Clinico-Epidemiological Profile of Patients Attending Psychiatry Outpatient Department at State Hospital of Mental Health and Rehabilitation, Himachal Pradesh: A Northern State of India

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ABSTRACT

As per WHO data on global burden of diseases mental illnesses accounts for over 15 percent of the total burden of disease. Present study was planned to describe the common psychiatric disorders and various sociodemographic variables among patients attending psychiatry Out Patient Department (OPD) at a tertiary care psychiatric hospital of a northern state of India. This was a cross sectional record-based study. Psychiatric diagnosis was made according to International Classification of Diseases classification -10. In our study we analysed data of 358 patients who were first time registered in OPD of HHMH&R Shimla in last one year. We found that most of patients were in age group of 18-40 years of age (70.95%) and 73.2% patients were males. In our study we observed that 53.63% patients were single, 43.30% were married and 3.07% were separated. In our findings most of patients (27.93%) had no history of co-morbid substance abuse however most common co-morbid substance abuse was both cannabis and tobacco. Opioid use disorder was the most common psychiatric illness found in our study. Mental health disorders were found majorly in younger, unemployed males. While making mental health policies Government should take these findings in consideration.

Key Words: Mental illnesses, ICD-10, Opioid use disorder, Psychiatric diagnosis, Sociodemographic variables

INTRODUCTION

Mental health policy makers in India from time to time estimated the prevalence of psychiatric disorders in the country. The data helps in understanding the status of mental health in the country and in planning for prevention and treatment of disorders. [1] WHO data on global burden of diseases says that mental illnesses accounts for over 15 percent of the total burden of disease. [2] National all-India prevalence rates for 'all mental disorders' is 70.5 (rural), 73 (urban) and 73 (rural + urban) per 1000 persons. [1] Urban morbidity is 3.5 % higher than the rural area. Surveys in developed as well as developing countries reported more than 25% of individuals with one or more mental or behavioral disorders, during their life time. [3] A study from Nepal, (2011) reported Schizophrenia as one of the most common psychiatric illness in Psychiatry ward of the tertiary care hospital and psychotic disorders being the second. [4] A study from South Africa reported lifetime prevalence of common mental health disorders about 30%. [5] The Ministry of Health and Family welfare of India suggested the lifetime prevalence of mental disorders nearly 12 % which is likely to increase to almost 15% by the year 2020. [6] In a study by Vineet Kumar et al most of patients attending psychiatry OPD at Himachal Hospital of Mental Health and

Rehabilitation (HHMH&R) during year 2018, were in age group of 18-40years of age (51.0%) and 73.2% patients were males. observed that 55.6% patients were married, 32.0% were single and 12.4% were separated. In this study they found most of patients (39.2%) had no history of co-morbid substance abuse however most common co-morbid substance abuse was both cannabis and tobacco. Schizophrenia was the most common psychiatric illness found in the study by Vineet et al. [7]

Himachal Pradesh, the northern state of India is a hilly state. Due to geographical constrains this state has only one mental hospital that is Himachal Hospital of Mental Health and Rehabilitation (HHMH&R) situated at Shimla which is also capital of state. This study was planned to compare and to describe the change in pattern of psychiatric disorders and various socio-demographic variables associated among patients attending psychiatry Out Patient Department (OPD) at this hospital.

MATERIALS AND METHODS

This was a cross sectional record-based study. All the consecutive patients who reported to the OPD of hospital during January 2019 through December 2019 were included in the study. Information regarding various socio-demographic variables of patients was taken using pre-designed structured proforma. Psychiatric diagnosis was made according to International Classification of Diseases classification -10 (ICD-10). [8] Data regarding various socio-demographic and clinical variables of patients was collected from treatment records of patients according to study tool as described above. Data was analyzed using Epi Info software version 7.2.2. Data was presented as frequencies, percentages and their 95% Confidence Intervals ((95% CI).

RESULTS

In our study we analysed data of 358 patients who were first time registered in OPD of HHMH&R Shimla in last one year. We found that most of patients were in age group of 18-40years of age (70.95%). 73.2% patients were males while 26.8% were females, 70.67% patients were from rural area. In our study we observed that 43.30% patients were married, 53.63% were single and 3.07% were separated. We found that most of patients (35.20%) had duration of illness 6months to 2 years. Similar number of patients (41.06%) had onset of illness upto 1 week and not known onset of illness, while 50.0% were have continuous course of illness and 34.08% of patients were have deteriorating course of illness. Majority of patients (41.62%) were studied up to 12[th]standard and 25.42% were studied up to Matric. In our findings 258 (72.7%) patients had history of co-morbid substance abuse and most common co-morbid substance abuse was both cannabis and tobacco.

Table 1: - Description of sociodemographic and clinical variables of study participants

Variables	Number	Percentage (%)	95% confidential Interval(CI)
Age			
<18years	6	1.68	0.77-3.61
18-40years	254	70.95	66.04-75.41
40-60 years	84	23.46	19.37-28.12
>60years	14	3.91	2.34-6.46
Sex			
Male	112	73.2	65.5-80.0
Female	41	26.8	20.0-34.6
Locality			
Urban	95	26.54	65.75-75.75
Rural	253	70.67	22.23-31.34
Unknown	10	2.79	1.52-5.06
Marital status			
Single	192	53.63	48.45-58.73
Married	155	43.30	38.26-48.47
Separated	11	3.07	1.72-5.42

Duration of Illness			
<6month	10	2.79	1.52-5.06
6month-2years	126	35.20	30.43-40.28
2-5 years	77	21.51	17.57-26.06
5-10 years	35	9.78	7.11-13.29
>10 years	110	30.73	26.17-35.69
Employment Status			
Unemployed	127	35.47	30.70-40.56
Student	24	6.70	4.55-9.78
Unskilled	109	30.45	25.91-35.40
Semiskilled	90	25.14	20.93-29.88
Skilled	8	2.23	1.14-4.35
Onset of Illness			
Up to 1wk	147	41.06	36.09-46.23
1wk-1month	64	17.88	14.26-22.18
Not known	147	41.06	36.09-46.23
Course of illness			
Continuous	179	50.0	44.85-55.15
Episodic	38	10.61	7.83-14.23
Fluctuating	19	5.31	3.42-8.14
Deteriorating	122	34.08	29.36-39.13
Education			
Illiterate	26	7.26	5.00-10.43
Up to matric	91	25.42	21.19-30.17
Up to 12th	149	41.62	36.63-46.79
Graduate	82	22.91	18.85-27.53
PG	10	2.79	1.52-5.06
Co-Morbid Substance			
No	100	27.93	23.54-32.80
Yes	258	72.7	67.20-76.46
Type of Co morbid Substance Abuse			
Nil	96	26.82	22.49-31.63
Alcohol (F10)	1	0.28	0.05-1.57
Tobacco (F17)	108	30.17	25.64-35.11
Cannabis and tobacco	128	35.75	30.96-40.85
Alcohol and tobacco	17	4.75	2.99-7.47
Alcohol, tobacco and cannabis	7	1.96	0.95-3.98
Others	1	0.28	0.05-1.57
Religion			
Hindu	348	97.21	94.94-98.48
Others	10	2.79	1.52-5.06

Table 2: Distribution psychiatric disorders among study participants.

Psychiatric Diagnosis	Number (n)	Percentage (%)	95% CI
Schizophrenia (F20)	111	31.01	26.44-35.98
Psychosis NOS (F29) & ATP (F23)	24	6.70	4.55-9.78
Bipolar Affective Disorder (F31) &Mania(F30)	20	5.59	3.65-8.47
Depression (F32)	10	2.79	1.52-5.06
Mental Retardation (F70 to F73)	3	0.84	0.29-2.43
Schizoaffective Disorders (F25)	6	1.68	0.77-3.61
Opioid Use Disorder (F11)	148	41.34	36.36-46.51
Alochol use disorder (F10)	8	2.23	1.14-4.35
Others	28	7.82	5.47-11.07

In our study we found that most common diagnosis was opioid use disorder among 41.34% of patients in last one year followed by Schizophrenia (31.01%) patients and 5.59% patients was diagnosed with BPAD and Mania.

DISCUSSION

In our study we found that most of patients were in age group 18-40 years of age, a study by Sunil Nayak at el found 27.8 % patients belonged to age group 20-29 [9] and in a study by Ayesha Sarwat at el [10] more than half of patients belonged to age group 20-40 years, also in a study by Vineet Kumar et al [7] most of patients attending psychiatry OPD at Himachal Hospital of Mental Health and Rehabilitation (HHMH&R) during year 2018, were in age group of 18-40years of age (51.0%). These findings are almost similar to our observations. In our study most of patients were male, most patients were single and were unemployed or doing semiskilled

work, Sunil Nayak at el [9] found 59.9 % patients were males, 32% patients belonged to laborer group followed by unemployed (26%) and 65.5% were married and Vineet at el found 73.2 % patients were male, 55.6% patients were married and 64.1% were unemployed. These finding almost similar to our observations except most of patients in our study were single.

In our study we found that most common diagnosis among patients attending OPD at HHMH&R is Opioid use disorder followed schizophrenia, however in study by Sunil Nayak at el, [9] most common diagnosis is depression in 29% of patients followed by schizophrenia among 18% of patients also Vineet at el found that most common diagnosis is Schizophrenia.

The variation from other studies can be explained due to fact that substance use disorders are increasing in northern part of India especially opioid use disorders. The young population e.g. collage going students; young professionals (Drivers) are coming in trap of opioid. And as our hospital HHMH&R Shimla-5 also providing free medicines so opioid use disorder patients are increasing in Psychiatry OPD of HHMH&R Shimla.

CONCLUSION

Opioid use disorder was the most common psychiatric illness found in our study. Mental health disorders were found majorly in younger, unemployed males. While forming mental health policies Government should take these findings in consideration.

REFERENCES

1. H.C. Ganguli et al., Epidemiological findings on prevalence of mental disorders in India. Indian J Psychiatry 2000; 42 (1) : 14- 20.6.
2. Ustun TB, Sartorius N, eds. Mental illness in general health care: an international study. Chichester, 1995, John Wiley & Sons behalf of WHO: 323-34
3. Almeid-Filho N et al. Brazilian multicentric study of psychiatric morbidity. Methodological features and prevalence estimates. Br J Psychiatry 1997; 171: 524-9.
4. Shrestha MR, Sherchan S, Shakya R, Joshi D. Monthly pattern of psychiatric morbidity and duration of stay among the patients admitted in Mental Hospital, a central level tertiary care hospital. Nepal Med Coll J 2011;13(2):133-39.
5. Herman AA, Stein DJ, Seedat S, Heeringa SG, Moomal H, Williams DR. The South African Stress and Health (SASH) study: 12-month and lifetime prevalence of common mental disorders. SAMJ: South Afri Med J 2009;9(5):339-44.
6. World Health Organization 2015. International public health hazards: Indian legislative provisions. Available at URL: [http//www.who.org.indian/legis/pub.health haz/en].
7. Vineet Kumar, Sanjay Pathak, Vikesh Gupta. Morbidity pattern of patients attending psychiatry outpatient department in state mental health and rehabilitation center of a northern state of India. JMSCR 2019 Vol.07 Issue 08:420-423.
8. World Health Organization (1992). ICD-10 Classification of Mental and Behavioural Disorders: Clinical Description and Diagnostic Guidelines, Geneva: World Health Organization.
9. Sunil Nayak, Sonaliya K.N. Morbidity patterns of patients attending psychiatry OPD in tertiary care hospital in Ahmedabad. National Journal of medical research 2011 Vol.1 Issue 1: 2449-4995
10. Sarwat A. Nawab T. Nisar N. profile of Psychiatric patients attending out patients clinic of tertiary care hospital, Karachi. Med. Forum 2015;26(7):31-34

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