

PSYCHIATRIC MORBIDITY IN PATIENTS ATTENDING MEDICAL OPD

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SUMMARY

Psychiatric morbidity was analysed in 5,000 female patients who attended medical OPD from July 1985 to July 1986. The Psychiatric illnesses were found in 932 patients (18.42%). The commonest age to have psychiatric illness was 21-30 years (58.8%), and neuroses constituted the most common psychiatric diagnosis (44.6%). Schizophrenia was the least common psychiatric illness (3.2%) in patients attending medical OPD.

Introduction

In a Medical OPD to differentiate the patients suffering from purely organic illness, purely psychiatric illness and from mixed psychiatric-organic illness may be difficult. Physicians treating patients in Medical OPD concentrate more on organic illnesses and pay less attention towards psychiatric illness while patients attending psychiatry OPD get treatment for psychiatric ailment only. Psychiatric morbidity in patients attending medical OPD has a bearing on the management of these patients and if we know its prevalence many exhaustive investigations can be avoided. Few studies have been conducted to know psychiatric morbidity in a medical OPD. We have conducted a study in 5,000 female patients attending the medical OPD of SK Hospital, Delhi.

Material and Methods

5,000 female patients age ranging 15 to 70 years attending Medical OPD of Smt. Sucheta Kriplani Hospital were randomly

taken for study. This study was conducted from July 1985 to July 1986. All the patients included in this study were examined by a psychiatrist and a physician in the medical OPD. The patients found to be suffering from any psychiatric illness were referred to another group of psychiatrists to have an unbiased opinion regarding diagnosis.

The patients were screened by using standardized PGI health questionnaire N-2. The patients having high neuroticism (scoring more than 9 on scale) were interviewed in detail and the diagnosis was made according to ICD-9 (WHO 1975). The physical illnesses were ruled out in all functional psychiatric cases by performing relevant investigations (routine urine, blood and stool examination, Endoscopy etc).

For analysis of results, the patients were divided into 6 groups according to age, 15-20, 21-25, 26-30, 31-35, 36-40, 41-above.

1. Research Scholar
- 2, 3 Senior Resident
- 4, 5 Associate Professor
6. Head of Department of Psychiatry

Results

Out of 5,000 female patients who attended Medical OPD, 932 (18.42%) showed some form of psychiatric illness. The physician could diagnose psychiatric illness in much lesser number of cases (about 8%). The diagnosis was more probable in psychotic cases.

Table 1 shows the age distribution and most patients who had psychiatric illness fell in the age group of 25-30 years (38.8%). The psychiatric illness were less often found in 15-20 years age group (3.2%).

Table 2 shows the different types of psychiatric illnesses according to I. C. D.-9. Neurosis was the most common psychiatric illness (44.6%). This was followed by physical disorder presumably of psychogenic origin (20.6%). Schizophrenia was found only in 3.2% of cases of psychiatric illnesses.

Table 1

Age	Number	Percent
15-20	30	3.2
21-25	186	20.0
26-30	362	38.8
31-35	208	22.3
36-40	104	11.2
41 & above	42	4.5
	932	100.0

Table 2

ICD Diagnosis	Number of patients	percent
Organic psychosis	68	7.2
Schizophrenia	30	3.2
Affective psychosis	80	8.5
Neurosis	416	44.6
Psychosis associated with other physical conditions	82	9.1
Physical disorder (Presumably of psychogenic origin)	192	20.6
Others	64	6.8
Total	932	100.0

Table 3 shows the different types of neurosis. Neurotic depression (36.1%)

Table 3

Distribution of cases according to type of neurosis

Type of Neurotic disorder (ICD-9)	Number	Percent
Anxiety Neurosis	108	25.9
Hysterical Neurosis	118	28.5
Phobic Neurosis	12	3.1
Obsessive compulsive Neurosis	6	1.2
Neurotic depression	150	36.1
Hypochondriasis	22	5.2
Total	416	100.0

was the commonest disorder followed by Hysterical neurosis (28.5%). Obsessive compulsive neurosis was seen in 1.2 percent of neurotic disorders.

Table 4 shows the common presenting symptoms in patients coming to the medical OPD.

Table 4

Common presenting symptoms in psychiatric cases attending medical O. P. D.

Common presenting symptoms	No. of cases
Irrelevant talking	93 (9.3)
Abnormal behaviour	168 (18.0)
Forgetfulness	66 (7.1)
Sleeplessness	561 (60.1)
Irritability	212 (22.7)
Occupational decline	192 (20.6)
Headache	389 (41.1)
Constipation	328 (35.2)
Decreased appetite	388 (52.4)
Lethargy	194 (20.8)
Ghabrahat	391 (42.0)
Belching	360 (38.6)
Tiredness	421 (45.2)
Dryness of mouth	118 (12.6)
Seizures	64 (6.9)
Paralysis	19 (2.0)
Inability to speak	4 (0.5)
Pain in epigastrium	190 (23.9)
Repeatedly washing hands	2 (0.2)

Table 5 shows distribution of patients according to PGI-HQ N-2 scores.

Table 5
Distribution of patients according to N-2 score.

Score Range	No. of patients (%) (N=932)
9-12	416 (44.6)
13-16	325 (34.9)
17-20	114 (12.1)
21-24	59 (6.3)
25 & above	18 (2.1)

Discussion

So far the psychiatric morbidity had been reported among the referral cases (Dubey 1964, Prabhakaran 1968, Parekh, 1968, Gautam et al. 1977, Chatterjee 1977). We have conducted this study directly among those patients who were attending medical OPD.

In our study, the psychiatric morbidity was 18.42% in female patients attending medical OPD. On the contrary, different workers found psychiatric morbidity, which was quite variable - Peterson et al (1956) - 5.3%, Locke et al (1966) - 14.6%, Locke et al (1967) - 7.9%. These percentages are very low in comparison to our results. On the other hand, Wig et al (1979) found psychiatric morbidity in 28.6% of cases.

The psychiatric illnesses were commonest in 21-30 years of age. This could be understood because at this stage, most of the females go into married life and try to settle down in a new family atmosphere. Similar results were obtained by Chatterjee et al (1977) and Anderson (1962). Neuroses were the commonest psychiatric illnesses found in 44.6% of patients.

The possible reason, for neuroses being the commonest in medical OPD is because it manifests through somatic complaints. Chatterjee et al (1977) noted 40% cases of

neuroses attending medical clinics while Prabhakaran (1968), Parekh et al (1969) reported the prevalence of neuroses as 28.7% and 11% respectively. Other major contributors were physical disturbance of psychogenic origin in 20.6%, Psychosis associated with other physical illness in 9.1%, affective psychosis in 8.5% and organic psychosis in 7.2% in our study.

Neurotic depression was the commonest (36.1%) type of neuroses (Table 4). This is compatible with the observations made by Gautam (1976), Usha Naik (1979) and Wig et al (1979).

This study highlights the different types of psychiatric illnesses found in female patients attending medical OPD, thus reflects a great contribution of Psychiatrist's opinion in management of the patients attending medical OPD. The awareness of these psychiatric illnesses and their morbidity will help of the physicians to a great extent in management of these cases.

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