Quality of life among Patients with Depression

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Abstract

This study aim to assess quality of life among patients with depression through assess the level of QOL among patients with depression and assess factors affecting QOL among patients suffering from depression. **Descriptive design** was used to achieve the aim of this study. **Setting**: This study was conducted at Outpatient Clinic of El-Abassia Governmental Hospital for Psychiatric Mental Health. **Subject**: A convenience sample of 130 patients at Outpatient's Clinic in El Abassia Psychiatric Mental Hospital. **Tools**: tool I Structural questionnaire sheet to assess socio-demographic data and factors affecting quality of life among patients with depression. And tool II, World Health Organization quality of life scale, **Result:** The findings demonstrated that, more than half of studied patients were females in the age group >37. This study revealed that, the highest percentage of subscales of quality of life were the psychological health were poor among the patients with depression and while, the lowest percentage was the environment was good. Also, showed that, the highest percentage of factors affecting QOL among patients with depression were family factors while, the lowest percentage of factors affecting QOL were social factors. **Conclusion**: There were statistical significant relation between QOL, educational level and financial income. Also, there are statistical significant relation between total factors affecting QOL among patients with depression, sex and function status. Additionally, there were a highly statistical significant relation between QOL and family, professional and social factors. **Recommendation**s: This study recommended that, depressed patients required interventions that enhance quality of life, decrease factors affecting QOL among patients with depression and develop an educational program to patients with depression and their families on how to avoid and/or cope with depression to maintain normal life style at highest possible level of QOL.

Key words: Depression**,** Quality of life.

Introduction

Depression is a common mental disorder that present with depressed mood, loss of interest or pleasure, decreased energy, feeling of guilt or low self –worth, disturbed sleep or appetite and poor concentration. Moreover, depression often comes with symptoms of anxiety; Theses problem can become chronic or recurrent and lead to substantial impairments in an individual's ability care of his or her every day responsibilities. At its worst, depression can lead to suicide, which translates to 3000 suicide deaths every day year ***(World Health Organization (WHO), 2013).***

Quality of life (QOL) encompasses more than just good health at a basic level; it can represent the sum of person's physical, emotional, social, occupational and spiritual

well-being. The World Health Organization yean described quality of life (QOL) as" individuals perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concern" ***(Dean & Gerner, 2015).***

Many factors affect QOL positively or negatively. Tiredness, anxiety, concern for the future and the family, difficulties to meet basic demands. Social support, economic security and faith in recovery improve the quality of life ***(Eom et al., 2013).***

The goals of nursing care for patients with depressive disorders is to, intervening in lives of depression at early stage helps to limit the development of depressive disorders. Brief interventions from health care professionals can have a psychological impact on preventing behavior disturbances becoming a long-term problem ***(Schostak, 2016)***.

Significant of the study

Depression is become life threatening if untreated, depression leads to suicide in about 15% of the people. And it is leading to cause of disability and premature death in adults and is predicted to be the second leading cause of disability in people of all ages by the year 2020. **Lowe, Unutzer, Callahan, et al., (2012)**, a solution for depression is at hand. Efficacious and effective treatments are available to improve the health and the lives of the millions of people around the world suffering from depression by improving their quality of life and assess factors affecting their quality of life **(WHO, 2013)**.

Aim of the study

Assess quality of life among patients with depression through assess the level of QOL among patients with depression and assess factors affecting QOL among patients suffering from depression. **Research questions**

- What is the level of QOL among patient suffering from depression?
- What are the factors affecting QOL among patient suffering from depression?

Subjects and Methods

Research design:

An descriptive research design was conducted to fulfill the aim of the study and answer the research questions. It helps the researcher to describe and document aspects of a situation as it naturally occurs. As well, this design helps to establish a database for future research.

Setting of the study:

This study was conducted at Outpatient Clinic of El- Abassia Hospital for Psychiatric Mental Health, which is affiliated to general secretariat of mental health in Egypt.

Subject:

A sample for this study 130 of depressed patients was "convenience sample" selected during follow-up visits to the previously mentioned setting for all available depressed patients who meet inclusion criteria we set.

Tools of data collection:

The first tool used for the study consists of a structure interview questionnaire: The questionnaire contains two parts used for data collection:

Part (A): Socio-demographic sheet: A personal interview sheet for patient with depression: It was constructed by the investigator after reviewing literature in this field; the investigator designed the sheets of tool. This section included brief personal profile questions about the participant's patient as name, age, gender, marital status, occupation position, monthly income, educational level, work and medical history.

Part (B): Factors affecting quality of life for patients with MDD:

The Investigator constructed it after reviewing literature in this field. This questionnaire included four titles with (58 items) to measure factors affecting quality of life among depressed patients such as: psychological factors consisted of (15items), social factors consisted of (13 items), family factors consisted of (15 items) and vocational factors consisted of (15 items).

❖ **Scoring systems:**

The instrument uses a 3-point Likert scale ranging from "always" to "rarely". These are scored respectively from 1 to 3 so that always indicate to (1), sometimes indicate to (2) and rarely indicate to (3). The score of each subscale items were summed-up and divided by the number of the total items, giving a mean score for each subscale. These scores were convert into a percent score. If the percent score of the factor >50 is considered low risk and <50 is considered high risk.

The second tool: World Health Organization Quality of Life Scale (WHOQOL- Group,1998):

World Health Organization Quality of Life Scale (WHOQOL) is developed by the ***WHO (1998),*** the Quality of life Scale-BREF-WHO QOL, a shorter version of the WHOQOL-100, translated into Arabic by ***Ahmed (2008).*** This scale is composed of (26 items) that measure the following broad domains of QOL (i.e., physical, psychological, social and environmental). This scale included (26 items) to measure quality of life among depressed patients such as: - general health and over view QOL consisted of (2 items), Physical domains consisted of (7 items), Psychological domains consisted of (7 items), Social relationship domains consisted of (5 items) and Environment domains consisted of (5 items).

❖ **Scoring systems:**

The instrument uses a 5-point Likert scale ranging from "very poor" to "very good" .These are scored respectively from 1 to 5 so that very poor indicate to (1), poor indicate to (2), I don't know indicate to (3), good indicate to (4) and very good indicate to (5). The score of each subscale items were summed-up and divided by the number of the total items, giving a mean score for each subscale. These scores were converted into a percent score. According to total QOL if the percent score >50 is considered poor, 50:75 is considered moderate and >100 is considered good.

Pilot study:

The pilot study included 10% of patients. It was conducted on 13 patients both males and females fulfilling the previously mentioned criteria; it was conducted to evaluate the simplicity, practicability, validity and reliability of the tools, it was also used to find the possible problems that might face the Investigator and interfere with data collection to estimate the time needed to fill in the sheet, after obtaining the result of the pilot study, the necessary mandatory of tools were done then the final format was developed under the guidance of supervisors. Those patients

had excluded from the actual study. Three professors of Psychiatric Nursing, constituted the panel of juries who revised the tool, the jury professors made some modifications on the tool such as some items were rearranged according to priority, some items were canceled, some items added and some needed editing.

Ethical considerations:

The subjects were informed about choosing to participate or not and about their right to withdraw at any time without giving any reason, and that data collected will be only used for the purpose of the study. Explanation of the aim and nature of this study to the patients with reassurance about confidentiality of information given and that it will be used for scientific research only.

Statistical Analysis

The statistical analysis of data has done by using Computer Software for Excel program and the Statistical Package for Social Science (SPSS) program; First part of data were descriptive data, which were revised, coded, tabulated and statistically analyzed using the proportion and percentage. The second part was analytical statistics to test statistically significant relations between study variables. For qualitative data, chi - square test x^2 and p-value were used to test association among variable

- P-value > 0.05 Not significant (NS)
- P-value ≤ 0.05 Significant (S)
- P-value ≤ 0.001 Highly Significant (HS)

Results:

Table (1): represented the socio-demographic characteristics among patients with MDD. It was clarified that, more than half (57.7%) of studied patients were females and their age were >20 - ≤ 30 years with Mean age (37.79 ± 12.7 years) and less than half (45.4%) of studied patients were married and more two third (67.7%) of them were lived in urban residence. Regarding to their level of education more than one third (36.9%) of studied patients were moderate qualification.

Figure (1): shows that, the highest percentages of factors affecting QOL among patients with depression were family factors represented (88.5%). While, the lowest percentages of factors affecting QOL were social factors represented (17.7%).

Figure (2): This figure shows that, the highest percentage of subscales of quality of life is the psychological health was poor among the patients with depression under the study representing (73.1%). While, the lowest percentage of subscale of quality of life is the environment was good among the patients with depression under the study representing (1.5%).

Figure (3): This figure represents the quality of life among patients with depression. It shows the highest percentage of QOL among patients with depression under the study was moderate representing (50%) and the lowest percentage of QOL among patients with depression under the study was poor representing (4%).

Table (2): This table shows that, there is statistical significant relation between education level, financial income and QOL among patients with depression, P-value ≤0.05. While, there is no statistical significant relation between functional status and QOL among patients with depression, P-value >0.05.

Table (3): This table illustrates that, there is statistical significant relation between total factors affecting QOL among patient with depression and sex, P-value ≤0.05. While, there is no statistical significant relation between total factors

affecting QOL and age, marital status and residence, P-value >0.05.

Table (4): This table illustrates that, there is statistical significant relation between total factors affecting QOL among patient with depression and Functional status, P-value ≤0.05. While, there is no statistical significant relation between total factors affecting QOL and education level and financial income, P-value >0.05.

Table (5): This table shows that, there is a highly statistical significant relation between family, professional factors and QOL among patients with depression, P-value ≤0.001. In addition, there is statistical significant relation between QOL and Social factors, P-value ≤0.05. While, there is no statistical significant relation between QOL and Psychological factors, P-value >0.05.

Table(1): Socio-demographic characteristic among patients with MDD (n=130).

Items	N	%
Gender		
Male	55	42.3
Female	75	57.7
Age		
≤20	25	19.2
>20 - ≤ 30	39	30.0
>30- ≤ 40	33	25.4
>40	33	25.4
Mean ± SD	37.79 ± 12.7	
Social status:		
Single	44	33.8
Married	59	45.4
Divorced	20	15.4
Widowed	7	5.4
Education Level		
Illiterate	12	9.2
Read and write	16	12.3
Primary	8	6.2
Preparatory	17	13.1
Moderate qualification	48	36.9
High qualification	29	22.3

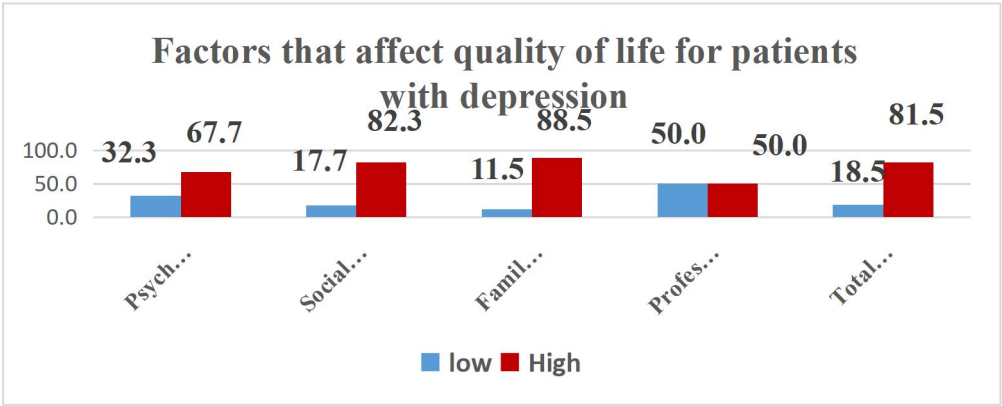

Figure (1): Percentage distribution for factors affecting quality of life of patients with depression (n=130).

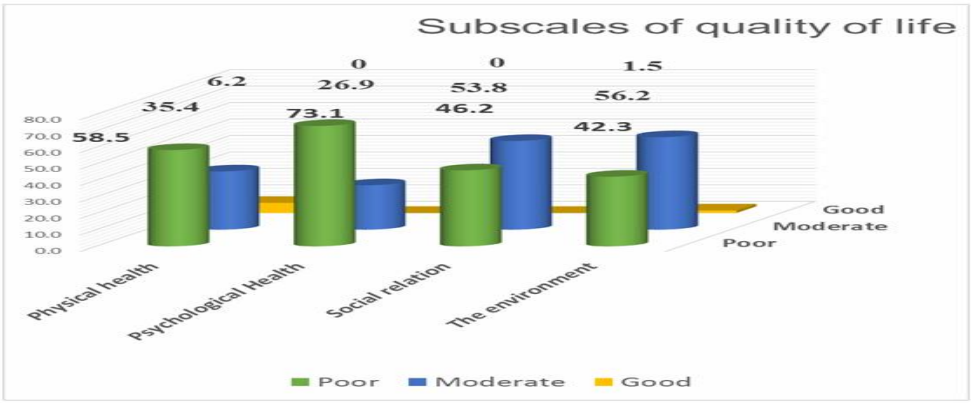

Figure (2): Percentage distribution of subscales of quality of life among patients with depression (n=130).

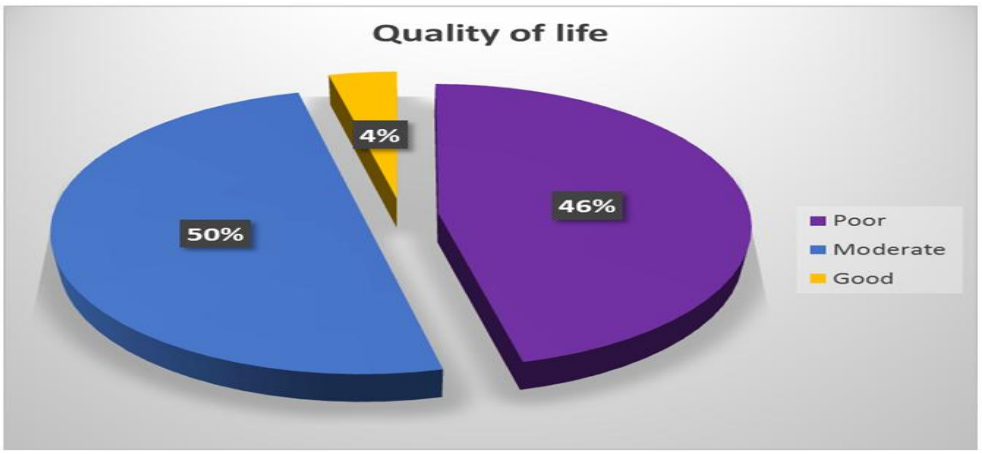

Figure (3): Percentage distribution for quality of life among patients with depression (n=130).

Table (2): Relationship between QOL and socio demographic characteristics of patients with depression (n=130).

Items	QOL						Chi square	P value	Sig.
	Poor		Moderate		Good				
	N	%	N	%	N	%			
Education Level									
Illiterate	10	83.3	2	16.7	0	0.0			
Read and write	9	56.3	5	31.3	2	12.5			
Primary	3	37.5	4	50.0	1	12.5			
Preparatory	5	29.4	12	70.6	0	0.0	18.26	0.05	S.
Moderate qualification	23	47.9	24	50.0	1	2.1			
High qualification	10	34.5	18	62.1	1	3.4			
Functional status:									
Works	33	45.8	37	51.4	2	2.8	.54	0.76	N.S
does not work	27	46.6	28	48.3	3	5.2			
Financial income:									
Sufficient	8	21.1	28	73.7	2	5.3			
Not sufficient	17	65.4	9	34.6	0	0.0	15.48	0.004	S.
to a certain extent	35	53.0	28	42.4	3	4.5			

Table (3): Relationship between socio demographic characteristics and total factors affecting QOL among patients with MDD (n=130).

Items	Total factors				Chi square	P value	Sig.
	Low		High				
	N	%	N	%			
Sex							
Male	16	29.1	39	70.9	7.15	.007	S.
Female	8	10.7	67	89.3			
Age							
≤20	2	8.0	23	92.0			
>20 - ≤ 30	9	23.1	30	76.9	4.95	.175	N.S
>30- ≤ 40	9	27.3	24	72.7			
>40	4	12.1	29	87.9			
Marital status							
Single	7	15.9	37	84.1			
Married	11	18.6	48	81.4	.84	.84	N.S
Divorced	5	25.0	15	75.0			
Widowed	1	14.3	6	85.7			
Residence							
Rural	7	16.7	35	83.3	.13	.71	N.S
Urban	17	19.3	71	80.7			

Table (4): Relationship between socio demographic characteristics and total factors affecting QOL of patients with depression (n=130).

Items	Total factors				Chi square	P value	Sig.
	Low		High				
	N	%	N	%			
Education Level							
Illiterate	4	33.3	8	66.7			
Read and write	3	18.8	13	81.3			
Primary	0	0.0	8	100.0			
Preparatory	5	29.4	12	70.6	6.2	.287	N.S.
Medium qualification	9	18.8	39	81.3			
High qualification	3	10.3	26	89.7			
Functional status:							
Works	19	26.4	53	73.6	6.73	.009	S.
does not work	5	8.6	53	91.4			
Financial income:							
Sufficient	3	7.9	35	92.1			
Not sufficient	6	23.1	20	76.9	3.98	.136	N.S
to a certain extent	15	22.7	51	77.3			

Table (5): Relationship between QOL and subscales of factors affecting QOL among patients with depression n=130.

	QOL					
	Poor	**Moderate**	**Good**	**Chi square**	**P value**	**Sig.**
Psychological factors						
Low	17 40.5%	14 33.3%	11 26.2%	4.6	.096	N.S
High	21 23.9%	45 51.1%	22 25.0%			
Family factors						
Low	12 80.0%	2 13.3%	1 6.7%	21.1	.000	H.S
High	26 22.6%	57 49.6%	32 27.8%			
Professional factors						
Low	32 49.2%	29 44.6%	4 6.2%	36.74	.000	H.S
High	6 9.2%	30 46.2%	29 44.6%			
Social factors						
Low	13 56.5%	5 21.7%	5 21.7%	10.70	.005	S.
High	25 23.4%	54 50.5%	28 26.2%			

Discussion:

The present study sample include 130 of patients with depression at Outpatient Clinic of El- Abassia Hospital for Psychiatric Mental Health, which is affiliated to General Secretariat of Mental Health in Egypt.

Regarding to gender the current study showed that, more than half of the studied samples were females. This may be due to that women are some mood changes and depressed feelings occur with normal hormonal changes, also women are exposed to chronic gender specific stressors in their female social roles, as well as the multiple roles that women fulfill in society may contribute to the levels of everyday stress. This result agreement with **Kornstein et al., (2013**) they studied "Gender differences in chronic major and double depression" showed that, women have double to triple the prevalence rates depression compared to men as the women had more mood disorders, including MDD than men. As well this result in the same line with **Hamid et al. 2014** who studied "A primary care study of the correrates of depressive symptoms among Jordanian women" found that women overvalue relationships with others to the point that might be excessive and annoying which can make others reject them. Rejection and relationship conflicts increase women worries and can make them vulnerable to depression.

As regarding the age, the results of the present study revealed that, more than half of studied sample were females in the age group >37. This may be due to that, the patient in this age face many obstacles, too stressful life events in their life, loss of family or social support and experiences to cope with these circumstances contributing to depression. This result was consistent with **Landen, (2013)** who studied "Relation between depression and socio-demographic factors" found that, the incidence of depressive disorders was highly noted between the ages of 25-45 years. As well, this finding goes in the same line with **Negash et al., 2015** who studied "socio demographic correlates of depressive disorder in rural Ethiopia" they found that age was associated with depressive disorder, as those aged 30 and above had over twice the risk of those aged 25 or below.

Concerning patient`s marital status the finding of the current study revealed that, less than half of the patients with depression were married. This may be due to that, married people has considered to be emotionally more damaged by stressful experiences than unmarried ones and due to high responsibilities of marriage and their limited of financial resources all those factors contributing to depression and may effects on their QOL. This result disagreement with, **Luca et al., (2014)** who studied "Prevalence of depression and its relationship with work characteristics in a sample of public workers" found the lowest rate of depression among married individuals and the highest rate of mild depression in individuals who were widowed..

Part II: Factors affecting quality of life among patients with depression, regarding to psychological factors

The current study revealed that, more than three quarter of studied patients were always feeling that turning away from God makes them dissatisfied with themselves. This may be due to that, God is powerful enough to end their suffering; they have a positive association with God and God helping people to live more fulfilling lives. This result agreement with **Agarwal, (2014)** who studied **"**Religion and mental health" shown that, religion has a great influence in

psychiatry including symptoms, phenomenology and outcome.

The recent study revealed that, less than three quarter of patients with depression were feeling that, the death of the person in their family makes their life unsafe. This may be due to that, the strong relationship between the patient and their family and Loss of a close relationship through death. This result agreement with **Breslau et al., (2013)** who studied **"**Trauma and posttraumatic stress disorder in the community**"** showed that, unexpected death of a loved one is the most frequently reported potentially traumatic experiences making mental health consequences of unexpected death an important public health concern. IWhile, this result disagreement with **Bunevicius, et al., (2015)** who studied **"** Factors affecting the presence of depression, anxiety disorders and suicidal ideation in patients attending primary health care service**"** found that, loss of spouse or friend and lower education status were independent risk factors for depressed people.

According to social factors that affecting QOL among patients with depression

The current study revealed that, less than half of studied patients were rarely saw the community look at them prevents them from going out work (study). This may be due to that, positive social evaluation and decrease symptoms severity of depression; this may be leads to good attitude toward seeking psychological help and improving their general health. This result disagreement with **Ehnvall et al., (2014)** who studied**"**Rejection sensitivity and pain in bipolar versus unipolar depression Bipolar Disorder"showed that, half of patients with MDD and bipolar disorders experience an increased sensitivity to social rejection.

The current study revealed that, less than half of studied patients were sometimes feeling that they were being forced and cannot defend themselves when they had problems with others. This may be due to that, they did not have positive self-acceptance and had low trust of themselves. This result is agreement with **Orzechowska et al., (2013)** who studied **"**Depression and ways of coping with stress **"**found patients with depression more often use strategies based on avoidance and denial and have more difficulties in finding positive aspects of stressful events.

According to family factors that affecting QOL among patients with depression

The current study showed that, two third of studied patients were always feeling conflicts within their family affect their mental state. This may be due to that, the family conflicts due to stressful life events, lack of experiences and poverty so the depressed patients needs to a good atmosphere and a healthy environment to improve their mental status. This result agreement with **Tol et al., (2014)** who studied**"**Mental health and psychosocial support in humanitarian settings**"**found elevated rates of conflict and other mass violence among depressed people's live which affecting on their mental health.

Additionally, the current study revealed that, half of studied patients was rarely the inability to meet the growing needs of the family makes them feel less about their family. This may be due to that, taken enough social support and cooperation between patients and their family member and improving in their health condition made them able to cover their family needs. This result inconsistent with **Fadden et al., (2011)** who studied **"**Caring and its burdens a study of the spouses of depressed patients **"**found that, spouses were affected by the

patient's illness; these effects were marked by complaint and restrictions in social and leisure activities, a fall in family income and a considerable strain on marital relationships.

Part III: Quality of life among patients with depression

The current study revealed that, less than one third of patients with depression their QOL were very poor. This may be due to that, the consequences of depression itself, severity of depressive symptoms, presence of psychological, social, financial factors and characteristics of the patients under study. This result agreement with **Ranganathan & Swaaminthan, (2014)** who studied **"**Evaluation of QOL Impairment in Depressive Patient**"** they reported that, patients who are suffering from severe depression will have poor QOL and sever functional impairment. In addition, this result agreement with **Wells, (2016)** who studied "The functioning and well-being of depressed patients" reported that, patients with depression were found to function at a lower level and have poorer well-being compared to patients with other chronic condition.

Quality of life among patient with depression regarding to physical health

The current study revealed that, more than quarters of studied patients were dissatisfied with their performance at daily activity live. This may be due to that, affecting the symptoms of depression and having high level of physical disorders and disability made them unable to do their routine of daily activity life and may be lack of encourage and support of the other to participate in routine of daily activity life. This result consistent with **Kopple et al., (2015)** who studied "Factors affecting daily physical activity and physical performance in maintenance psychiatric patients**"** found that, psychiatric patients with both anxiety and depression generally had the most impaired daily physical activity and physical performance.

Additionally, nearly to one-third of studied patients were dissatisfied with their sleep. This may be due to that, mood disorder leads to insomnia that maintained by anxiety and perceptions of poor sleep satisfaction regardless of perceived sleep timing and depression is associated with poor sleep. This result agreement with **Andrew et al., (2013)** who studied **"**Subjective sleep, depression and anxiety inter relationship in a non-clinical sample **"**found that, the depressed group reported significantly poorer sleep satisfaction than controls. While, this result disagreement with **Nenclares et al., (2013)** who studied "sleep quality in depressed patients" found that, there is no association between sleep quality and severity of depressive symptoms.

Quality of life among patient with depression regarding to psychological health

The current study revealed that, the quarter of patients with depression under the study were dissatisfied with themselves. This may be due to that, lower satisfaction with their life, low self-stem and feeling with guilt. This result consistence with **Silverstone et al., (2014)** who studied "The prevalence of major depressive disorder and low self-esteem in medical inpatients" showed that, the depressed patients had a significantly lower self-esteem than the non-depressed patients.

This study revealed that, less than one third of studied patients were not at all had the ability to cope with the pressures of life and live with it. This may be due to that, lack of experiences stressful life events, situations and a stressful situation can trigger feelings of depression and theses feeling can make it more difficult to deal with stress. This result agreement with

Orzechowska et al., (2014) they studied "Depression and ways of coping with stress**"**showed that, patients with depression more often use ineffective and avoidance strategies to cope with stress compared to healthy controls.

Quality of life among patient with depression regarding to social health

The current study showed that, nearly to half of studied patients were satisfied with their personal relationship with other. This may be due to that, strong and healthy relationships have the potential to help the depressed patient cope with the symptoms of depression. This result disagreement with **Teo & Valenstein, (2014)** who studied**"**social relationships and depression **"** found that, depressed people have overall poor quality of relationships with one's spouse/partner, friends and family.

The current studies revealed that, one third of patients with depression were satisfied with the social support they receive from their friends or family. This may be due to that, the social support has an impact on the well-being and better QOL and had appositive effect on the process and outcome of psychiatric treatment. Social support can reduce the negative effects of stressful life events. This result agreement with, **Sharir, (2014)** who studied "social support and QOL among psychiatric patients in residential homes" found that, the patients had a higher social support from friends and family. While, this result disagreement with **Sobhy et al., (2017)** who study **"**Relationship between Social Support and the Quality of Life among Psychiatric patients**"** found that more than half of patients had a low social support level.

Part IV: **Relationship between QOL and Socio demographic characteristics of patients with depression**

The current study revealed that, there was statistical significant relation between educational level, financial income and QOL. This may be due to that, the moderate educational level may lead to in securing better jobs, no better standard of living, lower social class and low socio economic income so this factors may effecting on their QOL. In addition, depression may effect on educational level and finical income. This result agreement with **John et al., (2017)** who studied **"**Socio demographic determinants of quality of life among patients with major depressive disorders **"**found a statistically significant relationship between overall quality of life, education level and income.

Part V: Relationship between Socio demographic characteristics and Factors affecting QOL of patients with depression

The current study revealed that, there was statistical significant relation between factors affecting QOL among patient with depression and sex. This may be due to that, both sexes had no equal influences for exposures to risk factors and females high risk compared to males according to my results. This result disagreement with **Van Loo et al., (2018)** who studied **"**sex similarities and differences in risk factors for recurrences of major depression**"** found no prominent sex differences in risk factors for recurrence of MD.

The current study revealed that, there was statistical significant relation between factors affecting QOL among patient with depression and functional status. This may be due to that, too stressful and over loaded of work beside their personal problems so, had difficulty in maintaining family and social relationships, with consequent negative influences on marital relationships, care of children, social contacts and deterioration of health, all those factors can effect on their QOL. This result agreement

with **Davous et al., (2014)** who studied **"**Case Control Study of Subjective Quality of Life in Out Patients with Depression**"**found that employment status, low income were also identified as the most important factors that effecting on QOL.

Part VI: Relationship between QOL and Factors affecting QOL of patients with depression

The current study revealed that, there was a highly statistical significant relation between total factors affecting QOL and QOL among patient with depression. This may be due to that, the positively and strongly effect of all factors on QOL beside the patients had depression from a period of three to five years. This result agreement with **Essawy et al., 2010** who studied "Assessment of the quality of life in chronic psychiatric Egyptian patients**"** found that, patients with schizophrenia, depression and obsessive-compulsive disorders are the most patients who suffer from lost interest in the functions of everyday life, disruption of thought, and weakness all these factors lead to no enjoyment of everyday life and low QOL.

The current study revealed that, there was statistical significant relation between QOL and social factors. This may be due to that, inadequate social support in patients with depression may influence the well-being and QOL. This result agreement with **Sung & Yeh, (2014)** who studied "Factors related to quality of life in depressive out patients in Taiwan" found statistical significant between social factors and QOL in depressive out patients.

Conclusion:

This study concluded that, the majority of studied sample were females in the age group >37 with Mean age of (37.79 ± 12.7). In addition, the highest percentage of subscales of quality of life is the psychological health was poor among the patients with depression while, the lowest percentage was the environment was good. Additionally, this study showed that, the highest percentage of factors affecting QOL among patients with depression were family factors while, the lowest percentage of factors affecting QOL were social factors. Also, there were statistical significant relation between QOL, educational level and financial income. Also, there were a highly statistical significant relation between QOL and family, professional and social factors. While, there were no statistical significant relation between QOL and psychological factors. Finally, there were statistical significant relation between total factors affecting QOL among patients with depression, sex and function status. While, there were no statistical significant relation between total factors and age, marital status, residence, educational level and financial income.

Recommendations:

1-Develop an educational program to patients with depression and their families on how to avoid and/or cope with depression to maintain normal life style at highest possible level of QOL

2-More attention should be paid to teach the patients problem solving skills, anger management and how to cope with their stress and frustration to enable them to manage aggression in a constructive way.

3-Encourage cooperation and coordination efforts of families that dealing with patients with depression to provide the best care, satisfy their needs and prevent relapse of patient problems after discharge.

4-Establishing a day care center (Rehabilitation center) in all psychiatric hospitals in order to enhance rehabilitative activities for patients with depression.

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