Psychiatric Morbidity in patients attending medical OPD at Govt. Medical College Jammu

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Abstract: Psychiatric illnesses are a persistent association with Medical conditions. A comprehensive review of the literature reveals that this association of psychiatric and medical conditions is prevalent all over the world. The subjects were 500 medical outpatients of Govt. Medical College Jammu. Psychiatric diagnosis using MINI International Neuropsychiatric schedule were applied on each patient by a consultant psychiatrist. Significant psychiatric morbidity was seen in medically ill patients with Major Depressive Disorders being most common followed by Anxiety Disorders.

Key Words: Medical illness, Psychiatric Co-Morbidity

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INTRODUCTION

A considerable number of medical outpatients seen in Medical OPDs of general hospitals are known to suffer from Psychiatric rather than/in addition to the physical disorder. Moreover a substantial number of such patients pass as undetected by the physicians, only ending up being physically examined and investigated, at times far too extensively.¹

Various studies have consistently shown that the Physicians in their clinical setting fail to diagnose and treat 50-70% patients suffering from common mental disorders. ²⁻⁵ Major problems in the recognition of mental disorders by physicians include the lack of adequate knowledge about mental disorders, various mental health diagnostic criteria and time limitations inherent in a busy clinical setting.⁶

Mental disorders are highly prevalent among medical patients. Several explanations have been offered. One explanation is a psychological reaction to distress imposed by a chronic medical condition, by a life threatening condition or by the overall severity of illness. Another is a

difference in clinical perception and behaviour in which mentally disturbed patient may consider themselves more troubled by medical conditions and therefore more likely to seek medical help than a mentally healthy patient. A third possibility is the Somatisation disorder, depression with somatic features, hypochondriasis etc presenting to medical OPD instead of Psychiatric OPD.⁷

Whatever the given explanation may be, the psychiatric disorders were found to be high in Medically ill patients. The present study was conducted at Govt. Medical Jammu which is the sole Govt. sector tertiary care centre catering to entire Jammu Province including the militancy affected areas of Rajouri, Poonch, Udhampur and Doda where exposure to trauma and its accompanying psychiatric manifestations is bound to be high.

Aim of the study was to find the psychiatric morbidity among the patients attending Medical OPD at Govt. Medical College Jammu.

MATERIAL AND METHODS

This study was conducted in the medical OPD of Govt. Medical College Jammu. Study was

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conducted in the month of March 2008. Five hundred patients attending the medical OPD were studied. Every 3rd patient attending the OPD was taken up for study from the outpatient medical register till the sample size was completed. No stringent exclusion and inclusion criterions were adopted except that the patients with a known history of psychiatric disorder in past were kept out of the study. No importance was given to the diagnosis of medical problem. For assessing low socio-economic status the below poverty line (BPL) certificate issued by the govt. was taken as yardstick. Selected patients were interviewed using MINI⁸. Data thus obtained was analysed using appropriate statistical methods.

RESULTS

A total of 500 patients were approached for the interview. All patients consented to participate in the study and hence were included in the study. 231 were females and 269 males, 198 were rural and 302 urban and 72 were below poverty line. Of the 500 patients, 193 patients (38.6%) had a psychiatric diagnosis. Psychiatric morbidity was more in females than males, more in rural population than urban population and more in people with low socioeconomic status than those in higher socioeconomic group (TABLE 2). The table below gives the patient breakup according to the diseases. Though some patients had more than one diagnosis signifying Psychiatric Co-Morbidity, the exact number being 36(n=500).

TABLE-1

Psychiatric Disorde r	No. of Patients	<u>Percentage</u>
Major Depressive Episode	141	28.2
Suicide Risk Current	38	7.6
3. GAD Current	93	18.6
Panic Disorder Current	84	16.8
 Alcohol Dependence Current 	61	12.2
6. Substance Abuse Current	27	5.4
7. Dysthymia	73	14.6
8. OCD Current	9	1.8
9. Psychosis Current	8	1.6
10. Mania/Hypomania Episode	2	0.4
TOTAL (number of diagnosis)	536 (in 500 patients)	

As is evident from TABLE 1, Major depressive episode was the most common psychiatric diagnosis in the patient attending medical OPD with 141 patients (28.2%) having this diagnosis. Generalised Anxiety Disorder Current was the next common disorder with 93 (18.6%) patients showing symptoms, followed by Panic Disorder current having 84 (16.8%) patients in its tally. This is followed by dysthymia current with 73(14.6%) patients.

TABLE-2

	Total number of patients	Total number of patients with psychiatric diagnosis	Percentage	
MALES V/S FEMALES				
FEMALES	231	112	48.48%	
MALES	269	81	30.11%	
RURAL V/S URBAN				
RURAL	198	99	50%	
URBAN	302	94	31.13%	
LOW SOCIO ECONOMIC STATUS V/S OTHERS				
LOW SOCIOECONOMIC STATUS (WITH BPL CERTIFICATE)	72	39	54.17%	
OTHERS	428	154	35.98%	

DISCUSSION

Our study found high prevalence of Psychiatric disorders in the medical outpatients. This is in accordance with the earlier studies which measured psychiatric morbidity in medical patients. One study in general hospital medical patients in Kuwait found that 51% of them suffered from psychiatric disorders. Another study found higher prevalence of mental disorders in patients of Urban general medical practice.

High rates of mental disorders were found in females and in patients with low socioeconomic status in accordance with findings of previous studies.^{1,10}

Major Depressive episode was the most common

diagnosis in our study with 28.2% of medical patients having a diagnosis of MDD which is somewhat lower than that found by earlier studies(18.9%).10 Another study has also found the prevalence of Major Depressive Disorder at 18% in their elderly medically ill patients¹¹. High prevalence of MDD in our study may be due to the chance exposure to traumatic events of our study population which was drawn from areas suffering from militancy for over a decade. Next to MDD, GAD at 18.6%, Panic disorder at 16.8% and other anxiety disorders were the most common psychiatric illnesses. Similar results were found by other researchers who found Panic disorders at 18.4% and other anxiety disorders at 16.6% while somewhat lower prevalence was found by yet another study which found Panic disorder at 8.3% and GAD at 14.8% in their study population.10

Higher prevalence of psychiatric disorders especially MDD and Anxiety disorders in our study underlines the urgent need for having a Psychiatry Unit at Govt.Medical College Jammu which will be of great help in diagnosis and management of such patients.

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