



ORIGINAL RESEARCH ARTICLE

STUDY OF PSYCHIATRIC MORBIDITY OF PATIENTS ATTENDING FREE MENTAL HEALTH CHECK UP CAMP, SIMARA, BARA DISTRICT OF NEPAL

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ABSTRACT

Maryknoll Nepal has been running community mental health clinics in different parts of the country. The aim of the study was to find out psychiatric morbidity of patients attending Maryknoll free check up clinic Simara, Bara district of Nepal. A prospective cross-sectional study comprising of all consecutive patients attending Maryknoll free check up clinic Simara, Bara district, Nepal. All the patients attending the free clinics were taken as case. The study was performed in the month January 2009. Demographic data and disease profile of 87 patients attending the clinic were analyzed. The ratios and proportions were used for statistical analysis. Data in Simara free mental health clinic shows that the male to female ratio was 0.55:0.44. The age group 30-39(N-25, 28.74%) followed by age group 20-29 (N-19, 21.84%) was the most common. The farmer were (N-49, 56.31 %) the most common visitor. The highest number of cases were depressive disorder (N-16, 18.93 %) followed by mania/BPAD (N-14, 16.09 %) and Schizophrenia (N-12, 13.73 %). Most of patients attending Simara free mental health clinic were farmers of age group 20-40. The most common incidence of psychiatric illness attending the free clinic were depressive disorder and mania/BPAD.

Key Words: *Diagnosis profile, Socio-demographic characteristics & BPAD.*

INTRODUCTION

Maryknoll Nepal, a local NGO, has been working in the area of mental health since 1991, concerning mobile community mental health clinics in different region of the country. Besides community mobile clinics it is working psychosocial rehabilitation, public awareness programme, day care programme and home visit programme. The mobile health clinics tries to cover urban as well as remote area of Nepal. This type of programme helps people in those remote area, where mental health facility is not available. This study was done in free mental health check up camp Simara, Bara district of Nepal, where regular monthly free check up has been continuing for last five years.

Studies regarding psychiatric morbidity are scarce in Nepal. The pattern of psychiatric illness has been described to be similar across the country. Regmi et al found that majority of cases were neurotic stress related and somatoform disorder (42.46%) followed by mood disorder (37.23%). Culture plays an important role on morbidity pattern in the community. Thus the studies in this aspect becomes important, mainly to formulate any plan regarding mental illness. ¹ There are few studies on mental illness e.g., by Nepal et al, Wright, Shrestha and Sharma. About half of the patients in all studies were of the age group 20-40 years and more than half were males. However the diagnostic distribution differed among the studies. Nepal

et al found that the patients mainly suffered from neurotic and related disorders. Majority of the patients in Wright's study were epileptic (32%), Shrestha found most of the patients suffering from psychosis (63%), while Sharma described as many as 41% suffered from depression. The inconsistencies may be because of the difference in the setup, population studied and the criteria used. Shrestha had studied the patients attending a Mental Hospital valley; Sharma conducted the study in private clinic setup in Pokhara, whereas Wright studied the patients attending the health posts in a rural community. Thus despite the inconsistencies in the diagnostic distribution, the findings in the different setup have their own importance. ² The Quality Adjusted Life Year (QALY) losses in primary care is the highest in pain related physical condition followed by mood disorder. ³

Major depression is the most common psychiatric problem seen in primary care. Prevalence figures for major depression vary substantially between surveys. ⁴ The reasons for increased rates among women are uncertain. Depression is more common among the unemployed; divorced, all medical illness and their treatment can act as non-specific stress, which may lead to mood disorder in predisposed subject. The present study was conducted to find out psychiatric morbidity of patients attending Maryknoll free check up clinic Simara, Bara district of Nepal.

MATERIAL AND METHODS

A prospective cross-sectional study was comprised of all consecutive patients attending Maryknoll free check up clinic Simara, Bara district, Nepal. All the patients attending the free clinics were taken as case. A brief explanation about the study was offered to the subjects and written or verbal consent was obtained either from them or their guardians. A continuous sequential number was given to each subjects and available necessary information was kept confidential in a separate file. The socio demographic profile which contains name, age, sex, caste, address, marital status, occupation, and other information were also filled. The diagnosis was done on the basis of I.C.D.-10 diagnostic research criteria. ⁵ The data from the previous months were also taken to make study easier. Previous record of the camp were also studied. The data were entered in to a computer and analyzed using Statistical Package for Social Studies (SPSS) software.

RESULTS

A total of 87 patients were included in the study. Out of them male were 48(55.17%) and female were 39(44.83%). The data showed that, the highest numbers of patients were age group 30-39(N-25, 28.74%) followed by age group 20-29 (N-19, 21.84%). The highest numbers of patient married were (N-59, 67.82%) and most of cases were farmer (N-49, 56.31 %). Distribution on the basis of ICD 10 diagnosis, the highest number of cases were depressive disorder (N-16,18.93 %) followed by mania/BPAD (N-14,16.09 %) and Schizophrenia (N-12,13.73 %). Similarly seizure disorder (N-9, 10.34 %), and, somatoform disorder (N-7, 8.05 %), alcohol use disorder (N-6, 6.09 %). Anxiety disorder (N-6, 6.09 %), conversion disorder (N-5, 5.75 %) and tension/migraine headache (N-4, 4.60%).

Table 1: Distribution on the basis of age group

Age	n	%
10-19	12	13.73
20-29	19	21.84
30-39	25	28.74
40-49	18	20.69
50-59	7	8.05
60-69	4	4.58
70-79	2	2.30
Total	87	100

Table 2: Distribution on the basis of sex

Sex	Case	
	No	%
Male	48	55.17
Female	39	44.83
Total	87	100

Table 3: Distribution on the basis of marital status

Marital Status	n	%
Married	59	67.82
Unmarried	23	26.44
Widowed	5	5.75
Total	87	100

Table 4: Distribution on the basis of occupation

Occupation	n	%
Farmer	49	56.31
Businessman	3	3.45
Service Holder	8	9.20
Housewife	9	10.34
Labour	7	8.05
Unemployed	7	8.05
Student	4	4.60
Total	87	100

Table 5: Distribution on the basis of diagnosis (ICD-10 DCR)

Diagnosis-Icd,10	Male	Female	Total	%
Depressive Disorder(F32)	7	9	16	18.39
Schizophrenia (F20)	6	6	12	13.73
Seizure Disorder (G40)	4	5	9	10.34
Mania/Bpad (F30-31)	8	6	14	16.09

Anxiety Disorder (F40-41)	4	2	6	6.97
Alcohol Use Disorder (F10)	5	1	6	6.90
Substance Use Disorder (F11-19)	3	0	3	3.45
Conversion Disorder (F44)	0	5	5	5.75
Dementia (F00-03)	1	0	1	1.15
Ptsd (F43)	1	0	1	1.15
Somatoform Disorder (F45)	4	3	7	8.05
Sleep Disorder (F51)	1	0	1	1.15
Mental Retardation (F70-79)	1	0	1	1.15
Ocd(F42)	1	0	1	1.15
Tension/Migrain Headache (G43-44)	2	2	4	4.60
Total	48	39	87	100

DISCUSSION

Due to complex lifestyle, the patients consulting the psychiatrist is increasing more and more than those in past. Depressive disorder is the most common psychiatric disorders worldwide. A review of anxiety disorder surveys in different countries found that average lifetime prevalence estimates of 16.6%, with women having higher rates on average. ⁶ A review of mood disorder surveys in different countries found that lifetime rates of 6.7% for major depressive disorder (higher in some studies, and in women) and 0.8% for Bipolar I disorder In the United States the frequency of disorder is: anxiety disorder (28.8%), mood disorder (20.8%), impulse-control disorder (24.8%) or substance use disorder (14.6%). ⁷ A 2004 cross-Europe study found that approximately one in four people reported meeting criteria at some point in their life for at least one of the DSM-IV psychiatric disorders assessed, which included mood disorders (13.9%), anxiety disorders (13.6%) or alcohol disorder (5.2%). Approximately one in ten met criteria within a 12 month period. Women and younger people of either gender showed more cases of disorder. A 2005 review of surveys in 16 European countries found that 27% of adult Europeans are affected by at least one mental disorder in a 12 month period. ⁸

Psychiatric disorder like schizophrenia, BPAD, alcohol & drug addiction problems are also equally challenging to us. A ten-year

perspective study in Zurich, estimated the life time prevalence of major depression is about 16 percent. The rates of depressive disorder seem to be higher in industrialized countries. ⁹They are consistently increased in woman across different cultures. Nepal et al Regmi et al reported that patients attending to psychiatric OPD of TUTH were commonly neurotic and harboring stress related disorder. ² Similarly Sharma's study shows 41% patients were depressive disorder only. Pokhrel et al reported that mood disorder (35%) followed by schizophrenia and related disorder (28%) and neurotic and stress related disorder (17%) respectively. ³ The percentage distribution of depressive illness reported by Sharma is similar to our findings. Major depression is the most common psychiatric problem seen in primary care center. Depression is more common among the unemployed and divorced people. If we look at our findings the depressive illness was observed among the patient of SLC and intermediate education level. All medical illnesses and their treatment can act as non-specific stress factor which may lead to mood disorder in predisposed subjects. Prevalence of psychiatric disorders among general hospital population is higher than in community.

Patients with psychiatric disorder do present with symptoms of medical illnesses. Psychiatric disorders can be the consequence or coexist with medical illness. Many previous studies have shown that psychiatric disorders such as depressive disorder, anxiety disorder, drug abuse, organic mental disorders and somatoform disorder could be encountered approximately in 20-80 percent of in-patients in any of the general hospitals worldwide. About 20% of our patient admitted in medical and gynecology departments, especially female patient, have some psychiatric problems in the form of mood disorder and somatoform disorder.

The data of current study shows that the distribution on the basis of diagnosis, the highest number of cases were depressive disorder (N-16,18.93 %) followed by mania/BPAD (N-14, 16.09 %) and Schizophrenia (N-12, 13.73 %). Similarly seizure disorder (N-9, 10.34 %), and somatoform disorder (N-7, 8.05 %), alcohol use disorder (N-6, 6.09 %), anxiety disorder (N-6, 6.09 %), conversion disorder (N-5, 5.75 %) and tension/migraine headache (N-4, 4.60%). This result correlates many previous community studies.

CONCLUSIONS

The Maryknoll free mental health check up clinic Simara, Bara shows that the depressive disorder is the most common psychiatric disorder. Similarly other disorders include mania/BPAD, schizophrenia, seizure disorder, somatoform disorder, alcohol use disorder, anxiety disorder and conversion disorder. Most of the patients are farmer of age group 20-40 years.

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