



Anxiety, Depression, Somatoform symptoms among patients admitted in medical ward, in a tertiary care hospital, Karad.

KEYWORDS

Anxiety, Somatoform, Tertiary care

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ABSTRACT A multi-disciplinary approach should be encouraged for the management of patients who attend general hospitals, in order to facilitate early recognition and management of psychiatric problems¹. *Methodology:* This is a cross sectional descriptive study with 150 patients from medicine ward between 18- 65 years of Age group, either gender. Patient Health Questionnaire was used to assess anxiety, depression and somatic symptoms. *Results:* Maximum samples belongs to 25-35 age group (28%), 60 (40%) male, 62% of participants were completed secondary education, 56% of patients were self employed. 75 (50%) patients were suffering with mild anxiety, severe anxiety was found to be only 4 (2%). Mild Depression is found among 90 (60%) patients. 78 (52%) samples had Somatic symptoms with mild intensity. Occupation is found highly significant with somatic symptoms. *Conclusion:* Availability and accessibility all psychiatric treatment & psychological therapies at outpatients departments will reduce its burden.

Introduction:

A multi-disciplinary approach should be encouraged for the management of patients who attend general hospitals, in order to facilitate early recognition and management of psychiatric problems¹. Generally 20% of elderly people experience of anxiety symptoms to some extent². Kvaal et al. (2001)³ found significant anxiety symptoms in 41% and 47% of hospitalized elderly men and women respectively. For a variety of reasons, these conditions are often under diagnosed and undertreated. However, it is vital to identify and manage them appropriately, as they are associated with significant distress, disability and impairment, and have an adverse impact on the course of concurrent physical and psychiatric disorders⁴. Evidence suggests that co morbid depression is commonly misdiagnosed, under-treated, or not diagnosed at all when present in critically ill patients.⁵

Many physicians do not recognize these symptoms and even patients suffering with anxiety, depression and somatic symptoms do not seek psychological assessment or treatment due to consequence stigma. Other reasons for neglecting these symptoms include under estimated prevalence, low priority to psychological issues by clinicians and service planners, lack of lack of psychiatrists & clinical psychologist.

Methodology:

This is a cross sectional descriptive study. 150 patients admitted in medicine ward were selected by convenient sampling technique. Age group between 18- 65 years of either gender, patients who know Marathi, Hindi or English were selected by taking consent. Patients with dementia, delirium or mental sub normality, patients referred from intensive care unit, severe sensor motor difficulty, who diagnosed as psychiatric disorders (schizophrenia/ schizoaffective disorder and bipolar affective disorder) were excluded from the study. Patient Health Questionnaire was used to assess anxiety, depression and somatic symptoms. The Patient Health Questionnaire (PHQ-SADS), developed by Spitzer and colleagues, consists of PHQ-9, GAD-7, and PHQ-15¹⁰.

Results:**1. Demographic variables:**

Sl no	Demographic variables	Frequency	Percentage
Age:			
	15-25	34	22
	26-35	43	28
	36-45	35	23
	46-55	16	10
	Above 55	22	14
Gender			
	Male	90	60
	Female	60	40
Educational status:			
	No formal education	15	10
	Primary	28	18
	Secondary	93	62
	Degree and above	14	9
Occupation			
	Self employed	84	56
	Government job	5	3
	House wife	53	35
	Student	8	5

Demographic variables shows that maximum samples belongs to 25-35 age group (28%) followed by 36-45 age group (23%). 90 (60%) samples were male and 60 (40%) samples were female. Considering the education, maximum, 62% of participants were completed secondary education. As per as occupation is concern 56% of patients were self employed and almost 35% of females were house wife.

2. Prevalence of anxiety:

Sl no	Demographic variables	Level of anxiety				Chi square	Df	P value
		No anxiety	Mild	Moderate	Severe			
Age								
	15-25	9	20	5	0	20.02	12	0.065
	26-35	17	18	8	0			
	36-45	12	14	5	4			
	46-55	04	7	5	0			
	Above 55	10	10	2	0			
Gender								
	Male	35	45	6	4	7.0512	3	0.0573
	Female	19	30	11	0			
Education								
	No formal education	26	49	3	01	15.23	4	0.105
	Primary	04	06	3	00			
	Secondary	10	33	5	00			
	Degree and above	05	05	1	00			
Occupation								
	Self employed	32	35	13	4	19.965	06	0.0028
	Government job	04	01	00	0			
	House wife	17	36	00	0			
	Student	01	03	04	0			

75 (50%) patients were suffering with mild anxiety among patients attending medical OPD. Followed by 54 (36%) patients with no symptoms of anxiety, 17 (11%) people with moderate anxiety and severe anxiety was found to be only 4 (2%). Association of anxiety with demographic variables indicates that, age and education have significantly associated where as occupation and genders have not associated.

3. Prevalence of Depression:

Sl no	Demographic variables	Level of anxiety				Chi square	Df	P value
		No anxiety	Mild	Moderate	Severe			
Age								
	15-25	11	22	1	00	8.915	8	0.3495
	26-35	17	26	0	00			
	36-45	05	25	2	00			
	46-55	12	10	1	00			
	Above 55	12	09	1	00			
Gender								
	Male	32	52	2	00	2.684	2	0.26
	Female	17	40	3	00			
Education								
	No formal education	19	25	9	0	6.0512	2	0.1213
	Primary	17	18	8	0			
	Secondary	12	19	7	0			
	Degree and above	04	8	5	0			
Occupation								
	Self employed	28	54	2	00	8.260	06	0.219
	Government job	04	01	0	00			
	House wife	17	33	3	00			
	Student	05	03	0	00			

Mild Depression is found among 90 (60%) patients among all the samples. 54 (36%) patients show no depressive symptoms and only 05 (3%) patients were having moderate depression and no one among these were shown any severe depressive symptoms. No demographical variables found to have any association with depression.

3. Prevalence of Somatic symptoms

Sl no	Demographic variables	Level of anxiety				Chi square	Df	P value
		No anxiety	Mild	Moderate	Severe			
Age								
	15-25	04	26	4	00	5.045	2	0.6817
	26-35	11	27	5	00			
	36-45	10	20	5	00			
	46-55	4	10	2	00			
	Above 55	5	12	5	00			
Gender								
	Male	21	58	11	00	0.766	8	0.789
	Female	15	35	10	00			
Education								

	No formal education	30	35	12	00	12.965	04	0.0015
	Primary	08	06	04	0			
	Secondary	10	32	02	0			
	Degree and above	01	05	05	0			
Occupation								
	Self employed	18	55	11	00	16.23	6	0.125
	Government job	02	03	01	00			
	House wife	15	31	07	00			
	Student	07	01	00	00			

Somatic symptoms are present among 78 (52%) peoples with mild intensity. 49 (32%) were not shown any somatic symptoms where as 23 (15%) patients were having moderate symptoms. No one among these was having severe somatic symptoms. Occupation is found highly significant with somatic symptoms.

Discussion:

A prospective study done to assess the level and predictors of posttraumatic stress, anxiety and depression symptoms in medical, surgical and trauma patients during the first year post intensive care unit (ICU) discharge. Of 255 patients included, 194 participated at 12 months. Case level of HADS-Anxiety or Depression was ≥ 11 . It was concluded that the psychological distress were the main problem due to hospitalization.⁸

A cross sectional study was undertaken in a medical college hospital situated in an industrial township, for the duration of two months, the study included 79 patients admitted to various wards of a teaching hospital. Out of the total 79 patients, 26.5% reported definite anxiety levels. Good doctor-patient communication was found to be inversely associated with anxiety levels in the preoperative period. Preoperative anxiety is a common phenomenon among indoor surgical patients.⁹

World Health Organization study Gureje et al (1998) found that 22% of primary care patients reported persistent pain and that pain sufferers were more likely than those without pain to have an anxiety or depressive disorder and to experience significant activity limitations. Hospitalized patients with concomitant depression are not uncommon and deserve appropriate diagnosis and care. Clinically significant depressive symptoms exist in 12-36% of people with medical diseases, while only 4-5% of the general population suffers from major depression. Depression can adversely affect the outcome of patient recovery, even to the point of increasing mortality risk⁶. Dr. Mohd Shafee et interviewed 353 patients and concluded that depression (38%) was more common than anxiety (31%)⁷. Somatiza-

tion disorder seen almost exclusively in general hospital and primary care settings. Although the prevalence rate has been estimated to be 0.5% the true rate is probably higher, closer to 1%, which is about as common as schizophrenia (Bhui & Hotopf, 1997). Kroenke et al (1997) stated somatic symptoms prevalence is 8.2% in primary care. Singh et al. Conducted descriptive study from 484 referred cases at different inpatient and outpatient department, in Nepal Medical College and Teaching Hospital which shows 26.9% depression, 15.5% anxiety and in 14.5% substance related problem¹¹.

Our study reports that 75 (50%) patients were suffering with mild anxiety among patients attending medical OPD. Followed by 54 (36%) patients with no symptoms of anxiety, 17 (11%) people with moderate anxiety and severe anxiety were found to be only 4 (2%). Mild Depression is found among 90 (60%) patients among all the samples. 54 (36%) patients show no depressive symptoms and only 05 (3%) patients were having moderate depression and no one among these were shown any severe depressive symptoms. Somatic symptoms are present among 78 (52%) peoples with mild intensity. 49 (32%) were not shown any somatic symptoms where as 23 (15%) patients were having moderate symptoms. Somatic symptoms are present among 78 (52%) peoples with mild intensity. 49 (32%) were not shown any somatic symptoms where as 23 (15%) patients were having moderate symptoms.

Conclusion:

Anxiety, depression and somatic symptoms are more common in tertiary care setting. Training of medical and non medical personnel's at medical care centers is most important step to identify these symptoms (Christopher bass et al). Provision should be made to available all psychiatric treatment & psychological therapies at all tertiary care hospital out patients departments . Screening of psychological problems must be made along with Medical diagnosis. More quality research should be carried out to find actual prevalence of psychological disorders. Complicated case can be referred to nearest psychiatrist.

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