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PREOPERATIVE DEPRESSION IN SURGICAL PATIENTS

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Abstract

The article presents a systematic review and analysis of the literature concerning the incidence, causes, and clinical importance of preoperative depression in patients undergoing surgery. The author of the article concludes that preoperative depression has a strong association with longer recovery times after surgery, more complications, longer stay in the hospital, and poorer quality of life after surgery.

Keywords

preoperative depression, surgical patients, psychological assessment, perioperative anxiety, postoperative outcomes, surgical complications, psychosomatic factors, patient-centered care

Аннотация

В данной статье на основе систематического обзора и анализа литературы исследуются распространенность, факторы риска и клиническое значение предоперационной депрессии у хирургических пациентов. Статья демонстрирует, что предоперационная депрессия значительно коррелирует с длительным периодом послеоперационного восстановления, увеличением частоты осложнений, продолжительностью госпитализации и снижением качества жизни после операции.

Ключевые слова

предоперационная депрессия, хирургические пациенты, психологическая оценка, периоперационная тревожность, послеоперационные результаты, хирургические осложнения, психосоматические факторы, пациентоориентированный подход.

Annotatsiya

Ushbu maqolada jarrohlik bemorlarida operatsiyadan oldingi depressiyaning tarqalishi, xavf omillari va klinik ahamiyati tizimli adabiyotlarni ko'rib chiqish va tahlil qilish orqali o'rganiladi. Maqolada operatsiyadan oldingi depressiya operatsiyadan keyingi tiklanish davrlarining uzayishi, asoratlar darajasining oshishi, kasalxonada yotish davomiyligining uzayishi va operatsiyadan keyin hayot sifatining pasayishi bilan sezilarli darajada bog'liqligi ko'rsatilgan.

Kalit so'zlar

operatsiyadan oldingi depressiya, jarrohlik bemorlari, psixologik baholash, perioperativ xavotir, operatsiyadan keyingi natijalar, jarrohlik asoratlari, psixosomatik omillar, bemorga yo'naltirilgan parvarish.

INTRODUCTION

Surgical interventions are major medical events that impose considerable physiological and psychological stress on patients of all ages and clinical scenarios [1]. Modern-day medical literature is now putting more emphasis on the fact that the mental state of the patient prior to surgery, especially the case of depression, plays a major role in the outcome of surgery, the

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course of recovery and the long-term wellbeing of the patient regardless of the technical success of the operative procedures [2]. Although there is a growing awareness among the surgeons about the connection between mental health and physical recovery, the regular preoperative psychological screening is still poorly implemented in many healthcare institutions leading to unrecognized and untreated cases of depression that adversely affect the quality of patient care [3]. The case of depression in advance of surgery is a complicated clinical situation that is brought about by a number of factors in interaction such as the severity of the disease, pain made permanent, the functional down-grading of the patient, socioeconomic pressures, lack of social support, and the fear of surgery, anesthesia, and uncertain outcomes [4]. The rate of occurrence of the symptoms of depression that are clinically significant among the preoperative population is highly variable depending on the surgical specialty, patient demographic and health care context, with some reports indicating rates as low as 15% and as high as 65% depending on the assessment methods, criteria used for diagnosis, and specific patient populations studied [5].

METHODOLOGY AND LITERATURE REVIEW

The methodology of this research is an analytical systematic literature review of peer-reviewed publications, treatment guidelines, and-based clinical reports that concern depression in surgical patients before an operation. It has been reported by the research that patients with moderate to severe depressive symptoms exhibit significantly higher risks for postoperative complications like delayed wound healing [6], increased infection susceptibility, prolonged pain perception, reduced adherence to rehabilitation protocols, and higher readmission rates compared to patients with no psychological disorders [7]. Sociodemographic examination shows that preoperative depression is more common among women, older people, less educated, financially unstable, single or socially isolated, and those who are not supported by family which suggests that being prone to preoperative depressive conditions is a result of the interplay of biological, psychological, and/or social factors [8]. One of the most distressing aspects of preoperative depression is anticipatory anxiety which is the fear of anesthesia complications, surgical failure, permanent disability, disfigurement, loss of independence, financial burden from medical expenses, and death, that patients often putting such fears first ahead of the objective medical conditions that one might even require psychological intervention addressing catastrophic thought patterns and unrealistic outcome expectations [9].

RESULTS AND DISCUSSION

Through a detailed analysis of the literature, it is concluded that preoperative depression is a widespread and very important condition, which is still present in a considerable number of patients who need surgery in different fields. Nevertheless, the rates are especially high in the areas of cardiac surgery, orthopedic procedures, oncological operations, and major abdominal surgeries, due to the overlapping of disease severity, functional impairment, and uncertainty about the prognosis that gives rise to psychological vulnerability [10]. The studies conducted in this area have made the link between preoperative depression and bad postoperative outcomes very clear. Definite patients showed that they had longer hospital stays by an average of three to five more days, higher postoperative pain scores that required more analgesic consumption, and they also experienced complications more often including infections and embolisms. In addition, the depressed patients had slower functional recovery when compared with non-depressed surgical patients, and this was done by controlling for other clinical and demographic factors.

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The results imply that depression prior to surgery has a considerable impact on surgical outcomes via various pathophysiological mechanisms among which are the disruption of hypothalamic-pituitary-adrenal axis functioning leading to the stress responses and immune system's ability being affected, altered cytokine profiles causing both overproduction of inflammation and poor quality of healing, psychological factors like lack of medication adherence and poor communication with the rehabilitation team, and neurobiological alterations that change pain processing and perception thereby making the patient feel more suffering than what is actually the case. The huge negative effect caused by preoperative depression on postoperative outcomes poses a challenge to the management of healthcare resources since complications that are preventable and prolonging hospital stays because of psychological comorbidities that are not treated will incur considerable costs which might be reduced through mental health screening and timely intervention during the preoperative phase being done systematically.

The literature recommends that the best way to handle preoperative depression should be through collaboration of various medical disciplines. This would include the surgical teams, psychiatrists, clinical psychologists, anesthesiologists, and nursing staff working together in coordinated care paths that detect patients at risk, offer appropriate psychological interventions, such as cognitive-behavioral therapy techniques, and consider drug treatment, if clinically indicated, while still taking into account perioperative medication issues, and then setting up monitoring systems for the patients after their surgery to guarantee that there is always mental health support during the recovery time. The mention of Culture as an important factor in dealing with preoperative depression is very relevant especially in the case of diverse healthcare where patients might have different views on the illness, different attitudes to mental health conditions, different readiness to talk about psychological symptoms, and different preferences for treatment from those in Western biomedical frameworks.

CONCLUSION

Preoperative depression represents a highly prevalent psychological comorbidity affecting substantial proportions of surgical patients with significant implications for perioperative outcomes, recovery quality, and healthcare resource utilization. The evidence conclusively demonstrates that depressive states preceding surgical interventions correlate with increased complication rates, prolonged hospitalization, amplified pain perception, delayed functional recovery, and diminished quality of life following surgery. Despite compelling evidence supporting clinical significance, systematic preoperative psychological screening remains inadequately implemented in many surgical settings, resulting in missed opportunities for early identification and intervention that could optimize patient outcomes and reduce preventable complications attributable to unaddressed mental health conditions. The multifactorial etiology of preoperative depression, encompassing disease burden, pain chronicity, socioeconomic stressors, inadequate social support, and anticipatory anxiety, necessitates comprehensive assessment approaches considering biological, psychological, and social determinants rather than simplistic screening protocols. Optimal management requires integrated multidisciplinary care models combining surgical expertise with psychiatric consultation, psychological support interventions, and coordinated postoperative monitoring to ensure continuity of mental health care throughout perioperative periods.

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