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BURDEN OF PSYCHIATRIC MORBIDITY (PROPORTION OF DIFFERENT MENTAL DISORDER) IN GERIATRIC AGE GROUP PATIENTS ATTENDING PSYCHIATRY OPD OF A TERTIARY CARE FACILITY OF EMPLOYEES STATE INSURANCE CORPORATION(ESIC) HOSPITAL.

Psychiatry

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ABSTRACT

study of prevalence of Psychiatric morbidity in elderly population, particularly in labour class is limited. We aimed to measure proportion of Psychiatric morbidity in this population attending our Psychiatry OPD. It is a retrospective, hospital based, cross sectional, descriptive study. We found majority patients are young old age group and female. Depressive disorders and Anxiety Disorders are most common. Being Hospital based, this study lacks generalisability to community.

KEYWORDS

Introduction: With a view to accelerating expansion of coverage of ESIC, ESIC has launched the 2nd Generation Reforms Agenda named "ESIC-2.0". In keeping with agenda of "ESIC-2.0" from 20th July, 2015, every hospital of ESIC have started to operate Special OPD every day in the afternoon from 3.00 pm to 5.00 pm for senior citizens(Geriatric patients).

The geriatric population is defined as population aged 60 years and above.[1a]. Elderly Population can be grouped in young old (60 to 69), the middle old (70 to 79), and the very old (80+).[1b] Proportion of geriatric population is expected to be 10.2% of world population by 2025.[2] In India, proportion of geriatric population is projected to be 18.4% by 2025[3].

Increased proneness to develop psychiatric illnesses during old age has been attributed to multidimensional factors such as aging of the brain, fragile physical health, cerebral pathologies,[4] poor financial condition and living arrangements, and breakdown of the family support system.[5].

The research in India on the prevalence of Psychiatric morbidity in geriatric population is divided primarily into community-based cross-sectional studies and old age homes (OAHs).[6]

A majority of community research focused on the prevalence of depression and mood disorders among the elderly population.[7]

The findings are by and large in the similar lines for the entire elderly population irrespective of the location of living and living arrangements, found in The Indian literature on psychiatric illness among elderly in community and OAHs.[7].

Very few studies present on burden of mental health in geriatric population attending Psychiatry OPD of tertiary care centre. Those very few similar studies present, either the study population are from general population or old age homes. Our hospital cater only to a particular class of people(labour class), so study population of our study represent either retired employees or dependent parents of employees.

Our Aim is to measure proportion of different mental disorder among geriatric population attending geriatric clinic of psychiatry OPD.

Methodology: A hospital- based cross-sectional, retrospective, descriptive study conducted in Psychiatry OPD of ESI-PGIMSR, ESIC Medical College & H. Patients were diagnosed Clinically by two Psychiatrists using standard diagnostic guideline (DSM-5)then along with diagnosis and other information new & old cases are registered in geriatric clinic registrar of psychiatry OPD.All new cases attending geriatric psychiatry clinic, having Psychiatric disorder or problems relevant to psychiatry were included in this study. Patients with incomplete datas are excluded from the study. Datas of 351 patients

are taken from April, 2015 to July, 2017 from geriatric clinic registrar. Secondary data analysis was done using Microsoft excel 2007.

Results:

Out of 351 patient's majority of patients were female (54%) [Fig:1] .Most study population belong to young old (76%), Middle old comprises 21% & very old comprises 3%.[Fig:2, Fig:3] Depressive disorders (30%) & Anxiety disorders(15%) were most common diagnoses followed by Neurocognitive disorders(13%) , Somatic symptom and related disorders(11%), Schizophrenia spectrum & other psychotic disorders (10%), Bipolar and related disorders(5%), Primary Headache disorders(5%), Sleep-wake disorders(3%), Trauma and stressor related disorders(1%), Substance related and addictive disorders(1%), Irritable Bowel Syndrome(1%).[Fig:4] We found only 1 case of obsessive compulsive and related disorders among 351 patients.

Discussion:

In our study, we found more Female patients having psychiatric comorbidities, it is similar with other studies conducted in OAH, North India, community studies. [8][9][10][11]

Majority of our study sample belong to young old followed by middle old, least is very old. This may be due to decline in life expectancy and increased physical immobility with advancing age. It is also in line with other studies. [11][12]

As like other study we also found Depression was most common in our study, followed by anxiety disorder. [11]

Prevalence of Dementia in Indian population varies with different studies conducted and ranges from 1.4%- 9.1%. [13][14][15][16.][17] We found in our study neurocognitive disorder is 13%, that may be due to , in DSM-5, Neurocognitive disorder includes Delirium, Dementia, MCI causing its higher proportion in our study.

Somatiform and related disorders were found to be 11 % in our study, that requires further replication. We also found 10% Schizophrenia spectrum and other psychotic disorders, that may be due to totalling of referred cases to our tertiary center, also requires further replication.

In geriatric population, headache prevalence ranged from 5%-50%. [18.][19][20]. we also found 5% primary headache disorder in elderly . Proportion of bipolar and related disorder in our study was 5%. In one study by Judd and Akiskal they provide convincing evidence for the high prevalence of a spectrum of bipolarity in the community at 6.4%. [21]

Our study found proportion of patients presented with sleep disorders is 3%, where as some studies found higher prevalence in geriatric population. [22] . Cause for this underreporting may be under-referral from other department, availability of OTC medicine, or less

awareness. This finding may require further replication. We also found proportion of patient presenting with Substance-Related and Addictive Disorders, Trauma and Stressor related disorders, Irritable bowel syndrome in our study is 1% each. Substance use problems affect almost 1% Geriatric population worldwide.[23]

In one community based study in North India, prevalence of IBS found to be 4%. [24] This study has large sample size, and included age group 18-60 only. Furthermore, According to Lovell and Ford's meta-analysis, prevalence of IBS appears to decline modestly with increasing age.[25]. we included study population 60 and above aged, and we found proportion of IBS patient was 1%.

Study related to prevalence of Trauma and Stressor related disorders in general population as described in DSM-5 is limited so as for elderly population. Our study found 1%, that requires further replication. One community based study found no case of OCD.[11]. We found only 1 case of OCD.

Conclusion:

So, Psychiatric morbidity in elderly population is more in female and young old age group. Depressive disorders and Anxiety Disorders are common in our study population. However other Psychiatric morbidity can be found in elderly labour class population such as Neurocognitive disorders, somatic symptoms and related disorders, Schizophrenia spectrum other psychotic disorders, Bipolar and related disorders, Primary Headache disorders, Sleep-wake disorders, Trauma and stressor related disorders, Substance related and addictive disorders, Irritable Bowel Syndrome.

Limitations:

Hospital based study and study population belong to labour class, so can't be generalized to community.

Charts:

Fig:1

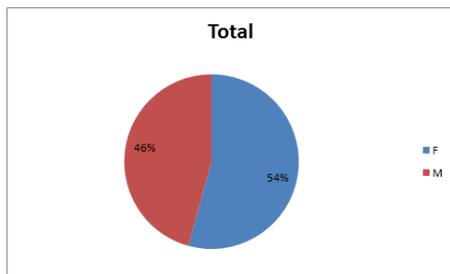


Fig:2

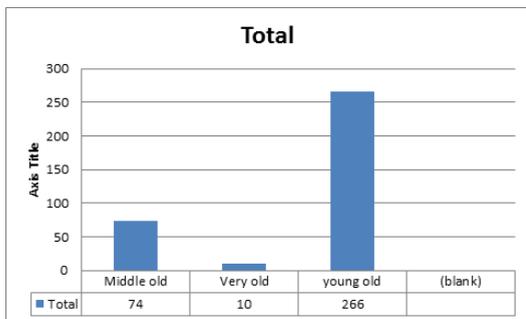


Fig:3

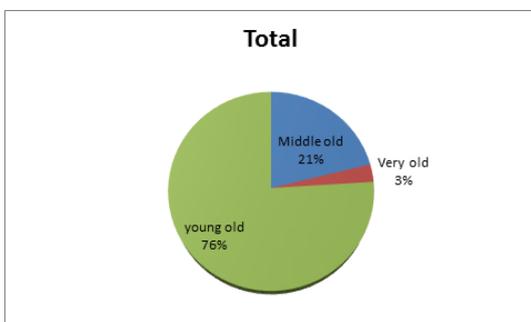
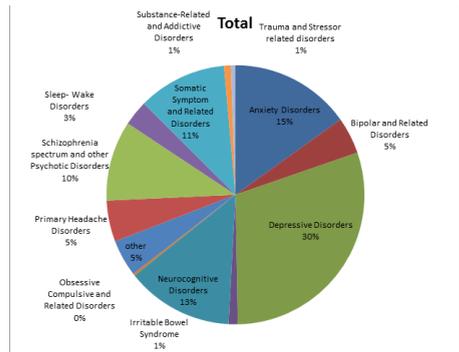


Fig:4



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