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Psychiatry

A CLINICAL STUDY OF ELDERLY PATIENTS ATTENDING GERIATRIC MENTAL HEALTH OUT-PATIENT CLINIC

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ABSTRACT Demographic trend in India is shifting towards developed countries. The large proportion of geriatric population accompanies with high psychiatric morbidity. There is likely to be greater problems in providing care for increasing number of geriatric population in developing countries. Gradually, a new branch came in to existence called "Geriatric Psychiatry". This study was carried out to evaluate the clinical profile of patients and to find the prevalence of various mental disorders in geriatric population.

KEYWORDS : cognitive disorders, Geriatric population, Mental illness, Mood disorders, psychiatric disorders

Introduction

Epidemiological investigations of mental disorders in elderly have an important role in providing accurate and upto date information for planners. (1) Epidemiological studies in geriatric psychiatry are useful in finding the prevalence of psychiatric disorder, distribution, causes and risk factor of mental illness, early signs and historical trends of mental illness, demand of health services and its utilization, intervention and outcome. (2) Few studies have been conducted to estimate the prevalence of various psychiatric disorders in geriatric population in different settings using different methodology and diagnostic criteria. (3, 4) We conducted a study on 60 geriatric patients who attended Geriatric out –patient mental health clinic to study the prevalence of various psychiatric illnesses and their association with age and gender.

Material and methods

This study was conducted on geriatric population aged 65 years and above attending geriatric out -patient clinic. An informed consent was obtained from the patients or their guardians. A clinical, personal and socio-economical history was obtained from the patients. Physical and mental state examination was also carried out for all the patients included in the study. This examination included :

Structured Clinical Interview for DSM IV for axis I (SCID-I)
Mini Mental State Examination (MMSE)

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, 1994)

Results

Table 1: Distribution according to DSM IV major diagnostic category

Diagnostic category	N	%
Delirium dementia amnestic and other cognitive disorders	13	21.66
Substance related disorders	2	3.33
Schizophrenia and other psychotic disorders	4	6.66
Mood disorders	33	55
Anxiety disorders	6	10
Sleep disorders	2	3.33
Total	**60**	**100**

- **Table 2: Sub categories (Mood disorders)**

Diagnosis	N	%	Overall%
1. Major depressive disorders			
I. Single episode	7	21.1	11.7
ii. Recurrent	5	15.15	8.3
2. Dysthymic disorder	14	42.42	23.3
3. Bipolar disorder			
I. Single manic episode			
ii. Most recent episode manic			
iii. Most recent episode depressed			
i.	1	3.03	1.7
	4	12.12	6.6
	2	6.06	3.3
	33	100	55

- **Table 3: Delirium, Dementia and Amnestic and other cognitive disorders**

Diagnosis	N	%	Overall %
Alzheimer's dementia	3	23.07	5
Vascular dementia	3	23.07	5
	7	53.85	11.67
Other dementia	1	7.69	1.67
Amnestic and other cognitive disorders	6	46.15	10
Total	**13**	**100**	**21.67**

- **Table 4: Schizophrenia and other psychotic disorders**

Diagnosis	N	%	Overall%
Schizophrenia	2	50	3.33
Delusional disorder	1	25	1.7
Brief psychotic disorder	1	25	1.7
Total	**4**	**100**	**6.7**

- **Table 5: Sub categories (Anxiety disorders)**

Diagnosis	N	%	Overall%
Panic disorder without agoraphobia	1	16.66	1.7
Obsessive compulsive disorder	2	33.33	3.3
Generalized anxiety disorder	3	50	5
Total	**6**	**100**	**10**

- **Table 6: Age distribution of patients in various diagnostic categories**

Diagnostic category	65-74 (N %)		75 and above (N%)	
Delirium, dementia, amnestic and other cognitive disorders	1	16.66	4	22.2
Substance related disorders	1	2.4	1	5.5
Schizophrenia and other related psychotic disorder	3	7.1	1	5.5
Mood disorders	22	52.38	11	61.1
Anxiety disorders	6	14.3	-	-
Sleep disorders	1	7.2	1	5.5
Total	**32 (53.3)**	**18(30 %)**		

- **Table 7: Physical co-morbities of patients in various diagnostic categories**

Total number of patients having physical co-morbidity=34 (56.7%)

Diseases	N	%
Hypertension	11	25
Diabetes	8	18.2
Arthritis	6	13.6
Coronary heart disease	5	11.4
COPD	4	9
Cataract	4	9
Benign hyperplasia of prostate	3	6.8
Parkinson's disease	3	6.8
Total	**44**	**100**

Six patients had more than one comorbid physical illness.

- **Table 8: Treatment of psychiatric illness prior to evaluation**

Treatment	No. Of patients	%
Psychotropic drugs	22	36.7
Other drugs alone	6	10
Psychotropic drug + other drugs	8	13.3
NO drug	24	40
Total	**60**	**100**

- **Table 9: Distribution of MMSE, score of patients in various diagnostic categories**

MMSE Score	No. Of patients	%
0-9	1	1.6
10-19	6	10
20-24	10	16.7
25-30	43	71.6
Total	**60**	**100**

- **Table 10: Gender based distribution of patients who attended the clinic during the study**

Diagnostic category	Male (N %)		Female (N%)	
Delirium, dementia, amnestic and other cognitive disorders	9	18.4	4	36.4
Substance related disorders	2	4.1	-	-
Schizophrenia and other related psychotic disorder	2	4.1	2	18.2
Mood disorders	29	59.2	4	36.4
Anxiety disorders	5	10.2	1	9.1
Sleep disorders	2	4.1	-	-
Total (60)	**49 (81.7%)**	**11(18 .3%)**		

Discussion

This is a report from the first geriatric mental health clinic established in Nothern India in the department of Psychiatry, KGMC, Lucknow. This study was planned to focus the morbidity patterns exclusively in elderly. This study was conducted on 60 patients attended the clinic. The results showed 55% of patients with mood disorders attended the clinic. This is followed by other psychiatric illness like delirium, dementia and amnestic and other cognitive disorders (21.66%), anxiety disorders (10%), schizophrenia and other psychotic disorders (6.66%) (Table 1). These findings are comparable to the findings of the study from Southern India by Venkoba Rao and Madhevan who reported 67% elderly patients with depression (5). Surprisingly, same authors in an earlier study had reported only 39.9% patients with depression. (6)

Mood disorders were sub classified among the elderly patients. 23.3% of the patients were found with dysthemia followed by major depressive disorder (20%) (Table 2). The distribution of patients of delirium, dementia and amnestic disorders and other cognitive disorders which was the second largest category in this study, were, however lower than reported by Venkoba rao and Madhevan. (5) This may be because patients with dementia who formed larger proportion of diagnostic category were seen both by neurologist and psychiatrist. Amnestic and cognitive disorders constituted 10% of the sample. Surprisingly, we did not find any case of delirium except the two patients of dementia who were having superimposed delirium. The overall representation of the dementia patients in the sample was 11.67% (Table 3) which was quite high when compared to the study done by Shaji et al (3.39%). (7)

In the diagnostic category of schizophrenia and other psychotic disorders there were two cases of schizophrenia out of which one was having onset at a later stage (after 65 years) and other was a chronic case, onset much prior to entering the geriatric age group. Of the two remaining cases one was of delusional disorder and other of brief psychotic disorder. (Table 4) anxiety disorders were represented by 10% patients among the elderly patients (Table 5). The relation of age with different diagnostic groups indicated that age did not have significant contribution on various diagnostic groups. Elderly less than 75 and more than 75 had nearly equal distribution of illness (Table 6).

The clinic patients were also having physical co-morbidities along with psychiatric illness. 34 (56.7%) patients were found with one or other physical illness. Many patients were having more than one physical illness as co-morbidity. This is comparable to the study done by Rao (1981) in Southern India who reported 53% clinic patients with physical illness. (6) Prasad et al reported higher rates (70%) and that could be due to some association between physical illness and psychiatric illness and an increase in prevalence of physical illness in old age. (8) (Table 7).

In present study, most of the patients were belonging to the category of mood disorders (mainly major depression and dysthymia) and were not taken any treatment (40%). The possible causes of this could be lack of realization that they are ill and need treatment, failure to perceive the illness, economical resistance for treatment or accepting the symptoms of illness as a part of aging (Table 8). Mean MMSE score among cognitively impaired (score < 25) was 18.66±5.68 and among others it was 27.59±1.69. (Table 9). A study done by Geerlings et al found that depression was associated with increased risk of cognitive decline. (9). In present study, the rating on global assessment scale showed majority (58.4%) patients were found with moderate to severe impairment. This could be the result of failure to approach the physician and neurologist due to their severe impairment. The gender based distribution in the study showed male: female ratio to be 4.4:1 (Table 10). Over representation of males in our society in such clinics were due to male seeking more professional help than females.

Conclusion

In present study, Male patients outnumbered the female patients. Diagnostic break up showed mood disorders as the most common diagnostic category (55%). Dysthemia was found to be commonest (23.3%), followed by major depression (11.7%). 28.4% were cognitively impaired. Mean MMSE among cognitive impaired was 18.66 (SD=5.68). 40% patients were not on under psychiatric treatment prior to evaluation. About one third patients showed moderate impairment in functioning. Majority of patients (56.7%0 had physical co-morbidity among which hypertension was commonest.

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