

A STUDY OF SOCIO-DEMOGRAPHIC AND DIAGNOSTIC PROFILE OF PATIENTS ATTENDING THE PSYCHIATRIC OUT-PATIENT DEPARTMENT OF NOBEL MEDICAL COLLEGE, BIRATNAGAR

Naba Raj Koirala, Rajesh Yadav, Ajay Kumar Das, Jwalanta Poudel, and Santosh Kumar Bhagat

Abstract:

Study on prevalence of psychiatric disorders in Eastern part of Nepal, is relatively understudied subject in Nepal. The present study is undertaken with the aim to study the socio-demographic characteristics and diagnostic profile of patients attending the psychiatry OPD of Nobel Medical College, that provides both outpatient and inpatient services to psychiatric patients residing in eastern part of Nepal and nearby Indian villages. It was a retrospective study where all consecutive patients attending the Psychiatry OPD from 1st May 2011 to 30th April 2012 and fulfilling the diagnostic criteria for Category F of ICD-10¹ were included in the study. Amongst the total number of 637 patients, cases with Epilepsy (N=44), Headache (N=53), other medical disorders (N=13) and incomplete case record (N=17) were excluded, and the final sample size was comprised of 510 cases (males=214 and females=296). Maximum numbers of patients were in the age-group 16-40 years (N=238, 47%) and were married (N=416, 79.04%). Most of the patients suffered from Neurotic stress-related and somatoform disorders (N=214, 41.96%), followed by Mood (N=168, 32.94%) and Schizophrenia, schizotypal and related disorders (N=56, 10.98%).

Key words: OPD, Psychiatric Disorders, Nobel Medical College

Introduction:

The WHO estimate of people with mental disorders to be about 450 million (out of a total of 6 billion), with about 150 million suffering from depression, 25 million from schizophrenia, more than 90 million from alcohol or drug use disorders². The impacts of this disorder are severe, with approximately 1 million people committing suicide annually. There is also an increase in co morbidity of this different conditions^{2,3}. The mental disorders thus comprise a wide variety of disorders, some of which may not be acknowledged as ailment by many in the society, but still causing a lot of trouble to the sufferers and affecting the productivity of the

persons and obviously of the nation. Moreover, the age group which is occupationally more active seems more affected by the disorders, many of which actually have good prognosis, suggesting the need for early identification and prompt management of these illnesses³. Awareness programs involving different cultural, occupational, and social groups of the society will definitely be fruitful. Mental disorders are mostly stigmatized in our communities and this affect the overall care of mental health care users.

Although attempts have been made by our many eminent psychiatrists in the past, the mental health professionals and policy makers

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in the country still finds difficult to obtain reliable information regarding psychiatric morbidity in the country, both in the community and hospitals. Some of the noticeable studies conducted by K.C. & Shah, (1986)⁴, Nepal et al (1986)⁵, Wright (1987)⁶, Shrestha (1987)⁷ and Sharma (1987)⁸, show a similar findings in relation to age wise distribution but in many other aspects they are not conclusive and differ from each other, specially whenever the question of diagnosis is placed forward. All those inconsistencies may be because of the difference in methods and methodology used; the setup, subject enrolled in the study and diagnostic criteria used. Despite of all those inconsistencies their findings are always helpful for both the health care providers and policy makers to formulate a necessary policy and plan of action to encounter the difficulties and to improve the quality of mental health services in the country. Similarly many of available studies in mental health in Nepal mostly describes about the people living in the capital city of Nepal and nearby cities, and their findings may also not likely to be generalized. Therefore, keeping this point in mind, the present study is carried out in a city of Nepal; where from not a single study on epidemiology of mental health is reported in the literature until date. Hence this present study is carried out at psychiatric OPD of Nobel Medical College, Biratnagar, just as an attempt to enrich the available literature in the country in regards to socio-demographic characteristics and diagnostic profile of patients attending the psychiatry outpatient department of a tertiary level hospital in eastern part of Nepal.

Material and Method:

A retrospective study was designed with an aim to describe the socio-demographic characteristics and diagnostic profiles of patients attending the psychiatry outpatient

Psychiatric OPD and patient's profile

department of Nobel Medical College over a period of one year, from 01 May 2011 to 30 April 2012. The objectives were set to study the age, sex, occupation and diagnostic profile of the patients attending the psychiatric out-patient department of the Nobel Medical College over the period of one year, so that the available information can be used in future to improve the quality of health mental health services that the institute has been delivering to the patients who have been deprived of it for quite long period of time. The subjects for this study were comprised by all those consecutive new patients attending the psychiatric out-patient department over the study period and fulfilling the diagnostic criteria for category F of International Classification of Diseases (ICD-10), 10th revision (WHO, 1992). All other cases with incomplete case records, other than ICD-10 Chapter F diagnoses, chronically debilitating patients, and follow-up cases were excluded from the study. The data required for the purposes of study was collected retrospectively using a self-designed proforma and stored in a personal computer and analyzed with help of SPSS version 11.

Results:

Table 1: Distribution of Patient according to age and sex

Age (Years)	Up to 16 Years	16-40 Years	40-60 Years	> 60 Years
Male	18	108	58	30
Female	34	130	91	41

Out of a total number of 637 new patients who attended the psychiatry OPD during the study period of 1 year, 44 cases of epilepsy, 53 cases with diagnosis of headache, 13 new cases with diagnosis of other medical disorder, and 17 cases with incomplete case record were excluded from the study. Thus the study sample for this study comprises of only 510 new patients fulfilling the diagnostic criteria

Original Article

for mental and behavioural Disorder according to Category F of ICD-10, WHO 1992. Out of all those 510 new cases, enrolled further for study, 214 were male (42%) and 296 (58%) were female. Maximum patients were in the age group 16-40 years (N=238; 47%), followed by the age group 40-60 years (N=149; 29 %) (Table: 1).

Table: 2 Distribution of Patient according to Marital Status

Gender	Married	Single	Divorced	Separated
Male	131	78	2	3
Female	188	95	8	5

Majority of the patients were married (N=319; 62.5%), with significant high proportion for female (N=188; 36%) compared to male (N=131; 25%). (Table-2).

Table: 3 Distribution of Patient according to occupation

Gender	Male	Female
Student	54	43
Govt. Employee	45	7
Private Employee	51	39
Idle	13	168
Semi Skilled/Labor	35	23
Self Employed	19	17

Table 3 shows that out of all 510 subjects enrolled in the study 97 (Male 54; 11%; Female 43; 8%) were students and only 49 were government employed. There were high preponderance of female (N=167; 33%) who were idle and engaged themselves at household activities. The result also shows

Psychiatric OPD and patient's profile

that only few cases were self-employed and were engaged in their own business (N=66; 13%), without significant differences between gender in this group (Male 19 and female 17).

Table: 4: Distribution of Patient according ICD-10 Diagnosis

Diagnosis	Percentage	Number
F0	1.56%	8
F10	2.94 %	15
F20	10.98%	56
F30	32.94%	168
F40	41.96%	214
F50	1.56%	8
F60	0.19%	1
F70	5.09%	26
F80	0.39%	2
F90	2.35%	12

This study reveals that 214 (41.96%) were suffering from the Neurotic, stress related and somatoform disorders, whereas 168 (33.06%) from mood disorders and 56 (10.98) from schizophrenia and related disorders (Table 4). There were significant less number of patients with diagnosis of F 60 and 80.

Discussion:

Present study showed that most of the patient who have been attending the psychiatric Out-patient Department of Nobel Medical College Teaching Hospital are suffering from neurotic, stress-related and somatoform disorders (41.96%), which was followed by mood disorders (33.06%), schizophrenia, schizotypal and related disorders (10.98%) and mental and behavioural disorders due to use of psychoactive substances. Our findings are similar to the findings reported by Nepal et al (1986)⁵, who reported neurotic and related

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disorders (anxiety neurosis, [12.7%], adjustment disorder [2%], hysterical illness [2.7%] and somatisation disorder [2%], as the most common psychiatric disorders in an out-patient department at a tertiary level hospital in Nepal. He also observed depression and Schizophrenia as other two most common psychiatric disorders in an OPD setting, which is consistent with the findings of this present study. However the findings of the present study significantly differs from other studies reported by K.C and Shah, (1986)⁴, Wright (1987)⁶, Shrestha (1987)⁷, and Sharma (1987)⁸ whose observation shows significant high proportion of patients with diagnosis of epilepsy psychosis and depression, rather neurotic disorders. Sharma (1987)⁸ described 42% of the patients in his study to be suffering from depression, 17% from neurosis and 16% from epilepsy. Similarly Shrestha (1987)⁷, reported a vast majority of patients with diagnosis of psychosis (63.7%), which was followed by neurosis (18%) and epilepsy (6%) respectively.

Our findings are also similar to the findings reported by Dube (1970)⁹, and Neki¹⁰, who observation revealed that near about 44% of the patients, in a community setting in northern part of India, were suffering from neurotic and related disorders which was followed by schizophrenia (9.1%). Similar results have also been reported in literature by many eminent mental health professionals throughout the world (Choo, 1997¹¹; Uys et al, 1995¹², Patel, 1997¹³, Thom et al, 1997¹⁴; and Gureje, 2006¹⁵, but they differ in terms of either methodology or diagnostic profiles. The reasons of the difference may be many, and some of them are the cultural factors, literacy rate in the different areas where the studies were conducted, and the setup e.g. psychiatry OPD of a general hospital, community set up, private clinic, mental hospital etc.

Psychiatric OPD and patient's profile

Although the present study finds Neurotic, Mood Disorders and Schizophrenia as most common psychiatric disorders amongst the people who have been attending the psychiatric out-patient department of Nobel Medical College Teaching Hospital, there were also a noticeable number of cases who did fulfil the ICD-10 Diagnostic Criteria for organic mental disorders (1.56%), behavioural syndromes associated with physiological disturbances and physical factors (1.56%), disorders of adult personality and behaviour (0.19%), mental retardation (5.09%), disorders of psychological development (0.3%), and behavioural and emotional disorders with onset usually occurring in childhood and adolescence (2.35%). Thus, although the bulk of the patients were suffering from neurotic and affective disorders, the patients suffering from the other disorders were also diagnosed and provided services in the Psychiatry O.P.D. of Nobel medical college, Biratnagar.

Recommendation:

Studies of this nature needs to be regularly conducted. They may not seem ground-breaking in nature, but help in terms of proper planning with resultant improvement in service delivery.

Limitation of Study:

This study is carried out in a OPD setting in a Tertiary Level Teaching Hospital in eastern part of Nepal. Owing to the different socio and cultural parameters, the findings of this study may not likely to be generalized throughout the country; hence the authors therefore would like to propose a separate large scale community and institutionalized based study so that the data can be well generalized.

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Correspondence Address: *Naba Raj Koirala*, Head Department of Psychiatry and Mental Health, Nobel Medical College and Teaching Hospital, Kanchanbari, Biratnagar. E-mail: drnabaraj@yahoo.com