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Depression in hemophilia and von Willebrand using the Beck Depression Inventory

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Abstract

It is widely known that patients with a chronic disease have a high risk of depression (Fleiz and Zambrano, 2004). Depression is a common illness worldwide, with more than 300 million people affected. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At its worst, depression can lead to suicide. Close to 800 000 people die due to suicide every year (WHO, 2018). According to data from INEGI (2017) in Mexico, the number of suicides is increasing, the annual rate among young people is 7.9 per 100 thousand inhabitants, while the total population is 5.3. Particularly Tabasco occupies the first place in young suicide and the ninth in the rest of the population. Objective: To estimate the prevalence of clinically depression in adults with Hemophilia and von Willebrand resident in Tabasco, Mexico. Method: 81 patients with Hemophilia and von Willebrand and 36 apparently healthy people (control group). The presence of depression was determined using BDI- II (Beck's Depression Inventory). All of the findings were assessed by SPSS 21. Data were analysed using descriptive statistics, the chi – square test and p –values. Summary: 54.44% of the patients with a bleeding disorder presented depressive symptoms, 45.67% did not present depressive symptoms, 28.39% had mild depressive symptoms, 16.04% had moderate depressive symptoms, 9.87% severe depressive symptoms. In the case of the control group 80.55% did not have depressive symptoms. Statistically significant differences were found only in apparently healthy people compared to patients with a bleeding disorder ($p=0.03$). Conclusions: Comparing to the control group, patients with a bleeding disorder obtained an elevated score in the BDI-II. More than half of the patients presented depressive symptoms. Once the patients who had high scores on the test were detected, cognitive behavioral therapy was used to treat depression; the therapist helped the patients to identify and break down your thought patterns and reactions into different categories of negative thought, including: overgeneralization, all-or-nothing thinking, rejecting the positive, records of thoughts through cognitive restructuring, monitoring of daily activities. As patients perceived that they have control and control over the activities they performed and enjoyed them, they regained their self-confidence. In this way, they began to resume activities or habits that had been suspended, thus favoring their moods. Key Words: Bleeding disorders, Depression, Psychology.