SOCIO-DEMOGRAPHIC STUDY OF PSYCHIATRIC DISORDERS: A STUDY OF GENERAL HOSPITAL, GURGAON

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Abstract: There is paucity of Indian literature about psychiatric patients taking treatment in secondary Health Units. In the present study, the socio-demographic profile and pattern of new patients visits in outpatient psychiatric services of District Mental Health Program, Gurgaon are reported and examined. First 500 new patients of seventeen major psychiatric diagnostic disorders visited the psychiatry opd of district hospital Gurgaon (Haryana) were included in the study. Maximum number of patients was diagnosed to have depression disorders (41.40%). The second largest group of new patients had epilepsy (15%). ADHD and PPP disorders were found in least percentage of patients (0.20% each). This was a preliminary attempt to study the pattern of different psychiatric disorders in a secondary health care setting and provides some definite information. In conclusion, it was seen that most of the patients belongs to low socio-economic group and large number of psychiatric patients were belongs to mood disorders.

Key Words: Socio-demographic, Psychiatric disorder

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Introduction

Psychiatric disorders are one of the most common and prevalent illnesses that widely affect world population accounting for nearly 31 per cent of world's disability. Five of the 10 leading causes of disability worldwide are in the category of mental disorders: major depression, alcohol use, bipolar affective disorder, schizophrenia and obsessive-compulsive disorder (WHO Report, 2001). Worldwide, mental disorders accounted for 22% of all Disability Adjusted Life Years (DALYs) lost in 1998. They account for 10% of global burden of disease and expected to rise to 15% by 2020. Five out of the 10 leading causes of disability worldwide are mental health problems (Brundtlant GH, 2000).

In India, some landmark epidemiological studies(Reddy M V,1998; Ganguli HC,2000) indicated high prevalence rate of mental disorders in the community (58.2 per thousand). Only 10% to 20% of population in developing countries have access to health services of any kind(Morley,1984).[5] 20% patients visiting any curative services such as dispensaries, health centers, hospitals or clinics for any reason, have significant psychiatric disorders(Shah A.V,1982). These high prevalence figures are a matter of concern for mental health professionals and health planners.

Today mental disorders stand among the leading causes of disease and disability in the world. One in four people in the world are affected by mental or neurological disorder at some point in their lives. World Health Report (2001) which was dedicated to the theme of mental Health, shows that these disorders are estimated to account for about 12 percent of global burden of disease and also represent four of the ten leading causes of disability worldwide.

In a Meta analysis of epidemiological studies in India by Reddy and Chandra Shekhar (1998) the prevalence of mental and behavioral disorder in India for urban sector was 80.6 percent and it was 48.9 percent for the rural sector. Illnesses like endogenous depression, mental retardation, all neurotic disorder. (except dissociative disorders) and behavioral emotional disorder were significantly high in the urban communities. More recently Ganguli (2000) has done an analysis of such studies. He has noted the national prevalence rates for all mental disorders, arrived at 70.5 (rural), 73 (urban), and 73 (rural & urban) per 1000 population. Urban morbidity in India is 3.5 percent higher than rural rate. But it varies for different categories of disease. It is also to be noted that all the psychiatric facilities in the country are located in the cities and town serving predominately only 30% of the urban population. The vast rural segments of the country

comprising 70% of the total population do not have any psychiatric facilities near their settlements. They have to travel long distance to approach the psychiatric center or go without any help (Ganguli, 2000).

The rural folk depend primarily on traditional resources. When these fail, they approach to local healers or priests for help. Treatment by these local healer is cheap and within the economic means of rural sick. These healers also have great empathy with the local people being one amongst the group. After having failed in all traditional or local methods of cure, only a small number of the rural patients come to the cities for psychiatric help. These folk undergo great inconveniences and expanses when they are forced to come into the cities for psychiatric help. It is also to be noted that owing to the isolation of mental hospitals, from the general medical services, many psychiatrist who might have commenced their profession with all good intentions of helping the general population now develop a certain degree of professional isolation and uneasiness.

Material and Method

. Our study had following objectives:-(A) To know the socio-demograhpic profile of psychiatric patients, (B) pattern of psychiatric illnesses among patients utilizing Psychiatric services.(C) compare the pattern of psychiatric morbidity with other published literature.

Setting:

This study was conducted in the out patient department of Psychiatry, district hospital, Gurgaon. This is a secondary care health institution. Gurgaon district is situated in NCR of Delhi, the capital of India. It is just 10 kms away from Indira Gandhi International Airport, Delhi. The district derived its name from the name of Guru Dronacharya; the village was given as *gurudakshina* to him by his students; the Pandavas and hence it came to be known as *Guru-gram*, which in course of time got distorted to Gurgaon. Thus the district has been existence since the times of Mahabharata. The district is surrounded by Delhi & Rajasthan.

The present Gurgaon district comprising four blocks Pataudi, Sohna, Gurgaon & Farrukhnagar. It is the southern-most district of Haryana. The district lies between 27 degree 39' and 28 degree 32' 25" latitude, and 76 degree 39' 30"and 77 degree 20' 45" longitude. On its north, it is bounded by the district of Jhjjar and the Union Territory of Delhi. Faridabad district lies to its east. On its south, the distt. shares boundaries with the Mewat. To its west lies the district of Rewari and the

State of Rajasthan. Gurgaon town is about 32 kms away from New Delhi, the National Capital of India.

According to census of 2001, Gurgaon has total population of 8, 70,539. The percentage of rural population to the total population is 88.30%. Gurgaon has population density of 591 persons per sq. Km compared to 372 persons per sq km of the Haryana.. This region of Haryana has two sub divisional hospitals at Sohna and Hailymandi; there are three community health centers, 12 PHC, 75 Sub centers at rural level. Training programmes for medical officers and paramedical staff is a regular event at general hospital, Gurgaon or psychiatry department, medical collage Rohtak as per District Mental health Programme guidelines.

Sample:

All new first 500 patients of psychiatric disorders who reported to the department formed the study population for the present study. Patients data were generated from DMHP patients case sheets. seventeen major psychiatric diagnostic disorders consisting of 500 new psychiatric patients who had been diagnosed and treated in the psychiatry unit district hospital, Gurgaon (Haryana) were included in this evaluation. The inclusion and exclusion criteria were as follows:

Inclusion criteria: were any age group, seeking treatment for psychiatric disorder, either sex, occupation subjects should have a psychiatric diagnosis as per ICD-10 criteria and case record of the patient should be complete.

Exclusion criteria: Individuals suffering from co-morbid mental or physical disorder, nil psychiatric illness, incomplete record and not fulfilling criteria of ICD-10 were excluded from the study.

Design:

The study design was a retrospective detailed chart review of all cases records. Data were collected from Jan 2012 to Feb. 2012. Data sources were case registers, hospital records and case sheets of the new patients.

Procedure:

On first contact, a psychiatrist examined patients and a psychiatric diagnosis made as per criteria of ICD-10 and treatment prescribed in the psychiatric dept. of General hospital Gurgaon. After detailed evaluation patient was given a psychiatry number for future follow up. All medications

were given free of cost to the patients. General OPD data of new patients attending the hospital was examined with the data of new psychiatric outpatients.

***Results*:-**

Between January 2012 and February 2012, 500 new patients of ten major diagnostic disorders (Mood disorders; Neurotic stress- related and somatoform disorders; Schizophrenia, schizotypal and delusional disorders; Mental and behavioral disorders due to psychoactive substance use, mental retardation and migraine and other headache syndromes etc.) visited the psychiatry unit of district hospital, Gurgaon. Average 11.11 new cases daily were registered in psychiatry unit in the study period.

In the study period 306(61.20%) males and 194 (38.80%) females utilized the psychiatric facilities provided by district hospital Gurgaon.

Socio-demographic variables

Table-1

	Male (N=306)	**Female (N=194)**	
Variables	**No. (%)**	**No. (%)**	**Total (%)**
Age (Years)			
0-15	46(15.03)	35(18.04)	
16-35	177(57.84)	92(47.42)	
36-55	60(19.60)	53(27.31)	
56-75	21(6.86)	12(6.18)	
76 and above	02(0.65)	02(1.03)	

Family Income		
<1500	08(2.61)	04(2.06)
1501-3600	93(30.39)	43(22.16)
3601-5000	56(18.3)	49(25.25)
5001-8000	57(18.62)	34(17.52)
8001-11000	48(15.68)	31(15.97)
11001-15000	16(5.22)	17(8.76)
15001>	28(9.8)	16(8.24)
Education		
Illiterate	35(11.43)	64(32.98)
Primary	32(10.45)	34(17.52)
Middle	57(18.62)	24(12.37)
Metric	76(24.83)	33(17.01)
12th	49(16.01)	16(8.24)
Graduate	27(8.82)	13(6.70)
Post graduate	30(9.8)	10(5.15)
Migration		
Yes	84(27.45)	64(32.98)
No	222(72.54)	130(67.01)
Distance (in KM)		
1-5	176(57.51)	119(61.34)
6-15	52(16.99)	34(17.52)
16-30	38(12.41)	24(12.27)
31-60	23(7.51)	7(3.6)
61-100	06(1.96)	02(1.03)
101 >	11(3.59)	08(4.12)
Occupation		
Laborer	33(10.78)	04(2.06)
Farmer	04(1.3)	02(1.03)
Student	63(20.58)	37(19.07)

Shopkeeper	13(4.24)	01(0.51)
Govt./Pvt. Class 1V	31(10.13)	08(4.12)
Clerical work	36(11.76)	05(2.57)
Business	48(15.68)	05(2.57)
Housewife	00(00)	114(58.76)
Professional	15(4.90)	04(2.06)
Unemployed	43(14.05)	07(3.60)
Others	20(6.53)	07(3.60)
Marital status		
Married	183(59.8)	128(65.97)
Unmarried	119(38.88)	61(31.44)
Widowed	04(1.30)	04(2.06)
Divorced	00	01(0.51)
Locality		
Rural	139(45.42)	85(43.81)
Urban	167(54.57)	109(56.18)
Referrals		
Through IEC	14(4.57)	04(2.06)
Old patients	112(36.60)	58(29.89)
Pvt. Physician	08(2.61)	10(5.15)
PGIMS Rohtak	00	01(0.51)
A.W/MPHW/ Community leaders	34(11.11)	21(11.82)
Other doctors in Hospital	32(10.45)	21(11.82)
Self	106(34.64)	79(40.72)
Substance Abuse		

Yes	100(32.67)	08(4.12)
No	206(67.32)	186(95.88)
Family history		
Yes	23(7.51)	28(14.43)
No	283(92.49)	166(85.56)
Past history		
Yes	209(68.30)	138(71.13)
No	97(31.69)	56(28.86)
Duration of illness		
0-1 month	45(14.70)	19(9.79)
1-3 months	23(7.51)	17(8.76)
3-6 months	25(8.16)	19(9.79)
6-12 months	18(5.88)	11(5.67)
1-3 years	101(33)	58(29.89)
3-10 years	60(19.60)	43(22.16)
10 years >	34(11.11)	27(13.91)

Duration of Illnesses

Diagnose/Duration	1-3 yrs	3-10yrs	10 yrs >	Total	Percentage
Depression	75	39	30	144	64.73%
F20	9	14	10	33	80.48%
G40	25	14	10	49	65.33%
F45	4	8	1	13	65%
Total	113	75	51	239	

Table-2 : Diagnostic Break up of the sample (According to illness)

DIAGNOSE	SEX		Total
	male	female	
Anxiety Neurosis	23(7.51%)	16(8.24%)	39(7.8%)
ADHD	1(0.32%)	0	1(0.2%)
Alcohol dependence	14(4.57%)	0	14(2.8%)
Substance abuse	14(4.57%)	0	14(2.8%)
Bipolar Affective Disorder	4(1.3%)	3(1.54%)	7(1.4%)
Beh. Problem	12(3.79%)	7(3.6%)	19(3.8%)
Dementia	3(0.98)	0	3(0.6%)
Depression	122(39.86%)	85(43.81%)	207(41.4%)
Epilepsy	41(13.39%)	34(17.52%)	75(15%)
Somatization	6(1.96%)	14(7.21%)	20(4%)
Schizophrenia	24(7.84%)	17(8.76%)	41(8.2%)
Migraine	8(2.61%)	7(3.60%)	15(3%)
Mental Retardation	10(3.26%)	8(4.12%)	18(3.6%)
OCD	6(1.96%)	2(1.03%)	8(1.6%)
Post Partem Psychosis	0	1(0.51%)	1(0.2%)
Paralysis	1(0.32%)	0	1(0.2%)
Sexual disorder	17(5.55%)	0	17(3.4%)
Total	**306**	**194**	**500**

Diagnostic Break up of the sample (According to ICD-10)

Sr.no.	Diagnose	Male (%)	Female (%)	Total (%)
1	F10-f19 (mental &beh. Disorder due to alcohol and substance abuse)	28(9.15)	00(00)	
2	F20-F29 (schizophrenia)	24(7.84)	17(8.76)	
3	F30-F39(mood disorder)	126(41.17)	88(45.36)	
4	F40-F49 (neurotic, stress related disorder)	35(11.43)	32(10.45)	
5	F70 (mental retardation)	10(3.26)	08(2.61)	
6	G40 (epilepsy)	41(13.39)	34(17.52)	
7	G43 (migraine)	8(2.61)	7(3.60)	
9	Sexual problem	17(5.55)	00(00)	
10	Other Psy. Disorder (PPP,ADHD, Beh. Prob., Dementia, paralysis etc.)	17(5.55)	08(4.12)	
Total		306(100)	194(100)	500 (100)

Table 1 shows that male were significantly younger than females. A significant number of females were illiterates. 25.25% of females were belongs to family income group of 3601-5000. 32.98% of the females were migrants from other states of India.61.34% of the females and 57.51% of the males come from within the distance of 1 km to 5 km.

58.76% of total females were housewife while a majority of males (20.58%) were students followed by 15.68% of the males were businessman.

As compared to the males significantly more females were married. Table- 2 shows a majority (56.18% females and 54.47% males) was from an urban background. 89.80% of the total patients had no family history of any psychiatric illness. However 69.40% of total patients had past history of psychiatric illness.

Table 2 shows that majority (42.80%) of the patients were diagnosed as patients of mood disorder followed by epilepsy (15%). Duration of the illness was found more than one year in 64.60% of the total patients. 80.48% of schizophrenia, 64.73% of patients with depression, 65.33% of epileptic patients had duration of illness more than one year.

Discussion:-

This study was undertaken to analyze (a) Socio-demographic profile of Psychiatric patients. (b) Pattern of psychiatric Illnesses among patients. (c) Compare the psychiatric morbidity with other published literature.

In the study of Warrich et al (2003) a total of 527 patients were taken for the study in which 336(63%) were male and 191 (36.20%) were female. Results show males were younger than females. 35.1% females were illiterate and a majority of males (27.1%) were intermediates. 62.8% of the females were housewives. While a majority of males 42.2% were skilled/semiskilled workers. As compared to males significantly more females were married. Majority of the total patients were from an urban background. Around 47% of the total had income of below Rs. 1500 per month.

In our study 306(61.80%) males and 194(38.80%) females utilized the psychiatric facilities provided under DMHP, Gurgaon. A majority (53.80%) of the patients (57.84% males and 47.42% females) belongs to the age group of 16 to 35 years old. Our data suggested that majority (30.39%)males patients belongs to the family income group between Rs.1501-3600. a significant number (32.98%) of females were illiterates while majority of males were metric pass and only 11.43% males were illiterates.

One third (32.98%) of females were migrants and 27.45% males were migrant from different part of India. 58.76% of total females were housewife while a majority of males (20.58%) were students followed by 15.68% of the males were businessman. As compared to the males significantly more females were married. A majority (56.18% females and 54.47% males) were from an urban background. 36.60% males and 29.89% of female patients were referred to this OPD by old patients who had already taken treatment from same OPD. A majority (78.40%)of the patients had no history of any substance abuse and 89.80% had no family history of any psychiatric illness. But 69.40% of total sample had the past history of psychiatric illness. The duration of illness on first contact was more than one year in 64.60% of the total patients.

Table- 3 shows new patients were found to have mood disorder in large numbers (42.80%) in which 41.17% males and 45.36% females were suffered from mood disorder. These

finding are higher than another studies conducted in Manimajra, Sakalwara and Raipur Rani block of Ambala but less than study of Muktsar(Panjab).

Epilepsy is the second frequent diagnostic group seeking treatment in our setting(15%). This finding is higher than another study conducted in Manimajra ,Muktsar and Raipur Rani but less than study of Sakalwara, Karnatka.

New patients with Neurotic, anxiety and somatoform disorder constituted 13.4% of the total sample which is less than reported by Warrich et al reported that 15.55% of total patients were suffered from neurotic, anxiety and somatoform disorder (f40-f49)

The variable attendance of patients with schizophrenia in different Indian studies at different setting. Issac et al(1982) reported that in Sakalwara in a three year period 13.76% patients of schizophrenia were seen while at Raipur Rani the corresponding figure was 11% and in Muktsar 9.6% were diagnosed as schizophrenia. 6.8% were diagnosed as suffering from schizophrenia, schizotypal and delusional disorders at civil hospital, Manimajra which is less as compared to the present study(8.2%).

New patients with mental and behavior disorder due to alcohol and substance abuse constituted (5.6%)of the total sample which is less than another study conducted in Manimajra (52%) and muktsar(8.04%).

In our study 80.48% of schizophrenia 65.33% patients of Epilepsy, 65% patients of somatization and 64.73% patient of depression had illness of duration more than one year.

New patients with Mental retardation constituted 3.6%of total sample which is less than reported by Warrich et al (2003) and Singh GP (2009).

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