<u>Original Article</u>

Pattern of psychiatric morbidity among the patients admitted in a private psychiatric clinic

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<u>Abstract:</u>
Background: Mental health problem is a major public health issue in the world across the developed and developing countries. However, data in most of the developing countries including Bangladesh are scarce. In Bangladesh, socio-political situation is insecure and unstable with poverty and vulnerable to natural disaster which causes psychiatric morbidity. The pattern of psychiatric morbidity in private clinic is quite different from that in government hospital. ***Objective***: This study was aimed to assess the diagnostic pattern of psychiatric morbidity among the admitted patients in a private psychiatric clinic. ***Methodology***: The study was carried out in a 20 bedded private psychiatric clinic in the heart of Dhaka city. All the information including longitudinal histories of patients was recorded in files and the diagnosis was confirmed by psychiatrist. Admission and discharge notes were recorded in register. Socio-demographic parameters and family history of mental illness were collected from the record file of individual patient. ***Results:*** Among 304 patients 184 (60.53%) were males and 120 (36.47%) were females. More than 50% of patients were in the age group of 18 to 37 years. Most common psychiatric disorders were schizophrenia and other psychotic disorders (39.4%), mood disorder (18.75%), borderline personality disorder (3.6%), conduct disorder (2.3), somatoform disorder (1.6%), anxiety disorder (0.7%), organic psychiatric disorder (2%), impulse control disorder (1.3%) and adjustment disorder (0.7%). ***Conclusion:*** Major forms of psychiatric disorders are common both in urban and rural areas of Bangladesh.

<u>***Keywords:***</u> Psychiatric morbidity

Introduction

Psychiatric morbidity is a major public health problem in the World across developed and the developing countries. Today mental health and mental illnesses are key public health issues. A large number of people worldwide suffer from mental disorders. According to World Health Organization at least 40 million people in the world suffer from mental disorders such as schizophrenia and dementia[1-4].

Bangladesh is a densely populated area where prevalence of psychiatric illness is not less than that of any other country in the world. A study showed that 29% of patients attending general practice were suffering from functional disorder and 6% from both functional and organic disorder. The same study demonstrated that 47% patients were suffering from neurotic disorder, 37% from psychosomatic disorder, 10% from affective disorder, 1.44% from schizophrenia, 2.88% from substance use disorder and 2% organic psychiatric syndrome[5].

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Another study in Dasherkandi, a village nearby Dhaka city indicated that 6.52% people had been suffering from psychiatric illnesses[6].

Still now maximum people are out of modern treatment facilities due to poor economic condition, prevailing superstition, stigma on mental patients and lack of education and knowledge about scientific method of treatment of mental illness. Study conducted in Outpatient department of National Institute of Mental Health (NIMH), Dhaka revealed that 37.4% of patients were suffering from schizophrenia and schizophrenia like psychotic disorders, 16.14% from anxiety disorders, 11.19% from Major Depressive disorder, 8.95% from Bipolar mood disorder, 7.66 % from substance related disorder, 6.60% from somatoform disorder, 4.12% from mental retardation and 7.88% from other disorders[7]. The main objective of the present study was to observe the types of the psychiatric diagnoses among the admitted patients in a private hospital in Dhaka city, to see the relationship of psychiatric disorders with some socio-demographic parameters and also to observe the relationship between the family history of psychiatric illness and different types of psychiatric disorders.

Subjects and methods

The study was carried out in a private clinic in Dhaka city. It is a 20 bedded clinic. Most of the patients came from Dhaka city. All the information about the patients including their thorough histories was recorded in files. Admission and discharge notes were recorded in register. Patients were diagnosed by the consultant psychiatrist Three hundred and four patients were admitted here throughout the year of 2007 from January to December. They were diagnosed according to Diagnostic and statistical manual for Mental disorder criteria by the Psychiatrist[8]. Necessary informations regarding patients were collected from record files. Data were processed and analyzed manually following the simple descriptive statistical procedure.

Results

Total three hundred and four patients admitted in a private psychiatric clinic in Dhaka city during the period of January to December in the year 2007 were included in the study within the age group of 10 to 55 years. Out of 304 patients, 184 (60.53%) were male and 120 (36.47%) were female. 135 patients (44.4%) were married, 158 patients (50.66%) were unmarried and 15 (4.93%) were divorcee. 92.76% were muslins, 4.60% were Hindu and 2.63% were Christians (Table I). Regarding occupational status most of the patients (30.2%) were unemployed, followed by students (23.7%). Eighteen to twenty eight years of age group had more psychiatric disorder (42%), which was nearer to the finding of other study[9]. As the study was carried out in a private clinic almost all the patients belonged to medium to high social class (monthly income >10,000 Taka). Results showed that most of the patients were educated, 19% completed graduation, and 56.6% completed Higher Secondary certificate examinations (Table III). Out of three hundred and four patients 39.4% were suffering from schizophrenia and other psychotic disorders, 29.6% substance related disorder, 12.17% from bipolar mood disorder, 6.58% from major depressive disorder, 3.6% from borderline personality disorder, conduct disorder 2.3%, organic psychiatric disorder 2%, somatoform disorder 1.6%, impulse control disorder 1.3% and others 1.4% .

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Table I - Distribution of patients by sex, age group, religion and marital status

Sex	Number	Percentage (%)
Male	184	60.53%
Female	120	39.47%
Age group		
< 18 years	23	7.6%
18-27 years	128	42%
28-37 years	107	35%
38-47 years	32	11%
48 years and above	14	4.6%
Residence		
Rural	90	29.6%
Urban	214	70.4%
Marital status		
Married	135	44.4%
Unmarried	154	50.66%
Divorcee	15	4.93%
Religion		
Islam	282	92.76%
Hinduism	14	4.60%
Christians	8	2.63%

Table II - Distribution of patients by occupational status

Occupational status	Number	Percentage (%)
Business	65	21.4%
Student	72	23.7%
Service	29	9.6%
House wife	43	14.1%
Unemployed	92	30.2%
Farmer	3	1.0%

Table III - Distribution of patients by their educational status

Educational status	Number	Percentage (%)
Primary	25	8.22%
Secondary	49	16.11%
SSC/HSC	172	56.6%
Graduate	58	19%

Table IV - Types of psychiatric disorder among the admitted patients

Types	Total number	Percentage (%)
Schizophrenia and other psychotic disorders	120	39.4%
Substance related disorders	90	29.6%
Bipolar mood disorder	37	12.17%
Major depressive disorder	20	6.58%
Borderline personality disorder	11	3.6%
Conduct disorder	7	2.3%
Somatoform disorder	5	1.6%
Organic psychiatric disorder	6	2%
Anxiety disorder	2	0.7%
Impulse control disorder	4	1.3%
Adjustment disorder	2	0.7%

Table V - Distribution of different psychiatric disorders by sex

Type of disorder	Male	%	Female	%
Schizophrenia and other psychotic disorders	77	25.3	43	14.1%
Substance related disorders	87	28.6	3	1%
Bipolar mood disorder	26	9.0	11	3.6%
Major depressive disorder	7	2.3	13	4.3%
Borderline personality disorder	3	1	8	2.6%
Conduct disorder	5	1.6	2	0.7%
Somatoform disorder	0	0	5	1.6%
Alzheimer's disease	2	0.7	0	0%
Postpartum psychosis	0	0	4	1.3%
Anxiety disorder	0	0	2	0.7%
Impulse control disorder	3	1	1	0.3%
Adjustment disorder	0	0	2	0.7%

Table VI - Distribution of patients by family history of mental illness.

Family history of mental illness	Number	Psychiatric disorders	Number	Percentage (%)	Total
Present	80	Schizophrenia and other psychotic disorders	52	17.1%	26.3
		Bipolar mood disorder	21	7%	
		Substance related disorders	7	2.3%	
Absent	224				73.7

Discussion

Schizophrenia and psychotic disorders were the commonest psychiatric disorders requiring admission (39.4%) in the hospital[5].

The study showed that next to schizophrenia was substance related disorder (29.6%). Substance use disorder is a rising problem of present day and a serious threat to our social integrity and cohesion. A significant number of our young generation has been abusing illicit drugs and substances. Present study revealed that drugs use was high among the age group of 18 to 37 years, similar to other study. Among ninety cases of substance related disorder three were female and rests were males. Less access to narcotics to female abusers may justify less prevalence of substance use disorder among females. This finding was consistent to other study[6]. Next to substance related disorder 12.17% patients of bipolar mood disorder were admitted and more among males. Present study also showed patients of anxiety disorders (0.7%) were admitted less frequently as majority of them were treated in the out patient department[6]. Study revealed that major depressive disorder (6.58%), somatoform disorder (1.6%), anxiety

disorder (0.7%) were more among females probably because of stressful life events, the effects of child birth and behavioral model of learned helplessness [5,7]. Borderline personality disorder was present in 3.6% of patients and also more among females[9]. Conduct disorder was common among boys (1.6%) than in girls (0.7%)[10].

As the study place was in the Dhaka city, most of the patients (70.4%) were from urban background and from rural area 29.6% patients. Psychiatric morbidity was higher among urban people. Because these people are facing the daily life stresses and thereby more vulnerable to psychiatric illness. In this study a substantial number of patients (30.2%) were unemployed. This could be due to presence of psychiatric disorders[11]. Next to unemployment psychiatric morbidity appeared to be higher among students (23.7%), who were mostly of adolescents and of early adulthood and thereby were most vulnerable for most of the psychiatric disorders. Findings were consistent to other study[6]. There are enough evidences that psychiatric disorders particularly major psychiatric disorders have substantial contribution

of genetic hereditability in their causation. One of our aim was also to estimate the relationship between positive family history of mental illness and major psychiatric disorders. Study showed positive family history for mental disorder was in 26.3% cases and it was highest (17.1%) among schizophrenia and schizophrenia like disorder. Next to schizophrenia for bipolar mood disorder it was about 7% followed by 2.3% in substance related disorder. Finding was consistent to other study[12].

Our observation suggests that Psychiatric disorders are common in both rural and urban areas, which create hazards in personal, occupational or social level. Countrywide advertisement to increase people's awareness, co-operation of the Government and efficiency and commitment of service providers will be needed. Awareness about psychiatric illness is gradually increasing day by day among the people of Bangladesh. So, the number of patients seeking treatment is also increasing. To meet the need of the people the number of mental health professionals and facilities for mental health services are needed to be increased in government level as well as private sector.

References

1. Firoz AHM, Karim ME, Alam MF, Rahman AHM, Zaman MN, Chandra V. Community Based Multicentric Service Oriented Research on Mental Illness with focus on Prevalence, Medical Care, Awareness and Attitude towards Mental Illness in Bangladesh. WHO published data, 2003-2005. *Bang J Psychiatry* 2006; **20** (1):9-32.

2. Hamid MA, Chowdhury S, Mohit MA. Comparative Study of Patients in Different Out patient Department(OPD) and the Pattern of Psychiatric Disorder in a district hospital. *Bang J Psychiatry* 2003; **17** (2):5-12.

3. Alam MN. Psychiatric Morbidity in General Practices. *Bang Med Res Coun Bull* 1981; **4** (1):22-39.

4. Chowdhury AKMN, Alam MN, Ali SMK. Dasherkandi Project Studies: demography, morbidity and mortality in a rural community of Bangladesh. *Bang Med Res Coun Bull* 1981; **4** (1):22-39.

5. Mohit MA. Diagnosis of Patients Attending Out Patient Department (OPD) of NIMH. *Bang J Psychiatry*, June 2001; **15** (1):5-12.

6. Rahman F, Sabeka MM, Karim ME. Psychiatric co-morbidity and Sexual Dysfunction in Substance Use Disorder. *Bang J Psychiatry* 2003; **17** (2):14-21.

7. Gelder M, Gath D, Mayou R, Cowen P. Mood Disorder in Gelder M, Gath D, Mayou R, Cowen P (eds). Oxford Text Book of Psychiatry, 5th ed. Oxford. 2005: 290-294.

8. Diagnostic and Statistical Manual for Menbtal Disorders. American Psychiatric Association. 4th ed. NewYork, USA. 1994.

9. Kaplan HI, Sadock BJ. Synopsis of Psychiatry. Williams and Wilkins, PA, 2003; 809

10. Goodman R, Scoll S. Child and Adolescent Psychiatry. Blackwell Publishing ltd. 2nd edn. UK, 2005; 64

11. Meyer R. In Psychopathology and Addictive disorders, NY: The Guildford Press, 1986; 3-6.

12. Islam TM, Ahmed HU, Uddin JMM, Rahman F and Firoz AHM. Relationship Between Positive Family History of Mental Illness and Major Psychiatric Disorder-A study in teaching hospital. *Bang J Psychiatry* 2006; **20** (2): 50-56.