

associated with serious consequences in terms of mortality and secondary morbidity leading, for example, to a lack of work productivity and interpersonal problems (*Ballenger et al., 2014*).

Additionally, the majority of individuals with depression have a full remission of the disorder with effective treatment, only about a third of those suffering from severe depression seek treatment from a mental health professional. Too many people resist treatment because they believe depression is not serious, that they can treat it themselves or that it is a personal weakness rather than a serious medical illness (*Pratt & Brody, 2014*).

Types of depression

Depression come in many different types and while there are many similarities to each type of depression, each has its own unique set of symptoms. The most commonly diagnosed form of depression is Major Depressive Disorder, a condition whose primary symptom is an overwhelming depressed mood for more than two weeks. The depressed mood affects all facets of the person's life, including work, home life, relationships and friendships. A person with this kind of depression often finds it difficult to

do much of anything or get motivated, so even going to seek treatment for this condition can be challenging (*Grohol, 2017*).

1. Postpartum Depression (PPD), also called postnatal depression, is a type of mood disorder associated with childbirth, which can affect both sexes. Symptoms may include extreme sadness, low energy, anxiety, crying episodes, irritability, and changes in sleeping or eating patterns. Onset is typically between one week and one month following childbirth. PPD can also negatively affect the newborn child (*NIMH, 2017*).

Also, Postpartum depression, it refers to the intense, sustained and sometimes disabling depression experienced by women after giving birth. Postpartum depression, which affects 10–15% of women, typically sets in within three months of labor and lasts as long as three months (*Nonacs & Ruta, 2014*).

2. Premenstrual Dysphoric Disorder (PMDD) is a severe and disabling form of premenstrual syndrome affecting 3–8% of menstruating women. The disorder consists of a "cluster of affective, behavioral and somatic symptoms" that recur monthly during the luteal phase of the menstrual

cycle (*Rapkin and Lewis, 2016*). Treatment of PMDD relies largely on antidepressants that modulate serotonin levels in the brain via selective serotonin reuptake inhibitors as well as ovulation suppression using contraception and Gn RH analogues (*Rapkin and Lewis, 2016*).

3. Seasonal Affective Disorder (SAD), also known as "winter depression" or "winter blues", is a specifier. Some people have a seasonal pattern, with depressive episodes coming on in the autumn or winter, and resolving in spring. The diagnosis is made if at least two episodes have occurred in colder months with none at other times over a two-year period or longer (*American Psychiatric Association, 2010a*).

In addition, Seasonal affective disorder (SAD) is a mood disorder subset in which people who have normal mental health throughout most of the year exhibit depressive symptoms at the same time each year, most commonly in the winter. People may sleep too much or have little energy. The condition in the summer can include heightened anxiety (*Oginska et al., 2014*).

4-Dysthymic disorder, also, is called persistent depressive disorder). Dysthymia is similar to Major Depressive Disorder, but the symptoms occur over a much longer period of time – more than 2 years. This is considered a chronic form of depression and treatment can be challenging as an individual with Dysthymia has often already tried all manner of treatment. Individuals diagnosed with this condition can also suffer from occasional bouts of major depressive disorder (*Bressert, 2017*).

5- Adjustment disorder with depressed mood. This condition is diagnosed when a person is adjusting to some new facet or change in their lives that has caused a great deal of stress. This disorder can even be diagnosed when a person is experiencing a good event in their life – such as a new marriage or a baby being born. Because the individual usually just needs a little additional support in their lives during this stressful time, treatment is time-limited and simple (*Grohol, 2017*).

6- Major depression is the most commonly diagnosed form of depression.

Major depressive disorder

Definition of major depressive disorder

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As mentioned by, *Andrews et al., (2013)* depressive disorder represents, worldwide a significant public health problem not only due to its high prevalence, but also to its high annual direct and indirect cost. In fact, projections for the year 2020 indicate that major depression will occupy the second place only to ischemic heart disease.

MDD, also referred to as a clinical depression, is a significant medical condition that can affect many areas of

the life. It impacts on behavior as well as various physical functions, such as appetite and sleep. People with MDD often lose interest in activities they once enjoyed and have trouble performing everyday activities. Occasionally, they may also feel as if life isn't worth living (*Mayo Clinic Staff, 2014*).

Major depression is a disabling condition that adversely affects a person's family, work or school life, sleeping and eating habits and general health. In the United States, around 3-4% of people with major depression commit suicide and up to 60% of people who commit suicide had depressive disorder (*Akiskal & Mckkinney, 2014*).

Medical definition of major depression is a disease with certain characteristic signs and symptoms that interferes with the ability to work, sleep, eat and enjoy once pleasurable activities. Disabling episodes of major depression can occur once or a number of times in a lifetime (*Medical Definition of Major depression – Medicine Net, 2016*).