

Profile of Psychiatric Patients Attending Outpatient Clinic of a Tertiary Care Hospital, Karachi

1. Ayesha Sarwat 2. Nighat Nisar 3. Faryal Nawab

1. Asstt. Prof. of Psychiatry, DIMC & DUH, DUHS, Karachi 2. Prof. of Community Medicine, DUHS, Karachi
3. Resident Medical Officer, Deptt. of Community Medicine, DUHS, Karachi

ABSTRACT

Objective: The objective of this study is to determine the frequency of psychiatric illnesses among patients attending psychiatric outpatient department of tertiary care hospital Karachi.

Study Design: Cross sectional study

Place and Duration of Study: This study was conducted in Psychiatric Out - patient Department of a Tertiary Care Public Sector Hospital of Karachi from July 2014 to December 2014.

Materials and Methods: About 560 psychiatric patients profile was determined during July -2014 to December 2014. The patients were diagnosed and classified on the basis of DSM -IV criteria by a consultant psychiatrist. The patient complete profile was obtained from the Hospital record. The Data obtained was entered and analyzed by using SPSS version 21.

Results: Among the total five hundred and sixty psychiatric patients, 51.5 % were males and 48.5% were females. Fifty percent of the patients had Depression, 30.9% patients had anxiety, 29% had psychosis and 24% patients had Schizophrenia. More than half of the patients belong to young age group 20 – 40 years. About ninety four percent patients were not referred and reached to the hospital in advance stages of diseases.

Conclusion: This study concluded that the proportion of Psychiatric illnesses are high and majority of patients had depression, major victims of the psychiatric disorders are from most productive age group of our society which is an alarming situation and majority not referred by any physician seeking consultation on self - help basis.

Key words: Psychiatric, Illnesses, Karachi Pakistan

Citation of article: Sarwat A. Nisar N, Nawab F. Profile of Psychiatric Patients Attending Outpatient Clinic of a Tertiary Care Hospital, Karachi. Med Forum 2015;26(7):

INTRODUCTION

Psychiatric illness is the leading cause of morbidity and disability worldwide. Mental illnesses refer to the cluster of illnesses which affects people of all age group. It is an important health problem which refers to how people feel, behave and interact with the people around them. The spectrum of this issue ranges from simple mood disorder to permanent disability and even death¹. It has been estimated that globally more than 400 million people have been affected by some kind of mental illness during their lifetime and majority of them residing in developing countries².

According to WHO report of 2014, nearly 83 million people of United States have been diagnosed with psychiatric disorder among all the psychiatric illness, depression is the most common. The WHO European Region report stated that 1 out of 15 people suffer from major depression which is remarkably high and quite alarming³. In the prevalence studies of United States almost 14.8 million people were diagnosed to have

major depression, 48 million were affected by anxiety disorders and 2.4 million had schizophrenia and psychosis⁴. The study of Nepal, 2011 reported Schizophrenia as one of the most common psychiatric illness in Psychiatry ward of the tertiary care hospital and psychotic disorders being the second⁵. The study of South Africa reported lifetime prevalence of common mental disorders about 30%⁶. The Ministry of Health and Family welfare of India suggested the lifetime prevalence of mental disorders nearly 12 % which is likely to increase to almost 15% by the year 2020⁷. In Pakistan the mental health is highly under-estimated. It is a huge burden on the health care system of Pakistan. The cross sectional study, conducted in Karachi reported 12% prevalence of psychiatric illness among the general practice patients⁸, while another study has estimated the prevalence rate of mental illness in the community about 34% with highest proportion among females⁹. Gadit and et.al in 2007 reported depression as the most common psychiatric illness with the rates of 6%, Schizophrenia 2 %, anxiety 3% and Obsessive compulsive disorder was about 7%¹⁰. In the prevalence study of psychiatric patients there was male preponderance and majority of them belonged to young and middle age groups^{11, 12}.

Correspondence: Ayesha Sarwat,
Asstt. Prof. of Psychiatry, DIMC & DUH,
DUHS, Karachi
Cell No.: 0335 3311014
E-mail: sarwat989@gmail.com

Mental Health problems are mostly studied in primary health Care settings in Pakistan¹³, recent hospital based data is not available and most of the mental health illness remain unrecognized and sometimes ignored even by the well renowned practitioners nationwide and timely referral from general practitioners to psychiatrist is lacking in our scenario. The aim of the study is to determine the frequency and pattern of psychiatric illnesses among patients attending psychiatric clinic of a public sector teaching hospital of Karachi, Pakistan.

MATERIALS AND METHODS

This cross sectional study was conducted in Dow University Hospital, Karachi, Ojha Campus which is a tertiary care Hospital. This Hospital caters more than 1000 daily visits in the Outpatient clinics and almost 50 patients in the psychiatry OPD. The patients attending psychiatric Out-patient department during the period of six months from July 2014 to December 2014 were included in the study. About 560 diagnosed patients consecutively visited during study duration were taken. The patients were diagnosed by using the criteria of DSM-IV classification. Information regarding their socio-demographics (age and gender) and referral status was obtained from the medical record. The data was entered and analyzed by using Statistical Package of Social Sciences version 21. Data was grouped according to the age into four categories. Frequencies and percentages were calculated for the age, gender, referral status and the psychiatric illnesses of the patients.

RESULTS

Tables 1 showed that out of 560 (51.4 %) patients were males and 48.6% were females. Ages of the respondents ranged between 2-83 years with mean age of 34.1 years. The sample was divided into 4 groups according to age, the highest number (49%) of patients were in 21-40 years of age group. Majority of the patients visited Psychiatric outpatient on the basis of self-referral, only 34 patients were referred by the clinicians.

The psychiatric disorders were categorized into 5 major categories. Among all the psychiatric illnesses the frequency of depression was highest 289 (51.6%) and anxiety was the second most common illness 173 (30.9 %), 29 (5.2%) patients had psychosis, 24 (4.3 %) had schizophrenia. and 45 (8%) of patients had other psychiatric illnesses including; Obsession, Mental retardation, Substance abuse, Attention deficit hyperactivity disorder and epilepsy.

Table 2 showed that out of 288 male patients 146 (51.4 %) had depression; while out of 272 females 143 (49.5%) had depression. Similarly other psychiatric illnesses had equal gender distribution except Schizophrenia in which female preponderance was more as compared to males with a ratio of 1:1.39.

Other psychiatric disorders * included Obsessions, Mental retardation, Attention deficit hyperactivity Disorder and Substance abuse.

Table No.1: Characteristics visiting of the patient Psychiatric OPD (N=560)

Characteristics of Psychiatric Patients	Frequency (n) N=560	Percentages (%)
Age (in years)		
1-20	110	19.6
21-40	274	48.9
41-60	142	25.4
>60	34	6.1
Gender		
Male	288	51.4
Female	272	48.6
Referral		
Self	526	93.9
Medical/Others	34	6.1
Diagnosis		
Anxiety	173	30.9
Depression	289	51.6
Psychosis	29	5.2
Schizophrenia	24	4.3
Others (BPD, OCD, Epilepsy, MR, Addiction)	45	8.0

N= total number of patients

Table No.2: Distribution of psychiatric illness according to Gender.

Psychiatric illness	Male		Female	
	N=288	%(51.4)	N=272	%(48.6)
Depression	146	50.5	143	49.5
Anxiety	94	54.3	79	45.7
Psychosis	15	51.7	14	48.3
Schizophrenia	10	41.7	14	58.3
Others*	23	51.1	22	48.9

N = total number of patient

Table No.3: Distribution of Psychiatric illnesses according to age.

Age (in years)	Anxiety N=173	Depression N= 289	Psychosis N=29	Schizophrenia N=24	Others N=45
1-20	45 (26)	34 (11.8)	9 (31)	6 (25)	16 (35.6)
21-40	76 (43.9)	154 (53.3)	16 (55.2)	12 (50)	16 (35.6)
41-60	47 (27.2)	75 (26.5)	4 (13)	5 (20.8)	11 (24.4)
>60	5 (2.9)	26 (9)	0	1 (4.2)	2 (4.4)

Table 3 describes the distribution of psychiatric illnesses according to different age groups.

The psychiatric illnesses were found more in 21-40 years of age group which includes; depression 154(53.3%), psychosis 16(55%), and schizophrenia 12 (50%) and anxiety 76 (43.9%).

DISCUSSION

The present study suggested that psychiatric illnesses are more common in the middle age group (20-40 years) Majority of the patients who were visiting psychiatric OPD were not referred by any medical practitioner and visited on the basis of self - help.

There was no gender difference observed in our study. A study conducted in India¹³ reported the similar results and another Hospital based study conducted in Karachi reported psychiatric morbidity with equal gender distribution¹⁴. In contrast to these findings and another study from India reported higher psychiatric illnesses among women as compared to men¹⁵. Moreover the community based systematic review from Pakistan showed that the common mental disorders were found with prevalence of 25-57% among females and 10-15% among males¹⁶.

The findings of this study reported that Psychiatric disorders are more prevalent among the middle age group individuals. Similar findings have been reported in a study conducted in Saudi Arabia¹⁷ that found highest proportion of psychiatric disorders among people of 20-49 years of age, another study conducted in India¹⁸ reported similar findings. Contrary to these findings a study from Nepal¹⁹,²⁰ reported that majority of the psychiatric patient's belonged to young age group (15-24).

Pakistan's population has been exposed to sociopolitical instability, economic uncertainty, violence, regional conflict and dislocation for at more than past two decades. These are risk factors for psychiatric illnesses and may help explain the findings of this study. About half of the patients presented in psychiatry clinic during this study period had depression and frequency of anxiety was more next to depression. Similar findings have been reported from studies conducted in Saudi Arabia²¹ and Nigeria²² that depression was commonly presented disorder among all the psychiatric illnesses. On contrary to these findings of above mentioned studies several other studies from South Africa, United States and Finland reported lower proportion of depression^{6, 23, 24}.

Timely referral is important in prevention of emergency complications of psychiatric disorders. In developing countries the psychiatry referral rate by general Practitioners is very low and emergency admissions are high with serious psychiatric complications. In this study majority of the patients visited psychiatric OPD on their self-assessment and not referred by any medical Practitioner. Only 6.1 % of the patients were referred by health care providers, which is quiet alarming situation as timely referral can prevent further

complications and provide good outcome of treatment. Similar results have been reported by the study conducted in India²⁵ that only 5.4% of the patients referred for psychiatric treatment and these patients came to in emergency department. A timely referral is necessary to prevent emergency situation and fatal consequences of the diseases. In contrast to the findings of these studies few studies from developed countries reported that referral status has been increased and their standards improved as compared to the past²⁶. A study conducted in South Africa²⁷ analyzed the quality of referral letter to the psychiatry department and they reported that majority of them had inappropriate and inadequate information. This is an alarming situation of under-estimation and misdiagnosis of the psychiatric illnesses by the medical practitioners which leads to serious complications and patients end up in emergency situation which can easily be prevented through timely referral and prompt treatment.

Strengths and limitations of the Study: It was conducted in a tertiary care hospital of Karachi which caters the biggest portion of the population of Karachi from all the localities and patients were diagnosed by the trained psychiatrist on the basis of DSM IV criteria for diagnosis of psychiatric illness. This is a hospital based study and findings cannot be generalized to the whole population.

Recommendations; Future researches focused on the general population, longitudinal multicenter studies with assessment of disability, functioning and quality of life in clinical psychiatric illness are recommended for better outcome of mental illness management.

CONCLUSION

This study concluded that proportions of psychiatric illnesses are increasing with high proportion of depression. The productive middle age is the most common age group affected. The lack of timely referral from general practitioner leads to increase in psychiatry morbidity and burden on emergency of tertiary care hospitals.

Conflict of Interest: The study has no conflict of interest to declare by any author.

REFERENCES

1. Bryan B, ND Williamson DE. Childhood and Adolescent depression . A review of past 10 years. *J Acad Child Adoles Psychiat* 1996;35:1427-39.
2. World Health Organization. Depression Factsheet N* 369 [online] Oct2014 [cited June 2015] Available from URL:[<http://www.who.int/media/centre/factsheet/fs369/en/>]
3. 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>]

4. Mental illness facts and numbers [online] 2013 [cited 2015] Available at URL:[<http://www.nami.org/factsheets/mentalillness.factsheet.pdf>]
5. Shrestha MR, Sherchan S, Shakya R, Joshi D. Monthly pattern of psychiatric morbidity and duration of stay among the patients admitted in Mental Hospital, a central level tertiary care hospital. *Nepal Med Coll J* 2011;13(2):133-39.
6. Herman AA, Stein DJ, Seedat S, Heeringa SG, Moomal H, Williams DR. The South African Stress and Health (SASH) study: 12-month and lifetime prevalence of common mental disorders. *SAMJ: South Afri Med J* 2009;9(5):339-44.
7. World Health Organization 2015. International public health hazards: Indian legislative provisions. Available at URL: [<http://www.who.org.indian/legis/pub.healthhaz/en>].
8. Jalaluddin R, Jalaluddin S, Generic BSN. Factors Influencing Mental Health Policy Process In Pakistan. *J Nurs* 2012;1(01):39-43.
9. Mirza I, Jenkins R. Risk Factors, Prevalence, and Treatment of Anxiety and Depressive Disorders in Pakistan. *Bri Med J* 2004; 32(8):794-801.
10. Gadit AA. Psychiatry in Pakistan: 1947-2006: a new balance sheet. *J Pak Med Assoc* 2007;57: 453-63.
11. Khan AG, Rahman R, Ansari M, Khan ZHAG, Hayder Z, Hussain M. Pattern Of Psychiatric Emergencies At Tertiary Care Hospital in Karachi. *JPPS* 2010; 7(1):37-41.
12. Naqvi H, Khan MM. Depression in primary care: difficulties and paradoxes. *J Pak Med Assoc* 2005; 55:393-8.
13. De AK, Kar P. Psychiatric disorders in medical in-patients-A study in a teaching hospital. *Ind J Psychiat* 1998;40(1): 73.
14. Shahid M, Khan MZ, Ejaz K, Nakeer R, Iftikhar S. Profile of psychiatric patients presenting to a tertiary care emergency department of karachi. *J Coll Phys Surg Pak* 2015;25(5):386-388.
15. Bagadia VN, Ayyar KS, Lakdawala PD, Sheth SM, Acharya VN, Pathan PV. Psychiatric morbidity among patients attending medical outpatient department. *Ind J Psychiat* 1986;28(2):139.
16. Mirza I, Jenkins R. Risk factors, prevalence, and treatment of anxiety and depressive disorders in Pakistan: systematic review. *BMJ* 2004;328:794-8.
17. Numadini, Mahdi S. Depressive disorders in psychiatric outpatient clinic attendees in eastern Saudi Arabia. *J Family Comm Med* 2003;10(2): 43-47.
18. Smitt AL, Weissman MM. Epidemiology. In: Paykel ES, editor. *Handbook of Affective Disorders*. Edinburgh: Churchill Livingstone; 1992.p.111-29.
19. Shyangwa PM, Joshi D, Sherchan S, Thapa KB. Psychiatric morbidity among physically ill persons in eastern Nepal. *Nepal Med Coll J* 2009;11(2): 118-22.
20. Shakya DR, Shyangwa PM, Shakya R. Psychiatric emergencies in a tertiary care hospital. *J Nepal Med Assoc* 2008; 47:28-33
21. Al Rufadaie OE. Primary care psychiatry: pertinent Arabian perspectives. *Eastern Mediterranean Health J* 2005;11(3):449-58.
22. Abiodun OA. A study of mental morbidity among primary care patients in Nigeria. *Compr Psychiat* 1993;34(1):10-13.
23. Kessler RC, McGonagle KA, Zhao S, Nelson CB, Hughes M, Eshleman S, et al. Lifetime and 12 month prevalence of DSM-III-R psychiatric disorders in the United States: Results from the National Comorbidity Survey. *Arch Gen Psychiat* 1994;51:8-20.
24. Lehtinen V, Joukamaa M, Lahtela K, et al. Prevalence of mental disorders among adults in Finland: basic results from the Mini Finland Health Survey. *Acta Psychiatr Scand* 1990;25(18):355-60.
25. Kelkar DK, Chaturvedi SK, Malhotra S. A study of emergency psychiatric referrals in a teaching general hospital. *Ind J Psychiat*.1982;24(4):36
26. Substance Abuse and Mental Health Service Administration (SAMHSA). Behavioral Health treatment and Services [online] United States 2015. [cited July 2015]. Available at URL: <http://www.samhsa.gov/treatment>.
27. Struwig W, Pretorius, P. J. Quality of psychiatric referrals to secondary-level care. *South African J Psychiat* 2009.15(2);251-58.