ORIGINAL ARTICLE

Demographic profile and pathway to care in patients with schizophrenia in a tertiary care hospital from western Nepal

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Abstract

Introduction: Schizophrenia is one of the severe mental health problem and its guarded treatment response and association with as the stigma makes it a chronic debilitating personal, family and social problem of all the psychiatric illness. Timely Identification and management of this condition is important as early diagnosis and management gives better treatment response.

Methods: This is a descriptive study done in patients attending psychiatry OPD of Nepalgunj Medical College, Kohalpur for 12 months from June 2013 to May 2014.

Results: Out of the 86 study subjects (n=86), males were 54 in number followed by 32 females. The most common age group was 21-40 years representing 46(53.4%), followed by 41-60 years 24(28%), <20 years 12(13.9%) and >60 years 4(4.7%). The most common first contact of the patient with schizophrenia was with faith healers 54 (62.8%) followed by consultation with psychiatrist 18(20.9%). Among the study population, 38(44.2%) visited to the psychiatrist after >41 weeks of the beginning of the illness followed by 34(39.5%) visited in <10 weeks of the beginning of the schizophrenia.

Conclusions: Faith healers were the most common first contact person for the patients with schizophrenia followed by psychiatrist. Most of the schizophrenia patients come to psychiatrist after 40 weeks of their illness.

Keywords: Pathway to care, Schizophrenia, Western Nepal

INTRODUCTION

Mental disorders including schizophrenia are not the exclusive preserve of any special groups; they are truly universal. Mental and behavioral disorders are found in people of all regions, all countries and all societies.¹

Among all the mental health problems, schizophrenia is the one of the very severe, chronic debilitating problem with disturbance in thought, perception and emotion. This is most commonly associated with stigma not only to

the patient and family members but also to mental health workers.

The term schizophrenia was given by Eugen Bleuler in 1911 to denote splitting of psychic functions.² Schizophrenia afflicts 1 % of population and probably it comprises a group of disorders with heterogeneous causes and outcome.³

In schizophrenic episode, there will be distortion in thinking and perception with inappropriate or blunted affect.⁴ Schizophrenia patients live 10-12 years less than their normal counter part.

The Global Burden of Disease, using the measure of disability adjusted life years determined schizophrenia to be one of the 10 leading cause of disease burden.⁵

Treatment of psychiatric illness is complicated by long duration of therapy and the high level of non-compliance (20-50%).6

This study aims how patients with schizophrenia reach to psychiatrist crossing all the twist and turns of traditional faith healers, spiritists, quacks and various channels of modern medicine. Passing through all these channels, the modern medical treatment gets delayed causing long duration of untreated psychosis (DUP). Long DUP is considered to be a reason of poor treatment outcome in schizophrenia.⁷

MATERIAL AND METHOD

This is a descriptive study done in patients attending psychiatry OPD of Nepalgunj Medical College, Kohalpur for 12 months from June 2013 to May 2014.

All the new cases of schizophrenia came to the OPD were included in the study after taking consent for the study and the publication of the same. Total 86 participants were included in the study. Patients were diagnosed using the ICD-10 (International Classification of Disease, 10th edition) classification of mental and behavioral disorders, clinical description and diagnostic guidelines.⁴

WHO pathway to care questionnaire was used to record the patients first contact and duration from the onset of symptoms. Patients who did not want to participate in the study, those bipolar schizoaffective disorders, having disorders, depressive disorders and psychoactive substance dependents were excluded from the study group.

Patients who needed psychological intervention were sent to the psychologist working in the same hospital. Needful laboratory investigations were done from the hospital laboratory. The demographic profile was recorded and all the variables were analyzed using SPSS (Statistical Package for Social Studies) software and tabulated in percentage.

RESULT

Out of the 86 study subjects (n=86), the most common age group was 21-40 years 46 (53.4%),

followed by 41-60 years 24(28%), <20 years 12(13.9%) and >60 years 4(4.7%). Male was the most common gender representing 54 patients followed by females numbering 32.

The most common first contact of the patient with schizophrenia was with faith healers 54 by (62.8%)followed consultation with psychiatrist 18(20.9%), consultation with medical personal (non-psychiatric) 8(9.3%) and with others 6(7 %). Most of the patients 38(44.2%) visited to the psychiatrist after more than 40 weeks of the beginning of the illness followed by 34(39.5%) visited in less than 10 weeks of the beginning of the psychiatric problem.

Table 1: Showing demographic profile of patients having schizophrenia with their age range (n=86)

Age			Schizophrenia as per	
(2)	Gender		ICD-10	
(Years)	Male	Female	Number	Percentage
<u>≤</u> 20	8	4	12	13.9
21-40	36	10	46	53.4
41-60	8	16	24	28
>60	2	2	4	4.7
Total	46	40	86	100

<u>Table 2. Showing distributions of first contact</u> in patients having schizophrenia (n-86)

Types of first contact	No	%
Faith healers	54	62.8
Psychiatrist	18	20.9
Medical personals (non	8	9.3
psychiatric)		
Others	6	7
Total	86	100

Table 3. Showing weeks of first psychiatric contact after the beginning of the problem (n=86)

First psychiatric contact	Number	Percent
<10 wks	34	39.5
11-20 wks	4	4.7
21-30 wks	6	6.9
31-40 wks	4	4.7
>40 wks	38	44.2
Total	86	100

DISCUSSION:

Out of 86 study subjects, male were 54 followed by 32 females. Schizophrenia is equally common in male and females. This higher number of males in our study could be due to small sample size or higher number of males being brought to medical attention because of gender bias prevailing in our society.

The most common age range for patients with schizophrenia was found to be 21-40 years, 46(53.4%) with least age range being >60 years of age, 4(4.7%). This is as per the reference given in most of the standard text books as the schizophrenia is the illness of productive age group.³

As per our findings, 54(62.8%) of schizophrenic patients went to faith healers including shamans, Dhami or spiritists prior to coming to our hospital or psychiatrist. Only 18(20.9%) patients come to psychiatrist as a first contact point. This finding is important because, this is the reason why most of the patients with schizophrenia present late to modern medical facility. This finding is similar to another study done in Lagos, Nigeria where 68% of schizophrenia patients went to traditional or faith healers as a first contact.8

In similar study done in Bali, out of 54 schizophrenia patients studied, 47(87%) went to traditional healers prior to coming to mental health facility.⁹

Similarly, we found only 34(39.5%) schizophrenia patients coming to hospital for psychiatry care after beginning of their recognizable symptoms within 10 weeks while majority of the patients 38(44.2%) came for the psychiatric care after more than 40 weeks. This delay in hospital or medical care is due to sociobelief regarding schizophrenia, cultural misdiagnosis or wrong diagnosis due to lack of trained health workers or specialist services across the most of the rural parts of Nepal.

CONCLUSION:

Faith healers are the most common first contact person 54(62.8%) for the patients with schizophrenia followed by psychiatrist 18(20.9%). Most of the schizophrenia patients 38(44.2%) present to psychiatrist after more than 40 weeks of recognizable symptoms while only 34(39.5%) present within 10 weeks.

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