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Profile of Patients Attending Outpatient of State Mental Health Hospital

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Abstract

Aim: *Aim of the study is to examine the profile of participants attending the outpatient of HHMH & R, Shimla.*

Material and Methods: *Cross sectional analysis was done and patients attending the outpatient department of our hospital from Feb 2021 to Oct 2021.*

Results: *A total of 668 patients attended outpatient of our centre during above duration. Diagnosis was confirmed as per DSM-V criteria by consultant psychiatrist. All details were collected and analysed by using SPSS version 20. Around 84% patients were males and 15 % were females. Majority of patients from 21-40 years age group and came by themselves. Most common diagnosis was substance use disorder (34%) followed by schizophrenia (16.91%), Bipolar disorder (14.6%).*

Conclusion: *Majority of patients were from the middle age group which constitutes the most productive part of society which is of concern and most of them were not referred by anyone and sought help by themselves. Substance use contributes to majority of OPD which also implies to the upcoming epidemic of substance use.*

Introduction

Worldwide major cause of disease and disability burden are mental illnesses. These refer to a constellation of disorders which can affect all the age groups. These disorders impact the ability to feel, interact and behave socially in affected individuals. These include range of disorders ranging from anxiety, mood disorders to psychotic illness like schizophrenia leading to permanent disability. This is seen in literature that overall 400 million people are affected at any point of time by some kind of psychiatric disorder most of whom are residents of developing nations like ours[1]. In United States a survey done by WHO showed approximately 80 million were diagnosed with psychiatric disorder out of which depression was commonest. In European region in survey done by WHO it was seen that one out every 15 people is affected by depression[2]. As per National mental health survey done in India the weighted prevalence for any mental morbidity was 13.7% lifetime and 10.6% current mental morbidity[3]. There are very few studies done in mental health hospital set up. We aim to determine the profile and frequency of various psychiatric illnesses in outpatient of our hospital.

Material and Methods

Study of cross-sectional was done in October 2021which we assessed patients attending outpatient in HHMH & R Shimla from Feb 2021 to Oct 2021. Patients attending the OPD were included in study after informed consent. A total of 668 patients were recruited after diagnosis as per DSM-V. Collected data was analysed by SPSS 20 version and frequencies and percentages were used in analysis.

Results

Table 1: Patient's characteristics

Characteristics of patients	Frequency (n=668)	Percentages (%)
Age in years		
1 – 20	38	05.67
21 – 40	508	76.04
41 – 60	94	14.07
>60	28	04.19
Gender		
Male	566	84.73
Female	102	15.26
Referral		
Self	460	68.86
Others	208	31.13
Diagnosis		
Anxiety	32	04.79
Depression	78	11.67
Schizophrenia	113	16.91
Bipolar Disorder	98	14.67
Substance use	230	34.43
Dementia	30	04.49
Others	87	13.02

Table 2: Distribution of psychiatric illness according to gender

Psychiatric illness	Male		Female	
	N = 455	% (68.11)	N =213	% (31.88)
Anxiety	11	02.41	21	09.85
Depression	26	05.71	52	24.41
Schizophrenia	88	19.34	25	11.73
Bipolar Disorder	72	15.82	26	12.20
Substance use	195	42.85	35	16.43
Dementia	23	05.05	07	03.28
Others	40	08.79	47	22.06

Table 3: Distribution of psychiatric illness according to age group

Age in years	Anxiety N= 32	Depression N=78	Schizophrenia N=113	Bipolar Disorder N=98	Substance use N=230	Dementia N=30	Others N=87
1 – 20	10	12	14	08	150	00	23
21 – 40	12	43	74	55	54	00	30
41 – 60	10	15	20	20	20	12	19
>60	0	08	05	14	06	18	15

There were 668 total patients out of which 84% were males and 16% were females. Majority of patients were from 21-40 age group (76%) and majority of them visited on self-referral basis (69%). In psychiatric disorders substance use was most common (34%) followed by psychotic illness mainly schizophrenia (17%) which was followed by bipolar disorder (15%). Out of other

illness encountered depression, anxiety and dementia were main. (Table 1)

When we assessed psychiatric disorders among genders in males out of 455 patients 195 had substance dependence (42.85%) followed by schizophrenia (19.34%). In females out of 213 patients 52 had depression (24.41%) followed by other diagnosis (22.06%) which include dementia etc. (Table 2)

When we assessed psychiatric disorders among different age groups most participants were in age group of 21-40 years which had 74 patients of schizophrenia followed by 55 participants of bipolar disorder, substance use (54), 43 had depression. Most of substance use patients were in age group of 01-20 years.

Discussion

Our study highlighted the fact that psychiatric illness is seen more commonly in middle age group (21-40 years). Majority of participants visiting were not referred by any practitioner and visited by themselves. Males were in majority which is contrary to the studies done earlier[4] which can be ascribed to stigma attached and less tendency of females to seek treatment in our culture.

In our study mental illness was more prevalent in age group of 21-40 years which is in accordance with studies done in Saudi Arabia[5] in which highest proportion of mental illness was seen among people of 20-49 years of age, another study conducted in India[6] reported similar findings.

Our population was exposed to economic instability, cultural diversity and lack of mental health professionals which make them vulnerable for mental illness. Substance use patients make for the majority of patients in our center which can be explained by lack of adequate de-addiction facilities in state. This also highlights the upcoming epidemic of substance abuse which needs prompt attention from policy makers to tackle that in form of increase in awareness and formation of de-addiction centers where they can seek help.

Also, it is well known fact that timely referral is important in early diagnosis and treatment of psychiatric illness. If not done can lead to emergency complications and also to treatment resistance over time. The referral rates by general practitioners in developing countries are very low. Comparable findings are seen in a study done in India[7] in which from patients attending emergency only 5.4% were referred for psychiatric consultation. Which is also seen in our study that most of patients came on self-referral basis. The misdiagnosis and under-estimation of psychiatric illness is alarming and sensitization of general practitioners is need of the hour to deal with same.

References

1. World Health Organization. Depression Factsheet N* 369 [online] Oct2014 [cited June 2015] Available from URL: [http//www.who.int/media centre/ factsheet/fs369/en/]

2. World Health Organization/ Europe [online] European Health Report 2014. [cited may 2015] Available at URL: [http//www.euro.who.int/en/health-topics/.../mental-health/data-and-statistic]

3. National Mental Health Survey of India, 2015-2016 Prevalence, Patterns and Outcomes, Supported by Ministry of Health and Family Welfare, Government of India, and Implemented by National institute of Mental Health and Neurosciences (NIMHANS) Bengaluru: In Collaboration with Partner Institutions; 2015-2016.

4. De AK, Kar P. Psychiatric disorders in medical inpatients-A study in a teaching hospital. Ind J Psychiat 1998;40(1): 73.

5. Numadini, Mahdi S. Depressive disorders in psychiatric outpatient clinic attendees in eastern Saudi Arabia. J Family Comm Med 2003;10(2):43–47.

6. Smitt AL, Weissman MM. Epidemiology. In:Paykel ES, editor. Handbook of

Affective Disorders. Edinburgh: Churchill Livingstone; 1992.p.111-29.

7. Kelkar DK, Chaturvedi SK, Malhotra S. A study of emergency psychiatric referrals in a teaching general hospital. Ind J Psychiatr.1982;24(4):36