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SOCIODEMOGRAPHIC AND CLINICAL PROFILE OF PSYCHIATRIC PATIENTS ATTENDING PSYCHIATRY OPD OF GMC&AH RAJOURI.

Psychiatry

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ABSTRACT

Background: Mental disorders are among the most burdensome in the world as assessed over decades of researches and data collection. However, the actual burden is still like the submerged portion of the ice-berg not visible especially at peripheral and rural areas where till now such researches haven't been done. In India, hence, little is known about the extent, severely and unmet need of treatment of mental disorder. **Objective:** The objective of the study was to assess the socio-demographic and clinical profile of psychiatric patients attending psychiatric OPD at one such rural, far-flung and inaccessible area near line of control where 'Psychiatry' is still in its evolving and developing phase. **Material and Methods:** This prospective cross-sectional study, conducted at the psychiatric OPD of tertiary care hospital affiliated to GMC&AH Kheora Rajouri, a medical college of rural North India. A total of 355 study subjects were interviewed. data was analyzed using epical info 2000 and sample calculator, P value of <0.05 was considered statistically significant and >0.05 was considered statistically not significant. **Result:** The majority of the reported subjects had anxiety disorders (33.43%), followed by MDD, (16.71%), OCD (8.22%), Intellectual disability (6.8%), BPAD (6.52%), FNSD & Phobia (5.38% respectively), Schizophrenia (4.82%), Dementia of alzheimer's type (4.25%),substance use disorder (3.4%), ADHD (1.98%), BPD (1.42%), PTSD (0.85%), Delusional disorder (0.57%) and Seizure disorder (0.28%). **Conclusion:** It was concluded that Anxiety, MDD and OCD were more common in middle aged male and who were ill-literate and have low socio-economic status.

KEYWORDS

Psychiatric illness, OPD, patients, sociodemographic and clinical profile

INTRODUCTION

Psychiatric illnesses are a major public health issue globally which share equal disability as any other illness, however due to factors like stigma, inaccessibility, lack of knowledge etc. they face a huge setback. The WHO noted that 1 in every 4 people are affected by a mental disorder at some stage of life.[1] The neuropsychiatric diseases like Major Depressive Disorder, Alcohol Use Disorder, Schizophrenia, Bipolar Disorder, Dementia of Alzheimer's Type have figured in top 20 causes of disability in the world.[2]

The burden of psychiatric illnesses is immense and it will increase over the next decades[3]. The psychiatric illnesses are major morbidities in developed and developing countries as well. It is documented that there is negligence in mental health globally.[3,4]

However, in a country like India there is great disparity between the measured extent and the actual extent of the burden. The inaccessibility and the stigma add to the problem a great deal. In an area like District Rajouri where a medical college has been set up only for the past 4 years, specialty branches like Psychiatry are yet to find their significance. The patients almost always have physicians and surgeons as their first contact. A lot of psychiatric patients are lost due to lack of proper referral.

Hence, a study on the sociodemographic profile and clinical pattern of the patients at such a set up becomes more important. If we can show the society and policy makers that it is not the dearth of patients that has put psychiatry at the backfoot but the dearth of information, policies, manpower etc. that has led psychiatry to sit at back seat. Thus, the present study was undertaken to study the sociodemographic and clinical profile of psychiatric patients attending psychiatry OPD of GMC&AH Rajouri.

METHODS

This was a hospital based prospective cross-sectional study, conducted at the psychiatric OPD of tertiary care hospital affiliated to GMC&AH Kheora Rajouri, a medical college of rural North India over a period of 02 months.

The study subjects were the newly enrolled patients at the OPD hours of 10:00 A.M. to 2:00 P.M. with psychiatric illnesses diagnosed by the psychiatrist during her consulting days within the study period of 2 months. Total number of patients who visited and diagnosed as psychiatric illnesses were 362, out of which 7 were unable to give required information hence excluded from the study. So, in this study final sample size was 355. It was collected at OPD site during the mentioned OPD hours at psychiatric department with the help of pre-designed questionnaire based proforma. In case it came to the notice of the data collector that patient himself or herself was not able to give the required information, then the attendants were interviewed. Data was collected only after their informed consent was gained. The subjects who were chronic cases and reported for the follow up at OPD were not included for the fear of adding to recall bias. Patients who did not consent to the study were also excluded. Hence, this was a limited time bound study on a small scale so that no ethical consideration was taken from ethical committee of medical college. The data was analyzed using epical info 2000 and sample calculator, P value of <0.05 was considered statistically significant and >0.05 was considered statistically not significant.

OBSERVATIONS AND RESULTS

Table 1
Age and Gender

Age distribution	Gender distribution		
Age- group (Yrs.)	Female	Male	No. of cases
0-20	22	46	68 (19.26%)
21-40	76	111	187 (52.97%)
41-60	28	41	69 (19.54%)
61-80	17	10	27 (7.64%)
>80	0	2	2 (0.56%)

Chi square =9.65; p=0.09

Table 1 shows that the majority of these patients were in the age group of 21-40 year (187) 52.97%, followed by 41-60 years (69) 19.54%, then 0-20 year (68) 19.26%, 61-80 years (27) 7.64%, least one was found are patient age >80 years only 02 cases 0.56%. Out of these (143) 40.50% are female and 210 (59.49%) are male. The overall distribution of age wise in relation to sex-wise found statistically not significant (p=0.09).

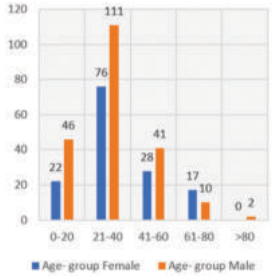

Figure 1 – Age and Gender

Table 2 Type of Psychiatric illness

Psychiatric illness	No.	%
Anxiety disorder	118	33.43
MDD	59	16.71
OCD	29	8.22
Intellectual disability	24	6.8
BPAD	23	6.52
FNSD	19	5.38
Phobia	19	5.38
Schizophrenia	17	4.82
Dementia of alzheimer's type	15	4.25
Substance use disorder	12	3.4
ADHD	7	1.98
BPD	5	1.42
PTSD	3	0.85
Delusional disorder	2	0.57
Seizure disorder	1	0.28

Table 2 shows that the majority of the reported subjects had anxiety disorders (33.43%), followed by MDD, (16.71%), OCD (8.22%), Intellectual disability (6.8%), BPAD (6.52%), FNSD & Phobia (5.38% respectively), Schizophrenia (4.82%), Dementia of alzheimer's type (4.25%),substance use disorder (3.4%), ADHD (1.98%), BPD (1.42%), PTSD (0.85%), Delusional disorder (0.57%) and Seizure disorder (0.28%).

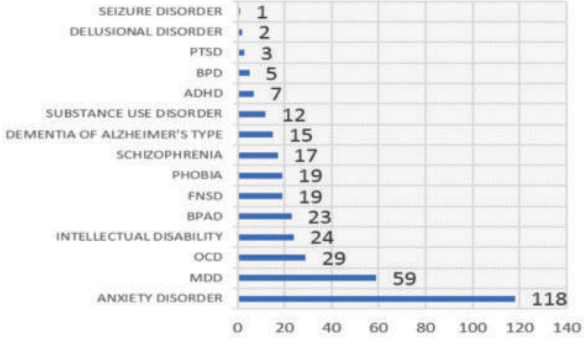

Figure 2 – Type of Psychiatric illness

Table 3Sociodemographic Profile

Variables	No.	%
Religion		
Hindu	65	18.4
Muslim	275	77.9
Sikh	13	3.7
Education		
Illiterate	177	50.1
Literate	176	49.9
Socio-economic status		
Class II	8	2.3
Class III	28	7.9
Class IV	74	21.0
Class V	243	68.8
Marital status		
Married	213	60.3
Unmarried	140	39.7
Occupation		
Businessman	61	17.3
Businesswoman	4	1.1
Employed	40	11.3
Unemployed	232	65.7
Housewife	13	3.7
Retired	1	0.3
Student	2	0.6

It was reported that the most of the subjects were Muslim (77.9%), majority of the subjects were illiterate (50.1%), belonged from Class V (68.8%), were married (60.3%) and were unemployed (65.7%) as presented in table 3.

Table 4A
Types of more prevalent psychiatric illness in relation with different socio demographic variables.

Type of illness	Number of patients in different socio demographic groups					
	Age	Sex	Education Status	SES	Religion	Marital status
Anxiety Disorder (N=118)	0-20=32 21-40=64 41-60=14 61-80=8 >80=00	M=71 F=47	Illiterate=48 Literate=70	3=11 4=25 5=82	Hindu=13 Muslim=99 Sikh= 6	Married=55 Un-married=63
MDD (N=59)	0-20=1 21-40=27 41-60=26 61-80=4 >80=01	M=29 F=30	Illiterate=35 Literate=24	2=4 3=3 4=17 5=35	Hindu=11 Muslim=46 Sikh=02	Married=50 Un-married=09
OCD (N=29)	0-20=0 21-40=20 41-60=8 61-80=01 >80=00	M=16 F=13	Illiterate=13 Literate=16	2=2 3=3 4=7 5=17	Hindu=06 Muslim=22 Sikh=01	Married=25 Un-married=4
Intellectual disability (N=24)	0-20=11 21-40=10 41-60=03 61-80=00 >80=00	M=13 F=11	Illiterate=22 Literate=02	4=01 5=23	Hindu=07 Muslim=16 Sikh=01	Married=09 Un-married=15
BPAD (N=23)	0-20=11 21-40=10 41-60=03 61-80=00 >80=00	M=13 F=11	Illiterate=14 Literate=09	3=01 4=05 5=17	Hindu=05 Muslim=16 Sikh=02	Married=17 Un-married=06

Table 4B Types of less prevalent psychiatric illness in relation with different socio demographic variables.

Type of illness	Number of patients in different socio demographic groups					
	Age	Sex	Education level	SES	Religion	Marital status
FNSD (N=19)	0-20=11 21-40=08	M=07 F=12	Illiterate=08 Literate=11	4=07 5=12	Hindu=04 Muslim=15	Married=05Un-married=14
Phobia (N=19)	0-20=02 21-0=12 41-60=05	M=16 F=03	Illiterate=07 Literate=12	2=01 3=05 4=03 5=10	Hindu=04 Muslim=15	Married=14 Un-married=05
Schizophrenia (N=17)	0-20=00 21-0=13 41-60=04 61-80=00 >80=00	M=14 F=03	Iliterate=09 Literate=08	3=01 4=02 5=14	Hindu=03 Muslim=13 Sikh=01	Married=11Un-married=06
Dementia of alzheimer's type (N=15)	0-20=00 21-40=00 41-60=02 61-80=12 >80=01	M=06 F=09	Illiterate=12 Literate=03	3=02 4=02 5=11	Hindu=04 Muslim=11	Married=15 Un-married=00
Substance use disorder (N=12)	0-20=00 21-40=10 41-0=02 61-80=00 >80=00	M=12 F=00	Illiterate=02 Literate=10	3=01 4=01 5=10	Hindu=01 Muslim=11	Married=08 Un-married=04

ADHD (N=7)	0-20=07 21-40=00 41-60=00 61-80=00 >80=00	M=07 F=00	Illiterate=02 Literate=05	4=02 5=05	Hindu=03 Muslim=04	Married=00 Un-married=07
BPD (N=5)	0-20=02 21-40=03 41-60=00 61-80=00 >80=00	M=00 F=05	Illiterate=01 Literate=04	4=02 5=03	Hindu=01 Muslim=04	Married=00 Un-married=05
PTSD (N=3)	0-20=01 21-40=01 41-60=01 61-80=00 >80=00	M=01 F=02	Illiterate=02 Literate=01	2=01 3=01 5=01	Hindu=02 Muslim=01	Married=1 Un-married=02
Delusional Disorder (N=2)	0-20=00 21-40=01 41-60=01 61-80=00 >80=00	M=01 F=01	Illiterate=02	5=02	Hindu=01 Muslim=01	Married=02 Un-married=00
Seizure disorder (N=1)	0-20=00 21-40=01 41-60=00 61-80=00 >80=00	F=01	Iliterate=00 Literate=01	5=01	Muslim=01	Married=1 Un-married=00

In case of socio-demographic relationship with various psychiatric illnesses–the disorders were divided into two groups-I). More prevalent psychiatric disorder (Table 4A) is those whose prevalence was greater than 20 in study population and Group-II II low prevalent psychiatric disorder (Table 4B) is those whose prevalence was less than 20 in study population.

In our study more prevalent psychiatric disorder were Anxiety, MDD, OCD, Intellectual Disability and BPAD and low prevalent psychiatric disorder were FNSD, Phobia, schizophrenia, Dementia, Substance use disorder, ADHD , BPD, PTSD, Delusional Disorder and Seizure disorder.

DISCUSSION

In the present study the majority of these patients were in the age group of 21-40 year (187) 52.97%, followed by 41-60 years (69) 19.54%, then 0-20 year (68) 19.26%, 61-80 years (27) 7.64%, least one was found are patient age >80 years only 02 cases 0.56%. Out of these (143) 40.50% are female and 210 (59.49%) are male. The overall distribution of age wise in relation to sex-wise found statistically not significant (p=0.09). These findings are correlated with the study conducted by Adhikari P et al., (2016), found that the majority of the study subjects were in the age group of 21-40 (45.74%) and most of the patients were males (59.25%).[5]

It was observed that majority of the subjects had anxiety disorders (33.43%), followed by MDD, (16.71%), OCD (8.22%), Intellectual disability (6.8%), BPAD (6.52%), FNSD & Phobia (5.38% respectively), Schizophrenia (4.82%), Dementia of alzheimer's type (4.25%), substance use disorder (3.4%), ADHD (1.98%), BPD (1.42%), PTSD (0.85%), Delusional disorder (0.57%) and Seizure disorder (0.28%). The results are comparable with the study performed by Pranshu A et al., (2022) reported that the most common psychiatric illness was depressive disorder (52.7%) followed by Headache (15.88%), Epilepsy(10.36%), Psychotic disorders (9.43%), Bipolar affective disorder (4.16), Dissociative disorder (2.63%), Substance use disorders (1.61%), Obsessive compulsive disorder (1.27%), Intellectual disability (0.84%), Dementia (0.50%), Sexual disorders (0.33%) and Conduct disorder (0.08%).[6]

It was reported that the most of the subjects were Muslim (77.9%), majority of the subjects were illiterate (50.1%), belonged from Class V (68.8%), were married (60.3%) and were unemployed (65.7%). In case of socio-demographic relationship with various psychiatric illnesses–the disorders were divided into two groups-I). More prevalent psychiatric disorder (Table 4A) is those whose prevalence was greater than 20 in study population and Group-II II low prevalent psychiatric disorder (Table 4B) is those whose prevalence was less than 20 in study population. These findings are consistent with the study carried out by Jairaj S et al., (2021) found that the most of the patients were married (68.5%), were from upper lower class (76.7%) and resided in urban area (59%).[7]

CONCLUSION

The present study concluded that Anxiety, MDD and OCD were more common in middle aged male and who were ill-literate and have low socio-economic status. Whereas Phobia, Substance use disorder, ADHD and BPD were found more common in young ill-literate or low educated male of low socio-economic group, but schizophrenia was more common in old age group participant.

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