CLINICAL AND SOCIO-DEMOGRAPHIC PROFILE OF PATIENTS ATTENDING PSYCHIATRY OPD IN THE GOVERNMENT HOSPITAL IN LEH, LADAKH

Psychiatry

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ABSTRACT

Introduction: Mental health problems are afflicting a large population all across the world. However there is no data on mental health from the Ladakh region. Mental health facilities are also negligible in the region. A study of the clinical and socio-demographic profile of patients attending psychiatry OPD in Leh will give an understanding of the mental health scenario in the region.

Methods : It was a cross sectional chart review study. All 310 new patients registered in the psychiatry OPD of District hospital of Leh were included in the study. Diagnosis was made on the basis of ICD-10 Criteria.

Results: A slight preponderance of females was found. Most of the patients were in the age group of 20-59yrs. Depression, anxiety disorders and psychotic disorders were the most common diagnosis.

Conclusion: Mental health problems are common in Ladakh region as they are in the rest of the country. So, the policy makers should give high priority for mental health care facilities in Leh Ladakh.

KEYWORDS

Clinical, Leh, Ladakh Profile, Psychiatric, Sociodemographic,

INTRODUCTION:-

According to the National Mental Health Survey(NMHS) 2015-16, about 15% percent of Indian adult population are in need of active intervention for one or more mental health issues[1] Mental disorders have significant impact not just on the productivity and quality of life of the patients themselves but also have very high burden of care on the caregivers. As per Global Burden of Disease report, mental disorders accounts for 13% of total DALYs lost for Years Lived with Disability (YLD) with depression being the leading cause. By 2020, it is going to increase to 15 %[2].Despite efforts in enhancing mental health care delivery across the country, the national mental health survey revealed that a huge treatment gap still exists for all types of mental health problems, ranging from 28% to 83%. More than two third of patients of mental, neurological and substance use disorder do not get treatment owing to significant lack of mental health professionals and facilities. Lack of awareness and stigma further accentuates the treatment gap[3].

In the state of Jammu and Kashmir, the psychiatric morbidity may be more than the rest of country and the estimates based on various epidemiological meta analysis done in India may not be applicable[4]. As per the report of the Technical Committee on Mental Health Constituted by the National Human Rights Commission (NHRC), there is deficiency of data on the prevalence of mental illnesses in the state. The Kashmir Mental Health Survey has shown a high prevalence of depression,(10%), anxiety disorder and PTSD(6%) in the Kashmir region.(4) No study has been carried out on the prevalence of mental illnesses in the Ladakh region which is culturally and geographically distinct and accounts for nearly half of the actual area in administrative control . The report of the technical committee of NHRC, also highlights the dearth of mental health services in Ladakh[5]. Currently, the mental health service available in the Ladakh division is limited to Psychiatry OPD in the District Hospital in Leh. There are no in-patient facilities for psychiatry patients. District Mental Health Program is not implemented. This study is aimed to understand the types of psychiatric illnesses with which patients come to the psychiatry OPD and also to understand their socio demographic profile. The result of the study can help in getting an overview of the mental health scenario in the Ladakh region and can help in planning of implementation of mental health programs in the region.

OBJECTIVE OF THE STUDY:-

To study the clinical profile of the patients attending the Psychiatry OPD of the District Hospital in Leh. To study the socio-demographic correlates of the patients.

MATERIALS AND METHOD:-

The study was a cross sectional chart review study. We included all the 310 new patients registered for the psychiatry OPD from March 2018-July 2018. The patients were assessed by a psychiatrist and the diagnosis was made as per the International Classification of Diseases (ICD) 10 diagnostic criteria[6] The data were retrieved from patients' records maintained in the OPD in the form of a semi-structured proforma which includes socio-demographic (age, gender, marital status domicile and religion) and clinical details. Statistical analysis was done using SPSS version 25.0

RESULTS:

A total of 310 new patients had registered in the Psychiatry OPD in the five months period from March 2018 to July 2018. There was a slight female preponderance and constituted 53.5 % while male patients constituted 46.4%. The youngest patient to register was 8 years old while the oldest being 82 yrs old. Most (69.35%) of the patients were in the age group of 20-59 yrs. While 56.5% patients were married, 38.4 % patients were unmarried and a small percent of the patients were separated or divorced or widowed.

Buddhist patients constituted 62.58 % of the patients while 25.16% of the patients were Muslim. A small percent included patients following other religions like Hinduism and Christianity etc.

TABLE 1. Sociodemographic profile of the patients

Socio-demographic profile of patients(n=310)	Frequency (n)	Percentage (%)
Age		
< 20	28	9%
20-29	79	25.4%
30-39	75	24.19%
40-49	61	19.75
50-59	31	10%
>60	36	11.6%
Gender		
Male	144	46.4%
female	166	53.6%
Marital status		
Married	175	56.45%
Unmarried	119	38.39%
Separated/divorced/ widow	16	5.16%
Religion		
Buddhist	194	62.58%
Muslim	78	25.16%
others	38	12.26%
Domicile		
Rural	256	82.5%
Urban	54	17.41%

The most common diagnosis was Depression (32.26%) followed by Anxiety Disorder (19.68%). While more patients of Depression were females, anxiety disorder did not show any gender variation. 4.5% of the patients were diagnosed with Bipolar Affective Disorder. Schizophrenia (10.9%) and other psychotic disorders added up to 15.32 %. Substance use disorder patients constituted only 5.1%. Other patients diagnosed with disorders including headaches, seizure

disorder, tic disorder, childhood mental disorders, mental retardation and those with no psychiatric diagnosis constituted upto 17.7 %.

TABLE 2. Clinical profile of the patients

Diagnosis	Female	Male	Total	Percentage
Anxiety Disorder	29	32	61	19.68%
Bipolar affective disorder	6	8	14	4.52%
Depression	58	42	100	32.26%
Schizophrenia	22	12	34	10.97%
Other psychotic disorders	9	5	14	4.5%
Somatoform disorder	5	4	9	2.9 %
Substance use disorder	2	14	16	5.16%
Dementia	1	2	3	0.97%
Obsessive compulsive disorder	2	2	4	1.29%
Others	32	23	55	17.74%

DISCUSSION:

Mental disorders are major public health problems affecting a large population across the world. In India, every sixth person has one or other form of mental disorders [7]. But at the same time there a major treatment gap with only 0.05 to 1.2 psychiatrist for 100000 population.[1] Leh district of Ladakh region, has a population of 147000 with an almost equal number of floating population in the form of tourists, army personnel, seasonal labourers etc. Being located at an altitude of 11480 ft above the sea level, with harsh climatic conditions and poor connectivity, this region has remained neglected in every respect. There have been no studies regarding mental health in this region till now including mental health facilities.

Current study shows that out 310 patients who attended psychiatry OPD, there was a slight female preponderance (56.45%). Similar findings were seen in a study from Nepal by Khan.[8] Most of the patients in the study were in the age group of 20-59 years. It represents the most productive age group, thus explaining the level of disease burden of mental illnesses. Similar results were found in the National mental health surveys and various other similar studies from India and neighboring countries.[9,10] Most of the patients were married (56.45%) but 38.39 % were unmarried and a small percentage of 5.16% patients were separated, divorced or widowed. Marital status has large implication not just as a risk factor but also as a prognostic factor.

In the study the most common diagnosis was that of Depression which accounted for 32.2%. Also depression was more common in females than in males. This finding was in line with the NMHS data which found that 1 in every 40 persons have depression and it was more common in females[1]. Similar results were also found in study by Adhikari et al.[10] Anxiety disorder was found to be common second only to depression in the study(19.68%). In our study there no significant gender difference. This finding is common to many similar studies in India.

Substance use disorder constituted only 5.1% of the patients. As per NMHS, upto 22 % of Indian adult population has some or other form of substance use disorder. Even in Leh district, as per anecdotal reports, the prevalence of substance use disorder is very high and is not just limited to tobacco and alcohol. Illicit substance use like cannabis and opioid also seems to be on the rise. The finding in the study points towards the need for increasing awareness about the substance use disorders and enforcing stringent laws to curb it.

Out of the severe mental disorders, schizophrenia and other psychotic disorders constituted 15.2% of the cases. Similar findings have been reported in study by Sood et al.[11] 4.5 % of the patients were diagnosed with Bipolar Affective Disorder. Even though prevalence of severe mental disorders is low in comparison to common mental disorders, severe mental disorders are more disabling, with significant stigma associated with these disorders as they affect all domains of life and require long term rehabilitation services.

As reflected by this study the prevalence of mental disorders seems to be almost equal to that in the country if not more. But the mental health professional and facilities available is negligible. This study will throw light on the mental health care scenario in Leh and pave way for the enforcing the mental health policies and implementing National Mental Health Program urgently and effectively in the state as a whole and Leh district in particular.

Strengths and Limitations:

This is the first study on mental health in Leh District. The study is a hospital based cross-sectional study and cannot be generalized to the whole population. There is need to carry out community based study to understand the prevalence of mental disorders in the region.

CONCLUSION:

The study showed that mental disorders are a public health problem Leh district. Most of the patients belonged to the productive age group. Depression, anxiety disorders and psychotic disorders are the more common mental disorders. Leh district urgently needs mental health facilities and implementation of the various mental health policies and programs.

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