

Pakistan Journal of Neurological Sciences (PJNS)

Volume 13 | Issue 2 Article 9

6-2018

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Recommended Citation

Mehmood, Nasir; Talib, Uroosa; and Ur Rehman, Raza (2018) "Pattern of mental health disorders in adult population attending a tertiary mental health care setting," Pakistan Journal of Neurological Sciences (PJNS): Vol. 13: Iss. 2, Article 9. Available at: https://ecommons.aku.edu/pjns/vol13/iss2/9

PATTERN OF MENTAL HEALTH DISORDERS IN ADULT POPULATION ATTENDING A TERTIARY MENTAL HEALTH CARE SETTING

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Date of submission: October 27, 2017 Date of revision: January 12, 2018 Date of acceptance: January 28, 2018

ABSTRACT

BACKGROUND

Mental health disorders contribute significantly to the global burden of disease (32.4%), . Mental health disorders are the 4th leading cause of disability in developed countries, and the most disabling disorders in low-income and middle-income countries (LAMIC). Over one third of people in most LIMIC fulfill sufficient diagnostic criteria for a mental health disorder at some point in their life.

OBJECTIVE

To determine the frequency of mental health disorders among patients attending tertiary mental health care settings.

METHODS

A cross sectional study was conducted from Oct 2014 to July 2016 at the tertiary mental health care centers of Karachi city. A total of 4956 patients, age between 18 to 60 years participated in this study. The diagnosis was based on clinical interview using standardized Diagnostic statistical Manual (DSM-IV). Socio-demographic characteristics were also collected.

RESULT

The frequency of different mental health disorders was Schizophrenia (28.2%), Depression (25.1%), Bipolar disorder (19.2%) ,anxiety (5.1%) and other related mental disorders(22.4). These disorders were found to be more common in younger population aged 21-40 years (69.4%) and among males (58.8%)

DISCUSSION

The high frequency of mental illness in males and high prevalence of schizophrenia and bipolar disorder in this population may be contributed to multiple risk factors such as the nature of tertiary mental health care setting, socioeconomic disadvantage, reduced participation of society, use of Psychoactive substances and genetic factors. However there are no supporting national epidemiological data available for confirming particular factor . The results of recent work have illustrated the need for further study of the psychiatric

diagnosis and factor analysis.

CONCLUSION

Several vulnerable groups and risk factors related to socio-demographic variables have been identified such as: gender and age. These results can be used to improve treatment services, prevention of mental disorders, and mental health promotion.

BACKGROUND

Mental health disorders are major contributor (32.4%) to the global burden of disease worldwide[1]. According to World Health Organization(WHO) mental disorders are the 4th leading cause of disability in developed countries[2]. They are also the most disabling disorders low-income and middle-income countries (LAMIC)[3]. Over one third of people in most LMICs fulfill sufficient criteria for the diagnosis of a mental health disorder at some point in their life [2]. It is also estimated that 33% of the years lived with disability (YLD) are due to neuropsychiatric disorders[4].

It is estimated that the worldwide prevalence of depression is 11.7% and is particularly higher in women[5]. The Prevalence of other Psychiatric disorder 4 % for Bipolar disorder and 1 % for Schizophrenia[5].

Prevalence of psychiatric illnesses in different populations is estimated to be 15 to 20% in the community and 30% among general practice patients[6]. In Pakistan there have been few studies examining the prevalence and patterns of psychiatric morbidity in psychiatric outpatient setting [7]. In one study 20 to 30 percent of patients attending general hospital out patients departments had psychiatric illness [8].

It is interesting to know the profile of patients reaching tertiary care hospitals as the pattern of psychiatric disorders found in them differ from the patterns prevalent in community. There has been paucity of literature focusing on the prevalence and trend of various psychiatric disorders (over time) in the patient population reaching tertiary care centers in developing countries. This study attempts to understand the epidemiological patterns of patients visiting the hospital which would help in planning and improving health service.

METHODOLOGY:

DESIGN

cross sectional study conducted in tertiary care setting in Karachi

OBJECTIVE

To determine the frequency of mental health disorders in population attending tertiary mental health care settings.

SAMPLE SIZE

The participants between 18 to 60 years were recruited from Oct 2014 to July 2016 at the Karwan E Hayat (KEH) tertiary mental health care centers of Karachi city. A total of 4956 patients were recruited including both genders.

RECRUITMENT OF PATIENTS

All consecutive participants suffering from mental illness were refered to researcher by OPD staff. Initial data was gathered by research clinician and those fulfilling the inclusion criteria were registered for the study.

INCLUSION CRITERIA

- 1. Diagnosis of mental illness established by clinician using DSM IV criteria.
- 2. Individuals aged between 18-60 years.
- 3. Resident of Karachi.

EXCLUSION CRITERIA

- 1. The presence of any comorbid psychiatric illness such as substance misuse or alcohol dependence, according to DSM IV criteria..
- 2. Age more than 60 years.
- 3. vere drug or alcohol problem (i.e., those who fulfill the criteria for
- 4. dependence according to ICD10 RDC)

RESULT

A total of 4956 participants were recruited in this study. 2916 participants were males and 2040 participants were female. Psychiatric disorders were found to be most common in younger population aged 21-40 years (69.4%). The majority of the patients were from low socioeconomic status (83.6%). Details of demographics are given in table-1,2 and 3.

Table-1 Detail of gender groups

Gender group		
	No. of Patients	Percent
Male	2917	58.9
Female	2039	41.1
Total	4956	100.0

Table .2 age group detail

Age group	No.of Patients	Percent
18-20	18	.4
21-30	1982	40.0
31-40	1455	29.4
41-50	889	17.9
51-60	612	12.3
Total	4956	100.0

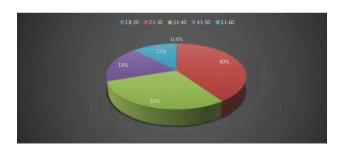


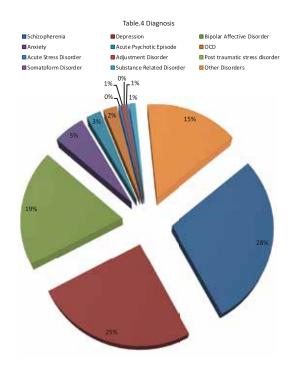
Table-3 Socioeconomic Status

Socioeconomic Class	No. of Patients	Percentage
Lower	4144	83.6
Lower Middle	493	9.9
Middle	319	6.4
Total	4956	100

The frequency of different mental health disorders was 28.2% for Schizophrenia, 25.1% for depression 19.2 % for bipolar effective disorder 5.1% for anxiety disorders and 22.4 % for other mental health disorders . Details of diagnosis are given in table-4

Table 4 Diagnosis Fraguency

Table-4 Diagnosis Frequency				
Diagnosis	Frequency	Percentage		
Schizophrenia	1399	28.2		
Bipolar Affective Disorder	954	19.2		
Depression	1244	25.1		
Anxiety	255	5.1		
Adjustment Disorder	37	0.8		
Schizoaffective	262	5.3		
Neurological disorders	195	3.9		
Phobias	154	3.1		
Post-traumatic stress disorder	5	0.1		
Somatoform Disorder	169	3.4		
Delusional Disorder	10	0.2		
Insomnia	45	1		
OCD	109	2.2		
Acute Psychotic Episode	118	2.4		
Total	4956	100		



DISCUSSION

In a similar study conducted at a tertiary care hospital in North India, the most frequent psychiatric diagnoses were depressive disorder (25%), anxiety disorder (15%), and substance-related disorder (13%), respectively[9]. The data for depression is comparable however, in our study Schizophrenia is the most common disorder.

In addition, the most frequent mental disorders in the North India hospital were different than those for our study.

The frequency of mental illness in males is higher in our study than in females which is similar to the study done in North India [9] but neurotic and stress related disorders are more common in females in other studies in South Asia, [10,11].

Majority of patients in our study belong to younger and middle age group which shows similarity with other studies[12]. It is understood that middle aged individuals have more stress in their lives and usually seek help.

High prevalence of schizophrenia and bipolar disorder in this population may be contributed to multiple risk factors like the nature of tertiary mental health care setting, socioeconomic disadvantage , reduced participation of society ,use of psychoactive substances

and genetic factors. However there are no supporting national epidemiological data available for confirming particular factor . The results of recent work have illustrated the need for further study of the psychiatric diagnosis and factor analysis.

CONCLUSION

Several vulnerable groups and risk factors related to socio-demographic variables have been identified such as: gender and age. These results can be used to improve treatment services, prevention of mental disorders, and mental health promotion.

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Conflict of interest: Author declares no conflict of interest.

Funding disclosure: Nil

Author's contribution:

Nasir Mehmood: concept, data collection, data analysis, manuscript writing, manuscript review Uroosa Talib: concept, data collection, data analysis, manuscript writing, manuscript review Raza ur Rehman: concept, data collection, data analysis, manuscript writing, manuscript review