

A Survey of Clinical Profile of the Patients in the Psychiatry Department of a Tertiary Care Hospital

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ABSTRACT

Background – Knowledge about proportion and seasonal variations of psychiatric disorders in out-patient department may help the clinician to plan for preventive measures like public awareness programmes and to provide adequate psychiatric services.

Aims and Objective – To study the percentage and seasonal variation of psychiatric disorders at the out-patient department in the department of psychiatry at Bangalore Medical College and Research Institute, Bangalore.

Methodology – Data collected from the out-patient department register in the department of Psychiatry, over a period of one year, from the month of June 2018 to May 2019. Collected data is analysed.

Results – According to the data, more cases were falling under category F10-F19 and F40-F49, least number of cases were falling under category F60-F69 and F80-F89. Seasonal variation of psychiatric disorders showed that there were more cases recorded during winter and spring months. During winter and spring months, more number of affective disorders was documented.

Key words – Psychiatric disorder, Clinical profile, Out-patient, Trend

INTRODUCTION

Currently, mental health disorders are one of the leading causes of disability worldwide. Psychiatric disorders are an upcoming problem, ranging from subclinical level to severe disorder level. Some of the mental health disorders are easily identifiable and may seek for early intervention. But most of the mental health disorders are subclinical / subsyndromal and may go unobserved either by the patient or by the care giver. This is because of level of knowledge about mental health and most of the population may not consider mental disorder as illness or need for consultation. Patients may or may not be identified in peripheral centre as most of mental health disorders may or may not be identified by no- psychiatric health workers, but seem to flock to a tertiary care centre in an almost consistent pattern.

A National Mental Health Survey of India 2015-2016 reports, the overall weighted prevalence for any mental morbidity was 13.7% lifetime and 10.6% current mental morbidity. [1]

A meta analysis of 13 epidemiological studies of 33,572 persons reported total morbidity of 58.2 per 1000 from India. [1] Another meta analytical study by Ganguly reports total morbidity of 73 per 1000 population. [2] Among Indian population 20% of them will have one or the other mental health disorder and requires medical attention and intervention from a mental health professional. [3]

This study was conducted by thinking, knowing the pattern and proportion of psychiatric disorder may help the mental health care professionals to plan and to conduct mental health awareness programme. By educating the general

population, morbidity due to mental health disorders can be prevented by early identification, diagnosis and intervention for mental health disorders.

Aim –

The study was planned to find the percentage and seasonal variations of psychiatric disorders among population attending the psychiatric department for the first time, in a tertiary care centre attached with Bangalore Medical College and Research Centre, Bangalore city, Karnataka.

MATERIALS AND METHODS

This study was conducted in a tertiary care centre in the department of psychiatry. The department of Psychiatry daily runs out-patient service along with emergency service 24/7. It is provided with 40 bedded ward for In-patient care. It provides basic assessment and intervention

for all psychiatric disorders. Records of all the patients who visit both in-patient and out-patient department are maintained by junior resident doctors.

This analytical study was conducted during the period of September 2018 to August 2019. Data was collected from the out-patient department record of population visiting the department of psychiatry for the first time (New cases excluding the follow up cases). The records contained brief sociodemographic details of patient with diagnosis. Psychiatric disorders were classified according to International Classification of mental and behavioural Disorders, 10th edition (ICD-10) criteria. Obtained data was analysed.

The seasons were divided as follows: [1]

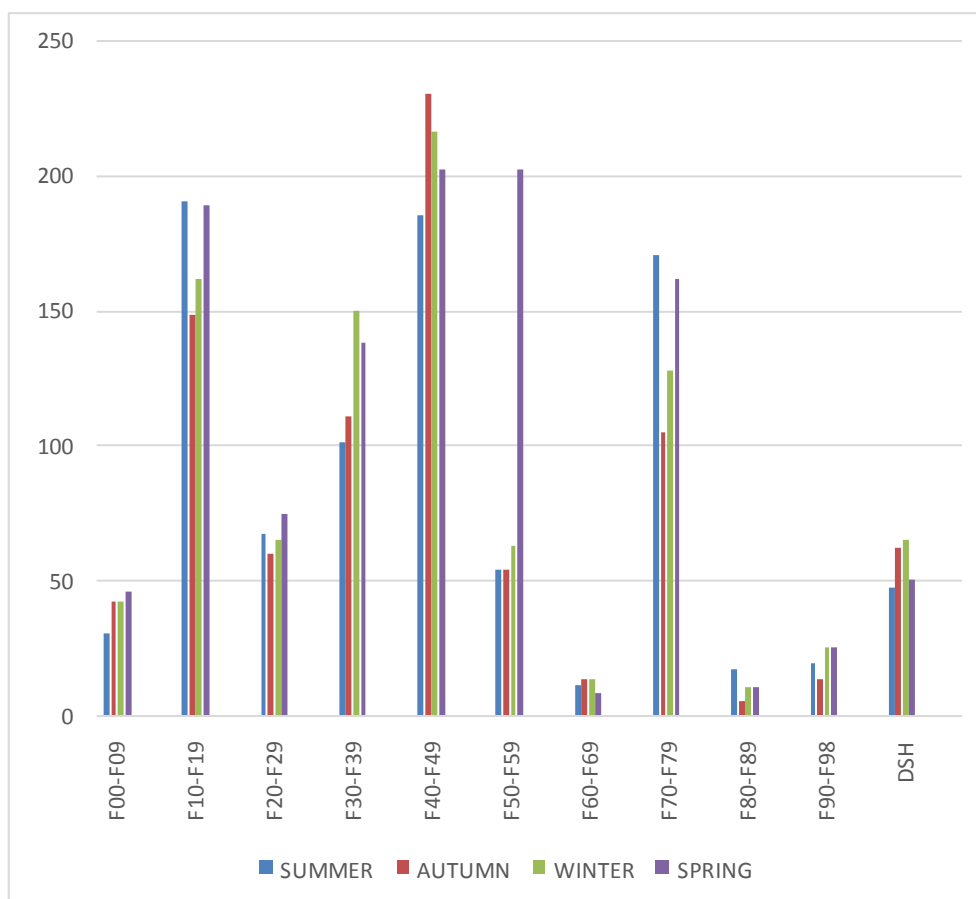
- Summer : May to July
- Autumn : August to October
- Winter : November to January
- Spring : February to April

PROPORTION AND PERCENTAGE OF NEW CASES

ICD 10 categories	Diagnosis	N	Percentage
F00-F09	Organic, including symptomatic, mental disorders	156	02.45 %
F10-F19	Mental and behavioural disorders due to psychoactive substance use	691	10.88%
F20-F29	Schizophrenia, schizotypal and delusional disorders	267	04.20%
F30-F39	Mood (affective) disorders	500	07.87%
F40-F49	Neurotic, stress-related and somatoform disorders	837	13.18%
F50-F59	Behavioural syndromes associated with physiological disturbances and physical factors	259	04.08%
F60-F69	Disorders of adult personality and behaviour	45	00.70%
F70-F79	Mental retardation	566	08.91%
F80-F89	Disorders of psychological development	39	00.61%
F90-F98	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	82	01.29%
	Unspecified mental disorders and others	2681	42.24%
	DSH	224	03.52%
	TOTAL	6347	

SEASONAL VARIATION OF CASES

	SUMMER	AUTUMN	WINTER	SPRING	TOTAL
F00-F09	30(19.23)	42(26.92)	42(26.92)	46(29.48)	156
F10-F19	191(27.64)	149(21.56)	162(23.44)	189(27.35)	691
F20-F29	67(25.09)	60(22.47)	65(24.34)	75(28.08)	267
F30-F39	101(20.2)	111(22.2)	150(30.0)	138(27.6)	500
F40-F49	186(22.22)	231(27.59)	217(25.92)	203(24.25)	837
F50-F59	54(20.84)	54(20.84)	63(24.32)	203(24.25)	259
F60-F69	11(24.44)	13(28.88)	13(28.88)	8(17.77)	45
F70-F79	171(30.21)	105(18.55)	128(22.61)	162(28.62)	566
F80-F89	17(43.58)	5(12.82)	10(25.64)	10(25.64)	39
F90-F98	19(23.17)	13(15.85)	25(30.48)	25(30.48)	82
OTHERS	720(26.85)	622(23.20)	705(26.29)	634(23.64)	2681
DSH	47(20.98)	62(27.67)	65(29.01)	50(22.32)	224
TOTAL	1614	1467	1641	1625	6347



RESULTS

There were total of 6347 number of new cases documented who visited the department of psychiatry over a period of one year (included from September 2018 to August 2019). Out of these, 837 (13.18%) patients had psychiatric disorders falling under category of F40-F49, which includes neurotic, stress-related and somatoform disorder AND 691 (10.88%) patients had psychiatric disorders falling under category of F10-F19 includes mental and behavioural disorders due to psychoactive substance use. Least number of cases was falling under F80-F89 which accounts for about 00.61%, and it includes disorders of psychological development. In this study, we also have categorised Deliberate Self Harm (DSH) cases under separate category. This is because to study the seasonal variation and to find the temporal correlation with mental health disorder if any. There were 224 (03.52%) cases documented under DSH category. There were 2681 (42.24%) cases

documented which includes cases with patient who did not fill the criteria for specific diagnosis / unspecified mental disorders (F99), patient who had come for psychiatric fitness for surgery, nil psychiatry, patients with no clear psychiatric symptoms, patients with other medical comorbidities etc.

Among 6347 cases, 1641 cases were documented during winter and 1625 cases were documented during spring season. 150 and 138 cases due to affective disorders were documented during winter and spring seasons respectively.

DISCUSSION

The study was aimed to determine the proportion and percentage and seasonal variations of psychiatric disorder among population who have visited the out-patient department for the first time, in a tertiary care centre at Victoria Hospital, Bangalore, Karnataka. This study was conducted to know the current awareness about mental

health disorder among general population and this may help clinician and health care workers in formulating prevention and control programmes.

The present study showed that the most common psychiatric disorders documented within the study period were Mental and Behavioural disorders due to Psychoactive Substance use, Mood / Affective disorders, Neurotic, Stress-related & Somatoform disorders, and Mental Retardation. Significant numbers of Deliberate Self Harm cases have also been documented.

Possible explanation would be awareness about above mentioned mental health disorders and need for treatment in the community. And in most of the above mentioned mental health disorders (excluding category F70-F79), patient will have a partial or complete insight into their mental health condition and seek for treatment.

The survey is conducted in a tertiary care centre where disability certificate will be provided for the specific disability. Hence the most of the patients falling under this Category F70-F79 which includes mental retardation, visit the out-patient psychiatric department to get the benefits of disability certificate.

Seasonal variation of psychiatric disorders showed that there were more number of cases (overall) recorded during winter and spring months. During winter and spring months, more number of affective disorders was documented.

A study by AjitAvasthi et al, [4] reports that there was clear cut peak for winter months in the category of mood disorders (F30-F39). Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59) were more documented during spring. More number of DSH cases was recorded during winter season. This is in correlation with affective disorder. In a study by Johan Reufors et al, [5] it aims to assess suicide seasonality patterns with regard to the history of psychiatric morbidity among

suicide victims. This study reports that, among both male and female suicide victims, there were peaks in suicide incidence in the spring/early summer.

Strengths-

Study was conducted in a tertiary care centre, BMCRI. It caters for large number of people coming from different socio-economic background, culture, language, different parts of the India, most of south India and also get referred from other institutes, inter-departments of BMCRI. 6347 is a fair number of case documentation during a study period of one year even after excluding the follow up / old cases. The documentations were maintained by junior resident doctors and diagnosis was made based on ICD 10 criteria.

Limitation –

1. Since it was a hospital register based study, many factors could not be assessed like complete sociodemographic details (education, occupation, religion, socioeconomic status, marital status, address etc.) detailed significant family history, past history of any stressor like surgery or other medical comorbidities, significant personal history like birth history, behaviour during childhood, schooling, occupation, marital history, use of substances etc., and premorbid history which could have a relationship with the present psychiatric condition.
2. Since the study was conducted for one year, chronology of seasonal variation of psychiatric disorders for consecutive academic years is not assessed.
3. As the study included only the new cases (who visited the department of psychiatry for the first time), the diagnosis was made in the first contact, the possible change in diagnosis in further follow up has not been studied.

CONCLUSION

In this study from a tertiary care centre, in BMCRI, Bangalore, showed that

there were more cases documented falling under categories F40-F49 (Neurotic, stress-related and somatoform disorder), F10-F19 (mental and behavioural disorders due to psychoactive substance use) and F30-F39 (mood / affective disorders).

In seasonal variation, maximum number of cases (over all new cases) recorded during winter and spring. In spring months, more of affective / mood disorders (F30-F39) and behavioural syndromes associated with physiological disturbances & physical factors (F50-F59) AND during winter months, more cases of affective / mood disorders and DSH cases were documented.

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Future Guidelines –

A more detailed study, including an analysis of the socio- demographic profile, stressors and other precipitating factors can be studied.

If a probable pattern of presentation can be ascertained, it would help family members look for alert/ danger signs and seek early intervention.

Since the study was conducted for one year, chronology of seasonal variation of psychiatric disorders for consecutive academic years is not assessed. If assessed, it would help the clinician and the health care worker to conduct awareness programme intensively during the seasons

and inversely it may help in reduction in morbidity due to mental health disorders.

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