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Therapeutic Interventions for the Major Depressive Disorder of Male Patients

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Major depressive disorder takes a big toll in human life. It is imperative to treat depressed patients with medications and psychological therapy. The study assessed the impact of two groups, one with medications, and the other group with medications and psychosocial intervention. The sample was divided into pharmacotherapy group, and pharmaco and psychosocial intervention group of depressed male patients. In the psychosocial intervention, the patients attended the programs three days in a week for three months and later on once in a month with their informants. Level of functioning was determined at before, after and follow-up1 and follow-up 2 using the following scales a) Type D Personality Scale, b) Quality of life Scale and c) The report of family member which was also used to assess the patient's ability to stay out of the problem at home, dysfunction in work, and the ability to lead a quality life. The scores on the level-of-functioning were significant between before and after, after and follow-up1and follow-up2. Statistical tests indicated a substantial and significant increased in level of functioning from before to follow up2 for all groups. Both the depressed patients and their relatives could benefit from family psychosocial intervention and for the compliance of pharmacotherapy. Nevertheless, the method of intervention which took care of treatment and also efforts to change their coping was much more effective in changing negative affectivity and social inhibition

Keywords: Depressive disorder, pharmacotherapy, and pharmaco and psychosocial intervention.

Human beings face lot of tensions and stresses when they encounter difficult situations. The traditional systems like joint family, importance to relatives and value of human relationship helped them to remain mentally healthy. But these systems have deteriorated. People might find themselves more frequently in disturbed mental states. The role of personality factors and social support are possible determinants of distress.

One of the mental health problems is depressive disorder. This disorder affects one's physical health, feeling, thinking, and acting towards others and manifests various symptoms. These symptoms are treatable, though they can recur in patients (Johnstone, Cunningham Owens, et al, 2004; Sarason & Sarason, 2002; Kaplan & Sadock, 1999). The new episode appears abruptly with the same symptoms or more severe symptoms (Hales, Yudofsky & Talbott, 1993). The treatment for the symptoms of depression is done by medical and psychological means (Johnstone, Cunningham Owens, et al, 2004). This problem affects all people, young or old, at any stage of developmental period.

Both men and women suffer from depression, though women are more likely to suffer than men. Most psychologists believe that depression results from an

interaction between a stressful life event and a person's biological and psychological vulnerabilities.

Type D personality has been found to be independently associated with increased symptoms of anxiety and depression. Identification of determinants of psychological distress in patients and their partners is therefore crucial for the management of distress and the improvement of quality of life, health, and clinical outcomes. Personality factors may have much explanatory power of differences in outcome, as indicated by recent research on type D personality, also called the distressed personality. The type D is a taxonomy based on the two stable personality traits of negative affectivity and social inhibition and denotes those individuals who experience increased negative distress and who do not express these negative emotions in social interactions (Denollet, 2000). The personality defines those who tend to experience increased negative distress and who do not express these negative emotions in social interactions and it has been associated with a variety of emotional and social difficulties (Denollet, 1991).

The present study attempted to examine the remission of depressive symptoms in depressed men without psychotic syndromes by two different kinds of intervention.

Objectives:

i) to use pharmacotherapy and pharmaco and psychosocial intervention for the management of severe depressive disorder and ii) to assess the qualitative changes in the two interventions of groups of depressive patients after the intervention and at follow-ups.

Method:

Design:

The design which was used for the study was Pre and post research design. Data were collected before, (baseline), after (5 months) and during follow-up1 (10 months) and follow-up 2(15 months) by using specific scales.

Sample:

Thirty two male depressed patients who had the symptoms of severe depressive disorder without psychotic symptoms were participants of the study. The consecutive, willing patients were assigned randomly into two groups. Both the pharmacotherapy (PT) and pharmaco and psychosocial intervention (PPSI) groups received drugs and the latter group participated in an intensive psychosocial intervention. The patients were exposed to adequate duration of therapy. A total of 18 sessions were conducted and the time taken for each session was 50 minutes. The data collections were done before, after, and during follow-ups within an interval of five months. The demographic variables such as age (ranging from 30 to 45 years), religions, (Hindu, Christian and Muslim), income (ranging from Rs2000 to Rs 4000) education (5^{th} standard to 10^{th} standard) and number of children (1 to 3) were collected from the depressed patients. The patients in the PT group and the PPSI group were in age group of 30-38 years (69%) and (62.5%), followed by 39-44 years (31%) and 37.5%) respectively and majority of the groups belonged to the religion of Hindu (81%) and (69%) followed by Muslim (13%) and (19%) respectively. Majority of the PT and PPSI groups had income of Rs.3000 (50%) & Rs 4000 (50%) and education 8th standard (50%) & (44%) and 2 children (50%) & (44%) respectively.

Measures:

a) Type-D personality Scale: The 14-Item Type-D Personality Scale (DS14) was used to measure type-D personality. The DS14 consisted of 2 subscales of negative affectivity (the tendency to experience negative emotions) and social inhibition (the tendency to inhibit the expression of emotions in social interaction). All questions consisted

of a 5-point Likert-type scale, ranging from 0 to 4. High scores (10) on both scales indicated type-D personality. Both subscales had good reliability; Cronbach is 0.88 and 0.86, respectively (Denollet, 1991; 2000; & 2005).

b) Quality of Life scale (QOL): The QOL assessed an individual's quality of life through self-report of the importance that he attached to each of the five conceptual domains of quality of life such as material and physical well-being, relationships with other people, social, community and civic activities, personal development and fulfillment, and recreation. The QOL was scored by adding up the score on each item to yield a total score for the instrument and then these scores determined an overall current quality of life for each individual. The scores ranged from 16 to 112. This measure was very quick to complete, and had been normed in a community sample of adults. It had also been used to track changes in individuals over the course of therapy. Higher scores indicated a higher overall quality of life (Burckhardt, Woods, et al, 1989).

c) Report of the family member: This report of the family member included the patient's ability to stay out of the problem at home, the frequency and depth of social relationships, dysfunction in work, sexual function, the reappearance of symptoms, the ability to maintain personal care, and the ability to participate in leisure activities.

Therapeutic Intervention

Pharmacotherapy:

The detail of the pharmacological management included the following, Antidepressant drugs - Cap. Prodep 20mg 1-0-0. Tab. Dothip 25 mg 0-0-1 and Tab. Zapiz 0.5mg 0-0-1 for the patients without psychotic syndromes were given by the first author. The management focused to arrest the depressive symptoms. The patients also responded to the management and the symptoms such as pain, insomnia, loss of appetite, and reduced energy. After a period of time, the group with out psychotic syndromes relieved from all other symptoms.

Pharmaco and Psycho Social Intervention (PPSI)

Psychosocial intervention was used for the carers to understand the depressive features and related problems. In this intervention, the anxieties and the worries of the carers were addressed. It was found very important that they had to cope up and also follow up the needs of the patients. The treatment of the individuals merged with the observation and the problems of the carers.

The therapeutic principles were designed to address the individual family's problems. The specific problems of the family were determined by the therapist and the family together. The stages of the therapy included assessment, contracting, treatment and termination. The number of sessions varied depending on the needs of the family ranging from 18 to 25 (fifty-minute per session). Carers became skilled to cope with various stressors which might lead to depression and they observed the patients while engaging in selected activities like problem solving, communication, and occupational functioning.

At the start the patient was assigned reading material on coping with depression and a weekly activity schedule (self-report) of home work assignment emphasizing on active learning approach. The main focus of the therapy was directed to clinically relevant dimensions of family functioning such as problem solving, communication, roles, affective responsiveness, affective involvement and behavior control as well as occupational functioning.

Results and Discussion

The main analysis of the data was to determine the significance of difference between therapy groups at before, after,

Table 1. Mean, SD, and t-value for the scores of Type-D Personality Scale of the depressed patients.

	Type-D	Mean	SD	t	Mean	SD	t
PT n=16	Before	24.56	3.85		24.44	3.69	
PPSI	Before	25.35	3.56	0.60	24.13	3.01	0.26
	Before	24.56	3.85		24.44	3.69	
	After	21.19	3.33	3.59*	19.19	2.74	5.95*
	Follow-up1	20.56	2.66	0.87	17.69	1.99	3.05*
	Follow-up2	20.25	2.08	1.64	17.63	1.93	4.04*
PPSI	Before	25.35	3.56		24.13	3.01	
	After	21.05	2.80	6.46*	17.88	3.54	22.21*
	Follow-up1	20.30	2.23	2.16**	16.63	2.45	2.71*
	Follow-up2	20.05	1.99	2.81*	16.69	2.06	2.02**

*p < 0.01;

PT- Pharmacotherapy group; PPSI - Pharmaco and Psychosocial Intervention group

follow-up1, and follow-up2 assessments (table 2). Mean and standard deviation were calculated for each of the groups i.e. Pharmacotherapy (PT) group and Pharmaco and Psychosocial intervention (PPSI) group to facilitate the comparison of repeated assessments).

When the means of the PT group was compared, there was no significant difference between before and before in Negative Affectivity and in Social Inhibition. The PT group had significant difference between before and after in negative affectivity indicating changes such as depressed mood, anxiety, anger, and hostile feelings. But the group did not have significant changes between after and follow-up1 and between after and follow-up2 in negative affectivity indicating no further significant improvement. The PT group had significant difference between before and after, between after and follow-up1 and between after and follow-up2 in social inhibition which showed improvement in situations such as feeling inhibited, tensed, uncomfortable, and insecure when encountered with other people and quality of life such as physical well-being, relationships with other people, social, community and civic activities, personal development and fulfillment, and recreation. When the means of the PPSI group was compared, the PPSI group had significant difference between before and after, between after and follow-up1 and between after and follow-up2 in negative affectivity as well as in social inhibition. The findings of the PPSI group showed further significant changes both in negative affectivity and social inhibition.

The noticeable differences between these two groups showed that PPSI group without psychotic syndrome group is significantly more effective than the PT group. These findings imply that therapist/clinician could use PPSI for enhancing individual's functioning and making social rehabilitation changes in the male depressive patients.

Mean and standard deviation were calculated for each of the group i.e. Pharmacotherapy (PT) group and Pharmaco and Psychosocial intervention (PPSI) group to facilitate the comparison of repeated assessments by Quality of Life Scale (QOL). The analysis of the data was to determine the significance of mean differences of the groups.

When the means of Pharmacotherapy (PT) group and Pharmaco and Psychosocial intervention (PPSI) were compared, there were significant differences between before and after and between after and follow-up1 and between after and follow-up2. The

noticeable differences between these two groups showed that PPSI group is significantly more effective than the PT group at follow-up levels. These findings imply that therapist/ clinician could use PPSI for enhancing individual's social and psychological well being in the male depressive patients.

Table 2. Mean, SD and t-value for the scores of Quality of Life Scale (QOL) of the depressed male patients.

QOL		*Mean*	*SD*	*t-value*
PT n=16	Before	31.23	3.26	
	Before	31.75	3.21	0.92
	Before	31.23	3.26	
	After	39.81	3.35	4.85*
	Follow-up1	38.19	2.54	1.86
	Follow-up2	38.88	2.40	1.14
PPSIn=16	Before	31.75	3.21	
	After	50.38	5.58	9.97*
	Follow-up1	53.37	5.28	9.20*
	Follow-up2	55.81	4.48	12.17*

*p < 0.01;

PT- Pharmacotherapy group; PPSI - Pharmaco and Psychosocial intervention group

c) Family member's report:

- None of the depressed male patients without psychotic syndromes were re-hospitalized during the study.

- The two groups of depressed patients had compliance of medication. Both the groups spent more money on patients behalf was more.

- The depressed patients had PPSI good relationships, less burden for the family, and minimum level of problem while staying out of home.

- An analysis of performance of the two groups showed that the depressed patients in PT had less performance in work.

- The depressed patients in PT group had increased levels of worry when compared to the patients PPSI group.

- The group PPSI had more social relationship, personal hygiene, and spent more time for pleasurable social activities.

The present study confirms the finding of the previous studies (Conte & Karasu (1992) Scott, 1998; Scott, 1992; Kocsis, Frances, Voss, & Mason, 1988; for the treatment of depressive disorder. The earlier studies (Kovacs, Rush, Bech, & Akiskal, 1981; Simons, Murphy, Levines, & Garfield, 1996; Murphy, Simons, Wetzel, & Lustman, 1984; Vieta 2005: Gutirrez, 2004) support the present findings that the combined Pharmaco and psychological therapy is significantly more effective in improving depressive disorder and better maintenance at the assessment of follow-ups. The findings revealed that therapist/clinician could use PSI for relieving their symptoms and changing their pattern of coping.

Type D individuals score highly on negative affectivity and social inhibition personality dimensions. The negative affectivity refers to the 'tendency to experience negative emotions,' including depressed mood, anxiety, anger, and hostile feelings. Individuals scoring high on negative affectivity are dysphoric and have a negative view of self, report more somatic symptoms, and act bias towards adverse stimuli. The individuals who score high on negative affectivity seem to scan the world for signs of impending trouble (Pedersen & Denollet, 2003).

Social inhibition refers to 'the avoidance of potential 'dangers' involved in social interactions such as disapproval or non-reward by others.' Individual's scoring high on social inhibition indicates frequently feeling inhibited, tensed, uncomfortable, and insecured when they encounter with other people. Both negative affectivity and social inhibition are associated with the perception of a socially unsupportive environment (Denollet, 2005).

The usefulness of psychosocial interventions as an adjunctive treatment for mood disorders has been examined by various studies. Some outcomes were not

directly clinical, for instance, focusing on the illness outcome itself. Other outcomes were not directly linked to any modification in the manifestations or evolution of the disease. In the present study, the symptoms such as loss of appetite, change in sleep patterns, feelings of worthlessness, hopelessness, or inappropriate guilt, fatigue, difficulty in concentrating or making decisions, overwhelming and intense feelings of sadness or grief, disturbed thinking and physical symptoms like stomach aches or headaches were reduced remarkably.

Family members or caregivers could play a very important role in detecting subtle mood fluctuations of the patient, and could act therapeutically if properly prepared. It is possible that improving the environment, in which family functioning plays a major role, may be one kind of help for the patients. On the other hand, stressful conditions in the family context, such as excessive hostility or over involvement i.e., “expressed emotion”, could deteriorate the conditions of the patients. Family psychosocial intervention could be as promising as other psychosocial interventions in improving therapeutic outcomes, and perhaps even more so, because they involve the patient’s immediate world.

The participants attending for psychosocial intervention had a higher anxiety. This could be considered a side-effect, which might be accounted for by the discomfort induced by the knowledge of the difficult aspects of the disorder, such as chronicity. The depressed patients without psychotic syndromes had the side effects such as anxiety, headache, tremors, nausea, sexual dysfunction, hypotension, drowsiness, fatigue, dizziness, etc. In general, there is increased acceptance of the need for adjuvant psychosocial interventions added to standard medications in the treatment of depressive disorder. The drugs with psychosocial intervention reduced symptoms and hospitalizations and enhance social functioning, leisure time activities, adherence to the treatment of mood disorder for rehabilitation. Vieta (2005) and Gutirrez, (2004) had similar findings earlier.

Limitations

The present study did not have control group to compare with the two groups as the patients needed immediate care and treatment due to their suffering of depressive disorder. The sample is limited to N= 32 focusing only on male depressed patients.

Conclusion

The results provided evidence for the effectiveness of Pharmaco and Psychosocial Intervention (PPSI) program for depressed patients. The symptoms of the depressive disorder were arrested significantly in the two groups. The PPSI group who had depressive features benefited more than the PT group as the group had not had negative affectivity such as depressed mood, anxiety, anger, and hostile feelings and social inhibition such as feeling inhibited, tensed, uncomfortable, and insecured when encountered with other people and had better quality of life such as physical well-being, relationships with other people, social, community and civic activities, personal development and fulfillment, and recreation.

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