



Research Article

COMAPRISON OF SEVERITY OF DEPRESSION IN MALE AND FEMALE POST BURN PATIENT WITH FACIAL EXPOSED SCAR –A CROSS SECTIONAL STUDY

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ABSTRACT

Aim: To compare severity of depression between male and female post burn patient with facial exposed scar.

Background: Many patients with burn experiences scar. The patients with exposed scar experiences depression. Very few studies are been done in severity of depression in burns patients with facial exposed scar.

Methodology: Primary data collection was done using convenient sampling. 50 male and female individuals between age group 18-64 year were selected with post burn facial exposed scar. Assessment was done by using patient health questionnaire-9.

Results: Male and female post burn patients with facial exposed scar showed same level of depression.

Conclusion: The study concludes that there is no significant difference between severity of depression in male and female patients with post burn facial exposed scar.

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INTRODUCTION

Burn injuries are defined as injuries caused by the application of heat, chemical, electrical current or radiation to external and internal surface of the body which causes destruction of the tissue.^[1] Burn injury is classified as severity of burn and extent of burn.^[2]

The severity of burn is categorized as first, second, third degree.^[2] First degree burn is microscopic destruction of superficial layers of the epidermis, second degree is destruction of entire thickness of epidermis, third degree is complete destruction of epidermis and dermis.^[2] Further it is classified as partial thickness and full thickness burn.^[2] The extent of burn is most commonly estimated by the 'rule of nine'.^[2]

The depth of which a burn injury causes damage depends on many factors, including duration and intensity of heat, skin thickness area, the extent of body area exposed, vascularity and age.^[3]

Burn injuries remain one of the biggest health concerns in the developing world.^[4] India is unique for highest incidence of burns and also have a very high mean body surface area (BSA) of burns.^[4] The estimated annual burn incidence in India is approximately 6-7 million per year.^[5] Severely burned patient undergoes traumatic life event which affects them physically as well as psychologically.^[6] The common psychiatric disorders following a burn injury are depression and post

traumatic stress disorders.^[5] Depression, one of the most prevalent and treatable mental disorders^[7] is a mood disorder that causes distressing symptoms that affect how you feel, think and handle daily activities. It had an association with reduced physical function and change in physical health in burn patients.^[8]

In recent years, mortality rate had been decreased, but there is increase in number of burn individuals living with scars following psychological affects.^[9] Post burn scars are inevitable even with best treatment as they depend upon depth of burn injuries.^[10] Except for the superficial dermal burns, all deeper burn heal by scarring.^[10] Visible burn scar often causes alteration in body image and also difficulty in social functioning varying from one individual to another.^[11] These scars on skin are visible to the patient for rest of life and suffers lifelong agony.^[10]

Thus, understanding their mental suffering will help in rehabilitating these patients, speeding up their recovery.^[8]

MATERIALS AND METHODS

Study Design

Type of study-Cross sectional study
Tools used-Patient health questionnaire-9
Duration of study-1 year
Location-National Burn Center, Airoli

Sample Design

Sample size – 50
Sample population – Post burn patient with facial exposed scar

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Sampling – Convenient sampling

Inclusion criteria

(1) Male and female facial burn patients age group(18-65yrs) with exposed scar. (2) Patient with facial burn according to rule of nine. (3) Duration of burn <3 months. (4)Patients willing to participate. (5) Patient having partial or full thickness burn.

Exclusion criteria

(1) Patients admitted in hospitals(2) Patients having superficial thickness of burn. (3) Patients undergone any previous surgery.(4) Patients having diabetes and hypertension.

Procedure

A written consent form is taken from the patients in the language best understood by them.

Screening of the patients is done as per the inclusion criteria. With Observation and verbal interaction; a questionnaire including 9 questions were handed to the patients.

Before those details about the purpose of study was well explained.

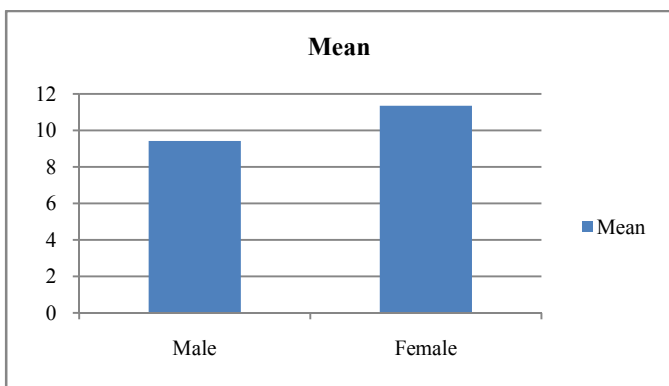
Assurance was given that the information taken would be used only for data collection and would be kept confidential.

Patients were given consent form and patient health questionnaire-9.

Questions related to their mental status were asked,after that scoring was done and master chart will be prepared from the information given by them.

RESULT

The study concluded that there was no significant difference between male and female burn patient with facial exposed scar.



The above graph shows severity of depression in male and female post burn patients with exposed facial scar.

DISCUSSION

The present study aimed to compare severity of depression between male and female post burn patient with facial exposed scar.

The present study documents that there is no difference for severity of depression in male and female patients with facial exposed scar which contradicts a previous study done by S.A. Wiechman et al. which shows women resulted in more depression than men.¹² Major Depressive Disorder have the

same diagnostic traits and characteristics for women and men. However, men and women may present with same symptoms of depression differently. For example, men may seem more agitated and angry when depressed whereas women may appear irritable or frustrated.

In a study done by Jain. M et al. study sample was predominately married male patients with total body surface area.¹ However in present study male and female both participated equally with their occupation with no age limit and no marital status was mentioned. The humans depressive symptoms between age group of 30-40 years is more related to job rather than on marital status.

In present study comparison of severity of depression was performed by patient health questionnaire-9 compared to study done by Mohammed. A,et al. Using beck’s depression inventory to conclude that depression co-existed in majority of cases in tertiary care unit.¹¹The patient health questionnaire-9 is half the length of many other depression measures, has comparable sensitivity and specificity and consists of the actual 9 criteria also it is a dual-purpose instrument that have the same 9 items which establish depressive disorder diagnosis as well as grade depressive symptom severity.⁷

A study conducted by Marijana. B, et al. Includes burns patient in early stages,⁶whereas in present study patient with post burn scar was included. As anxiety and depression co-existed in majority of cases,it becomes highly prudent on the part of surgical team along with psychological, to simultaneously asses and manage both conditions in mild to moderate degree of burn related injuries.¹¹

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References

- Jain M, Khadilkar N, De Sousa A. Burn-related factors affecting anxiety, depression and self-esteem in burn patients: an exploratory study. *Annals of burns and fire disasters.* 2017 Mar 31;30(1):30.
- Das S. A concise Text book of Surgery.2008 published by Dr. S.Das old mayer s court, Kolkata. P.:1084-5.
- O’SullivanSB,SchmitzTJ,Fulk G. Physical rehabilitation. FA Davis;2013 Jul 23.
- GoswamiP,SingodiaP,SinhaAK,Tudu T. Five-year epidemiological study of burn patients admitted in burn care unit,Tata Main Hospital, Jamshedpur, Jharkhand, India. *Indian Journal of Burns.*2016 Jan 1;24(1):41.
- GuptaJL,MakhijaLK,Bajaj SP. National programme for prevention of burn injuries. *Indian journal of Plastic Surgery: official Publication of the Association of Plastic Surgeons of India.* 2010;43(Suppl):S6-S10.doi:10.4103/0970-0358.70716.
- Bras M, Loncar Z, BrajkovicL, Gregurek R, Mickovic V. Coping with severe burns in the early stage after burn injury. *Collegium antropologicum.* 2007 Jan 4;31(1):159-63.

7. Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a brief depression severity measure. *Gen Intern Med.* 2001; 16: 606-13.
8. Dalal PK, Saha R, Agarwal M. Psychiatric aspects of burn. *Indian journal of plastic surgery: official publication of the Association of Plastic Surgeons of India.* 2010 Sep;43(Suppl):S136.
9. Jain A, Rathore S, Jain R, Gupta ID, Choudhary GL. Assessment of the depression and the quality of life in burn patients seeking reconstruction surgery. *Indian J Burns* 2015;23:37-42.
10. Goel A, Shrivastava P. Post-burn scars and scar contractures. *Indian journal of plastic surgery: official publication of the Association of Plastic Surgeons of India.* 2010 Sep;00):S63.
11. Arif M, Ramprasad KS. Prevalence of anxiety and depression in burns patients in a tertiary care hospital. *Religion (a).*2013; 26:74.
12. S.A.Wiechman,J.T.Ptacek,D.R.Patterson,N.S.gibran,L.E.Engrav,D.M.heimbach;Rates trends and severity of depression after burn injuries, *The journal of burn care and rehabilitation*, volume 22,issue 6,nov.2001.

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