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CLINICAL PROFILE OF PSYCHIATRIC DISEASE BURDEN AT TERTIARY CARE HOSPITAL

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ABSTRACT

Background: According to the WHO reports stated that there is a considerable burden of psychiatric morbidity among all ages. Among them mental, neurological, and substance abusers accounts for 13% of global disease burden. The magnitude of mental, neurological, and substance abusers has increased by 40% from 1991 to 2011 due to increase in population. Majority of cases are belonging to lower, lower-middle and middle socio-economic status. Many of these were illiterates and have poor access to health care services. **Materials and Methods:** The present prospective study was conducted at with100 patients who were attending outpatient department. Written informed consent was taken from each study participant. Data was collected by a pretested questionnaire format to evaluate and record the socio-demographic data. The mental health and psychiatric morbidity evaluation on the basis of DSM 4th Edition, Text Revision (DSM-IVTR) criteria. **Results-**: Substance abuse was the most common finding in present study which was reported in 54% of the study participants, which was followed by mood disorders which reportedamong15%of the study participants. 14% of the study participants had Neurotic and somatoform disorder which was followed by Bipolar affective disorder which reportedamong11%of the study participants.8% of the study participants had unipolar depression which was followed by Other psychiatric disorders which reportedamong4%of the study participants. Only one percent of study participants had psychotic disorders. Other general medical conditions present in 9% of study participants. **Conclusion:** We concluded from the present study that there is high psychiatric disease burden and there is huge treatment gap which needs a decentralized network of health system which can provide mental health services at the community level. Therefore, there is need of development of efficient, effective, sustainable mental health services at community level which is culturally and socially acceptable.

KEYWORDS: Psychiatric Morbidity, neurological disease, substance abuse

INTRODUCTION

According to the WHO reports stated that there is a considerable burden of psychiatric morbidity among all ages**(1)**. Among them mental, neurological, and substance abusers accounts for 13% of global disease burden. The magnitude of mental, neurological, and substance abusers has increased by 40% from 1991 to 2011 due to increase in population **(2)**. Majority of cases are belonging to lower, lower-middle and middle socio-economic status. Many of these were illiterates and have poor access to health care services. Age play an important role in etiology and pattern of clinical profile of psychiatric morbidity **(3)**. Worldwide, there are

various programs initiated to increase awareness and linking people to the health care services focusing on mental health. All of these programs are bases up on firm research and focused on mental health services which are efficient, effective, sustainable and replicable in different set-up globally **(4).**

The overall disease burden of mental health and behavioral disorders were reported in various community-based cross-sectional epidemiological studies in India, which report that the overall prevalence of psychiatric diseases were ranging from 10% to 20%**(5)**. These community-based researches are proven to be providing effective and sustainable mental health care to the patients. Previous researches also address the need of fulfilling the approach of unmet needs so the community-strengthening programs can initiate for mental health care **(6)**. Reports are also suggested that provision of psychiatry units at community health centre level and district hospitals will help in providing mental health services through outpatient clinics at the community level. Further the implementation should reaches the mental health care to the community-based primary level health services **(7)**.

The District Mental Health Program has started in India as a component of the National Mental Health program and currently running across 123 districts of India. The aim of Program is to integrate mental health services into community-based health services. However, shortage of mental health professionals and poor health infrastructure are the barrier in program success **(8)**. Although, as we stated above epidemiological studies were conducted for the psychiatric morbidity assessment, but there was very less prospective clinic or hospital based studies conducted **(9)**. Hence, present study was conducted to evaluate the hospital-based scenario of clinical profile of psychiatric morbidity among patient visiting outpatient department of our hospital.

MATERIALS & METHODS

The present cross-sectional prospective study was conducted at our hospital with study duration of one year from June 2017 to May 2018. Sample size of 100 was calculated at confidence interval of 95% and acceptable margin of error of 10% with the 95% study power from the epi info software version 7.2. Patients who were attending outpatient department enrolled for present study by simple random sampling. Written informed consent was taken from each study participant. Data was collected by pretested questionnaire format to evaluate and record the socio demographic data. The general physical and clinical examination was followed by mental health and psychiatric morbidity evaluation on the basis of DSM 4th Edition, Text Revision (DSM-IVTR) criteria. Those who refuse to give a consent and did not receive a DSM-IV TR criteria were excluded from the study. Data analysis was carried out using SPSS v22. All tests were done at alpha (level significance) of 5%; means a significant association present if p value was less than 0.05.

RESULTS

In the present study, we enrolled 100 study participants were enrolled from the outpatient department on the basis of DSM-IV TR criteria for diagnosis. Most of the study participants (69%) were belonged tothe age group of 16-44 years which is followed by17% were in the age group of 45-59 years which is followed by 15% were in the age group of above 60 years and only 2% were in the age group of less than 15 years. Out of the total 74% were males and 26% were females. Most of the study participants were from urban background 66% and 34% were from rural background. 38% of the study participants were from nuclear families and 62% were from joint families. On the basis of vocational status 69% of study participants were employed and 31% were unemployed. (Table 1)

Table 1: Distribution of study participants on the basis of sociodemographic data

Sociodemographic variables		Number of patients (%)
Age (years)	<15	2%
	16-44	69%
	45-59	17%
	>60	15%
Sex	Male	74%
	Female	26%
Family type	Nuclear	38%
	Joint	62%
Residence	Rural	34%
	Urban	66%
Vocation	Employed	69%
	Unemployed	31%

In the present study, on the basis of clinical profile of psychiatric diseases among study participants it was found that substance abuse was the most common finding in present study which was reported in 54% of the study participants, which was followed by mood disorders which reportedamong15%of the study participants. 14% of the study participants had Neurotic and somatoform disorder which was followed by Bipolar affective disorder which reportedamong11%of the study participants.8% of the study participants had unipolar depression which was followed by Other psychiatric disorders which reported among 4% of the study participants. Only one percent of study participants had psychotic disorders. Other general medical conditions present in 9% of study participants.(Table 2)

Table 2: Distribution of study participants on the basis of psychiatric morbidity.

Clinical profile of psychiatric morbidity	Number of patients (%)
Mood disorder	15%
Bipolar affective disorder	11%
Unipolar depression	8%
Neurotic and somatoform disorder	14%
Substance abuse disorder	54%
Other psychiatric disorder	4%
psychotic disorder	1%
General medical condition	9%

DISCUSSION

In the present study, we enrolled 100 study participants were enrolled from the outpatient department on the basis of DSM-IV TR criteria for diagnosis. Most of the study participants (69%) were belonged to the age group of 16-44 years which is followed by 17% were in the age group of 45-59 years which is followed by 15% were in the age group of above 60 years and only 2% were in the age group of less than 15 years. Out of the total 74% were males and 26% were females. Most of the study participants were from urban background 66% and 34% were from rural background. 38% of the study participants were from nuclear families and 62% were from joint families. On the basis of vocational status 69% of study participants were employed and 31% were unemployed. Similar results found in a study conducted by conducted by Chadda R et al reported similar result as present study on the distribution of study participants on the basis of socio-demographic data **(10)**. Similar results found in a study conducted by conducted by Costello E et al reported similar result as present study on the distribution of study participants on the basis of socio-demographic data **(11)**. Similar results were also reported in a study conducted by conducted by Sidana A et al reported similar result as present study on the distribution of study participants on the basis of socio-demographic data **(12)**. Similar results were also reported in a study conducted by conducted by Haub C et al reported similar result as present study on the distribution of study participants on the basis of socio-demographic data **(13)**.

In the present study, on the basis of clinical profile of psychiatric diseases among study participants it was found that substance abuse was the most common finding in present study which was reported in 54% of the study participants, which was followed by mood disorders which reported among15%of the study participants. 14% of the study participants had Neurotic and somatoform disorder which was followed by Bipolar affective disorder which reported among 11% of the study participants.8% of the study participants had unipolar depression which was followed by Other psychiatric disorders which reported among 4% of the study participants. Only one percent of study participants had psychotic disorders. Other general medical conditions present in 9% of study participants. Similar results found in a study conducted by conducted by Patra S et al among patients who were seeking psychiatric health care among 728 patients and the similar results to the present study. They reported the substance abuser were the most common in their study and psychotic disorders were found in less percentage of cases **(14)**.

Similar results found in a study conducted by conducted by Gayman M S et al among patients who were seeking psychiatric health care among 624 patients and the similar results to the present study. They reported the substance abuser were the most common in their study followed by mood disorders and psychotic disorders were found in less percentage of

cases **(15)**.Similar results found in a study conducted by conducted by Chavan B et al in a community bases mental health survey among 2992 patients and found the similar results to the present study. They reported the substance abuser were the most common in their study and psychotic disorders were found in less percentage of cases **(16)**. Similar results found in a study conducted by conducted by Balhara Y et al among patients who were seeking psychiatric health care among 724 patients and the similar results to the present study. They reported the substance abuser were the most common in their study followed by mood disorders and psychotic disorders were found in less percentage of cases **(17)**.

CONCLUSION

We concluded from the present study that there is high psychiatric disease burden and there is huge treatment gap which needs a decentralized network of health system which can provide mental health services at the community level. Therefore, there is need of development of efficient, effective, sustainable mental health services at community level which is culturally and socially acceptable. More elaborative studies needed to generate proper scenario of disease burden in the general community. Since present study is hospital based, hence the results cannot be generalized to the general population.

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