

STUDY A NEW SYNDROME WITH PEOPLE WORKING IN GULF COUNTRIES

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ABSTRACT

This article shows that patients those attending psychiatric department of CMC Teaching Hospital, Bharatpur, Nepal are found with new syndrome, who worked or live on Gulf Country named as “Gulf Country Syndrome”. The clinical features are vague which includes abdominal pain ,tingling sensation, feel hot sensation on body, problem on digestion, problem on breathing , palpitation, and feel something on throat etc. This is a retrospective study on the data recorded in the psychiatric department of Chitwan School of Medical Sciences. Demographic data and disease profile of 128 patients attending the OPD were analyzed. The ratios and proportions were used for statistical analysis. Data shows highest number of cases were age group 25-35 (N-49, 38.28%), most of cases were working as security guards (N-35, 27.34 %) and servants (N-26, 20.31%) and highest number of cases worked in Gulf Country 2 to 2.5year (N-28, 21.86 %). Nepali people who worked or live on Gulf Country are found new vague syndrome, named as “Gulf Country Syndrome”.

Keywords: *diagnosis profile, socio-demographic characteristics*

INTRODUCTION

Nepal is a developing country. It is estimated that nearly 20% of total population have migrated out of country. Among them people are going for jobs in gulf countries are very high. Because of less job opportunities in Nepal, people are seeking migration in other countries. Earnings in these countries, in the form of remittances sent are sustaining economic activities in Nepal, from villages to Kathmandu, the capital city. Nepalese population working in Gulf countries are getting less paid as compared to their compatriots and most of the times they end up getting jobs that are dirty, dangerous and risky. This amounts to more physical and psychological stresses already perpetuated by huge amount of loan they have taken while coming from Nepal and other family members left behind in difficult situations.

Migration is the process of social change whereby an individual moves from one cultural setting to another for the purposes of settling down either permanently or for a prolonged period. Such a shift can be for any number of reasons, commonly economic, political or educational betterment. The process is inevitably stressful and stress can lead to mental illness. Cochrane & Bal observed that migrants had higher rates of schizophrenia than the native population¹. Bhugra et al found that Asian women aged 18–24 were 2.5 times more likely to attempt suicide associated with culture conflict². Bhugra & Jones refer briefly to refugees as a group of migrants especially vulnerable to mental health problems and they mention post-traumatic stress disorder (PTSD) as an important disorder in this particular population³.

Nazroo reported that in a community survey, rates of anxiety were lower in Indian, Pakistani, Bangladeshi, Chinese and Caribbean women when compared with White British or White Irish females⁴.

The current study shows that people working on Gulf Country are suffering from different types of psychiatric morbidities among them. “New Syndrome” which appear like that as of somatoform disorder, with different mode of presentation Many people working on Gulf countries become sick and are returned back to Nepal. They get different modalities of treatment from different places but do not get better. Patients finally come to psychiatrists by their own or through referrals. Symptoms are vague, multiple, not properly explained by general medical practitioner. The clinical features are vague abdominal pain, tingling sensation, headache, faintness, decreased sleep, feel hot sensation on body, problem on digestion, nausea, problem on breathing, dry mouth, palpitation, painful urination, discomfort on chest, pain on joints, diarrhea, sexual problems and feel something on throat etc.

This article shows that patients attending Psychiatry department of Chitwan Medical College Teaching Hospital (CMCTH) have cluster of symptoms that resemble “Somatoform Disorders” but mode of presentation is different. These are patients who worked and live on Gulf Countries so it has been named as “Gulf Country Syndrome”. Working and living on foreign countries may be stressful

because of problem of adaptation on new place, new culture, and new level of job, difficulty to understand language and for form home. Because of lack of developmental work on developing country like Nepal, people are migrated and join for job on developed country. Migration to another Country or even unfamiliar part of same country is a life change is stressful .Prolonged waiting period, exhaustion, social deprivation and isolation may cause different stress related disorder. Difficulty in readjustment and social isolation at newer places are important contributors of psychiatric problems in people who migrate voluntarily⁵.The rates of common mental disorders will be elevated among all migrant groups in Britain⁶. Immigrant women having lower rates of psychiatric disorders as compared with US-born women⁷. Foreign-born Mexican Americans were at significantly lower risk of substance use and mood and anxiety disorders⁸.

MATERIAL AND METHODS

This is retrospective study based on the data recorded in the psychiatric department of Chitwan School of Medical Sciences. Data profile of patients attending in psychiatric OPD were included for the study. The time period covered was from October 1, 2008 to September 30, 2010. Demographic data and diseases profile of 128 patients attending the OPD were analyzed. The ratios and proportions were used for statistical analysis. The rapport was established with the patients to obtain enough information. The semi structured Proforma was filled with adequate information The Proforma composed of name, age, sex, marital status, education and occupation. Questions related with complaints of the patient was taken which include chief complaints, history of present illness, past history, family history and premorbid personality. The examination of the patient was done in a detailed manner, which includes general examination, systemic examination and mental state examination. ICD- 10DCR diseases diagnosis code was strictly followed⁹.

Table 1: Distribution on the basis of age and sex

Age group	Male	Female	Total	%
15-25	24	2	26	20.31
25-35	46	3	49	38.28
35-45	27	2	29	22.66
45-55	19	0	19	14.83
55 above	5	0	5	3.90
Total	121	7	128	100

Data shows highest number of cases were age group 25- 35 (n=49, 38.28%) followed by 35-45 (n=29, 22.66%).

Table 2: Distribution on the basis of marital status

Marital Status	Case	
	Frequency	%
Married	87	67.97
Unmarried	36	28.12
Widow	5	3.90
Total	128	100

Data shows highest numbers of cases were married (n=87, 67.97%).

Table 3: Distribution on the basis of educational status

Education	Case	
	Frequency	%
Primary	29	22.65
Middle	36	28.12
SLC	39	30.47
Intermediate	21	16.40
Graduate	3	2.34
Total	128	100

Data shows distribution of subject on the basis of educational status. Highest were education up to SLC (n=39, 30.47%) followed by education up to middle level were (n=36, 28.12%).

Table 4: Disturibution on the basis of occupation

Occupation	Case	
	Frequency	%
Servant	26	20.31
Electrician	10	7.81
Driver	25	19.53
Security guard	35	27.34
Cook	5	3.90
Painter	3	2.34
Store keeper	9	7.03
Butcher	2	1.56
Saleman	13	10.16
Total	128	100

Data shows distribution on the basis of occupation, most of cases were security guard (n=35, 27.34 %) followed by servant (n=26, 20.31%).

Table -5: Disturibution on the basis of duration of working

Duration of working	Case	
	Frequency	%
Up to 6 month	4	3.13
6mth to 1 yr	15	11.72
1 to 1.5 yrs	23	17.97
1.5 to 2 yrs	21	14.41
2 to 2.5 yrs	28	21.86
2.5 to 3 yrs	20	15.62
3 yrs or above	17	13.28
Total	128	100

Data shows distribution on the basis of duration of working in Gulf countries, data shows highest number of cases worked 2 to 2.5year (n=28, 21.86 %) followed by 1 to 1.5 year (n=23,17.97%).

DISCUSSION

This study shows that people working on Gulf Country are suffering from different types of mental problem among them "New Syndrome" which appear the symptom of somatoform disorder, however it is different in mode of presentation. Many people working on Gulf Country become sick and are returned back to Nepal¹⁰. They go to treat different places but not get better treatment and finally come to Psychiatrist who found multiple vague compliant and pain symptoms¹¹. People working on foreign Country can be stressful because of changes on culture, religion and being far away from home might feel that they are less secure and probably that are psychologically unstable¹².

The process of migration is itself very lengthy and complex process, involving different waiting periods, degrees of exhaustions and types of trauma. Migration leads to various psychiatric morbidities among immigrants that are associated with migration and settlement¹³. People working on foreign countries can be stressful because of changes on culture, religion. Being far away from home makes people less secure leading to emotional and psychological instability¹⁴. Studies have shown that greater the differences between original and indigenous cultures, higher the level of interpersonal stress and cultural shock¹⁵. Lifetime psychiatric disorder prevalence estimates were 28.1% for men and 30.2% for women, rate are increase with migrated people¹⁶.

In the current study shows highest number of cases were age group 25-35 (N-49, 38.28%) followed by 35-45 (N-29, 22.66%). Data shows highest numbers of cases were married (N-87, 67.97%). Data shows distribution of subject on the basis of educational status. Highest were education up to SLC (N-39, 30.47%) followed by education up to middle level were (N-36, 28.12%). Data shows distribution on the basis of occupation most of c, ashes were security guard (N-35, 27.34 %) followed by servant (N-26,20.31%)Data shows distribution on the basis of occupation, most of cases were security guard (N-35, 27.34 %) followed by servant (N-26, 20.31%).Data shows distribution on the basis of duration of working in Gulf countries ,data shows highest number of cases worked 2 to 2.5year (N-28, 21.86 %) followed by 1 to 1.5 year (N-23,17.97%).

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