

Pattern of Psychiatric Morbidities and Sociodemographic Profiles of Patients Attending Out-Patient Department (OPD) at Iftikhar Psychiatric Hospital, Peshawar

GHAZZAAN KHAN¹, SHAFI ULLAH²¹Assistant Professor (Psychiatry), Jinnah Medical College, Peshawar²Professor (Pathology), Nowshera Medical College, NowsheraCorrespondence to: Ghaazzaan Khan, Email: dr.ghzankhan@gmail.com, Cell: 03025523375

ABSTRACT

Background: Psychiatric disorders are the major causes of disability worldwide. Due to cultural differences, the patterns of mental disorders vary globally and there is need to study the patterns of psychiatric disorders in our region.

Aims and Objectives: The aim of this study is to know the pattern of various psychiatric morbidities as well as socio demographic characteristics of patients attending out-patient department (OPD) at Iftikhar Psychiatric Hospital, Peshawar.

Materials and Methods: This descriptive study was conducted at Iftikhar Psychiatric Hospital, Peshawar from 1st June 2020 to 31st January 2021. During this period, a total of 150 patients were recruited through non-probability consecutive sampling technique. Data was collected for variables like gender, age, marital status, urban/rural background, employment status and psychiatric diagnosis. For the variables of continuous type like age, mean and standard deviation were calculated. Diagnosis was made using ICD-10 diagnostic classification system. All the variables were presented as frequencies and %ages. Data was analyzed using SPSS software version 20.

Conclusion: Male predominance was observed in the study. Maximum numbers of psychiatric patients were in the age range from 18-40 years. Majority of the study participants were married, employed and belonged to urban background. Regarding psychiatric morbidities, the most common were neurotic, stress related and somatoform disorders (38%) followed by mood disorders (28.66%), schizophrenia and other psychotic disorders (17.33%) and substance misuse disorders (10%).

Keywords: ICD-10; Psychiatric morbidity; out-patient department

INTRODUCTION

Psychiatric disorders are one of the major causes of disability globally responsible for about 7.4% of all years of productive life lost due to disability¹. Psychiatric illnesses account for about 13% of global disease burden. According to an appraisal, depression would probably be the biggest global disease burden by 2030². According to the global burden of disease study conducted in 2013 (GBD 2013), five mental disorders appeared in the top 20 causes of global disease burden namely major depression, anxiety disorders, bipolar disorder, schizophrenia and dysthymia³. Mental and behavioral disorders are very common and affect more than 25% of all people at some point during their lifetime. The life time prevalence of any psychiatric disorder ranges from 18.1 to 36.1%⁴. Globally, about 450 million people suffer from some sort of psychiatric disorder as per World Health Organization (WHO) report 2001. Mental disorders are common in all countries and their prevalence varies globally⁵. In Pakistan few studies have been conducted regarding the pattern of psychiatric disorders in the community as well as in psychiatric outpatient settings⁶. There is need for studying the patterns of mental illnesses in Khyber pakhtunkhwa.

MATERIALS AND METHODS

The study was carried out in the out-patient setting of Iftikhar psychiatric hospital, Peshawar, a private institute with in and out-patient facilities as well as a detoxification unit for patients with substance use disorders. It was completed over a period of 8 months from 1st June 2020 to 31st January 2021. Patients of both genders from ages 18 to 70 years, who can understand English, Urdu and Pashtu, were included. All those patients, who attended the OPD of the hospital, were assessed using ICD-10 diagnostic classification. To exclude any medical/neurological disorder, detailed physical including neurological examination as well as laboratory and radiological investigations where needed were done. During the study period, a total of 150 cases were enrolled. The study was approved by the ethics committee of the institution and all the participants were recruited after obtaining verbal informed consent. Throughout the study, the confidentiality of study participants was ensured. All variables were presented as frequencies and percentages.

RESULTS

A total of 150 patients comprising 84 males (56%) and 66 females (44%) ranging between 18-70 years with a mean age of 35.31 years (SD 12.97) completed the study. Of the patients studied, 96(64%) were married, 51(34%) unmarried, 11(0.66%) divorced and 2 (1.33%) widowed. Based on employment status, 80(53.33%) were employed while 70(46.66%) were unemployed. Most of the study participants had urban background i.e. 92(61.33%) as compared to rural participants i.e. 58(38.66%) The predominant psychiatric morbidities were neurotic, stress related and somatoform disorders (38%) followed by mood (28.66%) and psychotic disorders (17%).

Table 1: Age Wise Distribution Of Patients

Age Groups(years)	Frequency	%ages
1. 18-40 years	102	68%
2. 41-60 years	44	29.33%
3. Above 60 years	4	2.66%

Table 2: Diagnostic Profile Of Patients According To Icd-10

Psychiatric diagnosis	Frequency	%ages
Organic mental disorders F00-F09	3	2%
Mental and behavioral disorders due to psychoactive substances F10-F19	15	10%
Schizophrenia, schizotypal and delusional disorders F20-F29	26	17.33%
Mood disorders F30-F39	43	28.66%
Neurotic, stress related and somatoform disorders F40-F48	57	38%
Sexual dysfunction, not caused by organic disorders F52	1	0.66%
Mental and behavioral disorders associated with puerperium, not otherwise classified F53	2	1.33%
Disorders of adult personality and behavior F60 – 69	1	0.66%
Mental retardation F70-79	2	1.33%

DISCUSSION

The study revealed that maximum numbers of participants were aged 18-40 years which is in agreement with the findings in study

by vikesh Gupta et.al in which maximum numbers of patients (i.e. 70.95%) were in the same age range⁷. Another study by Rameshwar S Manhas et.al showed similar results with large number of patients (i.e.63.4%) attending the psychiatric outpatient-department in the age range from 21 to 40 years⁸. The possible reason for predominant psychiatric morbidities in this age group may be due to academic/career related stresses, emotional turbulence, sexual activism and lack of experience to cope with day to day life stresses.

In our study psychiatric morbidity is higher in males (56%) as compared to female participants (44%). This finding is consistent with the study done by Prosenjit Ghosh et.al in which a slight male predominance (52.5%) was observed among patients attending psychiatric clinic⁹. Lack of accessibility of females to health care facilities in developing countries might explain the male predominance in our study¹⁰.

Majority of participants in our study were from urban areas (i.e. 61.33%) as compared to those from rural background (i.e. 38.66%) which is comparable to the findings of Prosenjit Ghosh et.al⁹, Rameshwar S Manhas et.al⁸ in which majority of study participants were having urban background. Another study conducted on assessing psychiatric morbidity in medical OPD by Jagdish Tappa et.al also demonstrated urban predominance among the study patients¹¹. The increased number of social and environmental stressors in cities might be responsible for higher number of mental disorders among urban participants of the study¹². Moreover relatively less accessibility of rural people to health care facilities could be another reason.

The percentage of married individuals in our study was higher (64%) as compared to unmarried individuals (34%). The findings in our study are comparable to those of Khan T A et al in which the number of married psychiatric patients outnumbered unmarried ones¹³. The increased number of married psychiatric patients in our study is a reflection of trend of early marriages in developing countries including Pakistan^{14,15}. The other possible reason for dominant psychiatric morbidities among married patients could be disturbed marital life and other family issues which precipitate various mental illnesses¹⁶.

In our study, the number of employed participants was higher (53.33%) as compared to unemployed (46.66%). The findings in our study are comparable to the findings in employment status report by Pakistan Bureau of statistics in 2018¹⁷. The findings of our study are also in agreement to those of Sedain CP in which employed psychiatric patients' outnumbered unemployed participants¹⁸. Work related stresses associated with different jobs most probably explain the higher prevalence of mental disorders among employed subjects.

Neurotic, stress related and somatoform disorders were the most frequently encountered psychiatric disorders followed by affective disorders. These findings are in agreement with the findings of Shrestha et.al, Yueqin Huang et.al, Afshin Ahmadvand et al and M.M Islam et.al in which the most predominant diagnostic groups were neurotic and affective disorders^{19,20,21,22}. The findings in our study are not in agreement with the epidemiological study conducted in India (Maharashtra) by Balbir S Deswal et.al in which the most frequent disorder was depression followed by substance abuse disorders and panic disorder²³. Psychotic disorders were the most predominant psychiatric morbidities in a study conducted in India by Prosenjit Ghosh et al. The frequency of substance misuse disorders in our study is much higher(i.e. 10%) as compared to that by Prosenjit Ghosh et al (i.e. 2%) which may be due to high degree of drug trafficking across Pak-Afghan border and improper implementation of laws to curb drug mafia involved in drug sale and trafficking^{9, 24}. A cross sectional survey conducted by T. Formanek et.al in Czech Republic showed higher prevalence of alcohol use disorders followed by anxiety and mood disorders²⁵. The global variations in the psychiatric morbidity patterns may be due to differences in cultural values²⁶.

Limitations of Study: There are 2 main limitations of our study. Firstly, children were not included in our study and therefore it did

not give an insight about patterns of mental disorders in children. Secondly, it is a single center study conducted in a private setup which might attract particular strata of society. Therefore, the generalization of results should be cautiously attempted.

CONCLUSION

Neurotic, stress related and somatoform disorders are highly prevalent in our region. Government should take steps to raise public awareness about common psychiatric issues. Proper annual budget should be allocated for promotion of mental health services. Mental health awareness campaigns should be held in educational institutions. Keeping in view the rapidly increasing population of Pakistan and the increased demand of qualified psychiatrists, the government should create vacancies for psychiatrists especially in peripheries. It is also important to provide better incentives for the mental health professionals in order to avert brain drain. Mental health should be integrated into primary health care and community based mental health services should be developed. Efforts for providing a conducive environment to the public to help in promoting sound mental as well as physical health are imperative.

Source of funding: None

Conflict of interest: None

REFERENCES

- 1 Alosaimi FD, Alzain N, Asiri S, Fallata E, Abal hassan M, Qrmlı A, Alhabbad A. Patterns of psychiatric diagnoses in inpatient and outpatient psychiatric settings in Saudi Arabia. *Archives of Clinical Psychiatry (São Paulo)*. 2017 Jun;44(3):77-83.
- 2 Khan G, Nazar Z, Haq MM, Hussain MI. Assessment of attitudes of patients with psychiatric disorders regarding electroconvulsive therapy as a treatment option. *Pakistan Journal of Medical Sciences*. 2020 Mar;36(3):565.
- 3 Vigo D, Thornicroft G, Atun R. Estimating the true global burden of mental illness. *The Lancet Psychiatry*. 2016 Feb 1;3(2):171-8.
- 4 Noorbala AA, Faghihzadeh S, Kamali K, Yazdi SA, Hajebi A, Mousavi MT, Akhondzadeh S, Faghihzadeh E, Nouri B. Mental health survey of the Iranian adult population in 2015. *Archives of Iranian medicine*. 2017 Mar 1;20(3):0-.
- 5 Ghuloum S, Bener A, Abou-Saleh MT. Prevalence of mental disorders in adult population attending primary health care setting in Qatari population. *JPMA-Journal of the Pakistan Medical Association*. 2011 Mar 1;61(3):216.
- 6 Taj R, Akhter S, Nazar Z, Farooq S. Inpatients Psychiatric Morbidity at Pakistan Institute of Medical Sciences (PIMS).
- 7 Gupta V, Pathak S, Kumar V. Clinico-Epidemiological Profile of Patients Attending Psychiatry Outpatient Department at State Hospital of Mental Health and Rehabilitation, Himachal Pradesh: A Northern State of India. *Age*;18:18-40years.
- 8 Manhas RS, Arora M, Manhas GS, Thappa JR, Manhas A. Psychiatric Morbidity & Sociodemographic Profile of the Patients Attending Private Psychiatric Clinic.
- 9 Ghosh P, Doley M, Gogoi A. Sociodemographic and Clinical Profile of Patients Attending a Private Psychiatry Clinic in Assam, India. *Indian Journal of Private Psychiatry*. 2019 Jul;13(2):53.
- 10 Quick J, Jay J, Langer A. Improving women's health through universal health coverage. *PLoS Med*. 2014 Jan 6;11(1):e1001580.
- 11 Thappa J, Kaur H, Thappa S, Banal R, Chowhan A. Psychiatric Morbidity in patients attending medical OPD at Govt. Medical College Jammu. *studies*. 2008;1:10.
- 12 Peen J, Schoevers RA, Beekman AT, Dekker J. The current status of urban-rural differences in psychiatric disorders. *Acta Psychiatrica Scandinavica*. 2010 Feb;121(2):84-93.
- 13 Khan TA, Belbase M. Socio-demographic and clinical profile of patients attending a mental health camp: A study from Kanchanpur district of western Nepal. *Journal of Psychiatrists' Association of Nepal*. 2013;2(2):35-8.
- 14 Das JK, Achakzai AB, Bhutta ZA. Stop stunting: Pakistan perspective on how this could be realized. *Maternal & child nutrition*. 2016 May;12(Suppl Suppl 1):253
- 15 Shoab M, Choudry UK, Tariqa S, Siddiqi IA, Khaliq MF, Noorani MM, Ahmed SA, Iftikhar W. Folic Acid and Neural Tube Defects-Knowledge and Practices of Mothers from Pakistan. *J Surg Emerg Med*. 2017;1(1).
- 16 Mohsin S, Iqbal KM. MORBIDITY PATTERNS OF PATIENTS ATTENDING PSYCHIATRY OUT PATIENTS DEPARTMENT OF

- SELECTED TERTIARY CARE HOSPITAL OF BARODA CITY-INDIA.
- 17 Pakistan Bureau of statistics; Pakistan employment Trends report 2018
- 18 Sedain CP. Study on socio-demographic characteristics and diagnosis profile of patients attending psychiatry outpatient department. *J Psychiatrists' Association of Nepal*. 2013;2(1):30-4.
- 19 Shrestha SS, Pradhan S. Morbidity pattern of psychiatric disorders in patient seeking treatment in psychiatric OPD of private tertiary care hospital. *Post-Graduate Medical Journal of NAMS*. 2011 Jul 1;11(01).
- 20 Huang Y, Wang Y, Wang H, Liu Z, Yu X, Yan J, Yu Y, Kou C, Xu X, Lu J, Wang Z. Prevalence of mental disorders in China: a cross-sectional epidemiological study. *The Lancet Psychiatry*. 2019 Mar 1;6(3):211-24.
- 21 Ahmadvand A, Sepehrmanesh Z, Sadat-Ghoreishi F, Afshinmajd S. Prevalence of psychiatric disorders in the general population of Kashan, Iran. *Archives of Iranian medicine*. 2012 Apr 1;15(4):0-
- 22 Islam MM, Ali M, Ferroni P, Underwood P, Alam MF. Prevalence of psychiatric disorders in an urban community in Bangladesh. *General hospital psychiatry*. 2003 Sep 1;25(5):353-7.
- 23 Deswal BS, Pawar A. An epidemiological study of mental disorders at Pune, Maharashtra. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*. 2012 Apr;37(2):116.
- 24 Usman T, Khan MM. Drug trafficking from Afghanistan to Pakistan and its implications. *Journal of the Research Society of Pakistan*. 2013 Dec 1;50(2).
- 25 Formánek T, Kagström A, Cermakova P, Csémy L, Mladá K, Winkler P. Prevalence of mental disorders and associated disability: results from the cross-sectional CZEch mental health Study (CZEMS). *European psychiatry*. 2019 Aug;60:1-6.
- 26 Heim E, Wegmann I, Maercker A. Cultural values and the prevalence of mental disorders in 25 countries: A secondary data analysis. *Social Science & Medicine*. 2017 Sep 1;189:96-104.