

Prevalence of Anxiety and Depression in Patients with Frozen Shoulder

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Abstract

Introduction: In recent years, the development of nervousness and unhappiness in patients with frozen shoulder have become widespread. Frozen shoulder patient faced severe pain and they cannot perform daily activities and this may lead them to anxiety and depression. The objective of the research was to find the occurrence of unhappiness and nervousness in patient with frozen shoulder.

Methods: A cross sectional study was undertaken to detect the occurrence of nervousness and depression among 104 patients with frozen shoulder. The occurrence of nervousness and unhappiness calculated. Calculated data treated statistically by SPSS software and result was discussed.

Results: The research included 103 patients from Ittefaq hospital and Jinnah hospital. Out of 104 patients 60.58% had anxiety and 94.23% had depression.

Conclusion: The study concluded that severe pain and emotional behavior changes are the main causes of nervousness and unhappiness in patients with frozen shoulder.

Keywords: Anxiety; Depression; Frozen Shoulder

Introduction

Musculoskeletal diseases mostly linked with psychological issues, like depression and anxiety. Frozen shoulder (FS) is a musculoskeletal disorder and is often a source of pain and rigidity in the shoulder [1]. The phrase "frozen shoulder" is described as a clinical position in which all capsular movements including flexion, abduction, external and internal rotations are restricted either active or passive range of motion (ROM) [2]. Frozen shoulder, term is introduced by Codman in 1934, as an orthopedic disorder that is generally introduced in common practice. Codman used this phrase to define the clinical issue that have a sign of shoulder aches and pain that are usually gentle in progression and pain are observed around the deltoid [3]. Those who are facing frozen shoulder usually complain of having difficulty of discomfort sleep on affected side [4].

Frozen shoulder mostly hit person with age groups of 40 - 60 years, females are the higher at risk [5]. The secondary frozen shoulder related to systemic disease and extrinsic or intrinsic factors, excluding cerebral vascular accident, proximal humeral fracture, and caus-

ative rotator cuff or labral pathology. Secondary Frozen Shoulder is inflammation of shoulder with known causes. The 3 subgroups for secondary frozen shoulder includes extrinsic which includes frozen shoulder due to cardiopulmonary disease, cervical disc, humerus fracture or Parkinson's disease. Systematic Frozen shoulder includes diseases like Diabetes Mellitus Hypothyroidism, hyperthyroidism and hypoadrenalism. Whereas Intrinsic frozen shoulder includes rotator cuff tendonitis, rotator cuff tears, bicep tendonitis and calcific tendonitis. These 3 subgroups recognize a link between some disease process and shoulder prodrome and signs. Systemic secondary frozen shoulder is more habitual among these patients, due to the associated baseline systemic connective tissue disease processes. Extrinsic secondary frozen shoulder involves individuals whose pathology is not right correlated with the shoulder, and intrinsic secondary frozen shoulder elaborates patients with a investigated pathology of the glenohumeral joint body tissues or anatomy. Distinct source of secondary frozen shoulder may affects prediction of outcome results. For example, patients suffering from secondary frozen shoulder related to insulin-dependent diabetes are most probably to have a more prolong and strenuous clinical course [6].

Research has reveal that chronic primary frozen shoulder outcomes from a chronic inflammatory response with fibroblastic (collagen-forming cells) proliferation, which may surprisingly be an unusual feedback from the immune system [7]. According to wolf and green 28.2 and 24.2% of the frozen shoulder had elevated danger of depression and anxiety, respectively, and frozen shoulder patients with anxiety or depression manifest greater rise in shoulder pain, more limitation of ROM and greater prevalence of sleep disruption [8].

Classification of adhesive capsulitis idiopathic adhesive capsulitis (also known as primary) happens impulsively without a certain assist [9].

The gender distinction was just found analytically beneficent when together with minor depression, showing that the female majority is less expressed in the more serious depression states [10]. According to Vastamäki H 94% of the individuals with ingenuous frozen shoulder resolved to ordinary extent of function and motion without treatment [11].

Purpose of the Study

The purpose to conduct this study is to find out the prevalence of anxiety and depression in patient with frozen shoulder. It will investigate the relation between anxiety and depression in patient with frozen shoulder and the hypothesis will help to enhance the living standards of affected individuals.

Methodology

It was a cross sectional study to find the prevalence of unhappiness and nervousness in patients with frozen shoulder. The calculated sample size was 103 by epitool sample size calculator by $n = (Z^2 P (1 - P))/e^2$. And the study was conducted in 2 settings Ittefaq hospital and Jinnah hospital and it was only 3 months' study after approval of synopsis from March 2017 to June 2017. The inclusion criteria were patients of frozen shoulder and depression and anxiety and exclusion criteria was exclusion criteria was RTA(road traffic accidents), fractures, pregnant women, systematic disease and degenerative changes and the patient selection criteria was anxiety depression and associated risk factors Bar chart and tables were used to display variables.

Four dimensional symptom questionnaire (4DSQ.)The questionnaire used in this research was made to provide information to the physical therapist that your anxiety and depression has affected your ability to manage everyday life.

Results

Among 104 patients, 94.23% patients suffered from feeling down or depressed and 5.769% who don't feel down or depressed in this study.

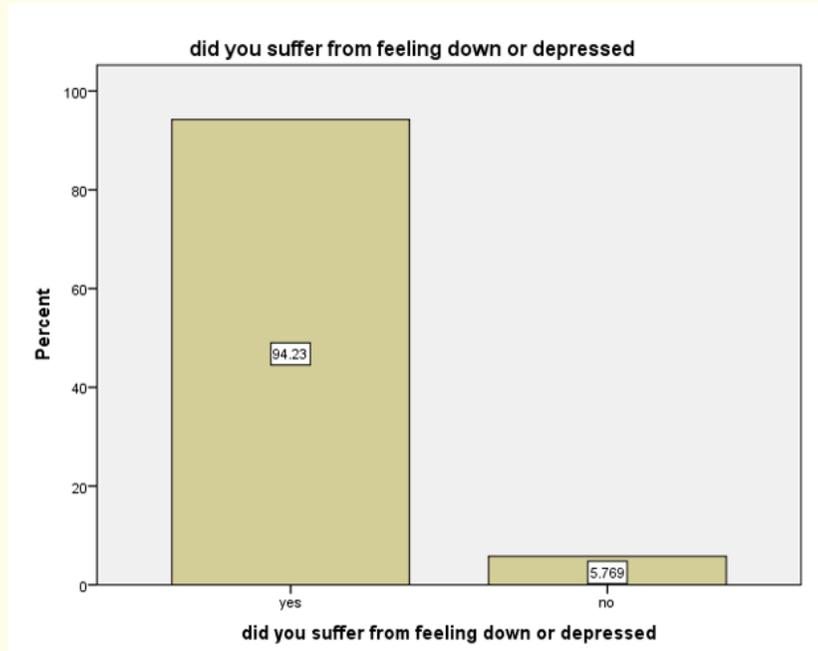


Figure 1

	Frequency	Percent
Yes	65	62.5
No	39	37.5
Total	104	100.0

Table 1: Sleep disturbance.

There were 62.5% patients suffered from disturbed sleep and 37.5% had no disturbed sleep in this study.

	Frequency	Percent
Yes	63	60.6
No	41	39.4
Total	104	100.0

Table 2: Anxiety.

Among 104 patients, 60.58% patients suffered from anxiety or panic attack and 39.42% had no anxiety or panic attack in this study.

Discussion

According to wolf and green there was a high risk of depression and anxiety approx. 28.2 and 24.2% of the frozen shoulder members. Patients having anxiety and depressions shows high symptoms of frozen shoulder and shoulder pain moreover patients having disturbed sleep patterns shoes high occurrence of restricted shoulder joint motion and shoulder pain [9].

According to recent research, researchers concluded that the patients who are suffering from depression get emotional easily on very small things they think a lot and this causes headache due to this they get emotional and they feel down and depressed. They feel worthless and they feel negativity on every aspect of life. Overthinking lead towards the stretching of muscles of neck and shoulder from this it converts into frozen shoulder and they realize this when it has become chronic [3]. According to recent research, there were 60.58% patients suffered from anxiety or panic attack. And there were 94.23% patients suffered from feeling down or depressed.

According to Vastamäki H 94% of patients with artless frozen shoulder recovered to normal levels of function and motion without treatment [11]. According to recent research, patients with depression in frozen shoulder also needs psychotherapy. So, physiotherapist should keep a friendly environment in clinic so patient feels comfortable.

Olsen LR, Mortensen EL, Bech P concluded that Daish general poplation has a high risk of depression which is not treated well. The sex difference was only found statistically important when including minor unhappiness, indicating that the female prevalence is less marked in the more severe despair states [10]. According to recent research, Researcher concluded that depression is related with musculoskeletal diseases like frozen shoulder and it is highly found in females. Among 103 patients with frozen shoulder, 71.15% had a painful muscle.

Patients with frozen shoulder had noticeable pain and functional disability. Furthermore, they had significant incidence of sleep disturbance and had a significantly lower QOL (Quality of Life) [12]. According to recent research, researcher concluded that frozen shoulder patients are often having disturbed sleep and due to pain their sleep is very much disturbed.

Conclusion

The prevalence of anxiety and depression in patient with frozen shoulder, out of 103 patients 60.58% had anxiety and 94.23% had depression. Medication and physiotherapy were helpful for most of them to relief from pain. Among these patient's severe pain, emotional behavior changes and sleep disturbance are concluded to be main causes of anxiety and depression in patients with frozen shoulder.

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