Original Article

Pattern of psychiatric morbidity among patients attended at psychiatry outpatient department in a private medical college hospital

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Summary

Mental health problems are often unrecognized and neglected by patients, their relatives and by the society. The objective of the study was to find out the pattern of psychiatric morbidity of the patients attending at the psychiatry outpatient department. This was a cross sectional study carried out in the department of Psychiatry at North Bengal Medical College Hospital (NBMCH), Sirajganj from August, 2015 to July, 2017. For this purpose, 918 respondents attending in psychiatry outpatient department of NBMCH were enrolled in the study by using convenient sampling technique. The results showed that majority (26.3%) were from the age group of 31-40 years with female preponderance (58.7%). Among them 71.8% were married and 71.1% came from rural background. Maximum respondent's (56.3%) monthly family income was in between 15,000-30,000 BDT. The most common psychiatric morbidity among the respondents was major depressive disorder (38.6%) followed by anxiety disorsers (25.8%). Most (85.1%) of the respondents were referred either by themselves or by their family members, friends or by relatives. The rest (14.9%) were referred by general physicians and specialists of different disciplines. The result of this study may help in the planning for better mental health service in private medical college hospitals.

Introduction

A health condition involves a state of complete physical, mental and social wellbeing. Psychiatric disorders form an important public health priority. Among the top ten health conditions contributing to the Disability Adjusted Life Years (DALYs), four are psychiatric disorders.[1] Mental health problems are often unrecognized and neglected by patients, their relatives and by society. A health population is likely to be a productive population and productive population will lead to a growing economy.[2] It was reported that every year 1 in 4 people were suffering from mental disorders around the world. Now-a-days, 450 million people are suffering from different types of mental disorders.[3] Accurate estimate of the prevalence for these disorders is essential for setting up adequate services to diminish the consequence of mental disorders and to improve quality of life.

Very few studies have been conducted in our country to estimate the proportion of psychiatric morbidity especially outside the capital. So, the study was done to determine the pattern of psychiatric morbidities and socio-demographic background of the patients attending the psychiatry outpatient department in a private medical college hospital outside the capital city of Bangladesh.

Materials and methods

This was a descriptive cross sectional study carried out in psychiatry outpatient department (OPD) of North Bengal Medical College Hospital (NBMCH), Sirajganj, Bangladesh from August 2015 to July 2017. A structured questionnaire was prepared to determine socio-demographic characteristics such as age, sex, marital status, social background, socio-economic status, education, occupation, etc. Total 978 cases attended in psychiatry OPD of NBMCH during 2 years period

were included in the study using convenient sampling technique. All of them were evaluated for psychiatric disorder by using Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM 5).[4] Ethical issues were maintained properly and data analysis was done by using SPSS (Statistical Package for Social Sciences).

Results

In the study, mean age of the respondents was 34.41 (±14.45) year. Among different age groups, maximum (26.3%) respondents were in 31-40 years of age (Table 1). There were 41.3% male and 58.7% female. Most of the respondents were Muslim (82.9%), married (71.8%), from rural area (71.1%), completed primary education (32.9%) and with monthly family income within 15,000 to 30,000 BDT (56.3%). Regarding occupation, highest number of respondents were housewives (34.9%) followed by students (23.2%) (Table 2). Most (85.1%) of the respondents were referred either by themselves or by their family members, friends or by relatives. Total 146 patients (14.9%) were referred by doctors of different disciplines and among them, 40 (27.4%) were referred by general physicians, followed by specialists of internal medicine (15.8%), dermatology and venerology (10.9%), gynaecology and obstetrics (8.2%) (Table 3).

Table 1: Distribution of the respondents according to age (n=978)

Age in years	Frequency	Percentage
0-10	26	2.7
11-20	154	15.8
21-30	223	22.8
31-40	257	26.3
41-50	183	18.7
51-60	84	8.5
Above 60	51	5.2

Among all, maximum were diagnosed as major depressive disorders (38.6%) followed by anxiety disorders (25.8%). There were 23 (2.4%) patients who were not categorized as any type of psychiatric disorder as their symptoms or duration did not fulfill the criteria for the diagnosis as per DSM 5 criteria (Table 4). Many patients (32%) were first seen by a traditional healer like Kobiraz, Ojha, Pir etc.

Table 2: Distribution of respondents according socio demographic variables (n=978)

Socio demographic variables	Frequency	Percentage
Sex		
Male	404	41.3
Female	574	58.7
Religion		
Islam	811	82.9
Hindu	164	16.8
Christianity	03	0.3
Educational level		
Illiterate	51	5.3
Primary	322	32.9
Secondary	275	28.1
SSC	183	18.7
HSC	85	8.7
Graduation and above	62	6.3
Occupational status		
Service	145	'14.8
Business	151	15.4
Farmer	51	5.3
Housewife	341	34.9
Student	227	23.2
Unemployment	63	6.4
Marital status		
Married	702	71.8
Unmarried	264	27.0
Divorced	12	1.2
Social background		
Rural	695	71.1
Urban	283	28.9
Monthly income (in BDT)		
<15,000	217	22.3
15,000-30,000	551	56.3
>30,000	210	21.4

Table 3: Distribution of the respondents referred by specialists and GP (n = 146)

Disciplines	Frequency	Percentage
Internal medicine	23	15.8
Cardiology	11	7.5
Respiratory medicine	4	2.7
Dermatology and venerology	16	10.9
Gynaecology and obstetrics	12	8.2
Ophthalmology	9	6.2
Otolaryngology	7	4.8
Pediatrics	11	7.5
Psychiatry	9	6.2
Orthopedics	4	2.7
General physicians	40	27.4

Table 4: Distribution of the respondents according to psychiatric disorders (n=978)

Psychiatric disorders	Frequency	Percentage
Major depressive disorder	379	38.6
Bipolar and related disorders	53	5.5
Anxiety disorders	252	25.8
Obsessive compulsive and related disorders	29	3.0
Schizophrenia	43	4.4
Schizoaffective disorder	4	0.4
Delusional disorders	2	0.2
Unspecified schizophrenia and related disorders	14	1.4
Conversion disorder	47	4.8
Autism spectrum disorders	14	1.4
Attention deficit/hyperactivity disorder	4	0.4
Intellectual disability	17	1.7
Substance use and addictive disorders	51	5.3
Neurocognitive disorders	36	3.7
Other disorders	10	1.0
No psychiatric disorder	23	2.4

Discussion

In our study, majority of the respondents were female (58.7%). It might be due to distress about the bodily changes resulting from menstruation, pregnancy, childbirth and menopause. According to age distribution, maximum participants fell into age group 31-40 years (26.3%) and 21-30 years (22.8%). Respondents below 10 years and above 60 years were relatively low in number. Most respondents were married (71.8%). This finding may be due to fact that most of the respondents were in middle aged group and most of the middle aged people became married in our society. Regarding habitat, maximum patients (71.1%) came from rural area. It correlates with another study done in our country.[5] Most of the people in our country still live in rural area and our place of study was in a district level.

Among 978 patients in the study, most (85.1%) of the respondents were referred either by themselves or by their family members, friends or by relatives. 146 (15.9%) patients were referred by specialists of different disciplines of medical faculty. Among these 146 patients, highest number (27.4%) were referred by general physicians followed by internal

medicine (15.8%) and 6.8% were referred by psychiatrists of other districts. Patients as well as their family members themselves thought that the problems might be physical. So, initially they went to other specialists for treatment. After finding no abnormality in examinations and investigations, the patients were sent to psychiatrists. In our study, only 2 patients were referred by traditional healer. Many patients (32%) went to a traditional healer like kobiraz, ojha, etc. as most of our rural people had belief that, psychiatric disorders were due to some sorts of supernatural causes and it might be treated by traditional healer. Another reason may be that traditional healers provide explanations in a way that is easily understood, in contrast to the more scientific explanation of clinical staffs.[6] Another study showed that 82% patients refused the referral to psychiatrists due to the stigma related to psychiatry.[7] All stages of psychiatric disorders, recognition of symptoms, presentation, treatment adherence and rehabilitation are influenced by stigma.[8]

Regarding psychiatric morbidity, the highest proportion was major depressive disorder (38.6%) followed by anxiety disorders (25.8%). A study conducted by Firoz AHM et al. also showed that among all psychiatric disorders, depressive disorders are highest in number in Bangladeshi population.[9]

The study was conducted in a purposefully selected private medical college hospital. So, the study population might not represent the whole community. Other limitations of the study include convenient sampling technique and relatively small sample size.

Conclusion

Despite a number of limitations, this study provides information about the prevalence of psychiatric morbidity among the patients attending in a medical college hospital of North region of Bangladesh. A proper and appropriate statistics of psychiatric disorder pattern is needed in order to take early and necessary steps for better management. We hope that the result of this study may help to make future plan for better mental health service in private medical college hospitals.

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