

DEPRESSIVE SYMPTOMS AMONG
PATIENTS WITH SYSTEMIC LUPUS
ERYTHEMATOSUS IN RHEUMATOLOGY
CLINIC: ASSOCIATED FACTORS AND
WILLINGNESS TO SEEK PSYCHIATRIC
HELP

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TITLE PAGE

Title

Depressive Symptoms among patients with Systemic Lupus Erythematosus in Rheumatology
Clinic: Associated Factors and Willingness to seek Psychiatric Help

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Abstract

Introduction: Long-standing chronic illnesses such as Systemic lupus erythematosus (SLE) patients are at high risk for depression due to non-resolving diseases that might affect the quality of patients' lives. This study aimed to establish the factors associated with depressive symptoms among patients with SLE and willingness to seek psychiatric help in the rheumatology clinic.

Method: A single-centre cross-sectional study among SLE patients. Patients were given WHO Quality of Life-BREF (WHOQOL-BREF) questionnaires and The Center for Epidemiological Studies–Depression Scale (CESD) to assess for quality of life (QoL) and depressive symptoms. Cumulative organ damage (Systemic Lupus International Collaborating Clinics/American College of Rheumatology Damage Index), total steroids in 3 months were recorded. Disease activity was measured using the British Isles Lupus Assessment Group's (BILAG 2004). The presence of fibromyalgia is also screened. CESD score ≥ 16 shows significant depressive symptoms. Univariate analysis is used to study the factors associated with depressive disorders and the impact of depressive symptoms in compliance and quality of life. All patients who had significant depressive symptoms were then referred to psychiatry.

Result: 165 patients with SLE participated in this study. Based on the CESD score, 57 (34.54%) patients scored ≥ 16 , which indicated depressive symptoms, and 108 (65.45%) patients scored < 16 , which indicated no depressive symptoms. We discovered no significant association of depressive symptoms with sociodemographic data, prednisolone dosage, SDI and disease activities. However, the patient who had fibromyalgia in SLE showed substantial depressive symptoms with a p-value of 0.049. The study showed that patients with depression had a low quality of life (QoL) and missed medication. Out of 57 patients with depressive symptoms, 15 (26.3%) agreed for psychiatric evaluation, while 32 (56.14%) refused psychiatric evaluation.

Conclusion: one-third of our SLE patients had depressive symptoms associated with lower quality of life and poor compliance to treatment. A holistic approach to patient management would include identifying these patients to improve patients' outcomes. However, we did not find any factors associated with depressive symptoms to identify patients subjected to screening for depression. Another critical finding is patients' unwillingness to seek psychiatric help.

Keywords: *Systemic Lupus Erythematosus, depressive symptoms, quality of life.*

MAIN TEXT

INTRODUCTION

Systemic Lupus Erythematosus (SLE) is an autoimmune disease affecting 1 to 12 people per 5000 worldwide,¹ and it is reportedly associated with psychological comorbidities.² The lifetime prevalence of depression in the general population is in the range of 10% to 15%.³ In Malaysia, 8% to 12% of people were found to have depression, with a higher number in people with medical comorbidities and low socioeconomic background.⁴

Depression comprises of multiple factors such as environmental and intrinsic factors such as the immune system. One of neuropsychiatric lupus (NPSLE) symptoms can be manifested as depression. Depression can be a reaction to a chronic illness.⁵ It is crucial to identify depression in SLE patients because this condition is treatable.⁶ Depression significantly impacts patients' health and well-being. It increases the incidence of cardiovascular diseases,⁷ physical disabilities,⁸ decreased quality of life⁹ and has a higher risk of premature mortality.¹⁰ Depression affects SLE management as it may aggravate medication non-compliance and potentially lead to disease flares.¹¹ Treating depressive symptoms improve patients' pain experiences, leads to a better quality of life and enhances compliance to treatment. Thus, less health care utilization and cost.¹²

The prevalence of depression among SLE in South-East Asia countries was 15.5% to 22% in Singapore^{13, 14} and 45% in Thailand.¹⁵ The discrepancy is due to variable disease characteristics, social and cultural contexts of the lupus patients, and tools used for assessing depression. We conducted this study to investigate the factors associated with depressive symptoms among patients with SLE and determine its impact on patients' quality of life. We also seek to investigate the willingness of our patients to seek psychiatric help.