# Association of Anxiety and Depression with Glaucoma

Dr. Rekha Sharma<sup>1</sup>, Dr. Akhilesh Jain<sup>2</sup> Dr. Ashu Shah<sup>3</sup> and Dr. Raghav Shah<sup>4</sup>

<sup>1</sup>IMO Grade-I,ESIC Model Hospital, Jaipur (Rajasthan) India <sup>2</sup>Head of Department (Psychiatry), ESIC. Model Hospital Jaipur(Rajasthan) India <sup>3</sup>Senior Registrar, Department of Ophthalmology, SMS Medical College, Jaipur (Rajsthan) India <sup>4</sup>Senior Registrar, Department of Psychiatry, SMS Medical College, Jaipur (Rajsthan) India

Abstract— Glaucoma is the third largest cause of blindness worldwide after cataract and trachoma. Along with burden of blindness it also has psychological impact. So this study was designed to find out association of Insomnia, Anxiety and depression with Glaucoma. A case-series type of observational study was carried out on 100 glaucoma cases attended at ESIC Model Hospital, Jaipur (Raj). For assessment of anxiety and depression the Hospital Anxiety and Depression Scale (HADS) and for insomnia modified Diagnostic and Statistical Manual, Fourth edition (DSM-IV) criteria was used. Data collected were analysed and inferred with chi-square test. It was found in this study that Insomnia is associated with Age, Visual acuity in both the eyes and severity of glaucoma in glaucoma cases, with severity of glaucoma it was observed highly significant. Anxiety is associated with Age, Pupilary reaction, Visual acuity in both the eyes and severity of glaucoma in glaucoma cases, with age and severity of glaucoma it was observed highly significant. Depression is not associated with any of suprasaid factors in glaucoma cases

Key words: Insomnia, Anxiety, Depression and Glaucoma

## 1. Introduction

Glaucoma is a heterogeneous group of conditions involving cupping and atrophy of the optic nerve, characteristic visual field loss and often but not invariably a high intraocular pressure. It is estimated that over 60 million people worldwide currently suffer from glaucoma, of whom 4.5 million are estimated to become legally blind. Glaucoma is the third largest cause of blindness worldwide after cataract and trachoma. In India more that 90% of glaucoma remain undiagnosed then also studies reported that one in eight persons above the age of 40 years in India is either suffering from glaucoma or is at risk of the disease accounting for glaucoma prevalence in India between 2 to 13 %. The role of emotional factors in glaucoma is also important and has received wide recognition by investigators and clinicians from the very beginning. So glaucoma is also considered to be a psychosomatic disorder. Physical illnesses also create psychological squeal that precipitate psychiatric disorders severe enough to require specialist treatment. Depression and anxiety constitute greater percentage of these common co-morbid psychiatric disorders in glaucoma patients. Additionally it is also reported that the presence of these symptoms in patients leads to poor glaucoma medication use. So for proper treatment of glaucoma and these psychiatric co-morbidity that develop with glaucoma, it is also important to identify associating factors of these psychiatric co-morbidity with glaucoma.

# 2. Methodology

A cross-sectional case-series type of observational study was carried out with joint venture of Department of Psychiatry and Department of Ophthalmology at ESIC Model Hospital, Jaipur. Hundred patients with glaucoma were identified by taking every eligible case from outpatient department and ward of ophthalmology during 1<sup>st</sup> Jan. 2013 to 30<sup>th</sup> June 2013. For eligibility of study participants Hindi speaking adult patients (18 -60 years) with glaucoma from more than 6 months prior to enrollment were consider for inclusion criteria. Glaucoma was diagnosed based on glaucomatous disc cupping and

reproducible visual field damage in one or both eyes. Out of these identified cases, cases with present or past history of major psychiatric illness, current use of any medication which may result psychiatric (systemic use of beta blockers), incisional eye surgery within the previous three months or laser treatment within the previous one month, disability in visual field testing due to causes other than glaucoma (e.g., cognitive impairment) and other severe vision-impaired eye diseases were excluded.

After seeking informed consent 100 eligible subjects were interrogated as proforma and scales to identified Anxiety and depression in glaucoma patient along with their socio demographic characteristics.

For anxiety and depression the Hospital Anxiety and Depression Scale (HADS)<sup>8</sup> was used which is a 14-item self-reported scale which includes 7 items that measure depression and 7 that assess anxiety. Each item is rated on a scale from 0 ("not at all") to 3 ("very much"),

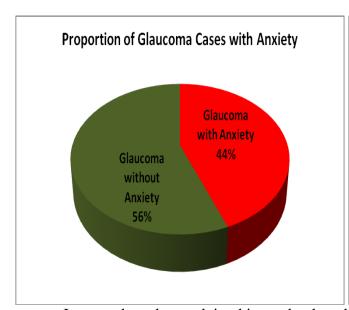
All participants underwent comprehensive ophthalmic examinations and evaluated for glaucoma symptoms like pain, congestion etc. Anterior chamber depth examined by slit lamp, and visual acuity by refraction unit. Detailed fundus examination was also done and cup disc ratio was calculated. Automated static perimerty (Humphrey visual field analyzer 30-2) was used to detect peripheral visual field defects and gonioscopy was done to find status of angle (open or closed). Patients were categorized as mild, moderate and severe depending on the results of status of cup and fields. Statistical analysis:

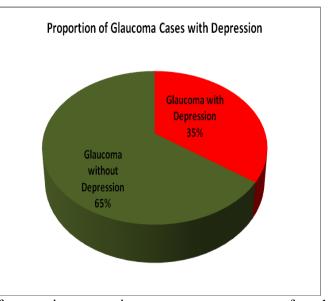
Data thus collected were classified and analyzed as with the help of MS Excell 2007 and Primer (version 6) statistical software. To find out difference in proportion chi square test was used and for significance 'p' value 0.05 or less was considered significant.

#### 3. Results

In this present study it was observed that out of total 100 eligible glaucoma cases anxiety was found in 44% (Fig 1) and depression was found in 35% (Fig 2)of glaucoma cases as per Hospital Anxiety and Depression Scale (HADS).

Fig. 1 Fig. 2





It was also observed in this study that difference in proportion as per sex was not found significant (p>0.05) in any of two identified psychiatric co-morbidity with glaucoma i.e. anxiety and depression. (Table 1)

As far as the age wise distribution of cases is concern in this study, maximum cases (more than half of total cases i.e. 58%) of glaucoma were found in age 50-70 years of age group with mean age 55.4 years. When association of psychiatric co-morbidity with age was observed in glaucoma cases, it was found that although depression was not found to be associated (P=0.283) but anxiety (P<0.001) were found associated with age. Anxiety was significantly more in 50-70 years of age group. (Table 1)

Table No.1

Association of Socio-demographic Factors with Anxiety and Depression in Glaucoma Cases

Variables		Total Glaucoma Cases	Glucoma Cases with		
		(N=100)	Anxiety (N=44)	Depression (N=35)	
Sex	Male	50	18	16	
	Female	50	26	19	
	Chi-square Test at 1DF P Value LS		1.989 P=0.158 NS	0.176 P=0.675 NS	
Age Group	<30	6	0	2	
	30-50	29	6	7	
	50-70	58	35	25	
	>70	7	3	1	
	Chi-square Test 3DF P Value LS		17.402 P<0.001 HS	4.506 P=0.283 NS	
Marital Status	Married	95	43	33	
	Unmarried	5	1	2	
	Chi-square Test 1DF P Value LS		0.419 P=0.518 NS	0.058 P=0.810 NS	
Socio-	<5000	59	32	22	
<b>Economic Status</b>	5000-10000	34	11	12	
	10000-15000	3	0	1	
	>15000	4	1	0	
	Chi-square Test 3DF P Value LS		7.324 P=0.081 NS	2.295 P=0.701 NS	

\*Multiple responses

Out of these 100 glaucoma cases, 95% were married in the present study. When association of marital status with identified psychiatric co-morbidity is concerned it was observed that the difference in proportion as per marital status was not found significant in any of three identified psychiatric co-morbidity i.e. anxiety and depression (P=0.518 and P=0.810 respectively). (Table 1)

In the present study maximum cases (more than half of total cases i.e. 59%) of glaucoma were found in less than 5000 income group. When association of psychiatric co-morbidity with income was observed in glaucoma cases, it was found that any of two identified psychiatric co-morbidity i.e. anxiety and depression was not associated (p>0.05) with income. (Table 1)

Table No.2

Association of Clinical Status with Anxiety and Depression in Glaucoma Cases (\*Multiple responses)

Clinical Status			Total Glaucoma Cases (N=100)	*Glaucoma Cases with			
			Cases (11–100)	Anxiety (N=44)		Depression (N	N=35)
Pain	Yes		34	19		15	
	No		66	25		20	
	Chi-squire Test at 1 DF				2.266	1.32	24
	P Value	LS		P=0.132	2.266 NS	P=0.250	NS
Congestion	Yes		23	12		7	
	No		77	32		28	
	Chi-squire Test at	1 DF			0.436		0.750
	P Value	LS		P=0.509	NS	P=0.789	NS
Pupilary reaction	Yes		53	30		21	
	No		47	14		14	
	Chi-squire Test at	1 DF			6.222		0.671
	P Value	LS		P=0.013	S	P=0.413	NS
Anterior Chamber depth	Normal		72	31		26	
	Shallow		28	13		9	
	Chi-squire Test at 1 DF				0.007		0.020
	P Value	LS		P=0.936	NS	P=0.889	LS=NS
Visual Acuity	6/60 or less		37	23		15	
(Rt. Eye)	6/30 or more		63	21		20	ı
	Chi-squire Test at	1 DF			6.736	0.453 at 1 DF	
	P Value	LS		P=0.009	S	P=0.501	LS=NS
Visual Acuity	6/60 or less		28	18		9	
(Rt. Eye)	6/30 or more		72	26		26	
	Chi-squire Test at 1 DF				5.402		020 at 1 DF
	P Value	LS		P=0.020	S	P=0.889	LS=NS

As far as the on clinical examination of glaucoma cases is concern in this study, pain was found in 66% of cases, congestion in 23%, pupilary reaction in 53%, anterior chamber depth shallow in 28%, visual acuity 6/60 or less in right eye in 37% and in left eye 28%. When association of psychiatric comorbidity with findings on clinical examination of glaucoma cases was observed it was found that

although depression was not found to be associated with any of symptom (P>0.05) but anxiety were found associated with many of symptoms. Anxiety was found significantly more in cases with positive pupilary reaction (56.6% v/s 29.7%, P=0.013) and in visual acuity 6/60 or less in right eye (62.1% v/s 33.3%, P=0.009) as well as in left eye (64.2% v/s 36.1%, P=0.020). (Table 2)

Among all glaucoma cases of present study, 75% were open angle and 25% were closed angle glaucoma. Likewise, maximum cases (54%) were of more than 24 months duration. Further, 34% cases were mild, 42% moderate and 24% sever cases of glaucoma. When association of psychiatric comorbidity with severity of glaucoma cases was concerned it was found that although depression was not found to be associated (P>0.05) but anxiety (P<0.001) were found associated with severity of glaucoma. Anxiety was found that as the severity of glaucoma increases the proportion of insomnia and anxiety cases also increases. Identified psychiatric co-morbidities were not found to associate with type and duration of glaucoma. (Table 3)

Table No.3

Association of Glaucoma Variables with Anxiety and Depression in Glaucoma Cases (\*Multiple responses)

Glaucoma Variables			Total Glaucoma Cases (N=100)	*Glaucoma Cases with				
			Cases (1(=100)	Anxiety (N=44	1)	Depression (N=	35)	
Duration of Glaucoma	<6 Month		19	4		8		
	6-9 Month		7	2		2		
	9-12 Month		7					
	12-24 Month		13	8		4		
	>24 Month		54	26		17		
	Chi-squire Test at 1 DF			7.272		2.454		
	P Value	LS		P=0.124	NS	P=0.653	NS	
Type of Glaucoma	Open Angle		75	33	33 26			
	Closed Angle		25	11		9		
	Chi-squire Test at 1 DF			0.054		0.020		
	P Value	LS		P=0.816	NS	P=0.887	NS	
Severity of Glaucoma	Mild		34	6		8		
	Moderate		42	22		18	18	
	Severe		24	16		9		
	Chi-squire Test at	1 DF		15.78	4	3.172	2	
	P Value	LS		P<0.001	HS	P=0.205	NS	

#### 4. Discussion:

Regarding association with sex, it was also observed that difference in proportion as per sex was not found significant in any of two identified psychiatric co-morbidity i.eanxiety and depression. Similar

observations were made by others also.  $^{9,10,11}$  But in contrast to this *Dawodu etall*  $^{12}$  found all the depressed patients were males.

In present study, maximum cases of glaucoma were found in age 50-70 years of age group. When association of psychiatric co-morbidity with age was observed in glaucoma cases, it was found that although depression was not found to be associated but insomnia and anxiety were found associated with age but anxiety was significantly more in 50-70 years of age group. Well comparable findings were of many of authors <sup>10,11,12</sup> But in contrast to this some report that Glaucoma can affect any age group, including newborn, infants, children and elderly<sup>4</sup>.

When association of psychiatric co-morbidity with clinical profile of glaucoma cases was observed it was found that although depression was not found to be associated with any of symptom (P>0.05) but anxiety was found associated with many of symptoms. Anxiety was found significantly more in cases with positive pupilary reaction and in visual acuity 6/60 or less in right eye as well as in left eye. Well comparable was reported by other authors. In contrast to the present study observations, Uzma Fasih etall observed significantly higher anxiety in open angle glaucoma. Quigley HA etall also reported that visual field defects and subsequently marked loss of vision that give rise to psychological disorders.

When association of psychiatric co-morbidity with severity of glaucoma cases was concerned it was found that although depression was not found to be associated but anxiety was found associated with severity of glaucoma. For anxiety was found that as severity of glaucoma increases the proportion of anxiety cases also increases. Identified psychiatric co-morbidities were not found to associate with type and duration of glaucoma. A recent population-based study conducted by Wang et al. <sup>14</sup> reported that the association between depression (PHQ-9  $\geq$  10) and glaucoma reflected patient perceptions and subjective experiences of their illness rather than conventional objective measures of glaucoma severity.

#### CONCLUSIONS

Anxiety and depression exist as co-morbidity with glaucoma. Anxiety is associated with age, pupilary reaction, visual acuity in both the eyes and severity of glaucoma in glaucoma cases, with age and severity of glaucoma it was observed highly significant. Depression is not associated with any of suprasaid factors in glaucoma cases

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