

## A STUDY OF PATIENTS ATTENDING EMERGENCY OUT-PATIENT SERVICES OF A LARGE TEACHING INSTITUTION

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### SUMMARY

Authors have studied the pattern of psychiatric morbidity at the general emergency out-patient services and at the emergency psychiatric services being run concurrently at a large teaching institution. The percentage of psychotics was observed to be maximum at emergency psychiatric services. Non-psychiatric medical officers were observed to deal with non-psychotic psychiatric emergencies themselves rather than referring them to emergency psychiatric services.

Young medical graduates of today are expected to be more familiar with and aware of psychiatric aspects of health, illness and modes of treatment due to advancement of psychiatric facilities in this country. This may reflect in the pattern of patients with psychiatric morbidity being referred to a psychiatrist. Several workers in India have studied the pattern of psychiatric referrals in emergency out-patient as well as in-patient facilities of general hospitals (Wig and Shah, 1973; Chatterjee and Kutty, 1977; Gautam, 1976; Jindal and Hemrajni, 1980; Shukla *et al.*, 1980; Kelkar *et al.*, 1982). There is paucity of literature on pattern of psychiatric morbidity in patients not being referred to a psychiatrist but being managed by the emergency medical officers themselves. Such a study may throw some light on the existing attitude of medical practitioners towards psychiatry, and also the areas that should be given more importance while planning the psychiatric training of medical undergraduates, the basic doctors of tomorrow. In order to gain some knowledge on these aspects our study was conducted with the following aims:—

- (1) To study the pattern of psychiatric morbidity in general emergency out-patients of a large teaching institution.

- (2) To study the pattern of psychiatric morbidity at emergency psychiatric services of the same institution.

### METHODOLOGY

The study was conducted at the Gandhi Memorial and Associated Hospitals, Lucknow, attached to King George's Medical College, Lucknow. A general emergency out-patients unit is run in this hospital round the clock and is designated as the Department of Casualty, manned by one casualty medical officer and four house-officers from various non-psychiatric specialities of this hospital. These medical officers examine the patient attending the emergency outpatient and if judged to require emergency management, he is given treatment by the medical officer himself or in consultation with the Chief Resident of the required speciality of the hospital. In addition to this general casualty, our hospital also runs a parallel emergency psychiatric service since 1976 at the Department of Psychiatry. This emergency psychiatric service is manned by two resident medical officers of the Department of Psychiatry who are working towards their post-graduate degree in Psychiatry. Chief Resident and Consultant I/C can be consulted when required. All patients attending emergency psychiatric services are diagnosed

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according to I.C.D. -9 (1975) criteria. A patient needing emergency psychiatric management can come directly to the Department of Psychiatry. If he goes to general casualty, he can be referred to Department of Psychiatry if deemed appropriate by the medical officer on duty. We analysed the data from the registers of Department of Casualty for the period from 1st of June, 1982 to 31st of August, 1982. The data of emergency psychiatric services were analysed for Tuesdays, Wednesdays and Saturdays for the same months, because the senior author was consultant on call on these days only.

## OBSERVATIONS

TABLE-1

<b>Sample</b>	
Total number of cases attending department of Casualty in 92 days	—6991
Number of patients with psychiatric illness	—204 (2.93%)
Average cases per day	—2.20
Number of patients attending Emergency Psychiatric Services in 38 days	—132
Average Patients per day	—3.47

A total of 6991 cases attended Department of Casualty during the period of study of 92 days out of which 204 cases comprising 2.9% of total were diagnosed to be suffering from illnesses which should ideally be given a psychiatric consultation (Table-1). On an average these cases were 2.20 per day. A total of 132 cases sought emergency psychiatric management at Department of Psychiatry in 38 days. Thus, the Department of Psychiatry served, on an average, 3.47 cases per day.

On studying the distribution of cases according to age and sex (Table-2A & B), we observe that males outnumbered females at both the places and in almost all the age groups. Male to female ratio was 1.62:

TABLE-2A. Age and Sex Distribution at Department of Casualty

Age in years	M(N=120)	F(N=79)
<10	45(37.5%)	19(25.6%)
11-16	9(7.5%)	12(16.2%)
17-25	31(25.8%)	19(25.6%)
26-40	26(21.7%)	22(29.7%)
41-55	7(5.8%)	2(2.7%)
>56	2(1.7%)	0(0.0%)

Male : Female :: 1.62 : 1

TABLE-2B. Age and Sex Distribution at Department of Psychiatry

Age in years	M(N=98)	F(N=42)
<10	2(2.15%)	0(0.0%)
11-16	2(2.15%)	7(16.7%)
17-25	46(49.5%)	14(33.3%)
26-40	23(24.7%)	15(35.7%)
41-55	16(17.2%)	5(11.9%)
>56	4(4.3%)	1(2.4%)

M : F :: 2.21 : 1

1 and 2.21 : 1 at department of Casualty and Department of Psychiatry respectively. Maximum number of cases were in the age group of 17 to 40 years [98 (56.5%) at Department of Casualty and 98 (78.4%) at Department of Psychiatry]. A large number of cases attending department of Casualty were below 10 years of age (37.5% of males, 25.6% of females). These were mostly cases of epilepsy and associated disorders like status epilepticus.

On studying the domicile of patients attending Department of Psychiatry (Table-3), we observe that 53% of cases come from places outside Lucknow, namely Faizabad, Pratapgarh, Hardoi, Sitapur, Unnao, Barabanki, Gonda, Bahraich and sometimes as far as Uttarkashi and Almora. 53.8% cases were of rural origin. Thus,

**TABLE-3.** *Domicile of Patients attending Emergency Psychiatric Services at Department of Psychiatry*

LUCKNOW	62 (47.0%)
Urban	44 (33.3%)
Rural	18 (13.7%)
OUTSIDE LUCKNOW	70 (53.0%)
Urban	17 (12.9%)
Rural	53 (40.1%)

our department has a large catchment area.

On studying the pattern of diagnoses at Department of Casualty (Table-4) we observe that maximum cases are of epilepsy and associated disorders such as status epilepticus, post-epileptic confusion, Todd's palsy, etc. These cases were either managed by the emergency medical officer or admitted to inpatient facility of the hospital. A large group comprised of cases of poisoning with a probable suicidal intention, but this aspect could not be definitely confirmed as the patients were reluctant to accept it for fear of legal punishment. Neuroses (termed as functional disorder) comprised one fifth of the cases. Included in it were cases of hysterical alteration of consciousness or palsies, aphonia, or somatic complaints of psychogenic origin. All of these cases were treated

**TABLE-4.** *Pattern of Diagnoses at Department of Casualty*

Acute Excitement	3 (1.5%)
Neuroses and Psychosomatic disorders	39 (19.1%)
Epilepsy and associated disorders	76 (37.3%)
Poisoning (? Suicidal)	58 (28.4%)
Acute Drug intoxication	8 (3.9%)
O.B.S.	3 (1.5%)
Mental Retardation	1 (0.5%)
Phenothiazine side effect	1 (0.5%)

by the emergency medical Officers themselves by giving liquor ammonia inhalation, and after symptom-removal was achieved, they were advised oral diazepam and follow-up psychiatric consultation. They were not referred to emergency psychiatric service. Only 3 patients in acute excitement were registered, and they were referred to emergency psychiatric service without giving any treatment. Acute intoxication with alcohol or opium, and organic brain syndrome, comprised a minor group. These cases were managed by the Medical Officers themselves, instead of being referred to psychiatrist.

**TABLE-5.** *Pattern of Diagnoses at Department of Psychiatry*

Schizophrenic Psychosis	66 (50.0%)
Acute Psychoses	24 (18.2%)
Affective disorders	12 (9.1%)
Neuroses (Hysteria, anxiety, & neurotic depression)	17 (12.9%)
Epilepsy & Associated disorders	3 (2.3%)
Mental Retardation	1 (0.8%)
Alcohol withdrawal syndrome	1 (0.8%)
Phenothiazine side effect	1 (0.8%)
No Psychiatric problem	1 (0.8%)
Under observation	3 (2.3%)

On studying the pattern of diagnoses of cases seeking emergency psychiatric consultation at Department of Psychiatry (table 5), we observe that 50% of cases were patients of Schizophrenic psychosis. These cases came to emergency out-patients as it was difficult for their relatives to bring these uncooperative psychotics at the usual time of regular out-patients services, that is, between 9.00 a.m. and 11.30 a.m. Also a large number of them hail from outside Lucknow or from rural areas, where means of transportation are poor. Acute psychosis was another large group, comprising approximately 1/5th of cases (18.2%). It

constitutes real emergency, comprising several diagnostic categories such as acute schizophrenic episode, hysterical psychosis, acute reaction to stress etc. Neuroses comprised only 12.9% of cases and were mostly cases of hysteria. Only a few were diagnosed as anxiety state or neurotic depression. Epilepsy and associated behaviour disorders such as temporal lobe epilepsy, epileptic psychosis, post epileptic confusion comprised only a small group. There was one case each of mental retardation, alcohol withdrawal syndrome and phenothiazine side effects. One patient had no psychiatric problem and he sought psychiatric consultation on the advice of his physician. In three cases no proper diagnosis could be made and they were kept under observation.

On grouping the cases according to diagnoses and domicile, we observe that pattern of diagnosis is almost similar, whether the patient is of urban or rural origin, and whether he is resident of Lucknow or comes from outside Lucknow. From all the places, maximum number of cases were those suffering from either schizophrenic psychosis or acute psychosis comprising approximately 60% to 70% of cases.

## DISCUSSION

We cannot compare socio-demographic variables of our sample with those of other workers, because a major portion of our sample comprises of those cases which are being managed by the non-psychiatric emergency medical officers themselves, whereas previous workers have studied mainly those patients who were referred by a non-psychiatric medical officer to a psychiatrist as they considered themselves unable to manage those cases. However, they also observed males outnumbering females and maximum number of cases being those of young adults. Workers studying psychiatric morbidity among patients of general practitioners, i.e., non-psychiatric medical practitioners (Peterson *et al.*, 1956 ; Naik, 1979 ; Wig, 1979 ; Locke *et al.*, 1966 ; 1967 ; Finn and Huston, 1966) have observed incidence to vary between 3% to 32.5%, which is remarkably higher than our findings of only 2.9%, but they have included those patients who did not have any emergency and attended their clinic during their usual hours of work.

Our observation that patients with somatic complaints of psychogenic origin are mainly dealt with by the emergency medical officers themselves and are not

TABLE-6. *Pattern of Diagnoses and Domicile of Patients at Emergency Psychiatric Service*

Diagnosis	Lucknow		Outside Lucknow	
	Rural (N=18)	Urban (N=44)	Rural (N=53)	Urban (N=17)
Acute Psychosis	6(33.33%)	5(11.36%)	13(24.5%)	—
Schizophrenia	7(38.89%)	24(54.54%)	24(47.17%)	10(58.82%)
Affective disorders	1 (5.55%)	2 (4.54%)	5( 9.43%)	4(23.53%)
Hysteria	2(11.11%)	6(13.63%)	5 (9.43%)	—
Other neuroses	1 (5.55%)	1 (2.27%)	2 (3.77%)	—
Miscellaneous	1 (5.55%)	6(13.63%)	3 (5.66%)	3(17.64%)

referred to a psychiatrist is in agreement with the observations of Anstee (1972). Indian studies (Carstairs and Kapur, 1976; Gautam, 1976; Gautam and Kapur, 1977) have also observed that patients with somatic symptoms of psychogenic origin are more likely to consult general practitioners.

There were 58 (24.5%) cases of poisoning registered at Department of Casualty during the period of study. All of these cases were admitted to department of Medicine for intensive management. Psychiatric consultation was not sought for many of them although suicidal attempt was the most probable cause as apprehended by the Casualty Medical Officers. It is important to manage the physical condition of these patients urgently, but a psychiatric consultation at the same time is also vital so as to help them overcome their psychological stress.

Our observation that major group of patients seeking emergency psychiatry service were those suffering from psychoses is in agreement with the observations of Gautam and associates (1980). They studied the attitude of 60 general practitioners in Bangalore City and observed the most common reasons for referring patients for psychiatric consultation being excitation and unmanageability, or serious impairment of patient's working capacity, or lack of emotional support from the patients' family. Lack of time for psychiatric counselling or inability to diagnose were only minor reasons.

### CONCLUSIONS

Psychiatry is identified mainly with psychoses. Since non psychiatric medical graduates deal with most of the neurotics, it would be advisable to teach undergraduates more about emergency management of neuroses. Also, they should have an idea about dealing with acute excitement so that they can manage these cases when they are posted in rural areas. It has

been pointed out that majority of unattended patients hailed from rural areas.

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