



## SEVERITY OF COMMON MENTAL DISORDERS IN GERIATRIC PATIENTS OF RURAL HOSPITAL OF SEWAGRAM.

### Medical Science

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### ABSTRACT

**Background** – Geriatric patients suffer from many physical disorders but no research work has been done regarding severity of psychiatric disorders amongst geriatric patients having medical disorders.

**Objective** – The aims of this study were to know types and severity of mental disorders in geriatric patients .

**Method** – The DSM IV –TR criterion were used for diagnosis . For assessment of severity of common mental disorders following scales likes GDS, HAM-A, PANSS, YMRS, Y-BOCS, and BLS-D were used.

**Results** – In group A, paranoid schizophrenia was the commonest mental disorder and majority of them have moderate severity.

In group B depressive type of mood disorder due to general medical conditions was the commonest mental disorder and majority of patients had moderate severity. The study further shows that geriatric patients with physical disorder were more depressed than those geropsychiatric patients who had only depressive disorders.

**Interpretations and conclusions** – The study shows that geriatric patients with physical disorders were more at risk of consequences of depression like self harm or suicide .

### KEYWORDS

Geriatric, Mental Disorders, Severity, Physical Disorders.

### INTRODUCTION

In India life expectancy has increased from 32 years in 1947 to 67 years (National Health Policy, 2014), but even then very less attention has been paid for old age people (1) .In India population of geriatric people was 12.30% of general population in 2005 (2).

Patients with prominent depressive symptoms or impairment in physical and emotional function are candidates for mental health care, since they have poor prognosis (3). In contrast to recurrent geriatric major depressive disorder ( life history of major depressive disorder), late onset major depressive disorder (First episode of major depressive disorder in late life), is characterized by specific deficits in task of attention and executive function, consistent with increased anhedonia and cardiovascular co morbidity (4). The predictors of antidepressant use by older adults has changed over time with health related measure of quality of life, such as positive affect, health status and somatic complaints, becoming more prominent as predictors of use (5).

Remission rates of depression in patients in late life are little different from those in midlife, but relapse rates appear higher. There is importance of assessing factors related to patients age itself in evaluations of risk factors for poor prognosis (6). Life time prevalence of major depression and anxiety disorder was found in 26.5% and 30% of geropsychiatric patients respectively (7).

Verbal under productivity worsens with aging and is associated with cognitive worsening, although disconnected speech is relatively stable. Some geriatric patients with schizophrenia may lose the skill necessary to report symptoms, leading to impression that their clinical status is improving (8). Instrumental Social Support provides marginal protection against worsening performance on 'Instrumental activities of daily living' which were primarily a function of base line depression severity (9). Mood disorder (48.07 %), Neurotic stress related and Somatoform disorders (15.47 %) and Organic including symptomatic mental disorder (14.36%) were the 3. most common psychiatric disorder in geropsychiatric patients (10). Goswami *et al.* , found prevalence of smoking in 71.8% and 41.4% in elderly men and women respectively besides this they found regular alcohol intake in 16.3% of the elderly men and 0.8% of the elderly women (11). Community outreach programmes for elderly could be relevant in rural areas as development of Clinic based psychogeriatric services may be feasible in urban settings. Good research can influence and shape policies which in turn can result in better mental health care for older people (12). The association between suicide and psychiatric hospitalizations was much weaker for the old than for the very old (13).

Depressive symptoms leads to more functional disability than chronic physical conditions (14). Increased mortality risk attributable to depression in the presence of perceived loneliness may result from motivational depletion (15).

Cognitive decline was found in 54 (41.50 %) of Geriatric patients on the Global Rating of Memory Decline ( GRMD), 71 patients had objective decline in memory , 62 of them reported that the decline interfered with the daily life on Global Rating of Intellectual Decline (GRID). Subjective decline in intellectual function was found in 91 patients with 55 reporting that the decline interfered with their daily lives (16).

The **aims** of this study were ,

1. To know types of psychiatric illnesses among Geriatric patients of department of Psychiatry and Geriatric Clinic of Rural Hospital of Mahatma Gandhi Institute of Medical Sciences ; Sevagram, Wardha, Maharashtra.
2. To study severity of psychiatric illnesses among geropsychiatric patients.
3. To study associated physical illnesses in geropsychiatric patients.

### MATERIALS AND METHOD

4. The present study was carried out in Department of Psychiatry and Geriatric clinic of Mahatma Gandhi Institute of Medical Sciences, Sewagram from January 2010 to April 2010. The patients who came in psychiatry OPD and Geriatric Clinic of General Medicine on fixed days were studied. Those subjects who had psychiatric illness were studied in detail.

Patients studied in Psychiatric OPD and Geriatric Medicine OPD each were 30 in number.

**INCLUSION CRITERIA** – All subjects who were 60 years and above and were willing to participate in study.

**EXCLUSION CRITERIA** – Subjects who were less than 60 years of age and were not willing to participate in study.

Written informed consent was taken from subjects. In case of patients who were not able to give consent because of their psychiatric illness it was taken from their relatives.

The participants in the study were divided into two groups.

**(I) Group A** – Geriatric subjects who visited Psychiatry OPD (n=30).

(ii) **Group B** – Geriatric subjects having primarily physical illness (n=30).

Subjects in group A and B were interviewed according to proforma, which included sociodemographic details, mode of referral, chief complaints, precipitating factors, history of present illness, family history, personal history, details about premorbid personality,

physical and mental status examination. The DSM – IV TR criterion were used for diagnosis.

For assessment of severity of common mental disorders following scales like Geriatric Depression scale (GDS), Hamilton Rating scale for anxiety (HAM-A), PANSS, Young Mania

Rating Scale (YMRS), Yale – Brown Obsessive compulsive scale (Y-BOCS), Blessed Dementia scale (BLS-D) and Alcohol Use Disorder Identification Test (AUDIT) were used. The score of different scales were divided into three categories (i) Mild, (ii) Moderate and (iii) severe. This is done by dividing the difference between maximum and minimum score in three equal parts. e.g.

maximum score in PANSS is 210 and minimum score is 30, for mild category the score was calculated by subtracting 30 from 210 and then divided 180 by 3 and this 60 was taken as the interval between mild, moderate and severe categories. For mild category the score was 30 to 90

(30+60=90) for moderate category the score was 91 to 150 (90+60=150) and for severe category the score was 151 to 210 (150+60=210).

But in case of OCD we divided scores 0 to 40 into three categories like mild if score is between 0 – 11, and severe if score is between 17-40, because such type of scoring is mentioned in literature. Therefore, for the moderate category we had chosen score from 12 to 16.

**RESULTS**

In group A there were 24(80%) patients in age range of 60-70 years and 6 (20%) patients in range of 71 to 80 years. There were 15 male and equal number of female patients in group A. In group B also maximum number of patients were in 'poor' social status class. In group B there were 15, 14 and 1 patient in 60 – 70 years, 71 – 80 years and 81 –90 years of age category. There were 16 male and 14 female patients in group B and 21(70%) patients of physical disorder had associated psychiatric disorders. All patients in group A and B were married. Regarding mental disorders in group A, paranoid schizophrenia was the commonest and all schizophrenic patients of group A have paranoid type of schizophrenia.

Depressive type of Mood disorder due to General Medical condition was the commonest (18, 60%) illness in group B (Table -2). In paranoid schizophrenia category there were 10 patient with 'moderate' severity. In group B the commonest psychiatric illness was Depressive disorder and the majority of depressive patient fell under the category of 'moderate' severity (Table –3). Couple of patients of group B and A had more than one illnesses. In group A maximum (10, 33.33%) number of Schizophrenics patients were there in 'moderate' category and 6 (20%) were there in mild category. In group A most of the Depressed geropsychiatric patients (6, 20%) were in 'mild category regarding severity of illness. Majority of anxiety disorder patients fell in 'moderate' category. Only one patient of mania was there and that was in 'moderate' category.

**DISCUSSION** – In our study in group A and in group B there were 6(20%) and 18 (60%)

patients of depressive disorder were there as Gurvinder Pal singh et al, (2004)

found 48.07% cases of mood disorders (10). It was observed that geriatric patients who had physical disorder had more severe depression as compared to geriatric patients having only depressive disorder and no physical disorder. The study shows that geriatric patients with physical disorders were more depressed and they were more at risk of consequences of depression like self harm or suicide. So, we should pay more attention towards geriatric patients having medical, for psychiatric problems.

**TABLE NO.–1 Social status of Group A and B**

Social Status	Score	Group A		Group B	
		(n=30)		(n=30)	
		N	%	N	%
1. Upper High	76 or >76	1	3.33	3	9.99
2. High	61 – 75	2	6.66	–	–
3. Upper Middle	46 – 60	5	16.66	5	16.66
4. Lower middle	31 – 45	7	23.33	5	16.66
5. Poor	16 – 30	14	46.66	11	36.66
6. Very Poor and below poverty line.	15 or <15	1	3.33	6	20

**TABLE NO–2, Mental disorders in Geropsychiatric patients of Group A and Associated mental disorders in Group B**

Types of Mental disorders	Group A		Group B	
	(n=30)		(n=30)	
	N	%	N	%
1. Paranoid Schizophrenia	12	40	1	3.33
2. Disorganized Schizophrenia	1	3.33	–	–
3. Brief Psychotic disorder	3	9.99	1	3.33
4. Major depressive disorder single episode	4	13.33	–	–
5. Dysthymic disorder	2	6.66	–	–
6. Bipolar Affective Disorder most recent episode Mania	1	3.33	–	–
7. Generalized Anxiety disorder	4	13.33	1	3.33
8. Dementia of Alzheimers Type	2	6.66	–	–
9. Primary Insomnia	1	3.33	–	–
10. Mood Disorder due to General Medical Condition – Depressive type	–	–	18	60

**TABLE NO. 3 - Severity of Mental disorders in Group A and B under different scales**

Rating Scales with range of score	Severity	Group A		Group B	
		(n=30)		(n=30)	
		N	%	N	%
1. PANSS (30 to 210)	Mild = 30 – 90	6	20	–	–
	Moderate = 91 – 150	10	33.33	–	–
	Severe = 151– 210	–	–	–	–
2. Geriatric Depression Scale (GDS)	Mild = 0 – 10	2	6.66	1	33.33
	Moderate = 11– 20	4	13.33	14	46.66
	Severe = 21 – 30	–	–	3	9.99
3. Young Maniarating scale	Mild = 0 – 20	–	–	–	–
	Moderate = 21– 40	1	3.3	–	–
	Severe = 41– 60	–	–	–	–
4. HAM – A (0 – 56)	Mild = 0 – 19	3	9.94	1	3.33
	Moderate = 20– 38	1	3.33	–	–
5. Y – BOCS (0 – 40)	Mild = 0 – 11	–	–	1	3.33
	Moderate = 12-16	–	–	–	–
	Severe = 17– 40	–	–	–	–
6. BLS- D	Mild = 0- 9	2	6.66	–	–
	Moderate = 10- 18	–	–	–	–
	Severity = 19- 28	–	–	–	–

**Table -4 Physical disorders in Group B and associated Physical disorders in Group A**

Physical disorders	Group B		Group A	
	N	%	N	%
1. Cataract	9	30	4	3.33
2. Hearing Impairment	5	16.66	7	23.33
3. Hypertension	8	26.66	7	23.33
4. Diabetes Mellitus	2	6.66	–	–
5. Pulmonary tuberculosis	1	3.33	–	–
6. Seizure disorder	1	3.33	–	–
7. Ac. Febrile illness	6	–	–	–
8. Ischemic Heart Disease	5	16.66	–	–
9. CHF	2	6.66	1	3.33
10. Pleural effusion	1	3.33	–	–
11. Ascites	1	3.33	–	–
12. COPD	1	3.33	–	–
13. Cervical Spondylosis	1	3.33	–	–

14. Rheumatoid Arthritis	1	3.33	-	-
15. Night blindness	1	3.33	-	-
16. Alcoholic liver disease	1	33.33	-	-
17. Cerebrovascular accident	1	33.33	13	43.33
18. Tension Headache	-	-	1	3.33
19. Glaucoma	-	-	1	3.33

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