



A STUDY ON ILLNESS PERCEPTION IN PATIENTS WITH PSYCHIATRIC DISORDERS

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ABSTRACT

Introduction: Stigma of mental illness is secondary to negative illness representations of psychiatric diseases. It is also culture dependent. Hence the need of study in Bengali population in eastern India.

Material & Methods: 146 psychiatric patients and 124 healthy controls who were accompanied similar patients and hence from socio-culturally similar background included in study and Brief IPQ (Illness Perception Questionnaire) applied. CGI-S and ICD 10 were applied to the patient group.

Result and Analysis: Illness perception not significantly different in patients and their relatives. Education & occupation and sex are determinants of illness perception. Illness were perceived as more dreaded in lower educated persons and housewives and in female sex in general. More severe disease state associated with more negative disease perception.

Conclusion: Psycho-education is essential not only to patients but also to relatives and for the society in general. More attention needed to be paid for vulnerable people.

KEYWORDS : Illness perception, psychiatric disorders, mental health

INTRODUCTION:

Mental illness is associated with significant stigma. Stigma is the root of many challenges in psychiatry. One of the causes of stigma is perception about the illness (1). Perception about any illness stem from past experiences and cognitive representation about the disease (2). A lot of acute(3) and chronic diseases(4) are subjected to illness perception assessment. Both generic and disease specific forms(5) of illness perception questionnaire(6) had been used to assess the construct. It has been translated in several languages (7). It has been used in healthy individuals also(8).

While it catches the psychological angle of any disease, illness perception of psychiatric disorders per se, both in patients(9) and their relatives(10) is an important area of research that can identify the cause of the stigma of the disease(11). It has been explored in many studies across the world.

As the illness perception is highly culture based(12). Hence it needed to be translated and applied in different culture to identify the exact illness representations in that area. Hence a study in Bengali population is necessary to address the construct in that areas.

MATERIALS & METHODS:

Brief IPQ (Illness Perception Questionnaire) is an open domain instrument is available with nine items for fast assessment of cognitive and emotional representation of a disease (13). It has been translated and validated in Bengali (14). A semi-structured questionnaire were formed to identify the socio demographic and clinical profile of patients with psychiatric disorders.

Consecutive patients who are already under treatment for at least 3 months were approached for inclusion in this study. Those who consented asked to fill up the Bengali version of B-IPQ and the semi-structured questionnaire. Total of 146 treated patients were included across the different diagnosis. ICD 10 diagnosis and Clinical Global impression (CGI-S)(15) was applied by a consultant psychiatrist.

Persons accompanying the patients to the psychiatric outpatient department of a tertiary center but did not have diagnosed psychiatric disorder in them, also have been approached for inclusion in the study as a control group. They are not necessarily accompanying members of those patients who were included in the study. Those who consented, were subjected to the questionnaires to find out if disease perceptions is state dependent. For this control group the instances of the word 'your' in the Brief IPQ was replaced with 'your relative's' but the instances of the word 'you' was kept as it is. Obviously the questions on diagnosis and disease severity were omitted in this group. 124 individuals included in the study in this group.

RESULT AND ANALYSIS:

Comparison of characteristics of psychiatric disorder group and control group have been displayed in table 1. Only occupation and family type were different in these group. Illness perception also were significantly not different in cases from controls.

Socio-demographic determinants was enumerated in table 2. Education and occupation are only two parameters that was significantly associated with illness perception. As per post hoc assessments higher education was associated with less dreaded disease perception. Higher secondary and above group were significantly better than persons with only primary education ($p=0.004$). House wives had more severe representations of disease than both service ($p=0.029$) and self-employed group ($p=0.008$), though they were not significantly different from unemployed group ($p=0.507$).

Among the patients, disease severity determines the severity of perceptions (table 3). In post hoc analysis by Bonferroni's test, cases having normal or sub threshold symptom severity (remitted cases) perceived the disease significantly less severe than cases with severe ($p=0.000$), moderate ($p=0.000$) and mild ($p=0.001$) symptomatology. Severe cases were in turn perceived disease more dreadful than mild ($p=0.000$) and moderate ($p=0.006$) cases. Though they are mutually not different significantly ($p=0.585$).

Table 1: Inter group difference in cases and controls

		Mental Illness	No mental Illness	Significance
Age	Mean \pm SD	35.81 \pm 11.378	38.23 \pm 12.652	$p=0.098$ (t-test)
Income	Mean \pm SD	3185.6 \pm 3441.1	3202.4 \pm 3809.6	$P=0.970$ (t-test)
sex	Male	88	89	$p=0.054$ (Fisher's Exact test)
	Female	58	35	

religion	Hindu	135	114	P=0.871 (χ^2)
	Muslim	11	10	
Marital Status	Married	142	124	P= 0.127 (Fisher's Exact test)
	Not married	4	0	
Residential Location	Rural	137	118	P=0.636 (χ^2)
	Urban	9	6	
Education	Primary	63	58	P=0.526 (χ^2)
	Secondary	59	42	
	Higher Secondary	24	24	
Occupation	Service	11	21	P=0.023 (χ^2)
	Self Employed	70	66	
	Housewife	51	27	
	Unemployed	14	10	
Family type	Joint	44	33	P= 0.003 (χ^2)
	Extended Nuclear	36	13	
	Nuclear	66	78	
Illness Perception Questionnaire		42.64 ± 11.2	44.53 ± 8.06	P= 0.108 (t test)

Table 2: Socio-demographic determinants of Illness perception

		IPS (Mean ±SD)	Significance
Sex	Male	41.92±9.63	P=0.000
	Female	46.54±9.77	
Religion	Hindu	43.58±10	P=0.670
	Muslim	42.62±8.6	
Residence	Rural	43.63±9.817	P=0.413
	Urban	41.47±11.62	
Education	Primary	45.19±9.9	P=0.006
	Secondary	43.25±9.39	
	HS and above	39.81±10.14	
Occupation	Service	41.0±9.26	P=0.005
	Self employed	42.32±9.72	
	Housewives	46.81±9.96	
	unemployed	42.88±9.57	
Family	Joint	42.94±10.2	P=0.039
	Nuclear	40.71±12	
	Extended Nuclear	44.76±8.73	
Age	Mean± SD= 36.92±12.01	43.51±9.91	r= 0.118 p=0.053
Income	Mean± SD = 3193.33±3608.18		r= -.110 p=0.072

Table 3: Effect of disease related parameters on illness perception

	Disorders	IPS (Mean ±SD)	Significance
Disorders	Major Depressive Disorders (MDD)	44.41 ± 12.54	P=0.430 (ANOVA)
	Bipolar Affective Disorders (BPAD)	41.24 ± 10.34	
	Anxiety and Related Disorders	44.48 ± 10.13	
	Schizophrenia and related disorders	41.36 ± 11.04	
Clinical Global Impression - severity	0 (Normal)	27.41 ± 11.25	P=0.000 (ANOVA)
	1 (Mild)	39.14 ± 10.15	
	2 (Moderate)	43.03 ± 8.830	
	3 (Severe)	49.06 ± 8.408	

DISCUSSION:

No study could be found where comparison of the perception about mental disorder between patients and their relative had been explored. This study showed there is no significant difference between patient group and age and socio culturally matched control group that comprised of patient's relatives.

That indicates the perception may not dependent on disease state but on sociocultural affiliation. On the other hand assessment on patient group indicated that, the severity of illness perception increases with illness severity. Though not in mental health field lot of other studies have documented that illness severity can be associated with perception about the disease.(16,17) Unlike a lot of other studies (9) this study did not find any difference in illness perception across the diagnoses.

On contrary to a study where it was shown that women with schizophrenia had better illness perception (9), this study showed women had more severe perception of the disease. Though in some other study in other diseases shown in the similar line(18). Like another Indian study(19), this study also shown illness perception was not dependent on other socio-demographic parameters but dependent on education. This study also shown housewives had most severe perception of disease. There are dearth of studies that explored the association of occupation and illness perception.

As illness perception had been proven to impact treatment adherence (20) and outcome (21). Hence psycho-education to patient and family can impact treatment outcome. Study with larger sample size to judge the efficacy of psycho-education may be planned in the future.

CONCLUSION:

There are not much difference between psychiatric patients and their relatives in terms of perception of illness severity. But worse perception about the illness had been associated with increased severity of the disease. Poor education also is associated with poor illness perception.

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