

Clinical Profile of Patients Presenting to the Psychiatry Outpatient Department of A Tertiary Care Hospital In A Hilly District of Nepal

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ABSTRACT

OBJECTIVES: To determine the various diagnostic categories of psychiatric disorders as per the DSM IV in patients of hilly area of this region who presented to the psychiatry outpatient department for the first time. This observational study has also attempted to highlight the multiple presenting symptoms of patients initially attending other departments of the hospital, but were eventually diagnosed with a psychiatric disorder without any co morbid medical or surgical illness. **METHODS:** 200 patients who either presented directly or were referred by various departments of the hospital over a 2 month period (September to November 2013) were assessed by standard semi- structured interview and diagnosed according to the DSM- IV-TR (Diagnostic and Statistical Manual of Mental Disorders, IV, Text Revision). Their sociodemographic data was also recorded during interview. Data analysis was done using SPSS version 21.0. **RESULTS:** Patients had a mean age of 36.5. Out of the 200 patients there were 115 adult females (57.5%), 84 adult males (42%) and a single 10 yr-old female child (0.5 %). Anxiety disorders were the most common diagnosis (47%, n=94), followed by mood disorders (27.5%, n=55). Pain symptoms in the form of headache, chest pain, and abdominal pain were the most common presenting complaints leading to a large percentage of referrals from the medicine and emergency departments. Patients presenting with psychological symptoms of anxiety and mood disorder directly, were less than those presenting with the physiological symptoms. **CONCLUSION:** Anxiety and mood disorders are the common psychiatric disorders in this region with female preponderance. Patient's awareness and need for relief of their physical symptoms makes them seek help initially from various other departments before being eventually treated by psychiatrists.

Key Words: *psychiatric disorders, prevalence, presenting symptoms.*

INTRODUCTION

Depression and anxiety are the two most common mental health problems seen in primary care setting.¹ They often co-occur, and are frequently under recognized and undertreated.² Major depression is the fourth leading cause of disease burden worldwide and projected to move into second place by 2020.³ Anxiety disorders are more common in women (30.5 percent lifetime prevalence) than men (19.2 percent lifetime prevalence). The higher the socioeconomic status the lesser is the prevalence of anxiety disorders. According to the most recent surveys, major depressive disorder has the highest lifetime prevalence (almost 17 percent) of any psychiatric disorder with a twofold greater prevalence of major depression in women than in men.

According to the DSM-IV-TR mood disorders include Major Depressive Disorder, Dysthymic Disorder, Bipolar Disorder I and Bipolar Disorder II, Cyclothymic Disorder, Substance-Induced mood disorder and mood disorders due to a general medical condition. The anxiety disorders include generalized anxiety disorder,

phobias, obsessive-compulsive disorder, post-traumatic stress disorder and acute stress disorder. One in three people are at risk for developing one of these disorders sometime in their lifetime.

Disorders in which psychosis is a defining feature include Schizophrenia, Schizophreniform, Schizoaffective, Delusional Disorder, Brief Psychotic disorder, Substance induced psychotic disorders and psychotic disorder due to a general medical condition. The point prevalence of schizophrenia is about 0.5 -1 %. It is prevalent across racial, socio-cultural and national boundaries with minor exceptions. Between 25- 50 percent of schizophrenia patients attempt suicide and 10 percent eventually succeed, contributing to a mortality rate eight times greater than that of the general population.

According to the DSM IV, Somatization disorder refers to a well defined clinical picture characterized by two gastrointestinal symptoms, one pseudo neurological symptom, four pain symptoms and one sexual symptom. This disorder usually begins in the second or third decade of life and is much more common in

females. Conversion disorder is another somatoform disorder with female preponderance and presenting with symptoms suggesting a medical or neurological disorder. It has a sudden onset, is preceded usually by a stressor, and accounts for its frequent presentation in the emergency department of hospital.

Among the Substance-Related Disorders, Alcohol Dependence, alcohol Intoxication and alcohol withdrawal are common disorders in this part of the nation. Nicotine dependence in the form of tobacco chewing as well as cigarette smoking is also present.

MATERIALS AND METHODS

This is an observational and cross-sectional study which included those patients attending the psychiatry outpatient department of a tertiary hospital situated in a hilly area of Nepal. The total number of patients in this study were 200 .The study duration was between September to November 2013. This study included those patients who attended the psychiatry OPD of this hospital for the first time in this two month period either directly or were referred from other departments. Only those who did not have any co morbid medical or surgical illness were included. Sociodemographic data was recorded in separate forms and a standard semi-structured interview was carried out by the authors. Psychiatric disorders were diagnosed as per the DSM-IV criteria and confirmed by both authors. Data was statistically analyzed using the SPSS version 21.

RESULTS

The total number of patients included in this observational, cross-sectional study was 200. Mean age was 36.5. The number of adult female patients were 115 (57.5 %), male patients were 84 (42%) and a single 10 year old female child.

Anxiety disorders were most commonly diagnosed in 47 % of the patients (n=94). The percentage of females diagnosed with anxiety disorders was 60.6% (n= 57), and that of males was 39.4% (n=37). Generalized Anxiety disorder (n=89), Post Traumatic Stress Disorder (n=5) and Panic Disorder (n=1) were the three main types of Anxiety disorders in these patients. Mood disorders were diagnosed in 27.5% patients (n=55) with 70.9% being females (n=39) and 29.1% (n=16) being males. Major Depressive Disorder (n= 47), Dysthymia (n=1), Bipolar I disorder (n=5) and Bipolar II disorder (n=2) were the different types of mood disorders diagnosed. About 6 % of patients fulfilled the diagnostic criteria for psychotic disorders which included Schizophrenia (n=10), Schizoaffective disorder (n=1) and Delusional Disorder (n=1).Somatoform disorders formed the diagnosis in 8% of the patients with Conversion

disorder (n=11) and Somatization disorder (n=5) being the two main categories. Alcohol Related Disorders which included both Alcohol Dependence and Alcohol Withdrawal were present in about 5.5% of the patients (n=11).The other types of disorders diagnosed were Dementia (n=4), Mental Retardation (n=2), Dissociative Amnesia (n=1) and Seizure Disorder (n=5) (Fig 1.).

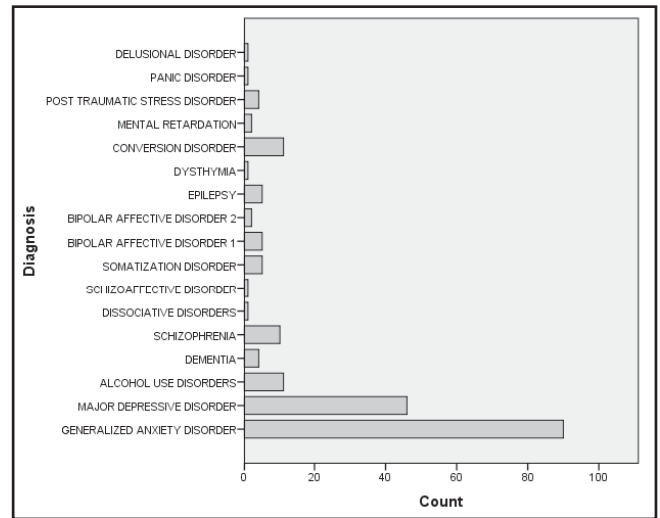


Fig 1: Distribution of various psychiatric disorders diagnosed in the Psychiatry OPD

About 39% (n=78) of the patients came directly to the Psychiatry OPD . Referral from the Department of General Medicine was 29 % (n=58) and the Emergency Department was 19.5% (n=39) . ENT, Orthopedics, General Surgery, Neurosurgery, Gynecology and Obstetrics, and Pediatric Departments were the source of referral for the remaining percentage of patients (Fig 2).

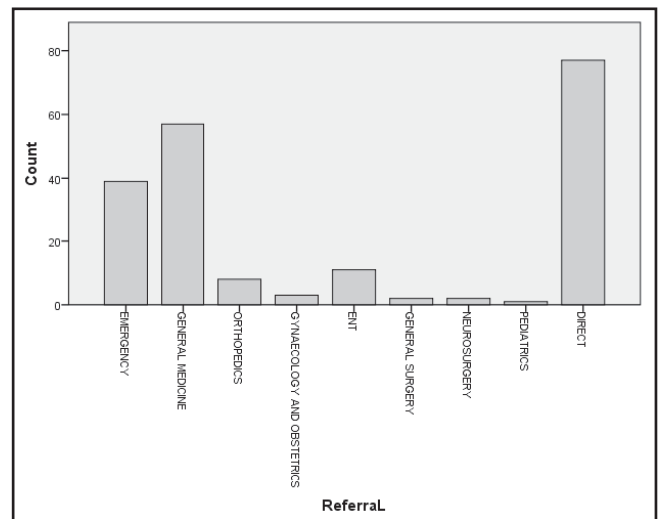


Fig 2: Sources of Referral of Patients to the Psychiatry OPD

One of the chief complaints with which the patients presented to the Psychiatry OPD included chest pain (n=53) alone or accompanied by either shortness of breath and/or palpitations. Headache was another major complaint (n=54). About 14 patients presented with pain

in multiple sites such as in the lower back, abdomen, joints and extremities. Patients complaining mainly of depressed mood were 8 and those suffering from apprehensive anxiety were 9. About 27 patients were brought to the outpatient department with complaints of odd, abnormal behavior which included self-muttering, excessive talkativeness, violent outbursts, suspiciousness, and trance-like states (Fig 3).

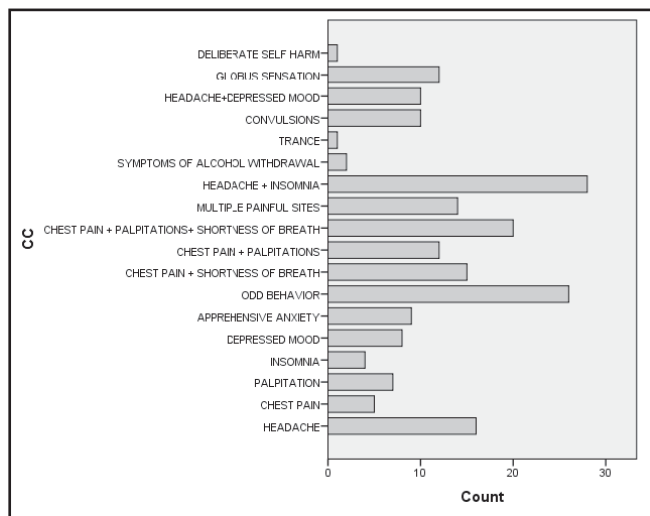


Fig 3: The various chief complaints (CC) which with patients presented to the Psychiatry OPD

DISCUSSION

According to the WHO depression is the leading cause of health-related disability.⁴ Women carry a greater burden of affective and anxiety disorders than men, with the lifetime prevalence of depression in women at approximately 21% compared with 13 % in men.⁵ Depression with anxiety symptoms is quite common and is in fact seen more often than depression alone. Also women are twice as likely than men to experience depression with anxious and somatic symptoms.⁷ The lifetime prevalence of anxiety disorders is two to three times greater in women than in men.⁸ Impact on day-to-day functioning and work productivity is significant and the economic cost of depression has been underestimated.⁹

Pain, depression and anxiety symptoms often overlap in general medical patients. There is sufficient research based evidence of a central pain modulation system that can either dampen or amplify nociceptive signals from the periphery. Both serotonin and norepinehrine may dampen peripheral pain signals. This may explain how depression and anxiety, which are associated with dysregulation of these modulating neurotransmitters along shared neuroanatomical pathways, may contribute to the frequent presence of painful symptoms.¹⁰

According to the present study, anxiety and affective disorders are indeed the most common disorders even

in the number of patients assessed. Although, the prevalence of anxiety disorders (47%) is higher than that of affective disorders (27 %) in these patients. As already mentioned, depression with anxiety symptoms is quite common. However, the patients diagnosed with anxiety disorders in this study suffered more from the physiological symptoms of anxiety rather than the psychological symptoms. Only 8 patients presented with the core symptom of depressed mood along with other complaints to warrant the diagnosis of Major Depressive Disorder according to DSM-IV criteria. It was also observed that the patients did not discuss their feelings and emotional states easily but stressed on their physical complaints more. This may be one of the reasons why the diagnosis of affective disorders especially depressive disorders was less in this study than that generally observed. Another reason is the reluctance of patients to seek a psychiatric consultation themselves fearing stigma and social ridicule. About 61% of the patients were referred from other departments. The low awareness of psychiatric disorders in this population is also a contributing factor, as indicated by their greater and firm belief that their symptoms are caused by possession by spirits, evil eye and other superstitions. Hence, they seek help initially from folk healers before consulting doctors.

This study has also confirmed the fact that both depression and anxiety disorders affect women more than men irrespective of geographical boundaries. Generalized Anxiety disorder was the most common of the anxiety disorder in females with most patients complaining of chest pain, palpitations, shortness of breath alone or in combination, leading to their initial consultations in the medicine or emergency departments. It was only after all physical, biochemical and radiological investigations were found to be normal, that these patients were referred to the psychiatrists. During the interview most patients elaborated on their physical complaints more than those of fear, excessive worrying and/or apprehensive anxiety. Patients reported that they also felt depressed because they feared that their symptoms indicated some serious illness or possession by spirits. Even though stressful life events were determined during interview, most patients focused on their somatic complaints and did not perceive anxiety as their main problem.

About 6% of the patients were diagnosed with psychotic disorder with 10 patients suffering from schizophrenia .Stigma and fear surround the concept of psychosis and the average individual worries about long-standing myths of "mental illness" and the equivalence of "psychosis " with the pejorative term "crazy".¹¹ All

patients suffering from schizophrenia had a duration of illness of more than 2 years and were being either treated by traditional healers or intermittently by psychotropic medications. Family members knowledge regarding the illness was non-existent and majority were unaware about the need for prolonged treatment in these patients.

Conversion disorder was another common diagnosis with all patients presenting to the emergency department either with pseudoseizures and /or episodes of altered consciousness of varying duration. Stressful life events were present in most cases and all the 11 patients in this study were women. Patients presenting with multiple somatic complaints which were recurrent and chronic despite frequent visits to various doctors and prolonged treatment were diagnosed with somatization disorder. Again female preponderance was observed in these cases.

About 5.5 % of male patients were brought to the emergency room in varying states of alcohol withdrawal ranging from moderate to severe withdrawal including delirium tremens. Alcohol dependence is high in this area due to home brewing of alcohol.

Thus, this observational and cross-sectional study has attempted to determine the occurrence of common psychiatric disorders in this region of Nepal. The short duration and the inclusion of only outpatients in this study are a couple of limitations of our study. Due to low awareness of psychiatric disorders, the number of patients seeking psychiatric help directly is also quite low.

CONCLUSION

Anxiety and mood disorders are quite common in this hilly region of Nepal with female preponderance in both these categories. The large number of patients initially seek help from traditional healers due to superstitious beliefs, low awareness of mental disorders and the stigma attached to a psychiatric diagnosis. This results in prolonged suffering and reduced quality of life of

patients before they are eventually guided to the psychiatric department. Thus, there is an urgent need to educate the general population about psychiatric illness, the treatments available as well as remove the stigma attached to mental illness.

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