Prevalence of depression in mothers of children having ASD

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\textbf{A B S T R A C T}

Autism spectrum disorder (ASD) is a pervasive developmental disorder that impairs a child's communication and social interaction and causes the development of stereotypic or repetitive behaviours or interests.

\textit{Aim of the study:} To find out the prevalence of depression in mothers of children with ASD.

\textit{Materials and methods:} A descriptive, cross-sectional study design was chosen for the study. Convenience sampling method was used to enrol 125 mothers of children with ASD from Autism clinic, Department of Paediatrics, AIIMS, New Delhi from June to November 2013. Data regarding socio-demographic details, health history profile and selected variables of the mothers was collected using a structured questionnaire. Inventory of depressive symptomatology (IDS-SR30), a standardised, structured inventory which contained 30 items was used to assess the depressive symptoms in the mothers.

\textit{Results:} Over three-quarters (76.8\%) of the mothers reported depression. Levels of depression in the mothers were significantly associated with their physical health and quality of life. Mothers of children with severe autism (44.8\%) had higher levels of depression than those with mild (25.6\%) and moderate (29.6\%) degrees of autism.

\textit{Conclusion:} Mothers of children with ASD need to be screened for the presence of clinical depression and given social support, psycho-education and appropriate referral so that correct treatment can be started at the earliest; thus the mothers would be able to manage their life situations in a better way and to cope with the behavioural and social impairments of their child.

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1. Introduction

Autism spectrum disorder (ASD) is a complex developmental disability; it is a neurological based developmental disorder that impairs a child's communication and social interaction and causes the development of stereotypic or repetitive behaviours or interests. It is a prevalent disorder with tremendous impact on individuals, families and society. It occurs ubiquitously, regardless of races, nationalities, cultures and social classes. The global prevalence of autism spectrum disorders is 62 per 10,000 people.\textsuperscript{1} Prevalence of autism spectrum disorders in India is 1 in 250 individuals.\textsuperscript{2} Recent figures released by the CDC show that autism spectrum disorders now affect 1 in 88 children (Fig. 1).\textsuperscript{3}

Child with an autism spectrum disorder may be a big stressor on the family. It is a disorder that inherently changes the parent–child relationship: communication is impeded or even impossible; intimacy can be a challenge and a child’s self-injurious behaviours may make a parent feel frightened and helpless. Parenting a child with a developmental disability may be an exhausting task especially for mothers as they are more involved with care giving. Mothers of children with autism are more likely to suffer from depression than mothers of children with intellectual disabilities without autism and mothers with typically developing children.\textsuperscript{4,5}

Depressed mothers have poor parenting skills and negative interactions with their children. Maternal depression is a significant risk factor for child abuse and neglect. Depression of mother is significantly associated with more hostile, negative parenting and it leads to poorer physical health and well-being of the child. It has been observed that clinicians and psychologists are very concerned about the child with ASD; but seldom is the focus on the impact on the parents especially the mother. There is a gap in this area of
research in Indian population. This research is planned to get the information on prevalence of depression in the mothers of children with ASD and to find out the association between demographic and selected variables of child and mother with the levels of depression in mothers of children with ASD.

2. Method

A cross-sectional study design was chosen for the study. Convenience sampling method was used to enrol 125 subjects for this study from Autism clinic, Department of Paediatrics, All India Institute of Medical Sciences, New Delhi from June to November 2013. During this period of six months, 140 mothers of children with autism attended the clinic. Out of those 140 mothers, 125 were enrolled in the study, based on the inclusion criteria of mothers of those children diagnosed with autism spectrum disorders attending Autism clinic Dept. of Pediatrics, AIIMS and mothers who are willing to participate in the study.

Approval to conduct the study was obtained from the ethics committee, AIIMS. Two tools were used for data collection a data sheet for socio-demographic details of the subjects, their select variables and subjects' health history profile. This structured questionnaire had two sections. Section-1 was designed to elicit the socio-demographic details of the subjects and some select variables specific for the study. The section-2 consisted of eight items to explore the history of mental health problems or treatment in the subjects and to explore the family history of mental illness. Five minutes were taken to collect the data on Structured Demographic profile sheet. Tool no. 2, 'Inventory of Depressive Symptoms' (SR30) was a standardised and structured inventory and contained 30 items. The IDS assessed all the criterion symptom domains designated by the American Psychiatry Association Diagnostic and Statistical Manual of Mental Disorders – 4th edition (DSM-IV) to diagnose a major depressive episode. These assessments can be used to screen for depression, although they have been used predominantly as measures of symptom severity. The seven day period prior to assessment is the usual time frame for assessing symptom severity. It took approximately 10–15 min to complete. The minimum score of this tool was zero and the maximum score was 84. Based on "Inventory of Depressive Symptoms" (SR30) score the severity of depression was measured as: 0–13: no depression, 14–25: mild depression, 26–38: moderate depression, 39–48: severe depression and 49–84: very severe depression.

Pilot study was conducted in Autism clinic, Dept. of Paediatrics AIIMS on 10 subjects for assessing the feasibility of the main study, prior to the actual data collection and was found feasible.

The subjects those fulfilling the inclusion criteria were explained the purpose of the study. An informed written consent form was signed by the subjects. Subjects filled subject data sheet followed by IDS-SR30 and subjects were informed about the prevalence and severity of depression. Subjects with severe depressive symptoms were given remedial counselling and offered treatment facilities in Psychiatry out-patient department of AIIMS. All subjects were provided with a public education material on depression as well. Descriptive statistics i.e. mean, percentage, frequency, range and standard deviation and inferential statistics i.e. Chi square/Fisher exact test were used for analysis of data. Level of significance was set as $p < 0.05$. Data was analysed by using statistical package SPSS version 16.

3. Results

The mean age of the children was 4.84 years (SD ± 2.168). More than half (55.2%) of the children were pre-schoolers and belonged to 3–6 years of age. Most (77.6%) of the children were male. The mean age of the mothers was 31.33 years (SD ± 4.610). More than one third (38.4%) of the mothers were graduates. Most of the mothers (89.6%) were house wives. Nearly half of the spouses (46.4%) were graduates and were employed in private sector. Most (81.6%) of the families had monthly income more than Rupees 20,000/.-.

Five (4%) children with autism had one sibling with developmental disability. More than one tenth (12.8%) of the mothers had a relative having at least one child with developmental disability.

Most (88.8%) of the mothers had another family member accompanying for attending the therapy session at the clinic and majority (72.8%) were spouses. Majority (71.2%) of the mothers were having informal social support. Nearly three fifth (58.4%) of the mothers were satisfied with the available informal social support. Nearly three fourth (73.6%) of the mothers were satisfied about their physical health. More than one third (40%) of the mothers rated their quality of life as poor.

Nearly one third (30.4%) of the mothers had physical health problems and 21.6% of the mothers reported migraine after the diagnosis of autism in the child. Six (4.8%) mothers had been diagnosed with a mental illness prior to birth of child with autism and 4% of the mothers had taken antidepressants. Nearly one fifth (18.4%) of the mothers had desperate thoughts such as wishing for death and 14.4% of mothers had such thoughts after the diagnosis of autism in the child.

4. Discussion

More than three-quarters (76.8%) of the mothers reported depression. Most (60%) of them had mild and moderate depression. One seventh (14.4%) of mothers had severe depression and 2.4% had very severe depression. Similar results were found in previous studies. Fido and Saad (2013) reported that 32.3% of mothers of children with autism had depression and 41.5% had dysphoria. Data by a recent 'Interactive Autism Network' (IAN, 2008) survey showed that 44% of mothers who responded to that survey had been diagnosed with either depression or bipolar disorder at some point in their lives by psychiatrist. Another study (2013) reported that 73% of mothers of disabled children had depression and approximately 21% of them suffered from severe depression.

More than one third (40%) of mothers rated their quality of life as poor. In consistent with this finding, a previous study (2012) reported that the mothers of children with pervasive developmental disorders had lower quality of life scores than those of the mothers having normative children especially in mental domains.
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