

Original article:

Prevalence of depression among Sudanese patients with vesico-vaginal fistula

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Abstract:

Background: Vesico-vaginal fistula is a serious medical problem with deleterious psychological consequences. No data available about depression among patients with vesico-vaginal fistula in Sudan.

Aims & objectives: We aimed to study the prevalence of depression among patients with vesicovaginal fistula in Sudan.

Material & methods: A total of 100 patients with vesico-vaginal fistula at Abbo's vesico- fistula center were enrolled, during the period from March to September 2008. Participants were invited to sign an informed written consent then responded to a structured questionnaire including socio-demographic data and the components of the Hamilton,s depression Inventory a well validated 21 components scale with total aggregate of 84, with, 10-16 stands for mild depression, 17-30, and > 30, stands for moderate and severe depression respectively.

Observation& results: There were 100 subjects, their ages ranged from 18 –66 years. Forty one percent of the total sample was depressed. Mild and moderate depression was reported in 15%, and 26% respectively.

Conclusion: Depression was common among patient with vesico vaginal fistulae in this sample .These results support the need to implement better measures for early detection and management of depression among vesico vaginal fistulae, as well as raising awareness of the primary care health providers about co-morbid mood disorders and vesico vaginal fistula.

Keywords: Depression; vesico-vaginal fistula

Background:

Obstetric vesico vaginal fistula (VVF) is an abnormal connection between the mucosa of the urinary bladder and that of the vagina. In developing countries such as Sudan, prolonged obstructed labor is the common cause of vesico vaginal fistulae. The cardinal clinical features in those patients are urinary incontinence resulting in perineal wetness, vaginal pain or irritation, and a pervasive foul urinary smelling, which has severe bad psychological and social impacts on those affected patients. The majority of those patients develop low mood, loss of interest, and loss of energy^{1,2}.

The trauma from losing their fetus, the humiliation from their offensive odor, and the inability to have their family roles are the most common factors that aggravate their psycho social impact³.

Aims& objectives:

No researchers have studied the prevalence of depression among patients with vesico-vaginal in Sudan, in this study we aimed to study the prevalence and severity of depression in women with vesico-vaginal fistula.

Methods:

This cross-sectional descriptive study was conducted at an outpatient clinic in Abbo's vesico-vaginal fistula center in Khartoum-Sudan, during the period from March to September 2008. Abbo's center was the first center

to be established in Sudan for vesico-vaginal fistula management in Sudan. The center constitutes of 28 beds with full surgical, and rehabilitation facilities, and receiving referrals from all gynecological hospitals in Sudan. One hundred patients with vesico-vaginal fistula were included, subjects were interviewed using a structured questionnaire including; Age, marital status, level of education, socio-economic status, family attitude towards the patients, and an Arabic version of the Hamilton Inventory, a well-validated scale for use in depression. The Hamilton depression Scale has 21 items measuring various aspects of depression symptomatology, each item scores from 0-4 depending on severity, with, 10-16 stands for mild depression, and 17-30, and > 30, stands for moderate and severe depression respectively. The chief investigator collected the required data and the Soft Wire Statistical Package(SSPS) was used for data analysis with $P < 0.05$ regarded as statistically significant.

Observation& results:

A total of 100 patients were included, their ages ranged from 18-66 years, the commonest age group was between 18 and 35 years (67%), Table (1) illustrated the age group of fistula patients. Sixty one (61%) was illiterate, seventy-one (71%) were married. Low socio-economic status constituted (69%) of the sample, the majority (72%) were maltreated because of their disease, divorce was found in (20%), and (6%) were separated. Their families accepted the majority (93%), after the disease, (6%) were criticized, while neglection was reported in (1%). (Table (2) depicted other patients characteristics).

Forty one (41%) of the sample was depressed, of them (15%) were mildly depressed,(26%) were moderately depressed, while severe depression was not detected in this sample (Table 3). Depression was commonest among age group 18-35 years (49%), while (41%) of illiterate patients were depressed (Data not shown)

Table (1), shows age groups among the study group:

Age group (years)	No%
< 18	6 (6 %)
18-25	35(35%)
26-35	32(32%)
36-45	15(15%)
46-55	7(7%)
56-65	4(4%)
>65	1(1%)
Total	100(100%)

Table (2), shows patient’s characteristics:

Character	No %
Level of education	
Illiterate	61%
Basic education	26%
High education	13%
Marital status	
Valid Married	71%
Divorced	20%

Separated	6%
Widowed	3%
Socioeconomic status	
Low	69%
Average	26%
High	5%
Family attitudes	
Accept patient	93%
neglect	6%
criticism	1%

Table (3), depicted the prevalence of depression among study group

Degree of depression	No%
Mild	15%
Moderate	26%
Severe	0
Total	41%

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Discussion:

It is estimated that more than two million women are waiting for vesico-vaginal surgery worldwide, mostly in Africa and Asia⁴. Sudan is a large country amounting to the size of Western Europe, most of its population are distributed in very wide rural areas with resultant geographic and logistic obstacles to health facilities and patients care⁵ specially for women in childbearing periods, so the prevalence of obstetric complications and hence the vesico-vaginal fistula with its detrimental psycho-social consequences may be on the rise.

In the current study researchers reported that 41% of the studied subjects were depressed, this is lower than a study conducted in Nigeria⁶ in which depression was found in 73.4% of patient with vesico-vaginal fistula, another studies conducted in Ethiopia⁷, and Kenya⁸ reported higher rates of depression (97% and 72.9 respectively). The lower rate of depression in this sample may be explained in part by the fact that, the Hamilton questionnaire was used rather than the Beck's depression inventory used in Ethiopia which may over estimated the prevalence of depression⁴. The investigators in Kenya used the Patient Health Questionnaire which is different from Hamilton.

A psychiatrist also collected the present data rather than midwives in the previous researches, may also explain the lower depression in the present study.

Women with vesico-vaginal fistula usually lose their social network and support, they often feel unworthy, and some may think of ending their lives. People attributes that this illness is some fault of their own⁹.

In the present study 26% of patient were divorced or separated and in accordance with a meta analysis published between 1985 and 2005⁶, in which 27%-46% of women affected with fistula were either divorced or separated.

The majority of this sample were young housewives(100%),they were either illiterate (61%) or had basic education (26%), low social class was evident in 69%.. Ninety three (93%) of the fistulae was due to difficult labor. This largely reflects the negligible or even lack of prenatal and antenatal care in these out reaching poor areas, and also reflect how motherhood may be painful and regretful when it is accompanied with disease, or even loss of the mother or the baby. In the remote areas of Sudan, where the community is conservative and males usually dominates, female may hide their disease which may add on their suffering, this can be very detrimental to women and it is also possible that the prevalence of vesico-vaginal fistula are under reported.

Raising the awareness of the importance, and establishment of better mother and child care, by directing the available resources towards preventive medicine is highly needed. The use of the available media for health education about how vesico-vaginal fistula is preventable is also helpful, as well as self-groups which can give patients with this disease the chance to talk freely with each other and share others their experience can alleviates suffering, and give hope to this very important sector of our community. Raising the awareness of the public about the importance of supporting women with vesico-vaginal fistula and assignment to social workers and psychiatric care is vital.

Limitations of the study:

This study was conducted at a tertiary care center for fistula repair, so generalizability can not be insured. The relatively small size of the sample is also a limitation, as well as the reliance on self-reported questionnaire. Larger community based researches are recommended for better estimation of prevalence of depression among patients with vesico-vaginal fistula in Sudan.

Conclusion:

This data presented a sample of Sudanese women with vesico-vaginal fistula and high prevalence of depression and many unwanted features like young age when acquiring fistula, low social class, and illiterates. Measures towards better antenatal care and good women health are needed.

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