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EDITORIAL

DEPRESSION AND TRAUMA

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Musculo skeletal trauma and depression are closely associated, and it's difficult to say which one precedes the other.[1] Patients with prolonged history of social activity loss like job absence, loss of academic year or inability to take part in sport's mega event due to injury can lead to depression in many of them. On the other hand person having depression symptoms are more prone to trauma and accidents. Moderate to severe depression up to 45% has been reported in patients with musculo skeletal trauma.[2]

Majority of trauma patients are young people as they are more mobile and active in routine life.[3]Some of these patients may have prolonged bed ridden advice by their physians, either due to aggressive nature of injury or due to some complications. This leads to study/sports/job disturbance and feeling of lagging from their colleagues may develop depression. There are some studies that correlate poverty and low income with depression. [4] Also some other studies shows stress at job can lead to trauma and vice versa. [5]

Trauma usually causes pain and patients need analgesics. Sometimes pain may be disabling and requires potent analgesics like Opioids. Opioids causes' good pain relief but prolonged use may lead to addiction and in some studies opioid use is linked with symptoms of depression.[6] Patients sustaining traumatic brachial plexus injuries usually have miserable pain complaints and tries to use different medications for that. Symptoms of psychological distress and depression are also seen in traumatic brachial plexus injuries, and these rates are higher than general population and majority of these patients attribute psychological symptoms to injury.[1, 7]

Complications of illness or treatment and prolonged hospital stay are also among the causes of psychological symptoms in musculoskeletal injured patients.[8] In polytrauma patients multiple surgeries are required, that need prolonged hospitalization, financial burden and loss of social activities. Sometimes simple and single injury gets complicated due to multiple reasons like lack of facilities, lack of expertes, poor patient's compliance, antibiotic's resistance and so on. These complications may end up in long standing chronic osteomyelitis or amputations and so the patients get psychologically upset.[9, 10] Some chronic diseases that may involve musculo-skeletal system like Tuberculosis affect a patient psychosocially and leads to depression and ultimately have a negative impact. [11, 12, 13]

In a Meta-Analysis from Hamilton, Muscatelli et al.[14] found depression in orthopedic trauma in 32% men & 42% women. A study in North Carolina by Secrist et al.[15] found moderate depression (PHQ-9 Score ≥10) in 10.5% patients with musculoskeletal trauma. From Cleveland, Ohio, USA Weinberg et al. [16] found that the prevalence of depression in orthopedic trauma patients was 22.3% for the time period of 3 years between October 2010 and February 2013. In republic of Korea, Kim et al.[17] compared sedentary and active patients and found increased incidence of depression in sedentary group (0–600 METs-min/week) as compared to ones with increased physical activity (>600 METs-min/week).

KEY WORDS: Depression; Patients; Trauma; Pain; Activity loss; Analgesics.

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CONFLICT OF INTEREST
Authors declare no conflict of interest.
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All the authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.