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Depression and Amputation: A Narrative Literature Review

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ABSTRACT

Traumatic limb amputation leads to higher levels of anxiety, depression, and emotional stress in the individual. Adaptation to this event encounters many physical changes, such as impairments in physical functioning, prosthesis use, pain, changes in employment status or occupation, and alterations in body image. This review aimed to explain depression in amputation patients. People who experience amputation, which is the loss of one or several limbs, can experience a number of psychological problems, such as posttraumatic stress disorder, depression, and anxiety. Amputation can be a traumatic experience and cause prolonged stress. This can happen due to the loss of limbs that are considered important for everyday life. Despite this, it was seen that older people had lower anxiety and depression scores than their younger counterparts. This may be because older amputees have lower expectations and demands and are less likely to have emotional upset. In conclusion, amputees have a large number of psychosocial concerns which need to be addressed to provide holistic care and a better quality of life. The affected, which were optimistic, had more social support, had a pain-free life, and had to visit hospitals less, were significantly less anxious than their counterparts.

1. Introduction

Amputations are characterized by removing an organ/limb or part located at the human body's end.¹⁻

³ Etiologies leading to amputation can be divided into vascular causes, such as diabetes mellitus, atherosclerosis, and vasculitis, as well as nonvascular causes, such as trauma, neoplasia, burns, and congenital or infectious conditions. Traumatic limb amputation leads to higher levels of anxiety, depression, and emotional stress in the individual.⁴ Adaptation to this event encounters many physical changes, such as impairments in physical functioning, prosthesis use, pain, changes in employment status or occupation, and alterations in body image. This can precipitate other compounding psychosocial factors such as lack of social acceptance, relationship breakdown, alcohol dependence, and drug abuse.^{2,4}

Depression, anxiety, and post-traumatic stress predict poor long-term quality of life (QOL) and reliance on pain medication. The impact of all these on the life of the patient and the caregivers is essential for treatment, rehabilitation, and social care services. It has also been linked to developing health service designs and allocating adequate funds and resources.^{5,6} Each person has his method of dealing with this loss, and it has been shown that hoping for a better outcome and social support play an important role in positive adjustment. This review aimed to explain depression in amputation patients.

Psychological problems faced after an amputation

People who experience an amputation, which means they lose one or several limbs, can experience a number of psychological problems, such as

posttraumatic stress disorder, depression, and anxiety.^{7,8} Amputation can be a traumatic experience and causes prolonged stress. This can happen because of the loss of limbs that are considered important for everyday life. A person's identity is often closely related to his limbs. Losing a limb can make a person feel like they are losing a part of themselves and find it difficult to accept these changes. Loss of limbs can also make it difficult for a person to carry out daily activities such as walking, writing, or handling small objects.^{9,10} This can lead to feelings of frustration and dependence on others. Feelings of sadness, worthlessness, and anxiety are some of the symptoms that often occur in people who have had an amputation. This can happen because of feelings of loss, difficulty in activities, and feeling unable to control their lives. Loss of limbs can also affect a person's sex life. People with amputations often experience decreased sexual desire, difficulty achieving orgasm, or discomfort during sexual activity. People with amputations also often experience discrimination and social stigma because they lose limbs. This can make them feel uncomfortable and lack confidence in interacting with others. There are a number of factors that can affect the psychological impact of amputation, including the cause of the amputation, age, social support, and mental health conditions before the amputation.^{3,5}

Depression and amputation

Limb amputation is a life-changing event with social, mental, psychological, and spiritual sequelae.^{11,12} These concerns stem from their inability to perform daily activities, remain independent, and support their families. Individuals facing disability find meaning and a higher purpose in their disability and try to rationalize the incidence. The psychological effects of the event determine the QOL of a person who has undergone amputation.¹⁰⁻¹² Also, the World Health Organization has described QoL to be affected by physical, psychological, personal, social, environmental, and spiritual factors. Lack of education and training among the farmers and

laborers predisposes them to the hazards of mechanical harvesting and makes them increasingly susceptible to injury and amputations. There have been studies conducted in the past with unequivocal results to show that the age of the amputee affected his/her psychosocial concern status. While some have shown that older amputees had lesser concerns, others have failed to document this. Despite this, it was seen that older people had lower anxiety and depression scores than their younger counterparts. This may be because older amputees have lower expectations and demands and are less likely to have emotional upset.⁹

2. Conclusion

The amputees have a large number of psychosocial concerns which need to be addressed to provide holistic care and a better quality of life. The affected, which were optimistic, had more social support, had a pain-free life, and had to visit hospitals less, were significantly less anxious than their counterparts. It is essential to sensitize the community, the health care providers, and the patient's family to the additional psychosocial needs of the amputee. Measures must be taken to provide proper education and counseling for such patients. Provisions should be made to provide prostheses, counsel the amputees, and provide adequate physiotherapy and multidisciplinary pain relief to make rehabilitation easier.

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