

## Psychosocial Functioning in Patients of Major Depressive Disorders in Tertiary Care Hospital in Haryana

Nitika Sindhu

Senior Resident, Department of Pharmacology, Kalpana Chawla Government Medical College, Karnal

---

Received: 09-10-2022 / Revised: 18-11-2022 / Accepted: 10-12-2022

Corresponding author: Dr. Nitika Sindhu

Conflict of interest: Nil

---

### Abstract

**Background:** One of the most prevalent mood disorders is depression which comprising of symptoms like persistent sadness or low mood, loss of interest or pleasure and fatigue or low energy at least one of these, most days, most of the time for at least 2 weeks. Psychosocial or social is one of the important domains of cognition affected by depression. With the phenomenon of depression, there is often a shift in one's social behaviour.

**Objective:** This study aimed to compare the effect of fluoxetine, venlafaxine, and mirtazapine on psychosocial functioning in patients with major depressive disorders.

**Material & Methods:** 30 patients of age between 18-69 years of either sex were randomly allocated to receive either fluoxetine (20-40mg), venlafaxine (75-150mg) or mirtazapine (15-30mg). Patients were diagnosed by DSM IV- RC. The patients were clinically assessed by using ABC-Hamilton Depression Rating Scale. The evaluation of patient social motivation and behaviour in depression was done by using Social Adaptation Self-Evaluation Scale (SASS) at the time of enrolment and then at the end of the sixth and twelfth treatment weeks.

**Results:** In Group fluoxetine, scores of SASSS on the day of enrolment, 6<sup>th</sup> and 12<sup>th</sup> week were  $26.76 \pm 4.52$ ,  $39.92 \pm 5.00$ , and  $51.15 \pm 4.78$  respectively. Similarly, in group venlafaxine scores of SASSS on the day of enrolment, 6<sup>th</sup> and 12<sup>th</sup> week were  $29.80 \pm 9.00$ ,  $39.42 \pm 10.21$ , and  $51.5 \pm 4.75$  respectively. In Group mirtazapine, scores of SASSS on the day of enrolment, 6<sup>th</sup> and 12<sup>th</sup> week were  $29.80 \pm 9.00$ ,  $39.42 \pm 10.21$ , and  $51.5 \pm 4.75$  respectively.

Our results showed that in all three groups there is improvement in social behaviour after the 6<sup>th</sup> and 12<sup>th</sup> week from the baseline scores. At the end of the sixth and twelfth weeks of treatment, however, there was no statistically significant difference between the three groups on an intragroup basis.

**Conclusion:** The SASS total score improved with a varying degree with patient status and is sensitive to active-treatment effect.

**Keywords:** Depression, Social behaviour, Cognition, Social Adaptation Self-Evaluation Scale (SASS)

---

This is an Open Access article that uses a funding model which does not charge readers or their institutions for access and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>) and the Budapest Open Access Initiative (<http://www.budapestopenaccessinitiative.org/read>), which permit unrestricted use, distribution, and reproduction in any medium, provided original works are properly credited.

---

## Introduction

The mood is a pervasive and sustained emotion or feeling that influences a person's behaviour and colours his or her perception of being in the world [1]. Psychosocial or social is one of the important domains of cognition affected in depression. With the phenomenon of depression, there is often a shift in one's social behaviour [2]. It is also true that depression-related cognition impairment is under-recognized, under-diagnosed, and largely remains untreated.

Depending on the severity of the illness, sociocultural context, and age, depression often manifests in several ways, with varied presentations: accompanied by a marked difficulty or change in the functioning level or even with suicidal thoughts and behaviour especially in adults while in children depression often present with symptoms of sadness, irritability, tantrums, physical complaints (headache, stomach ache), tearfulness, feeling bored, separation anxiety as well as low performance in academic and disturbed family relations. Depression in late life often presents with prominent psychomotor agitation or irritability rather than a depressed mood as seen in younger adults. Individuals may frequently report somatic complaints, poor appetite and at times psychotic features [3].

And the severity of social dysfunction is influenced by the clinical form of depression: double depressives were found to be significantly more impaired in overall social functioning than dysthymics or episodic major depressives [4]. In the treatment and management of depression, a number of cost-effective therapies have demonstrated favourable recovery and beneficial outcomes. However, non-pharmacological approaches combined with pharmaceutical therapy have the best results in the treatment of depression [5].

Social consequences after pharmacological antidepressant treatment are of obvious

interest. The study aimed to compare the effect of fluoxetine, venlafaxine, and mirtazapine on psychosocial functioning in patients with major depressive disorders.

## Material & Methods

The Declaration of Helsinki and the standards of good clinical practise (ICH-GCP) were followed in the design of this prospective, single-blinded, randomised, comparative clinical trial. The study was conducted under approval from the institutional ethics committee (IEC). According to the inclusion and exclusion criteria for this investigation, patients with major depressive illness were assessed and chosen for the study.

Patients who had recently been diagnosed with severe or major depression (according to ICD-10) [5] of either sex, between the ages of 18 and 69, and who had completed at least fifth grade in school were included in the study. Patients who had a history of substance abuse were taking any other medications, had any other psychiatric conditions, or any other CNS or systemic disorders are known to affect cognition and psychomotor functions were excluded. A patient information sheet was provided to every eligible subject for the study and thereafter written informed consent was taken from the subjects.

Three groups of 30 eligible subjects each got one of the following treatments for 12 weeks were created at random from the eligible subjects. Patients in group F received fluoxetine (20–40 mg), those in group V received venlafaxine (75–150 mg), and those in group M received mirtazapine (15–30 mg), all of which were supplied by the hospital. Fluoxetine and venlafaxine had respective starting doses of 20 mg, 75 mg, and 15 mg. Depending on the patients' symptoms during subsequent follow-ups, drug doses may be changed.

Group F, V, and M also received Clonazepam 0.5 mg for an initial 2 weeks in addition to

studying drugs. It was given to control the symptoms because of the lag period of antidepressants to show their clinical effects. As a result, the patient's initial evaluation was performed on day 0, or the day of enrolment, and the patient's subsequent assessment was performed after clonazepam had fully left the patient's system, or at the end of the sixth and twelfth weeks. All the subjects were assessed with the ABC version Hamilton Depression Rating Scale (HAM-D) and the Social Adaptation Self-evaluation Scale (SASS).

### Primary End Points

#### 1. ABC version Hamilton Depression Rating Scale (HAM-D) [6].

A multiple-item questionnaire called the HAM-D, created by Max Hamilton in 1960, is used to detect depression and serve as a benchmark for gauging recovery. The questionnaire, which is used to gauge how severe a person's depression is, is designed for adults. The HAM-D17 as a whole has a potential score range of 0 to 52. A score of 0 to 7 on the HAM-D17 is typically considered to be within the normal range or to suggest that the patient is in the clinical remission phase, while a score of 20 or above indicates that the depression is at least moderately severe.

### Psychosocial Assessment

Psychosocial or social is one of the important domains of cognition affected by depression. With the phenomenon of depression, there is often a shift in one's social behaviour.

#### 2. Social adaptation self-evaluation scale (SASS) [7].

Social Adaptation Self-evaluation Scale (SASS) is developed, including 21 items, which explore the areas of work and leisure, family and extra-family relationships, intellectual interests, satisfaction in roles, and patient self-perception of his ability to manage and control his environment. The scoring of answers is from 0 to 3, corresponding to minimal and maximal social adjustment, with a total score range of 0 to 60.

### Results

Clinical assessment of Depression in the group- F, mean HAM-D score at the time of enrolment and 6<sup>th</sup>, and 12<sup>th</sup> week was  $20.11 \pm 2.51$ ,  $14.30 \pm 4.89$ , and  $8.30 \pm 2.73$  respectively. in group- V mean score was  $20.57 \pm 2.74$ ,  $15.07 \pm 3.24$ , and  $9.46 \pm 2.91$  respectively, in group- M, mean score was  $20.11 \pm 3.05$ ,  $14.53 \pm 3.13$ , and  $9.73 \pm 3.23$  respectively as shown in Figure 1.

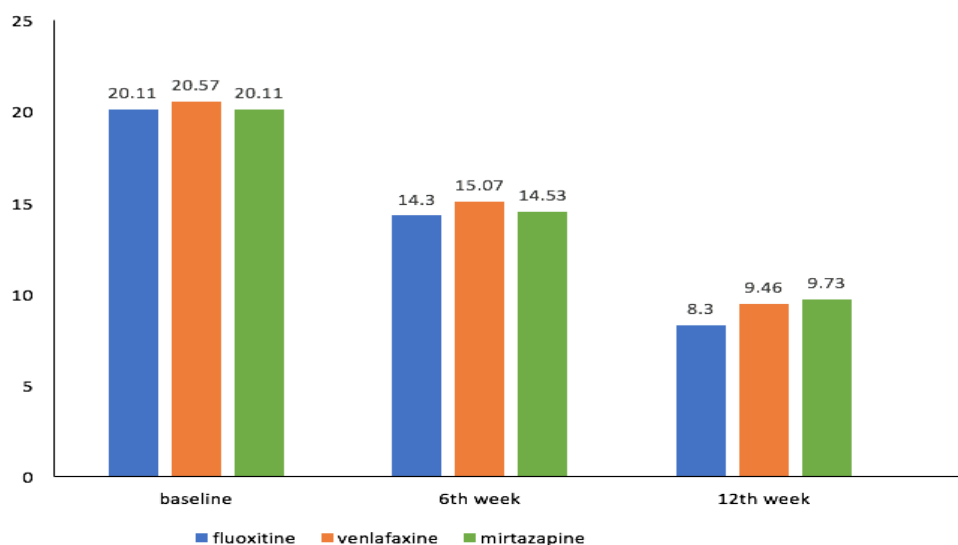
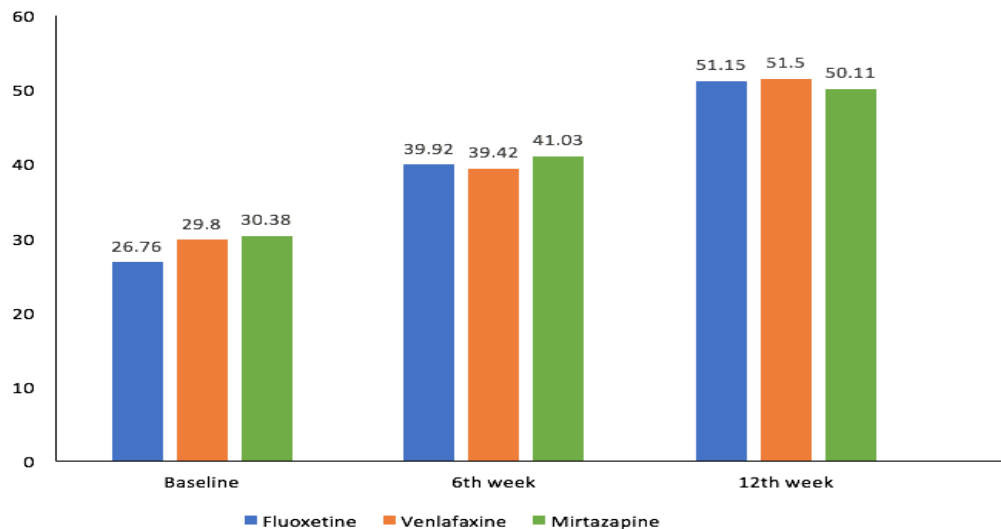


Figure 1: Hamilton Depression Rating Scale (HAM-D)

Social Adaptation Self-evaluation Scale (SASS) scores at the day of enrolment, 6<sup>th</sup>, and 12<sup>th</sup> week in Groups fluoxetine, were  $26.76 \pm 4.52$ ,  $39.92 \pm 5.00$ , and  $51.15 \pm 4.78$ , in group venlafaxine were  $29.80 \pm 9.00$ ,  $39.42 \pm 10.21$ , and  $51.5 \pm 4.75$ , in group mirtazapine, scores were  $29.80 \pm 9.00$ ,  $39.42 \pm 10.21$ , and  $51.5 \pm 4.75$  respectively. (Figure 2)



**Figure 2: Social Adaptation Self-evaluation Scale (SASS)**

## Discussion

Impairment of cognition, and psychosocial functions are commonly reported in individuals with major depressive disorders.

**Hamilton Depression Rating Scale (HAM-D)** is a multiple item questionnaire that is used to evaluate the degree of depression as well as depression recovery [8]. In our study, the mean HAM-D scores at baseline, the end of week six, and the end of week twelve were compared between Group F, Group V, and Group M. The mean scores were significantly lower for all three groups. At the conclusion of the 12-week treatment period, however, there was no statistically significant difference between the three groups. Similar findings were obtained from a study by Mendhe P. P. *et al* [9]. in 95 literate patients with newly diagnosed endogenous depression, comparing desvenlafaxine (50 mg) or fluoxetine (40 mg) or sertraline (50 mg). Wagner S *et al* [10]. Guzmán IH *et al* [11]. along with this there are other studies also which showed resemblance

to the present study results.

**Social Adaptation Self-Evaluation Scale (SASS)** is a scale for the social functioning in depression and evaluation of patient social motivation and behaviour in depression. In our study, we observed the significant results in all three groups from the baseline but on intergroup analysis, the results are not significant at the end of a 3month treatment with fluoxetine, venlafaxine and mirtazapine i.e.  $51.15 \pm 4.78$ ,  $51.5 \pm 4.75$ , and  $50.11 \pm 5.51$  respectively. Similar results are shown in the study conducted by Bosc M *et al*. [7] 549 patients with major depression there was a significant improvement in SASS scores from the baseline but significant difference was not found using different classes of antidepressant and the study concluded that the SASS total score changes with patient status and is sensitive to active- treatment effect. Similarly, Bech P [12], Briley M [13] showed resemblance to the present study results.

## Conclusion

The SASS total score improved with varying degree with patient status and is sensitive to active- treatment effect.

## Acknowledgment

I would especially like to thank Mr. Sanjeet Singh from the Community Medicine Department for his statistical assistance.

## References

1. Akiskal HS. Mood Disorders. In: Sadock BJ, Sadock VA, Ruiz P. editors, Comprehensive Textbook of Psychiatry. 9<sup>th</sup>ed. Philadelphia: Lippincott Williams & Wilkins Publishers; 2009;1152-1253.
2. Saxena S, Krug EG, Chestnov O, World Health Organization, editors. Preventing suicide: a global imperative. Geneva: World Health Organization; 2014.
3. Depression and other common mental disorders: global health estimates. Geneva: World Health Organization; 2017 (<http://apps.who.int/iris/handle/10665/254610>, accessed 25 March 2022).
4. Leader JB, Klein DN. Social adjustment in dysthymia, double depression and episodic major depression. *J. Affect. Disord* 1996;37(2-3):91-101
5. World Health Organisation. International Statistical Classification of Diseases and Related Health Problems 10<sup>th</sup> Revision (ICD-10).[Online].2016.[cited 2018 sept 20].
6. Hamilton M. A rating scale for depression. *J Neurol Neurosurg Psychiatry* 1960; 23: 56-62.
7. Bosc M, Dubini A, Polin V. Development and validation of a social functioning scale, the social adaptation self-evaluation scale. *European Neuropsychopharmacology* 1997; 7(1):57-70.
8. Carrozzino D, Patierno C, Fava GA, Guidi J. The Hamilton Rating Scales for Depression: A Critical Review of Clinimetric Properties of Different Versions. *Psychother Psychosom* 2020; 89:133-150
9. Mendhe PP, Shah SP, Desai MK, Parikh MN. Comparison of effect of antidepressants on psychomotor functions. *Indian J Psychol Med* 2017; 39(1):69-75.
10. Wagner S, Helmreich I, Wollschlaeger D, Meyer K, Kaaden S, Reiff J, *et al.* Early improvement of executive test performance during antidepressant treatment predicts treatment outcome in patients with Major Depressive Disorder *PLoS ONE*. 2018;13(4):1-13
11. Guzmán IH, Ferré EG, Guzmán DH, Olmos JG, Calvo EH, Abarca JEH *et al.* Effects of selective serotonin reuptake and dual serotonergic-noradrenergic reuptake treatments on memory and mental processing speed in patients with major depressive disorder. *Journal of Psychiatric Research* 2009;43(9):855-63
12. Bech P, Lunde M, Undén M. Social Adaptation Self-evaluation Scale (SASS): Psychometric analysis as outcome measure in the treatment of patients with major depression in the remission phase. *Int J Psychiatry Clin Pract*. 2002;6(3):141-6
13. Briley M, Moret C. Improvement of social adaptation in depression with serotonin and norepinephrine reuptake inhibitors. *Neuropsychiatric Disease and Treatment* 2010;6: 647-55.