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CLINICAL PROFILE OF PATIENTS ATTENDING A PSYCHIATRY OPD CLINIC AT A TERTIARY CARE SETTING OVER A PERIOD OF 6 MONTHS

Mohanraj Rathinavelu^{1,2}, Ishrar Shaik Mohammad Ghouse^{1,2}, Nissar Ahmad Kosigi^{1*}, Ooha Sriramula¹, Pramod Sunny Murahari¹, Vidyasagar Chinnakotla¹, Prabhakar Yendluri³

¹Raghavendra Institute of Pharmaceutical Education and Research–RIPER, Anantapuramu, Andhra Pradesh, India – 515721.

²Poison and Drug Information Centre, Department of Pharmacy Practice, RDT Hospital, Bathalapalli, Anantapuramu, Andhra Pradesh., India.

³Government Medical College and Hospital, Anantapur, Andhra Pradesh., India.

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ABSTRACT

Background: Psychiatric disorder is one of the major public health problems. According to World Health Organization study group at least 450 million people in the world suffer from severe forms of mental disorder such as schizophrenia and depression. Objective: To assess the prevalence of psychiatric disorders in a tertiary teaching hospital of India. Methodology: The cross sectional study of six months duration was performed in population suffering psychiatric illness, to assess the prevalence rate. Results: A total of 90 patients participated in the study; demographic particulars were assessed in relation to age and gender. 40% of study participants are under age group of 18-28 years, that too prevalence was higher in male gender (64.44%). The overall prevalence of psychiatric illness was found to be 0.9% and 92.22% were outpatients, the most common prevalence was found in psychosis (0.6), schizophrenia (0.2) and depression (0.1) respectively. Conclusion: The study observed a fewer prevalence of psychiatric disorder in the psychiatry department of tertiary healthcare settings and the lower rate of prevalence merits further study.

Corresponding author

Nissar Ahmad Kosigi

Resident Intern, VI Year Student,

Doctor of Pharmacy Program,

Division of Pharmacy Practice,

Raghavendra Institute of Pharmaceutical Education & Research (RIPER),

Anantapuramu, Andhra Pradesh, India - 515721

+91 8121934940

mohanrajrathinavelu@gmail.com

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INTRODUCTION

Psychiatric epidemiology is the study of the distribution and determinants of mental illness frequency in human beings, with the fundamental aim of understanding and controlling the occurrence of mental illness. Psychiatric epidemiology deals with important components such as disease/disorder, distribution and frequency of disease/disorder, determinants of disease/disorder, human population and methods employed to control the occurrence of illness [1].

In India many researchers have studied the prevalence of various psychiatric disorders over period of time. In a country like India where people are less aware about mental health problems, only patients with major mental illness access care and those with minor mental disorders remain in the community without identification and management [2].

Psychiatric epidemiology has gone through various stages of growth over the past five decades in India; starting from the first psychiatric epidemiological study [3] to the development of tools like the Present Status Examination (PSE) [4] and the Indian Psychiatric Survey Schedule (IPSS) [5]. A major advance in psychiatric epidemiology is the development of reliable and valid diagnostic interviews.

Many epidemiological studies conducted in India on mental and behavioral disorders report varying prevalence rates, ranging from 9.5 [6] to 370 per 1000 population [7]. These discrepancies are not specific to Indian studies but are also seen in international studies like the Epidemiological Catchment Area Program and the National Comorbidity Survey [8,9]. This discrepancy will impact planning, funding and health care delivery. Providing accurate data about the prevalence of mental disorders in the community would help to justify the allocation of scarce resources and planning of health services.

Fifteen epidemiological studies on psychiatric morbidity in India have been analyzed. National all-India prevalence rates for all mental disorders and five specific disorders have been worked out. The national prevalence rates for 'all mental disorders' arrived at are 70.5 (rural), 73 (urban) and 73 (rural + urban) per 1000 population. Prevalence of schizophrenia is 2.5/1000 and this seems to be the only disorder whose prevalence is consistent across cultures and over time. Rates for depression, anxiety neurosis, hysteria and mental retardation are provided. Urban morbidity in India is 3.5 percent higher than the rural rate, but rural-urban differences are not consistent for different disease categories [10]. Thus, the current cross sectional study of six months duration was prospectively performed in a psychiatry unit of a tertiary care teaching hospital in a semi urbanized healthcare resource limited setting of Andhra Pradesh., India to assess the prevalence of psychiatric illness.

MATERIALS AND METHOD

The cross sectional study of six months (May-October, 2016) duration was conducted in psychiatry unit of a tertiary care teaching hospital, in 90 individuals diagnosed with psychiatric disorders according to the DSM-IV (American Psychiatric Association, 1994) and ICD-10 (World Health Organization, 1992, both operational diagnostic systems that classify known psychological disorders according to the number of criteria symptoms. The study included patients already diagnosed with psychiatric illnesses of both genders on follow up of drug therapy and patients diagnosed newly with psychiatric illnesses and admitted in psychiatry unit of age greater than 18 years, who showed willingness towards the study. Patients who are not on antipsychotics, showed unwillingness towards the study and age less than 18 years were excluded. Furthermore, particulars pertaining to demography of patients, follow ups, length of stay in hospital, presenting and past, medical and medication histories; drug allergies were obtained prospectively and documented only after their prior consent towards the participation in study, for which a separate data collection form and patient informed consent form was designed. Descriptive statistics was applied, collected data's were entered in Microsoft excel spread sheet for further interpretations.

RESULTS

The current study of six months duration conducted in psychiatry unit of a tertiary care teaching hospital included 90 patients diagnosed with psychiatric illness out of which 64.44% were male and 40% of study participants are under age group of 18-28 years, results of which are reported in Table 1. Demographic details of study participants.

The study involved both (in and out) patients; inpatients those who are admitted in the psychiatry unit for their illness and out patients those who attend the psychiatry unit OP for follow up. In which 92.22% were outpatients, the particulars of both in patients and outpatients are reported in Table 2. Nature of patients in relation to age and gender.

The psychiatric disorders observed in the study were psychosis, schizophrenia and depression in a decreasing array which is reported in Table 3. Psychiatric disorders observed.

The prevalence of psychiatric illness was calculated and reported in Table 4. Prevalence of Psychiatric disorders in relation to gender.

DISCUSSION

Psychiatric disorder is a major public health problem. Today mental health and mental illness are key public health issue [11,12]. Psychiatric epidemiology lags behind other branches of epidemiology due to difficulties encountered in conceptualizing, diagnosing, defining a case, sampling, selecting an instrument, lack of resources and stigma [13]. The United States, Colombia, the Netherlands and Ukraine tended to have higher prevalence estimates across most classes of disorder, while Nigeria, Shanghai and Italy were consistently low, and prevalence was lower in Asian countries in general. Cases of disorder were rated as mild (prevalence of 1.8%–9.7%), moderate (prevalence of 0.5%–9.4%) and serious (prevalence of 0.4%–7.7%) [14]. Obsessive-compulsive disorder is two to three times as common in Latin America, Africa, and Europe as in Asia and Oceania [15]. Schizophrenia appears to be most common in Japan, Oceania, and Southeastern Europe and least common in Africa [16].

In our study, 40% of study participants were within age group of 18–28 years, similar findings were reported in a study performed by (Karim *et al.*, 2006) [17]. Based on gender distribution male constituted 64.4% and female were 35.6% similar findings were reported in a study performed by (Deswal *et al.*, 2012) [18].

Males had a higher prevalence of mental disorder as compared to females in our study which was similar to a study performed by (Deswal *et al.*, 2012) [18]. The overall prevalence of psychiatric illness was found to be 0.9%.

CONCLUSION

In conclusion, the study observed a fewer prevalence of psychiatric illnesses in psychiatry unit of a tertiary care teaching hospital in a semi-urbanized, healthcare resource limited setting of Andhra Pradesh, India. Current prevalence studies are useful indicators of service needs and the lower rate of prevalence merits further study.

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Abbreviations

DSM : Diagnostic and Statistical Manual of Mental Disorders.
ICD : International Classification of Diseases.
IP : In patients.
IPSS : Indian Psychiatric Survey Schedule.
OP : Out patients.
PSE : Present Status Examination.
USA : United States of America
WHO : World Health Organization

Conflict of Interest NIL

Source of Support NIL

Contribution of Authors

Mohanraj Rathinavelu, Prabhakar Yendluri and Nissar Ahmad Kosigi contributed towards concept, design and draft of the manuscript. Ooha Sriramula, Pramod Sunny Murahari, Vidyasagar Chinnakotla and Shaik Mohammad Ghouse Ishrar contributed towards literature search, data acquisition, data analysis and wrote the manuscript.

Table 1. Demographic details of study participants (N = 90).

S no	Demographic details	Number	%		
Gender distribution					
1	Male	58	64.44		
2	Female	32	35.56		
Total		90	100		
Age versus Gender distribution					
Age (in Years)	Gender		Number	%	
	Male	Female			
3	18 – 28	24	12	36	40
4	29 – 39	12	10	22	24.44
5	40 – 50	12	8	20	22.22
6	> 50	10	2	12	13.34
Total		58	32	90	100

Table 2. Nature of patients in relation to age and gender.

S no	Age Distribution (in years)	Gender distribution		Nature of patients	
		Male	Female	In patients	Out patients
01	18 – 28	24	12	5	31
02	29 – 39	12	10	1	21
03	40 – 50	12	8	0	20
04	> 50	10	2	1	11
Total		58	32	7	83

Table 3. Psychiatric disorders observed.

S no	Psychiatric disorder Observed	Mean \pm SD	Gender distribution		Nature of patients	
			Male	Female	In patients	Out patients
01	Psychosis	27 \pm 5.67	32	22	5	49
02	Schizophrenia	11.5 \pm 10.61	14	6	2	18
03	Depression	9.5 \pm 6.36	12	4	0	16
Total			58	32	7	83

Table 4. Prevalence of Psychiatric disorders in relation to gender.

S. no	Psychiatric disorder Observed	Prevalence of psychiatric disorder	Gender distribution		Nature of patients	
			Male	Female	I P	O P
01	Psychosis	0.6	0.35	0.24	0.05	0.54
02	Schizophrenia	0.2	0.15	0.06	0.02	0.2
03	Depression	0.1	0.13	0.04	0	0.17
Total		0.9	0.63	0.34	0.07	0.91

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