Scholars Journal of Applied Medical Sciences (SJAMS) **ISSN 2320-6691 (Online)**
Sch. J. App. Med. Sci., 2016; 4(9D):3462-3466 **ISSN 2347-954X (Print)**

(An International Publisher for Academic and Scientific Resources)
www.saspublishers.com DOI: 10.36347/sjams.2016.v04i09.060

Original Research Article

Morbidity Pattern among Patients Attending A Private Psychiatric Clinic - A Cross Sectional Study

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Abstract: Mental illness is a public health issue globally. The morbidity pattern in private clinics differ from mental hospitals. However studies are very few related to morbidity pattern of psychiatric patients attending private clinics. Hence the study is planned in this direction. study was aimed to assess the diagnostic pattern of psychiatric morbidity among patients attending a private psychiatric clinic. The study was done in a private psychiatric clinic catering OPD service in Cuddalore. All new consenting patients were included in the study. The patient's history were collected, examined and diagnosed according to ICD-10. Of the 106 patients 56[52.8%] were males and 50[47.2%] females. More than 60% of patients were in the 15 to 45 age group. The most common psychiatric disorders were neurotic, stress related & somatoform disorders[29.2%], mood disorders[28.3%], schizophrenia and other psychotic disorders[15.1%], organic mental disorders[7.5%], substance dependence disorders[6.6%], mental retardation[3.7%], behavioral problems associated with physiological disturbances[2.8%] and impulsive & habit disorders, childhood autism, hyperkinetic disorders, epilepsy and other headache syndrome[0.94% each]. There was no gender difference in the morbidity pattern. Neurotic and mood disorders were the most common diagnosis and the morbidity pattern was quite different from mental hospitals.
Keywords: Psychiatric morbidity, OPD.

INTRODUCTION

Mental illnesses are major source of morbidity across both developed and developing countries. Acknowledging the importance of mental health, the government of India had partially included it in primary health care. However data in most developing countries are scarce. Even though population based epidemiological studied had been done, studies on population attending private mental clinics are few and suffer from multiple lacunae. The present study was designed with the following objective i.e. study the pattern of psychiatric morbidity and to correlate with socio-demographic variables.

METHODS

The study was carried out in a private clinic in Cuddalore, South India. All consenting new patients attending the clinic from February 2014 to May 2014 were included in the study. Detailed longitudinal history of 106 patients were recorded in files, examined and diagnosed according to ICD-10 research criteria. Data's were processed and analyzed with SPSS 16.0

RESULTS

One hundred and six patients who attended a private psychiatric clinic in Cuddalore town between Februarys to May in the year 2014 were included in the study. Out of the 106 patients 56[52.8%] were male and 50[47.2%] were females. Nearly 61% of the study population belonged to 15 to 45 years age group which is economically most productive. 70 patients [66%] were married, 29[27.4%] were unmarried, 4[3.8%] were widowed, 2[1.9%] were separated and 1[0.9%] was divorcee. [Table 1]

Table-1: Distribution of patients by sex, age group, marital status, economic status and residence

Variable	Number	Percentage
Sex		
Male	56	52.8
Female	50	47.2
Age group		
< 14	9	8.5
15-29	31	29.2
30-44	34	32.1
45-59	22	20.7
>60	10	9.4
Marital status		
Married	70	66
Unmarried	29	27.4
Death of spouse	4	3.8
Separated	2	1.9
Divorced	1	0.9
Residence		
Urban	63	59.4
Rural	43	40.6
Economic status		
Lower	20	18.9
Middle	73	68.8
Upper	13	12.3
Family history		
Present	47	44.34
Absent	59	55.66

Table-2: Distribution of patients by their occupational & educational status

Occupation	Number	Percentage
Unskilled	12	11.3
Semi-skilled	10	9.4
Skilled	9	8.5
business	8	7.6
Professional	4	3.8
Student	15	14.2
House wife	30	28.3
Unemployed	18	16.9
Educational status		
Illiterate	5	4.7
Primary	14	13.2
Middle	53	50
Secondary	5	4.7
diplomas	3	2.8
Graduates	19	17.9
PG	4	3.7
Professionals	3	2.8

As the study was conducted in Cuddalore town 63 patients [59.4%] were from urban area and remaining 43[40.6%] from rural area. Regarding occupational status most of the patients [28.3%] were house wife followed by unemployed [16.9%], students [14.2%] and unskilled workers respectively. Nearly 95.3% of the patients were literate, 50% had completed middle school and 17.9% completed graduation as shown in table 2. A majority of the study population were economically well off with 81.1% belonging to medium & high social class. 44.34% of the patients had family history of mental illness. Of the hundred and six patients 29.2% were suffering from neurotic, stress related & somatoform disorders, 28.3% from mood disorders, 15.1% from schizophrenia and other psychotic disorders, 7.5% from organic mental disorders, 7.5 % from substance dependence disorders, 3.7% from mental retardation, 2.8% from behavioral problems associated with physiological disturbances and 0.94% each from impulsive & habit disorders,

childhood autism, hyperkinetic disorders, epilepsy and other headache syndrome. Schizophrenia and other psychotic disorders [9.4% vs 6.6%], mood disorders [16.9% vs 11.3%] and autism [0.94 vs 0%] were more common in females [Table 3] whereas Substance dependence disorders [7.5% vs 0%], Neurotic, stress related & somatoform disorder [16.9% vs 12.2%], hyperkinetic syndrome and epilepsy [0.94% vs 0%] were more common in males. Whereas Organic mental disorders, mental retardation and sleep disorders were equally distributed. Chi-square test was applied and the gender difference in the morbidity pattern was found to be significant (P = 0.0148). [Fig.1]

Table 3 - Types of psychiatric disorder among the OPD patients

Diagnostic groups/ categories	ICD-10 code	Male	Female	Total	%
Organic, including symptomatic, mental disorder	F00-F09	4	4	8	7.5
Mental & behavioral disorders due to psychoactive substance use	F10-F19				7.5
Alcohol		6	0	6	5.6
Nicotine		1	0	1	0.94
Sedatives		1	0	1	0.94
Schizophrenia, Schizotypal & Delusional Disorders	F20-F29				15.1
Schizophrenia		2	3	5	4.7
Schizoaffective disorder		1	2	3	2.8
Persistent delusional disorders		3	0	3	2.8
Acute transient & psychotic disorders		0	4	4	3.7
Other non-organic psychotic disorder		1	1	2	1.88
Mood disorders	F30-F39				28.3
Hypomania		0	1	1	0.94
Bipolar affective disorder		1	1	2	1.88
Depressive episode		5	11	16	15.1
Recurrent depressive disorder		5	2	7	6.6
Persistent mood disorder		2	2	4	3.7
Neurotic, stress related & somatoform disorder	F40-F48				29.2
Panic disorder		3	1	4	3.7
Mixed depressive-anxiety disorder		3	1	4	3.7
Obsessive compulsive disorder		1	2	3	2.8
Adjustment disorder		5	5	10	9.4
Dissociative[conversion] disorder		2	3	5	4.7
Somatoform disorder		4	1	5	4.7
Behavioral Syndromes associated with physiological disturbances & physical factor	F50-F59				2.8
Non-organic sleep disorder		1	1	2	1.88
Sexual dysfunction not caused by organic disease		1	0	1	0.94
Disorders of adult personality & behavior	F60-F69				0.94
Habit & Impulsive disorder		1	0	1	0.94
Mental Retardation	F70-F79				3.7
Mild mental Retardation		2	2	4	3.7
Disorders of psychological disturbance	F80-F89				0.94
Childhood autism		1	0	1	0.94
Behavioral & emotional disorders with onset usually occurring in childhood & adolescence	F90-F98				0.94
Hyperkinetic disorder		1	0	1	0.94
G 40 Epilepsy		1	0	1	0.94
G 44 Other Headache Syndrome		0	1	1	0.94

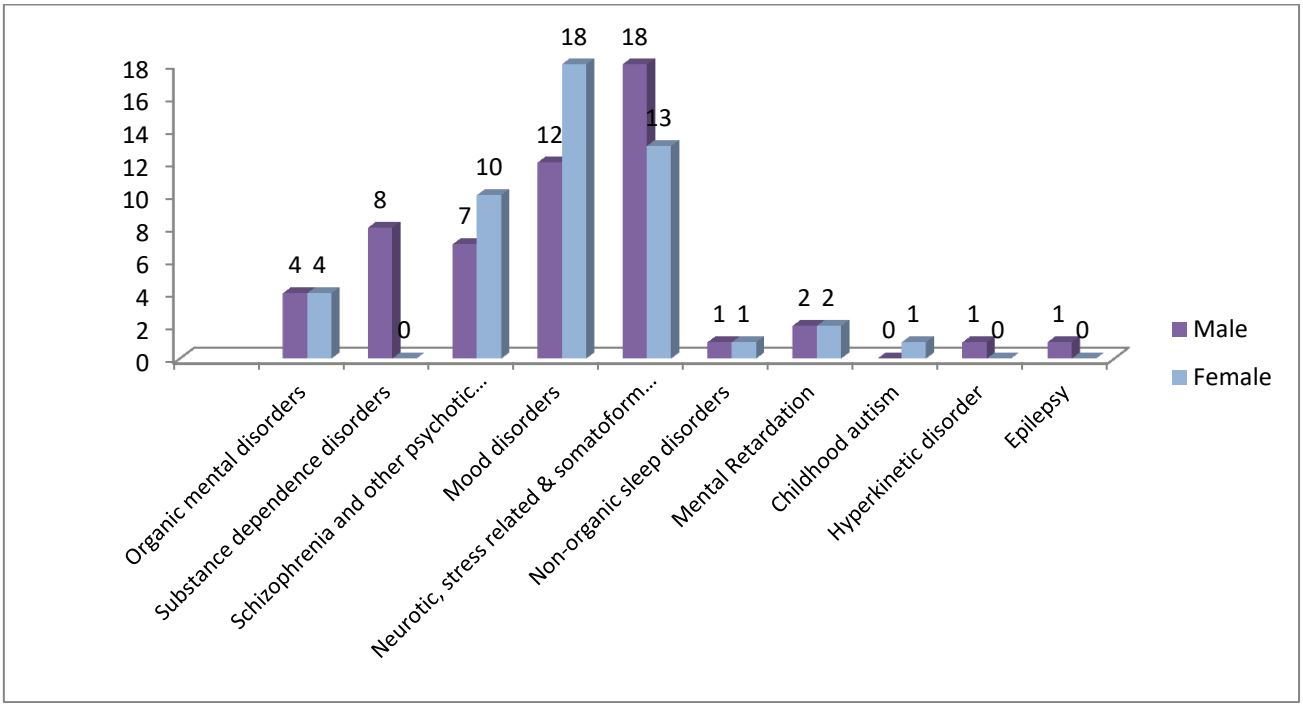

Fig-1: Distribution of Psychiatric Disorders by sex

DISCUSSION

In the present study, of the 106 participants a slight male preponderance (52.8%) was noted which is consistent with the findings of Regmi et al [1], Shrestha MR et al [4]. This male preponderance may reflect the gender bias in psychiatric help seeking behavior. Under reporting in females may be due to the inferior social position, social stigma, problems with marriage etc. Most of the patients were in the age group 30-44 years (32.1%), followed by the age group 15-29 years (29.2 %). Previous studies demonstrated that more than half of the patients were between 21 – 40 years of age (Upadhaya et al [2], wright 1987 [3], Shrestha 1987 [4], Sharma (1987). Present study also showed that 61% of the patients belonged to 15-44 years age group. As the study place was in Cuddalore town, majority of the patients [59.4%] were from urban background and 40.6% from rural area. This may be due to easy accessibility, better awareness and greater vulnerability among urban people. It was observed that 28.3% of the study population were house wives, 16.9% were unemployed and 14.2% were students. Unemployment which could be attributed to psychiatric disorders was lower when compared to Fahmida A et al [5]. Family history of mental illness was present in 44.34% of patients which was higher than with the findings of D R Shakya et al. [6]

The study also showed that, the most commonly diagnosed mental disorders were neurotic, stress related and somatoform disorder (29.2%), followed by the mood disorder[28.3%], schizophrenia and other psychotic disorders [15.1%], organic mental disorders[7.5%] and substance dependence disorders[6.6%] which was consistent with the findings of Regmi et al[1], D R Shakya et al[6]. Whereas in studies conducted by Wright (1987) et al [3] and shrestha (1987) et al [4] psychosis and epilepsy predominated. This difference in morbidity pattern may be attributed to cultural factors and set up of the study i.e. whether it is conducted in mental hospitals, psychiatric OPD of a general hospital or private clinics. Psychosis predominate in mental hospitals whereas a wider range including psychosis, mood disorders, neurosis, substance dependence and organic mental disorder occurs in general hospital psychiatric units and private clinics in mental hospital.

In the present study gender difference in the morbidity pattern was found to be significant which was similar to the studies of Reddy and Chandrasekar (1998)[7], Venkatesh et al [8], Mclean C P et al[9] and Rahman F et al.[10]

CONCLUSION

We observed that neurotic, stress related & somatoform disorders, mood disorders and psychotic disorders constituted nearly three-fourth of the diagnosis. They were common in both rural and urban areas. 15 to 45 years age group was most affected, causing severe economic damage to the person and the country as a whole. Neurotic and mood disorders presented with somatic symptoms the emphasizing the

role of public awareness programme for early consultation and prompt treatment.

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