



Prevalence of depression, anxiety, and adjustment disorders in women with spontaneous abortion in Germany – A retrospective cohort study



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ARTICLE INFO

Keywords:

Depression
Anxiety
Adjustment disorders
Spontaneous abortion

ABSTRACT

The aim of this study was to analyze the prevalence of depression, anxiety, and adjustment disorders in women within the year following miscarriage in Germany. This study included women between the ages of 16 and 45 with a first pregnancy terminated by spontaneous abortion between January 2007 and December 2015 (index date). These women were followed in 262 gynecological practices. Women with a spontaneous abortion were matched (1:1) with pregnant women without spontaneous abortion by age, index year, diagnosis of female infertility prior to the index date, procreative management prior to the index date, and physician. This retrospective cohort study included 12,158 women with a spontaneous abortion and 12,158 pregnant women without a spontaneous abortion. The mean age was 31.6 (SD: 5.5) years. One year after the index date, 8.9% of women with spontaneous abortion and 5.7% of controls were diagnosed with depression, anxiety, or adjustment disorder. Individuals who had previously undergone a spontaneous abortion were more likely to have one of these three psychiatric disorders compared to controls (OR = 1.53). Similar results were found in the age groups 21–30 and 31–40. Spontaneous abortion is associated with an increased prevalence of developing psychiatric diseases within the first year.

1. Introduction

Spontaneous abortion, also known as miscarriage, is defined as the loss of a fetus before the 20th week of gestation (Regan and Rai, 2000). Each year, hundreds of thousands of spontaneous abortions occur in Europe (Sedgh et al., 2014).

In recent decades, several authors have focused on the impact of spontaneous abortion on mental health (Neugebauer et al., 1997; Broen et al., 2005; Lok et al., 2010; Sham, 2010; Coleman, 2011; Kersting and Wagner, 2012; Bellieni and Buonocore, 2013). In 2005, Broen et al. (2005) discovered that women who have experienced miscarriage display more psychological distress after pregnancy than women who have undergone an induced abortion. These results suggest that individuals with spontaneous abortions are at a particular risk for developing psychiatric diseases. It was later shown in more than 400 individuals that a high proportion of women report mental disorders in the year following such gynecological complication (Lok et al., 2010). That same year, Sham et al. (2010) discovered that around 10% of patients suffer from depression and 1% from anxiety disorder a few months after miscarriage. Risk factors for depression are young age, a history of

infertility, and a history of depression. In 2016, Farren et al. (2016) corroborated these findings, as depression and anxiety were particularly high one month after early pregnancy loss. Since age is known to have a major impact on the risk of depression, and since such association was not investigated in most of the previous studies, Kulathilaka et al. (2016) performed new analyses on 274 women in 2016. After adjusting for age and period of amenorrhea, the relative risk of being diagnosed with depression was not significantly different between women with recent spontaneous abortion and women not affected by this obstetrical complication. Thus, the association between spontaneous abortion and psychiatric disorders remains under debate and needs further investigation. Furthermore, as most of these studies were conducted in hospitals, little is known about this association in private practices.

Therefore, the goal of the present study was to analyze the prevalence of depression, anxiety, and adjustment disorders in women within the year following miscarriage in Germany.

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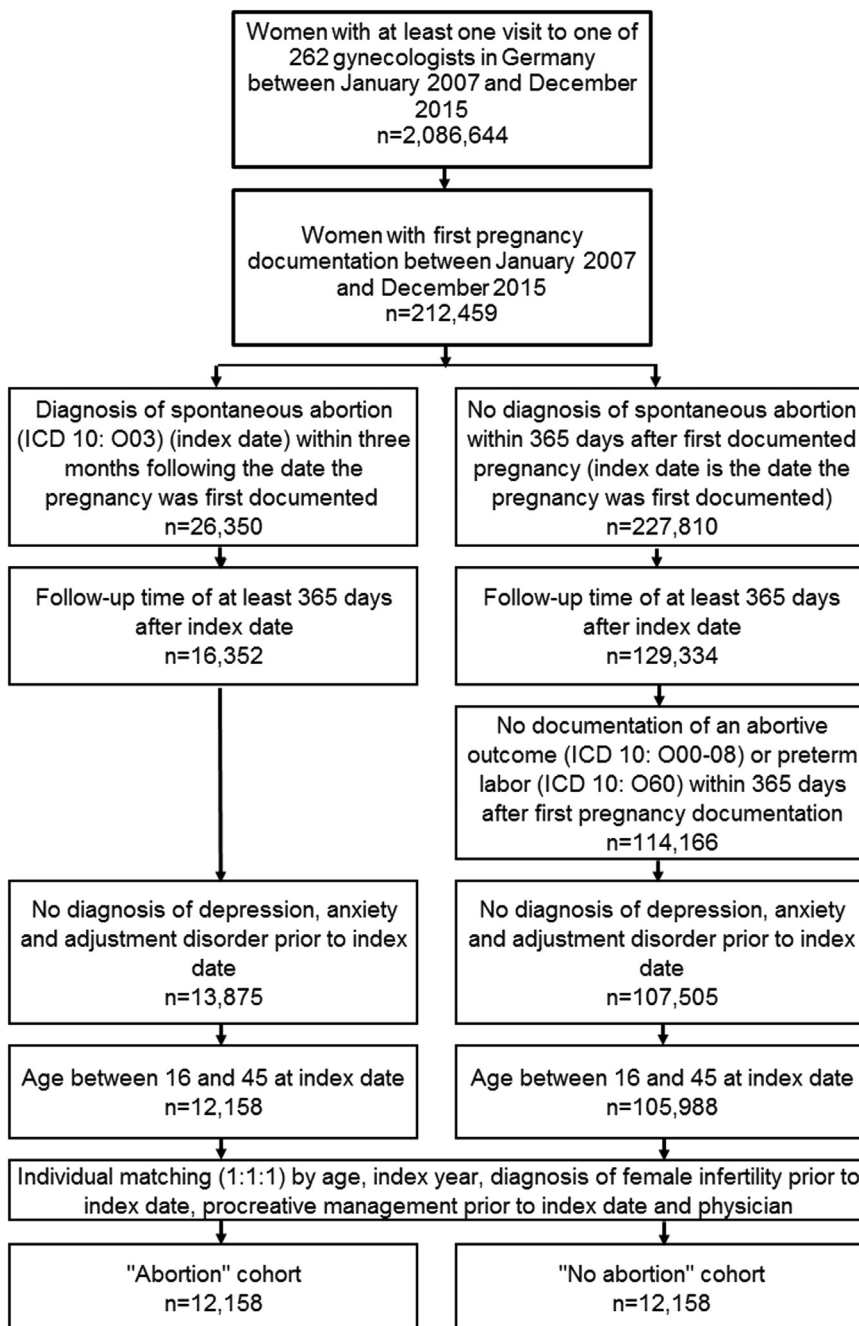
<http://dx.doi.org/10.1016/j.psychres.2017.08.064>

Received 5 May 2017; Received in revised form 18 August 2017; Accepted 23 August 2017

Available online 26 August 2017

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Fig. 1. Selection of study patients.



2. Methods

2.1. Database

This retrospective cohort study is based on data from the Disease Analyzer database (QuintilesIMS), which compiles demographic, clinical, and pharmaceutical data obtained anonymously from computer systems used in private practices (Becher et al., 2009). The quality and exactness of the data (e.g., diagnoses or drug prescriptions) are regularly assessed by QuintilesIMS. Using prescription statistics for numerous drugs and age groups for several diagnoses, it was found that the Disease Analyzer database is a representative database of primary care practices in Germany (Becher et al., 2009). Finally, this database has already been used in other studies focusing on gynecological and obstetric disorders (Jacob et al., 2017, 2016).

2.2. Study population

This study included women between the ages of 16 and 45 with a first pregnancy terminated by spontaneous abortion (ICD-10: O03) between January 2007 and December 2015 (index date). These women were followed in 262 German gynecological practices. Inclusion criteria consisted of a follow-up time of at least 365 days after the index date and no diagnosis of depression (ICD 10: F32, F33), anxiety (F41), or adjustment disorders (F43) prior to the index date. After applying similar criteria, women with spontaneous abortion were matched (1:1) with pregnant women without spontaneous abortion by age, index year, diagnosis of female infertility prior to the index date, procreative management prior to the index date, and physician (Fig. 1).

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