



# Depression and anxiety in pulmonary fibrosis: A pilot study

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## Abstract

**Background:** Anxiety and depression are associated with pulmonary fibrosis and have a frequently under-recognised impact on quality of life.

**Aim:** This study aims to establish prevalence of anxiety and depression in Maltese pulmonary fibrosis patients. The relationship of anxiety and depression with medication compliance, hospital admission frequency, steroid use, Medical Research Council (MRC) dyspnoea score, smoking, long-term oxygen use and pulmonary rehabilitation was studied.

**Method:** 16 patients attending an Interstitial Lung Disease clinic were selected. The World Health Organisation Hospital Anxiety and Depression (HAD) score was used to screen for anxiety and depression. Data collected from clinic and phone interviews included medical and social history, MRC score, and information on drug compliance.

**Results:** The prevalence of anxiety and depression in this patient cohort was 18.8% and 12.5% respectively, and 12.5% and 18.8% showed borderline scores for anxiety and depression respectively. A higher MRC dyspnoea score was associated with a high HAD-A (anxiety) score ( $p=0.0089$ ) but not HAD-D (depression) score ( $p=0.0529$ ). Lower forced vital capacity was associated with both high HAD-D ( $p=0.0320$ ) and HAD-A ( $p=0.0044$ ) scores, as was long term oxygen use ( $p=0.0004$  for HAD-A and  $0.0011$  for HAD-D). High HAD-A and HAD-D scores are not related to gender ( $p=0.5628$  and  $0.5208$  respectively) but are associated with older age ( $p=0.0001$ ).

**Conclusion:** Anxiety and depression are a significant burden in pulmonary fibrosis patients. These results suggest that anxiety and depression may influence progression of disease. More research is needed to better understand this relationship and tackle these conditions in the multidisciplinary team.

Interstitial lung disease   Chronic disease   Quality of life

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