



PSYCHIATRIC MORBIDITY PROFILE OF GERIATRIC PATIENTS IN GENERAL PSYCHIATRY CLINIC

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ABSTRACT

Background : In 2025, there will be more than 1 billion elderly people in the world, 75% of whom will be in developing countries, but information on the extent and type of geriatric psychiatric disorders is still limited.

Objective : To find out the prevalence of different psychiatric morbidities and associated demographic profiles in elderly population.

Methods : Retrospective file review study was conducted in general psychiatry clinic including the patients 60 years and above. Diagnosis was noted as per ICD 10 criteria.

Results : Majority who took consultation were Males (64.44%) of Urban background (59.26%) belonging to Hindu religion (81.48%). Most of the patients were between 60-69 years age group (70.63%) with prevalence of Depression (42.22%), Dementia & Organic disorders (23.70%), Neurotic & Stress related (10.37%), Psychoactive substance (7.40%), Schizophrenia (6.67%), Bipolar mania (6.67%). Among physical co morbidities Cardio vascular disorders were commonest.

Conclusion : Data from general psychiatry clinic is helpful in defining needs, priorities and social support in geriatric age group.

KEYWORDS : Geriatric age, psychiatric morbidity

INTRODUCTION

The life expectancy in India has almost doubled from 32 years in 1974 to 63.4 years in 20021. The 2011 census showed that 8% of Indian population is made up of people aged 60 years and above (5.3% > 65 years)2. The demographic profile depicts that in the years 2000-2050, the aged population of 60 years and above will increase by 326%3. The psychiatric morbidity is much higher in this age group compared to non-geriatric population due to age related factors and changes in social circumstances. In India, a study in rural elderly population of Uttar Pradesh showed 23.7% psychiatric morbidity4, while studies on urban elderly population from Uttar Pradesh and Maharashtra showed 17.34%, 6.7% psychiatric morbidity respectively5,6. Due to lack of such data from Madhya Pradesh the study was conducted to determine pattern of psychiatric morbidities and associated demographic variables among geriatric population.

AIM

To assess the clinical and demographic profile of geriatric patients attending general psychiatry clinic over one year period.

METHODOLOGY

The present retrospective analysis involved all geriatric patients (60 years and above) who attended general psychiatry private clinic at Indore during 1st Jan. 2017 to 31st Dec. 2017. Case records were assessed in detail regarding demographic and clinical parameters. The diagnosis was recorded as per criteria given in ICD-107. After review appropriate statistical analysis was done using SPSS-16.

Results

TABLE -1 AGE AND GENDER DISTRIBUTION OF THE GERIATRIC PATIENTS

S.No	Age Group(years)	Male	Female	Total	Percentage
1	60-64	43	18	61	45.19
2	65-69	22	11	33	24.44
3	70-74	6	8	14	10.37
4	75-79	9	6	15	11.11
5	>=80	7	5	12	8.89
		87	48	135	
		64.44%	35.56%		

TABLE -2 LOCALITY AND RELIGION

Category	Variation	Frequency	Percentage
Locality	Urban	80	59.26
	Rural	55	40.74

Religion	Hindu	110	81.48
	Muslim	25	18.52

Majority of the patients were Males (64.44%) . Most of the patients were between 60-69 years age group (70.63%).Majority of the cases came from Urban background (59.26%) and most were Hindus by religion (81.48%).

TABLE-3 PSYCHIATRIC MORBIDITY OF GERIATRIC PATIENTS

S.no	Diagnosis(ICD-10)	Number	Percentage
1.	Dementia Organic Brain damage & dysfunction	28 4	23.70
2.	Psychoactive Substance Dependence (Alcohol)	10	7.40
3.	Schizophrenia	9	6.67
4.	Mood Disorders		
	Depressive Episode	42	42.22
	Recurrent Depressive disorder	15	
	Bipolar Mania	9	6.67
5.	Neurotic & stress related	14	10.37
6.	Sleep Disorders	2	2.96
	Sexual Disorders	2	

Table 3 shows that psychiatric diagnosis which was found to be maximum is Depression (42.22%) followed by Dementia & Organic disorders (23.70%), Neurotic & Stress related (10.37%), Psychoactive substance (7.40%), Schizophrenia (6.67%), Bipolar mania (6.67%). Sleep and Sexual disorders were least reported.

TABLE – 4 CO MORBID PHYSICAL ILLNESSES

S.no	Illness	Number
1.	Metabolic Disorder Diabetes	28
2.	Cardiovascular Hypertension Myocardial Infarction	64
3.	C.N.S. Stroke Seizures Parkinsonism	19

4.	Endocrinal Hypothyroidism	13
5.	Respiratory	3
6.	Genitourinary (Kidney, Prostate)	11

In table 4 most of the patients have one or more than one physical co morbidities . Cardio vascular disorders were commonest followed by Metabolic and Neurological disorders.

Discussion

Total 1100 patients attended the general psychiatry clinic in Indore during the study period. Out of which case records of 135 geriatric patients (60 years and above) were reviewed. The prevalence of psychiatric morbidity was 12.27%. Studies by Sood A et al reported high prevalence of 40% in teaching hospital⁸ & Tiwari SC et al 17.3% from urban community⁵. This difference from present study could be due to different settings in which the studies were conducted.

The maximum diagnosis 70.63% was in 60- 69 years age group. 64.44% were Males. Similar results were reported in other studies^{9,10}. Majority of the patients belonged to urban back ground (59.26%) and were Hindu by religion (81.48%), which may be due to the fact that study was conducted in urban area with predominance of Hindu population.

The high prevalence of Depressive disorders (42.22%) in the present sample is consistent with the earlier studies^{9,11,12}. The reasons could be dependency on others and greater disability and distress due to chronic physical illnesses^{13,14}.

Dementia (20.74%) and Organic disorders (2.96%) were reported in the study population. The finding was expected as dementia increases with increase in age¹⁵. In comparison to other studies^{9,16} slightly higher prevalence was reported in the present study . This may be due to better awareness in urban areas.

In our study third commonest was Neurotic and stress related disorders (10.37%). It was in line with the fact that anxiety disorders are less common in elderly when compared to young adults¹⁷. Similar results were found by Chowdhury et al¹⁸. However few studies have reported higher prevalence⁹.

Psychoactive substance dependence (mainly alcohol) were reported in (7.40%) cases . Magh S et al⁹ reported similar use. The decrease in prevalence with increasing age may be due to maturing of subjects, selective morality and under reporting^{19,20}.

Bipolar mania (6.67%) and Schizophrenia (6.67%) were reported. Similar findings were reported for Mania in other studies^{21,22} but various hospital based studies have shown prevalence of psychotic disorder varying from 17-33%^{23,24}. The raised prevalence can be because of dementia in later stages presents with psychotic symptoms. 2.96% reported Sleep and Sexual disorders. The under reporting could be due to the belief that it is part of normal aging.

Cardiovascular and metabolic disorders were most commonly present, followed by neurological , endocrinal and genitourinary disorders. Various studies have also reported high comorbid physical illness in geriatric population^{9,24,25}.

This study further underlines the facts found in the previous studies in different parts of India. Larger sample size, data from rural general psychiatry clinic would better account for over all prevalence and pattern of psychiatric morbidity.

Conclusions

The increasing trend in the number of geriatric patients and higher physical comorbidities requires special attention and multidisciplinary approach.

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