

Psychiatric Morbidity Pattern - A Retrospective Study in a General Hospital

Volume: 02

Issue: 02

July 1984

Page: 149-152

~~M Venugopal~~

Reprints request

&, R Chandrasekaran,

- *Department of Psychiatry, Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), Pondicherry-605 006, India*

Abstract

822 cases who attended the psychiatric out-patient department of a general hospital were retrospectively analysed. In the neurotic group, cases of depressive neurosis were found to be higher in incidence. Cases of endogenous depressions were found to be higher in the psychotic group. More number of cases had a positive family history of alcohol dependence. Many cases sought the help of general practitioners before attending the psychiatric clinic. An attempt has been made to compare the findings of the present study with the findings of some relevant studies.

Key words -

Psychiatric morbidity,

Alcohol dependence,

Depressive neurosis

Lack of adequate number of trained mental health personnel and the realization of the social stigma attached to the mental hospitals, initiated health professionals to extend psychiatric services in the general hospitals to meet the needs of the patients. It is a known fact that psychiatric cases attending general hospitals differ in some aspects from their counterparts in mental hospitals mainly with regard to the variety of ailments. Though many studies have been carried out in the mental hospital population, those in the general hospitals probe into the psychiatric morbidity pattern have been limited in number. Reports from different parts of our country in this regard appear to have difference of opinion in various aspects.

The present study was undertaken with the aim of studying the psychiatric morbidity pattern among the patients attending the psychiatric clinic of our teaching and research oriented general hospital.

To attempt to compare the findings with those reported from other parts of our country.

Material and Methods

The detailed case records of the patients who attended the Psychiatric out-patient department of Jawaharlal Institute of Postgraduate Medical Education & Research, Pondicherry during the calendar

year 1981 were analysed. A detailed proforma eliciting informations about demographic and clinical variables was devised and it was used for collecting and analysing the data. For the diagnostic categories, the ninth revision of the International Classification of Disease was used. Out of 835 cases, 13 cases were excluded as the records were deficient in some important aspects.

Results and Discussion

The new psychiatric cases registered constituted 74 per cent of the hospital general out-patient attendance.

A glance at the Table 1 (a) reveals the distribution according to age level and sex. The prevalence of the various types of mental illnesses was highest among 21-30 years age group and lowest in 61 years and above age group.

Table I (a) - Age level and sex (in percentage)

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Though in Western studies it is universally reported with prevalence of mental illness increases with age, the Indian studies report a decline [1], [2], [3]. The present study also tends to confirm it.

Males were represented more but the difference is not significant.

Table I (b) shows that a higher prevalence of mental illness was seen among the case whose educational level was IX std. to SSLC. Difference of opinion exists regarding this correlation in some of the Indian and Western studies [3], [4].

Table I(b) - Education level and occupation (in percentage)

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Regarding the occupation, as most of the female cases were housewives, they were represented more. Among other occupations agriculturists were highly represented.

Table I (c) shows that the married cases (both males and females) were represented more. Dube [2] and Sethi [1] et al. have reported similar findings. This could be attributed to the belief that marriage alleviates many mental illnesses.

Table I(c) - Marital status and religion (in percentage)

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Cases hailing from rural areas were highly represented and this findings is in line with many Indian studies.

Regarding the area from which the cases were hailing, the South Arcot District in which the major part of Pondicherry Union Territory is situated was significantly represented. 33.7 per cent of the cases were from Ponicherry town and surrounding sub-urban areas. Though Salem District is 220 kms. away

from Ponicherry, it represented more number of cases among the cases hailing from outside Pondicherry and South Arcot District (Table I (d)).

Table I(d) - Area (in percentage)

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As most of the cases have the tendency to give false information about their income, the economic status of the cases could not be analysed.

Table II - Diagnosis (in percentage)

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Table IIIa - Mode of onset and treatment (in percentage)

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Table IIIb - Mode of onset and treatment (in percentage)

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The results in respect of diagnosis are presented in Table II. As a whole, cases of depressive neurosis were highly represented. Among the major illness, endogenous depression was represented more. Though the territory in which the hospital is situated has been a wet place since many years, many cases did not appear to have sought help for giving up alcohol habit (though alcohol dependence was the highest among the positive family history of the cases).

The findings of the present study that there was higher incidence of depressive neurosis is in agreement with the studies carried out by Sethi et al [1]; Shukla et al [5], Bhushan [6] et al and Khanna [7] et al.

Among the major psychiatric disturbances 17.3 per cent of the cases were found to have affective disorder. Out of those cases, 83.1 per cent seemed to have major depressive illness (15.3 per cent of the total number of cases). These findings are directly in contrast to a study conducted in Pondicherry in 1964 by Surya [8] et al.

Table IV reveals that the presence of mental illness was higher among members of nuclear families. This is highly significant and this finding is not in agreement with the finding of Dube [2].

Table IV - Family history (in percentage)

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Parental consanguinity was seen only in 34.7 per cent of the cases.

Positive family history of psychiatric illness was seen in 59.2 per cent of the cases. Alcohol dependence was highly represented.

Regarding the type of treatment given prior to the first consultation at the Psychiatric out-patient department, it seems that relatives of the cases opted more for a sophisticated type of treatment rather than for native treatment. This findings is not in agreement with the findings of Bhaskar Naidu et al [9].

Conclusion

1. The incidence of mental illness was highest among the 21-30 years age group.
2. The educational level of more number of cases was IX std. to SSLC.
3. House-wives among females and agriculturists among males were significantly represented.
4. Married cases were many in number.
5. Representation from rural areas was higher.
6. Depressive neurosis and endogenous depression were the chief diagnoses.
7. There was higher representation from nuclear families.
8. Positive family history of alcohol dependence was the highest.
9. Among the cases who were given some treatment prior to the consolation of psychiatric out-patient department, more number of cases were taken to general practitioners.

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