

Pattern And Prevalence Of Psychiatry Morbidity Among Subjects Attended Psychiatric Outpatient Department In A Tertiary Care Hospital In Northern Telangana

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ABSTRACT

Background: Mental health problem is a major public health issue all over the world including India. In India, mental disorders are the leading contributors to significant morbidity and disability amongst those affected. With changing health patterns among Indians, mental behavior and substance use disorders are coming to the forefront in health care delivery systems.

Objective: This study was aimed to assess the diagnostic pattern of psychiatric morbidity among the patients attending psychiatric outpatient department in a private medical college.

Methodology: This cross-sectional study was carried out in the Department of Psychiatry in Prathima Institute of Medical Sciences located at Karimnagar, Telangana, India. For this study, a total of 442 new subjects attending Psychiatry Outpatient Department (OPD) from August 2020 to July 2021 were taken. All the information including longitudinal histories of patients was recorded in files and the diagnosis was made following Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM 5). Socio-demographic parameters and family history of mental illness were collected from the record file of the individual patient.

Results: In the present study, among the different age groups, the majority (28.05%) of the study subjects were of the age ranging from 21-30 years. The distribution according to gender was (62.89%) males and (37.10%) females. The majority of the study subjects belonged to the rural background (69.45%), educated up to 10th standard (28.73%), self-employed (29.86%), married (67.42%), belonged to Hindu religion (85.74%), and with a monthly family income of 5,000 to 10,000 (38.68%). The majority of the study subjects were diagnosed with Major depressive

Disorders (28.05%), followed by anxiety disorders (17.87%) and Substance-Related and Addictive Disorders (16.96%).

Conclusion: This study provides information about the prevalence of psychiatric morbidity among patients attending outpatient department in a private medical hospital in Northern Telangana. It helps in assessing the pattern of psychiatric problems and taking necessary steps to plan for better management of mental health care in the near future.

KEYWORDS: Pattern and Prevalence, Psychiatric morbidity, Psychiatry Outpatient department

INTRODUCTION

A healthy condition involves a state of complete Physical, Mental and Social wellbeing. Psychiatric disorders form an important public health priority. Among the top ten health conditions contributing to the Disability Adjusted Life Years (DALYs), four are psychiatric disorders.^[1] Mental health problems are often unrecognized and neglected by patients, their relatives, and society. A healthy population is likely to be a productive population and a productive population will lead to a growing economy.^[2] It was reported that every year, 1 in 4 people were suffering from mental disorders around the world. Nowadays, 450 million people are suffering from different types of mental disorders.^[3] An accurate estimate of the prevalence of these disorders is essential for setting up adequate services to diminish the consequence of mental disorders and to improve quality of life. Very few studies have been conducted in our country to estimate the proportion of psychiatric morbidity in a tertiary care centre located in rural area. So, the study was done to determine the pattern of psychiatric morbidity and socio-demographic background of the patients attending the psychiatry outpatient department in a private medical teaching hospital located in Karimnagar,

Northern Telangana.

MATERIALS AND METHODS

This was a descriptive cross-sectional study carried out in the Psychiatry Outpatient Department (OPD) of Prathima Institute of Medical Sciences (PIMS) from August 2020 to July 2021. A structured outpatient proforma questionnaire was used to determine socio-demographic characteristics such as age, sex, marital status, social background, socio-economic status, education, occupation, etc. A total of 442 new cases who attended psychiatry OPD of PIMS during 1 year period were included in the study. The First 2 new patients visiting Psychiatry OPD were selected daily for the study. All of them were evaluated for psychiatric disorders by using DSM 5. [4] Ethical issues were maintained properly and necessary information regarding patients was collected from record files. Data was processed and analyzed manually following the simple descriptive statistical procedure.

RESULT

In the study, the mean age of the respondents was 34.41 (± 14.45) years. Among different age groups, a maximum (28.05%) of patients were in 21-30 years of age Table 1. There were 62.89% male and 37.10% female patients. Most of the respondents were Hindus (85.74%), married (67.42%), from a rural area (69.45%), completed primary education (28.73%), and with monthly family income within 5,000 to 10,000 (38.68%). Regarding occupation, the majority number of patients were self-employed (29.86%) followed by homemakers (18.55%) Table 2. Among 442 patients, most were diagnosed as Major depressive disorder (28.05%), followed by Substance-related disorder (16.96%), anxiety disorder (17.87%), Schizophrenia (7.69%), obsessive compulsive disorder (5.65%), Brief psychotic disorder (4.07%), Bipolar and related disorder (4.07%), Neurocognitive disorder (6.33%), and others Table 3.

DISCUSSION

In our study, the majority of the subjects were males (62.89%). According to age distribution, maximum participants fell into age group 21-30 years, males (28.05%) and females (37.10%). Subjects below 10 years and above 60 years were relatively low in number. Most respondents were married (67.42%). This finding may be due to fact that most of the respondents were in the middle-aged group and most of the middle-aged people get married in our society. Regarding habitat, the maximum number of patients (69.45%) came from rural background. It correlates with another similar kind of study done in children and adolescents. [5] Most of the people in our country still live in a rural area and our place of study was at the district level. Total 442 new patients in the study, were referred either by themselves or by their family members, friends, or by relatives. Some patients were referred by specialists of different disciplines of medical faculty. Patients

SOCIO-DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENT-AGE
1. AGE		
0-10	5	1.13
11-20	39	8.82
21-30	124	28.05
31-40	100	22.62
41-50	84	19.00
51-60	47	10.63
Above 60	43	9.72
2. SEX		
Male	278	62.89
Female	164	37.10
3. RELIGION		
Hindu	379	85.74
Muslim	18	4.07
Christian	45	10.18
4. MARITAL STATUS		
Unmarried	129	29.18
Married	298	67.42
Divorced/separated	6	1.35
Widowed	9	2.03
5. DOMICILE		
Rural	307	69.45
Urban	135	30.54
6. EDUCATION		
Illiterate	75	16.96
Up to 5 th standard	49	11.08
Up to 10 th standard	127	28.73
Intermediate	62	14.02
Graduate and above	129	29.18
7. MONTHLY INCOME		
Less than 5000	46	10.40
5000-10000	171	38.68
10000-20000	138	31.22
More than 20000	87	19.68

Table 1: SOCIO-DEMOGRAPHIC VARIABLES

EMPLOYMENT STATUS	FREQUENCY	PERCENTAGE
Employed full time	67	15.15
Employed part time	44	9.95
Self employed	132	29.86
Unemployed	49	11.08
Retired	11	2.48
Homemaker	82	18.55
Student	57	12.89

Table 2: EMPLOYMENT STATUS

S.no	Disorder	Fre- quency	Per- cent- age
A.	Major depressive disorder	124	28.05
B.	Bipolar and related disorders	18	4.07
C.	Anxiety disorders	79	17.87
D.	Obsessive compulsive and related disorders	25	5.65
E.	Brief psychotic disorder	18	4.07
F.	Schizophrenia	34	7.69
G.	Schizoaffective disorder	03	0.67
H.	Delusional disorder	02	0.45
I.	Conversion disorder	10	2.26
J.	Autism spectrum disorders	01	0.22
K.	Attention Deficit Hyperactivity Disorder	04	0.90
L.	Intellectual disability	17	3.84
M.	Sexual dysfunctions	04	0.90
N.	Substance use and addictive disorders	75	16.96
O.	Neurocognitive disorders	28	6.33

Table 3: PSYCHIATRY DISORDERS

as well as their family members themselves thought that the problems might be physical. So, initially, they went to other specialists for treatment. After finding no abnormality in examinations and investigations, the patients were sent to psychiatrists. Many patients went to faith healers, as most of our rural people had a belief that psychiatric disorders were due to some sort of supernatural causes and it might be treated by a traditional faith healer. Another reason might be that traditional faith healers provide explanations in a way that is easily understood; in contrast to the more scientific explanation of clinical staff. [6] Another study showed that 82% of patients refused to visit the psychiatrist due to the stigma related to psychiatry. [7] All stages of psychiatric disorders, recognition of symptoms, presentation, treatment adherence, and rehabilitation are influenced by stigma. [8] Regarding psychiatric morbidity, the highest proportion was Major depressive disorder (28.05%) followed by Anxiety disorders (17.87%). A study conducted by Monzur, M. S. E et al., reported a prevalence of Major depressive disorder (38.6%) and anxiety disorders (25.8%). [9] A study done by Deepthi VH et al., reported a prevalence of Major depressive disorder (32%) and anxiety disorders (20%). [10] Similar to the above two studies, our study findings also report a majority in the prevalence of major depressive disorder and anxiety disorders. Our study was conducted in a purposefully selected private medical teaching hospital. Hence, the study population might not represent the whole community. Other limitations of the study include a convenient sampling technique and a relatively small sample size.

CONCLUSION:

This study provides information about the prevalence of psychiatric morbidity in the patients attending a medical college hospital in the Northern region of Telangana. An appropriate statistics of psychiatric disorder pattern is needed to take early and necessary steps for better management. We hope that the result of this study may help to make future plans for better mental health services in private medical teaching hospitals.

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