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DIAGNOSTIC TRENDS IN PATIENTS WITH ORGANIC BRAIN SYNDROME PRESENTING TO TERTIARY PSYCHIATRIC HOSPITAL IN GOA

Psychiatry

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ABSTRACT

Organic Brain Syndromes also known as Organic Mental Disorders, are afflictions of the brain that can lead to severe behavioural or psychiatric problems. These disorders may be temporary or permanent in nature, and may be attributed to hereditary or caused by disease, injury, or a structural or systemic defect in body chemistry or hormones. Common symptoms include confusion, memory loss, hallucinations, depressive and maniac symptoms. Examples of common Organic Mental Disorders are delirium, amnesia, dementia, hallucinosis and mood disorders. However, diagnosis of dementia was not included as a part of our study as majority of patients usually present with the same which would dilute the distribution of the samples in our study. There is a dearth of literature on organic disorders in psychiatry. Our study highlights the variable presentation and proportions of different organic disorders in subject of psychiatry. Our study attempts to underline the importance of multiaxial diagnosis and physical examination and investigations in patient presenting with psychiatric symptoms.

KEYWORDS

Organic mental disorders, behavioural problems, psychiatric problems, multiaxial diagnosis

INTRODUCTION

A wide range of patients presenting with psychiatric complaints may have underlying disease. Well known associations have been noted between depressive syndrome and corticotropic insufficiency, manic syndrome, depressive and anxiety disorders and thyroid dysfunction (1) (2), anxiety disorder and heart disease. Diseases such as multiple sclerosis has been known to be associated with impairment in memory, attention (3) and fatigue, depressive symptoms as well (4).

Many other causes which may lead to organic disorders are endocrine, metabolic neurological, autoimmune and paraneoplastic pathologies and may manifest in psychiatric, behavioural disturbances much before the neurological or systemic sequalae. These causes maybe overlooked unless specifically looked for. In these cases, optimization of treatment in terms of medical as well as psychiatric management becomes a top priority.

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They may be responsible for multiple economic and public health problems. (5) Organic Mental Disorders do not include disorders that result from substance abuse, nor do they include psychiatric disorders. Common symptoms of Organic Mental Disorders include confusion, memory loss, hallucinations, depressive and maniac symptoms (6) but symptoms can differ somewhat based on the condition. Examples of common Organic Mental Disorders are delirium, amnesia, dementia, hallucinosis and mood disorders (7). However, diagnosis of dementia was not included as a part of our study as majority of patients usually present with the same which would dilute the distribution of the samples in our study.

There is dearth of literature on organic disorders in psychiatry. Our study highlights the variable presentation and proportions of different organic disorders in subject of psychiatry. Our study attempts to underline the importance of multiaxial diagnosis and physical examination and investigations in patient presenting with psychiatric symptoms.

AIM

To study the proportion, sociodemographic and clinical profiles of organic mental disorder presenting to a tertiary psychiatric hospital in Goa

OBJECTIVES

1) To study the proportion of patient diagnosed with organic mental disorders
2) To study the sociodemographic factors in patients who presented with organic disorders
3) To evaluate the clinical profiles and associated neuroimaging finding of patients presenting with organic disorders.

METHODOLOGY

A retrospective study was conducted on 100 patients who have been diagnosed with organic mental disorders in year 2020-2022. This study was conducted at Institute of Psychiatry and Human Behavior, Bambolim, Goa

Inclusion Criteria

1) All patients who have been diagnosed with organic mental disorders

Exclusion Criteria

1) Patients diagnosed with dementia

Data Collection

Following details were obtained from the available records: Socio demographic details of patient, total duration of illness, investigations and diagnosis, treatment details. The abovementioned data was collected in the form of semi-structured performa. Data was analyzed using MS excel and SPSS.

Ethical Considerations

No identifiers of the patient was be taken.The data was collected and stored with utmost confidentiality and due respect.

RESULTS

Table-1: Symptom Profile and their associated proportions

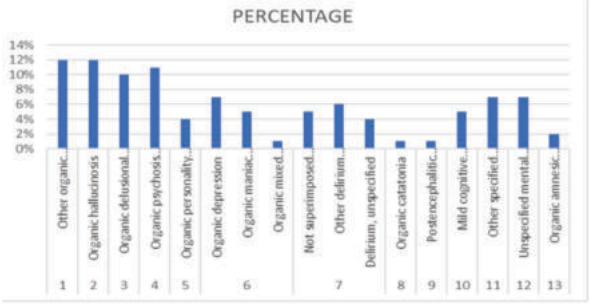
SL NO	SYMPTOM PROFILE	PERCENTAGE
1	Irritability	16.40%
2	Forgetfulness	8%
3	Psychotic Features	24%
4	DEP/ ANX/ EMO LAB	4.40%
5	Maniac	6%
6	ALT Sensorium	12%
7	Personality changes	2.20%
8	Sleep disturbance	27%

DEP- Depression, ANX- Anxiety, EMO LAB- Emotional lability

Table-2: Percentage of Investigations which aided in Diagnosis

INVESTIGATION		
SL NO	TYPE	PERCENTAGE
1	CT	50%

2	MRI	9.50%
3	HMSE	10.70%
4	Blood	14%
5	USG/ 2D echo/ Dopper/ ECG	7.00%
6	EEG	3.50%
7	Hormone	2.30%
8	Fundus Changes	2.30%



Graph-1: Distribution of Diagnosis as indicated in Table-3

Table-3: Distribution of Diagnosis assigned to Samples

SL NO	DIAGNOSIS	PERCENTAGE
1	Other organic personality and behavioural disorders due to brain disease, damage or Dysfunction	12%
2	Organic hallucinosis	12%
3	Organic delusional disorder	10%
4	Organic psychosis (subclinical psychotic features like ideas)	11%
5	Organic personality disorder	4%
6	Organic depression	7%
	Organic maniac disorder	5%
	Organic mixed affective disorder	1%
7	Delirium not superimposed on dementia	5%
	Other delirium (organic delirium)	6%
	Delirium, unspecified	4%
8	Organic catatonia	1%
9	Postencephalitic syndrome	1%
10	Mild cognitive disorder	5%
11	Other specified mental disorders due to brain damage and dysfunction and to physical disease	7%
12	Unspecified mental disorders due to brain damage and dysfunction and to physical disease	7%
13	Organic amnesic syndrome not induced by alcohol or any psychoactive substances	2%

Mean age of the of sample of patients was found to be 21-40 years. The proportion of disorders was higher in males (56%) as compared to females (44%).The organic mental disorders were found to be more prevalent among married (61%) and unemployed (56%) patients. Our study showed variety of symptoms at the presentation with sleep disturbances being the most common (27%) followed by psychotic features (24%) which included muttering, wandering, disrobing, crying and smiling inappropriately.

CONCLUSIONS

Our study attempts to underline the importance of multiaxial diagnosis and physical examination and investigations in patient presenting with psychiatric symptoms.

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