

Socio-Demographic and Diagnostic Profile Of Patients Attending Psychiatric Out-Patient Clinic

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ABSTRACT

Introduction: Mental disorder is a common problem in our community. One in every eight person has some mental disorder as per World Health Organization. We studied the patient population visiting the psychiatry OPD in a tertiary care center in central Nepal to know about the gravity of the mental disorders, which, though, not the true reflection at the community level, gives a snapshot of what is essential for formulating a roadmap for addressing these issues.

Methods: It is a hospital-based retrospective study. Patients were enrolled from the record maintained by the psychiatrists in OPD settings. Ethical clearance was taken from Institutional Research Board, National Academy of Medical Sciences, Bir Hospital. Patients' demographics, psychiatric illnesses, associated co-morbidities and suicidal attempts were analyzed using SPSS version 23.

Results: Out of 5048 patients enrolled in the study, 50.5% were males and the mean age was 41.39 + 16.6 years. In both sexes, most of the patients were in the age-group 30 – 50 years. First four most common illnesses observed were depressive illness (21.5%), anxiety disorders (14.9%), Alcohol related disorders (9.3%) and unspecified non organic psychosis (6.5%). Depressive illness, adjustment disorders, somatoform disorders and unspecified non organic psychosis were more common in females. Mixed anxiety depression was common in age group 30-50 years with similar distribution in males and females. Anxiety disorders, alcohol dependence, multiple substance abuse, bipolar disorders, primary insomnia, and benzodiazepine dependence were common in males. Multiple co-morbidities were more frequent in elderly population above 70 years. Hypertension showed preponderance in male population in age group 50-70 years. 1.4% of the patients had suicidal attempt.

Conclusion: Depressive illness, anxiety disorder and alcohol related disorders are common mental illnesses in psychiatry OPD setting in a tertiary level hospital. Hypertension followed by diabetes mellitus is the most common co-morbidity. Multiple co-morbidities were common among elderly population above 70 years.

Key Words: *Psychiatry OPD, Mental disorders, Co-morbidities, suicidal ideation*

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Introduction

Mental disorder is a clinically significant disturbance in an individual's cognition, emotional regulation and behavior. It is associated with distress or impairment in different areas of functioning. One in every 8 people in the world live with a mental disorder of which anxiety

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and depression are the most commonly reported ones. Moreover, fourteen percent of the world's adolescents live with mental disorders. The unrecorded/unreported number is likely much higher. People with mental health disorders die, on average, 10 to 20 years before others.¹

There are different types of mental disorders which contribute significantly to DALYs and lead to loss of productive years of life.² The WHO estimate of people with mental disorders is about 450 million, with about 150 million suffering from depression, 25 million from schizophrenia, and more than 90 million from alcohol or drug use disorders.³ South Asian countries stand at the top in regard to the prevalence of common mental disorders (CMDs) globally.⁴ Influenced by the high poverty rates, approximately 150–200 million people in this region suffer from psychiatric disorders and have limited access to mental health services. In addition to the limitations in resource allocation, the lack of community awareness toward mental health and prevailing stigma further discourage a number of patients to actively seek mental health service.⁵

Age, gender, income, and marital and employment status are among the principal socio-demographic factors associated with the presence of psychiatric disorders.⁶ Mental disorders are among the top causes of morbidity and account for approximately 14% of all deaths globally.⁷ Approximately 11% of the world's population currently lives with mental disorder.⁸ While both education and intervention strategies can effectively improve attitudes, research has observed differential effects for various age groups.⁹ Thus, it is essential to understand the specific impact of sociodemographic characteristics on public knowledge and stigma about mental illness to guide future anti-stigma campaigns for the general public.¹⁰ The objective of this study is to find the sociodemographic and diagnostic profile of the patient visiting the outpatient department.

Methods

It is an OPD based retrospective observational study. All the patients examined by the consultants were enrolled in the study. Study duration was from January 2017 to December 2023. Ethical clearance was taken from IRB, NAMS. IBM Statistical Package for the Social Sciences version 23 was used for data analysis.

Results

Out of 5048 patients enrolled in the study, 50.5% were males and the mean age was 41.39 + 16.6 years (Table: 1)

Table 1: Sociodemographic characteristics of the

Participants

Variables	Mean	Frequency	Percentage
Age	41.39 + 6.6	5048	
Sex	Male	2547	50.5%
	Female	2501	49.5%

Figure-1 shows the gender-wise distribution of age-groups. In both sexes, most of the patients were in the age-group 30 – 50 years. Least number of patients were in the age-group above 70 years in both gender.

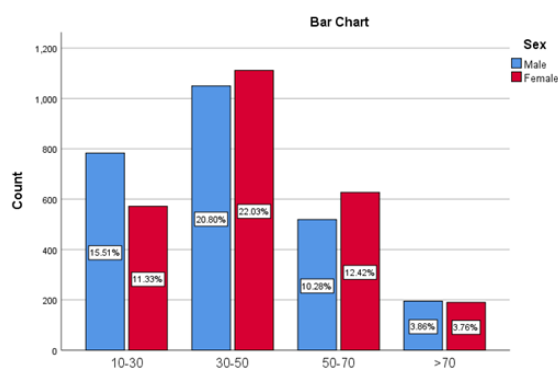


Fig 1: Distribution of age-groups as per gender

The pattern of mental illnesses in the patient population has been shown in figure 2. First four most common illnesses observed were Depressive illness (21.5%), Anxiety disorders (14.9%), Alcohol related disorders (9.3%) and unspecified non organic psychosis (6.5%).

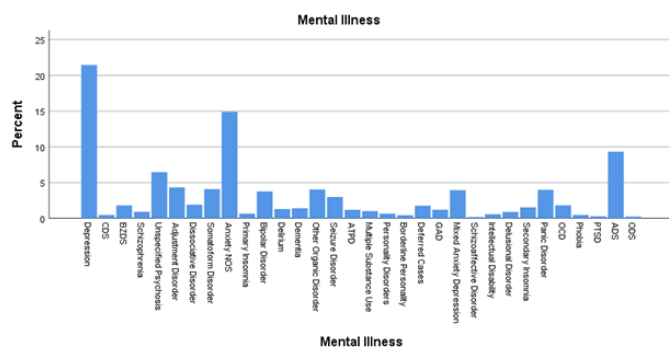


Fig 2: Distribution of Mental Illnesses in the Patient Population

Table- 2 shows the distribution of mental illnesses in different age groups in both genders. Depressive illness was seen more in age group 30-50 years with female preponderance.

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Adjustment disorders, Somatoform disorders and unspecified non organic psychosis were more common in females in age group 30-50 years. Dissociative disorders was however, far more common in younger females in age group 10-30 years. Mixed anxiety depression was common in age group 30-50 years with similar distribution in males and females. Alcohol dependence, Bipolar Disorders, Primary insomnia, Benzodiazepine dependence and Schizophrenia were common in males in age group 30-50 years. However, Anxiety disorder and multiple substance abuse were common in younger males (age-group 10-30 years).

Table 2. Age-group and Gender-wise Distribution of Mental Illnesses in the Patient Population

Mental illness			Gender		Total
			Male	Female	
Depression	Age Group	10-30	117	125	242
		30-50	147	290	437
		50-70	107	212	319
		>70	55	30	85
	Total		426	657	1083
Cannabis Dependence	Age Group	10-30	13	1	14
		30-50	10	0	10
	Total		23	1	24
Benzodiazepine Dependence	Age Group	10-30	9	0	9
		30-50	30	15	45
		50-70	12	17	29
		>70	5	3	8
	Total		56	35	91
Schizophrenia	Age Group	10-30	6	4	10
		30-50	23	4	27
		50-70	5	5	10
	Total		34	13	47
Unspecified Psychosis	Age Group	10-30	28	25	53
		30-50	64	70	134
		50-70	41	57	98
		>70	18	23	41
	Total		151	175	326
Adjustment Disorders	Age Group	10-30	45	51	96
		30-50	33	57	90
		50-70	13	14	27
		>70	3	2	5
	Total		94	124	218

Dissociative Disorders	Age Group	10-30	15	60	75
		30-50	6	13	19
		50-70	0	2	2
	Total		21	75	96
Somatoform Disorders	Age Group	10-30	16	7	23
		30-50	29	85	114
		50-70	14	40	54
		>70	7	8	15
	Total		66	140	206
Anxiety NOS	Age Group	10-30	132	63	195
		30-50	194	167	361
		50-70	70	99	169
		>70	14	13	27
	Total		410	342	752
Primary Insomnia	Age Group	10-30	5	0	5
		30-50	14	7	21
		50-70	3	3	6
		>70	1	0	1
	Total		23	10	33
Bipolar Disorders	Age Group	10-30	24	23	47
		30-50	42	34	76
		50-70	29	25	54
		>70	8	5	13
	Total		103	87	190
Delirium	Age Group	10-30	1	0	1
		30-50	8	4	12
		50-70	12	10	22
		>70	17	14	31
	Total		38	28	66
Dementia	Age Group	50-70	10	4	14
		>70	18	39	57
	Total		28	43	71
Other Organic Disorders	Age Group	10-30	30	22	52
		30-50	28	29	57
		50-70	20	24	44
		>70	19	32	51
	Total		97	107	204
Seizure Disorders	Age Group	10-30	37	50	87
		30-50	18	30	48
		50-70	6	10	16
	Total		61	90	151

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Acute and Transient Psychotic Disorders	Age Group	10-30	17	15	32
		30-50	11	15	26
		50-70	1	0	1
		>70	1	0	1
	Total		30	30	60
Multiple Substance Use Disorders	Age Group	10-30	29	0	29
		30-50	20	2	22
	Total		49	2	51
Other Personality Disorders	Age Group	10-30	6	10	16
		30-50	8	3	11
		50-70	4	0	4
		>70	1	2	3
	Total		19	15	34
Emotionally Unstable Personality Disorders	Age Group	10-30	7	10	17
		30-50	2	3	5
	Total		9	13	22
Deferred Cases	Age Group	10-30	24	18	42
		30-50	25	14	39
		50-70	5	2	7
		>70	0	1	1
	Total		54	35	89
Generalized Anxiety Disorders	Age Group	10-30	24	6	30
		30-50	13	9	22
		50-70	7	1	8
		>70	0	1	1
	Total		44	17	61
Mixed Anxiety Depression	Age Group	10-30	27	26	53
		30-50	44	50	94
		50-70	20	26	46
		>70	2	4	6
	Total		93	106	199
Schizoaffective Disorder	Age Group	30-50	1	8	9
		Total		1	8
Intellectual Disability	Age Group	10-30	9	10	19
		30-50	6	3	9
		50-70	1	0	1
	Total		16	13	29
Delusional Disorders	Age Group	10-30	2	4	6
		30-50	5	8	13
		50-70	11	9	20
		>70	1	5	6
	Total		19	26	45

Secondary Insomnia	Age Group	10-30	5	5	10
		30-50	13	12	25
		50-70	19	15	34
		>70	5	3	8
	Total		42	35	77
Panic Disorder	Age Group	10-30	47	21	68
		30-50	32	74	106
		50-70	14	13	27
	Total		93	108	201
OCD	Age Group	10-30	26	5	31
		30-50	10	28	38
		50-70	4	14	18
		>70	4	1	5
	Total		44	48	92
Phobia	Age Group	10-30	7	2	9
		30-50	6	5	11
		50-70	2	2	4
	Total		15	9	24
PTSD	Age Group	10-30	2	3	5
		30-50	3	3	6
		50-70	1	2	3
	Total		6	8	14
ADS	Age Group	10-30	65	5	70
		30-50	205	67	272
		50-70	88	21	109
		>70	16	4	20
	Total		374	97	471
Opioid Dependence	Age Group	10-30	8	1	9
		30-50	0	3	3
	Total		8	4	12
Total	Age Group	10-30	783	572	1355
		30-50	1050	1112	2162
		50-70	519	627	1146
		>70	195	190	385
	Total		2547	2501	5048

Most of the patients had no comorbidity (69.8%) [figure- 3]. Hypertension was the most common co-morbidity (11.1%) followed by Diabetes Mellitus (6.0%), Hypothyroidism (3.0%) and multiple co-morbidities (2.4%).

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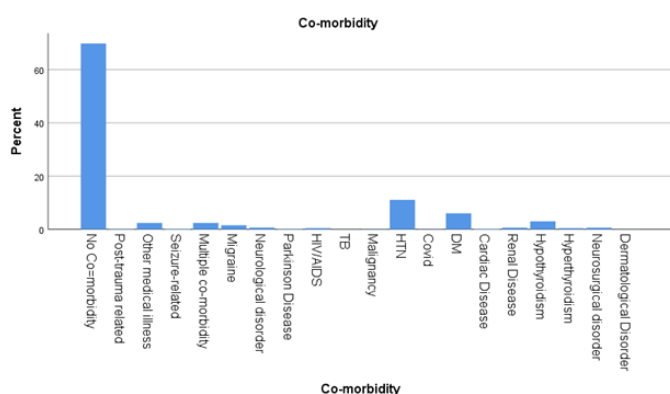


Fig 3: Distribution of Co-morbidities in Patient Population

Table 3 shows the age-group and gender wise distribution of co-morbidities in the patient population. Multiple co-morbidities were more frequent in elderly population above 70 years. Migraine and HIV related illness were more common in younger females (age- group 30-50 years) and Diabetes and Hypothyroidism were more common in elderly females(age- group 50-70 years) . Hypertension showed preponderance in male population in age group 50-70 years.

Table 3: Age-group and Gender-wise Distribution of Co-morbidities in Patient Population

Co-morbidity			Sex		Total
Co-morbidity	Age Group		Male	Female	
No Co-morbidity	Age Group	10-30	734	529	1263
		30-50	898	897	1795
		50-70	180	225	405
		>70	36	25	61
	Total		1848	1676	3524
Post-trauma related	Age Group	10-30	2	0	2
		30-50	1	1	2
		50-70	2	1	3
	Total		5	2	7
Other medical illness	Age Group	10-30	11	3	14
		30-50	18	12	30
		50-70	16	16	32
		>70	21	25	46
	Total		66	56	122
Seizure-related	Age Group	10-30	2	4	6
		30-50	2	1	3
	Total		4	5	9

Multiple co-morbidity	Age Group	10-30	2	1	3
		30-50	5	6	11
		50-70	10	25	35
		>70	33	39	72
	Total		50	71	121
Migraine	Age Group	10-30	2	12	14
		30-50	8	42	50
		50-70	2	10	12
		>70	1	1	2
	Total		13	65	78
Neurological disorder	Age Group	10-30	2	3	5
		30-50	2	3	5
		50-70	4	7	11
		>70	5	8	13
	Total		13	21	34
Parkinson Disease	Age Group	50-70	0	4	4
		>70	1	2	3
	Total		1	6	7
HIV/AIDS	Age Group	10-30	0	2	2
		30-50	3	15	18
		50-70	0	3	3
	Total		3	20	23
TB	Age Group	30-50		2	2
		Total			2
Malignancy	Age Group	30-50	1		1
		50-70	1		1
		>70	2		2
	Total		4		4
HTN	Age Group	10-30	7	1	8
		30-50	76	61	137
		50-70	200	119	319
	>70	59	36	95	
Total		342	217	559	
Covid	Age Group	10-30	2	0	2
		30-50	0	1	1
	Total		2	1	3
DM	Age Group	10-30	3	1	4
		30-50	17	26	43
		50-70	60	130	190
	>70	26	41	67	
Total		106	198	304	

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Cardiac Disease	Age Group	10-30	3	1	4
		50-70	2	2	4
		>70	0	2	2
	Total		5	5	10
Renal Disease	Age Group	10-30	2	6	8
		30-50	4	6	10
		50-70	6	8	14
		>70	1	0	1
Total		13	20	33	
Hypothyroidism	Age Group	10-30	5	5	10
		30-50	8	34	42
		50-70	24	62	86
		>70	8	6	14
Total		45	107	152	
Hyperthyroidism	Age Group	10-30	0	1	1
		30-50	0	2	2
		50-70	8	7	15
		>70	2	3	5
Total		10	13	23	
Neurosurgical disorder	Age Group	10-30	6	3	9
		30-50	7	2	9
		50-70	4	8	12
		>70	0	2	2
Total		17	15	32	
Dermatological Disorder	Age Group	30-50		1	1
	Total			1	1
Total	Age Group	10-30	783	572	1355
		30-50	1050	1112	2162
		50-70	519	627	1146
		>70	195	190	385
Total		2547	2501	5048	

Out of all patients, 72 had history of attempted suicide [1.4%] (Table-4). Female preponderance with suicide attempt was observed in age groups 10-30 years and 50-70 years, while male preponderance was observed in age group 30-50 years (Figure-4).

Table 4: Suicide Attempt in Patients

Suicide	Frequency	Percent	Valid Percent	Cumulative Percent
Attempted	72	1.4	1.4	1.4
Not Attempted	4976	98.6	98.6	100.0
Total	5048	100.0	100.0	

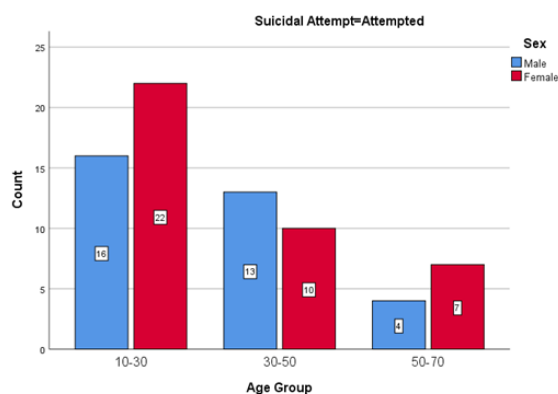


Fig 4: Age-group and Gender-wise Suicidal attempts

Discussion

In our study, 5048 patients were enrolled, 50.5% were males and the mean age was 41.39 + 16.6 years. In both sexes, most of the patients were in the age-group 30 – 50 years. In a study done in another tertiary care centre in Nepal, the age group 20-30 years comprised the majority of the total population, males being 50.3%.¹¹ The proportion of males was almost the same as in our study, however, the most common age group in our observation was older than in this study. In a study done in India, most cases of mental disorders occurred in the age group of 30-44 years,¹² which is consistent with our finding.

First four most common illnesses observed were depressive illness (21.5%), anxiety disorders (14.9%), alcohol related disorders (9.3%) and unspecified non organic psychosis (6.5%). In a study done in southern Puerto Rico, depressive disorders accounted for 42%, neurocognitive disorders 33%, anxiety 11%, substance-related 6%, and schizophrenia spectrum 6%.¹³ Although the prevalence of depressive illness in the later study is twice than that in our observation, depressive illness was most commonly observed in both. Prevalence of anxiety was almost similar and that of psychosis spectrum disorder resembles in both studies.

Depressive illness was seen more in age group 30-50

years with female preponderance. Adjustment disorders, somatoform disorders and unspecified non organic psychosis were also more common in females in age group 30-50 years. Dissociative disorders was however, far more common in younger females in age group 10-30 years. In a similar study done in India, depressive disorder, adjustment disorder and somatoform disorder were more common in females.¹⁴ This is consistent with our study. Mixed anxiety depression was common in age group 30-50 years with similar distribution in males and females. Contrary to ours, in an Irish study, this disorder was associated with being female, younger, and having experienced trauma in childhood and adulthood; it was also associated with significantly higher levels of somatic problems.¹⁵ Alcohol dependence, Bipolar Disorders, Primary insomnia, Benzodiazepine dependence and Schizophrenia were common in males in age group 30-50 years. However, Anxiety disorder and multiple substance abuse were common in younger males (age group 10-30 years). Although there is significant variation across cultures, in general, men are more likely to have access to substances relative to women; this difference in access appears to account for the gender difference in the prevalence of substance use.¹⁶

Most of the patients had no comorbidity (69.8%). It was consistent with the finding of the large study done in Johns Hopkins Hospital which revealed that medical comorbidity that was a focus of treatment was present in about 20% of patients only.¹⁷ Hypertension was the most common comorbidity (11.1%) followed by Diabetes Mellitus (6.0%). This finding has resemblance with that of a study done in a medical college hospital in Odisha, India, showing hypertension (18%), cancer (14%), and diabetes (12%) as the most commonly reported co-morbidities.¹⁸

Multiple co-morbidities were more frequent in elderly population above 70 years. Consistent with this, the prevalence of multiple co-morbidities was 22.8% in a study done in the eastern part of Nepal with higher risk of it with increasing age beyond 70 years.¹⁹

Female preponderance with suicide attempt was observed in age groups 10-30 years, while male preponderance was observed in age group 30-50 years. It was very similar to a study finding from Odisha, India in which females were over-represented below 30 years of age and after that there was male preponderance.²⁰

This is a single center study. Incorporation of data from different centers may actually represent the current status of disease profiles.

Conclusion

Depressive illness is a common mental disorder in our patients visiting psychiatry OPD in a tertiary care hospital. Anxiety disorder is next to depressive illness. Hypertension was the most common co-morbidity in the patients.

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