

Research Article

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Study of Patients in a Private Psychiatric Unit in Eastern India

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ABSTRACT

Mental illness is an important cause of morbidity, mortality and poor quality of life. In this study analysis of diagnostic distribution with respect to age, sex, and other parameters and comparison with other studies done. It is a descriptive study, done in a Private Psychiatric Clinic near Kolkata. Time period was 2 yrs (from 1st January 2018 to 31st December 2019). ICD10 is primarily used as diagnostic tool but for purpose of patient management and community need, diagnosis according to symptoms (headache, osteoarthritis, neuropathy etc) used. Data were analyzed and tabulated. Total number of patients visited during study period is 3000. Among them 1081(36.01%) patients are male, 1919(63.99%) are female. Majority of the patients are in the age group of 20-50 years. Among the patients majority are from Generalized Anxiety Disorder (GAD), Phobia and Somatoform Disorder (42.4%) whereas Major Depressive Disorder (MDD) consists of 22.6%, Bipolar Affective Disorder (BPAD)- 6.5%, Schizophrenia and other psychotic disorders- 10.2 %, Dementia- 3.5%.

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Received: March 01, 2024; **Accepted:** March 11, 2024; **Published:** March 15, 2024**Keywords:** Mental Illness, Private Psychiatry Clinic, Generalized Anxiety Disorder, Major Depressive Disorder**Introduction**

Mental disorders are among leading causes of disease burden in India imparting disease associated with disability and morbidity. This is also a cause for poor quality of life. Overall consequences also include suicide, loss of jobs, strained relationships and deterioration in physical health, higher risk of myocardial infarction, even suicide. Early detection is important because Multiple studies shows that approximately 680 million people of Asia are affected by psychiatric disorders. But the number of Psychiatrists is far below the desired level (less than 1 psychiatrist per 100000 population where desirable is 3-4) [1]. Mental hospitals provide inpatient treatment for people with mental health conditions, mainly those with severe diseases like Major depressive disease, Schizophrenia, Bipolar disorders. There is increase in the number of beds in mental hospital (from 1.6 beds per 100 000 population in 2014 to 1.9 beds in 2020) [2]. Throughout the world, due to paucity of Government run facility patients with mental illness have to rely on non-government psychiatry clinics. In this study analysis regarding various parameters has been done in a private psychiatric clinic near Kolkata, India. There is an acute shortage of mental health professionals in India. So mental health services are delivered through general hospitals and this is considered as the most viable strategy for increasing the access of underserved population to mental health care. There are limited mental health facilities in government set up. So, a vast population of the country's mental health care is provided by private practitioners and hospitals.

Aims and Objectives

Analysis of diagnostic distribution with respect to age, sex, and other parameters and comparison with other studies.

Materials and Methods**Study Design:** It is a descriptive study**Site of Study:** A Private Psychiatric Clinic near Kolkata.**Time Period:** 2 yrs (from 1st January 2018 to 31st December 2019).**Selection Criteria:** All patients attending psychiatric clinic were included in the study. Consent taken from all the patient prior to history taking.

Procedure: The data was calculated for a period of 2 yrs (from 1st January 2018 to 31st December 2019). Data regarding age, sex, marital status, profession, education, earning was collected. The first author is owner of this psychiatric clinic. The patients were classified according to modified Kuppu swamy's classification 2021 for socioeconomic status [3]. The socioeconomic groups being upper class, upper middle class, lower middle class, upper lower class and lower class. ICD10 is primarily used as diagnostic tool but for purpose of patient management and community need, diagnosis according to symptoms (headache, osteoarthritis, neuropathy etc) used. Data analysis- Data were analyzed and tabulated. Excel and SPSS software used for this purpose.

Result

Total number of patients visited during study period (1st Jan 2018 to 31st Dec 2019) is 3000. Among them 1081(36.01%) patients are male, 1919(63.99%) are female. Patients of different age group came from 3-year-old girl to 89 years old man. Majority of the patients are in the age group of 20-50 years (Table 1). Among the patient's majority are from GAD, phobia and somatoform disorder (42.4%) whereas Major Depressive disorder (MDD) consists of 22.6%, BPAD- 6.5%, Schizophrenia and other psychotic disorders- 10.2 %, Dementia- 3.5% (Table 1).

Academic qualification wise 13.2% patients are postgraduates, 23.46% are graduates, 15.07% have studied upto higher secondary exam and 4.9 % are illiterate (Table 2). Among patients 61.06% are married, while 32.37% are unmarried (Table 3). Mental illness seen involving every economic categories. 19.34% of the subjects belonged to lower economic category, while 43.4% came from lower middle category (Table 4). The analysis of association between diagnostic categories and gender is significant (p value < 0.05).

Table 1: Distribution of Cases according to Age & Gender

Case	1-10 yrs		11-20 yrs		21-30 yrs		31-40 yrs		41-50 yrs		51-60 yrs		61-70 yrs		71-80 yrs		81-90 yrs	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Schizophrenia & Other Psychotic Disorders (n=308) (10.2%)	0	0	1	3	52	90	38	56	10	48	1	5	0	4	0	0	0	0
MDD(n=678) (22.6%)	0	0	14	51	72	199	62	155	13	59	4	20	5	12	2	5	1	4
BPAD(n=196) (6.5%)	0	0	27	40	30	53	12	22	5	7	0	0	0	0	0	0	0	0
GAD , Phobia& Somatoform Disorders (n=1274) (42.4%)	0	0	15	32	207	248	175	233	55	185	26	80	7	11	0	0	0	0
OCD(n=363) (12.1%)	0	0	66	25	30	59	32	69	20	39	5	15	1	2	0	0	0	0
Dementia (n=104) (3.4%)	0	0	0	0	0	0	0	0	0	0	0	0	20	18	20	26	7	13
MR & Childhood Behavioral Problems (n=53)(1.8%)	29	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Substance Abuse(n=24) (0.8%)	0	0	0	0	15	0	9	0	0	0	0	0	0	0	0	0	0	0

Table 2: Distribution of Cases according to Educational Status

Educational Status	Number of Cases
illiterate	147(4.9%)
Upto Primary(Class IV)	344(11.47%)
Upto Secondary(Class X)	957(31.9%)
Upto Higher Secondary(Class XII)	452(15.07%)
Graduate	704(23.46%)
Post Graduate & above	396(13.2%)

Table 3: Distribution of Cases according to Marital Status

Marital Status	No of cases
Unmarried	971(32.37%)
Married	1832(61.06%)
Widowed	95(3.17%)
Separated	102(3.4%)

Table 4: Distribution of Cases according to Economic Status

Economic Category	No of Cases
Lower	596(19.87%)
Lower middle	1302(43.4%)
Middle	748(24.93%)
Upper	354(11.8%)

Table 5: Distribution of Cases according to Gender

Diagnostic categories	Male	Female
Schizophrenia & other psychotic disorders	102	206
MDD(n=678) (22.6%)	173	505
BPAD(n=196) (6.5%)	74	122
GAD , Phobia & somatoform disorders (n=1274)(42.4%)	485	789
OCD(n=363) (12.1%)	155	208
Dementia (n=104)(3.4%)	47	57
MR & childhood behavioral problems (n=53) (1.8%)	29	24
Substance abuse(n=24) (0.8%)	24	0

Discussions

Female patients (63.99%) are more affected compared to male (36.01%) in our study. Earlier studies also expressed correlation of gender and mental illness showing female gender showing more association [4,5]. This is in concordance to most studies like Soren et al, Jairaj S et al [6,7]. Some of the studies found more male subjects like Agarwal et al [8]. This finding reflects better awareness regarding mental health in society.

Predominant involvement of younger age group (20-50years) seen in our study. This observation is similar to findings of Ghosh et al, Soren et al, Kamesvelli et al, Khattri et al [1,6,9,10]. These studies also showed involvement of most socially and economical period of the most patients life. Earlier studies also showed affection of young people in their productive period. It requires attention of appropriate authority to give more focus on mental health to increase productivity of nation as a whole Academic qualification wise 13.2% patients are postgraduates, 23.46% are graduates, 15.07% have studied upto higher secondary exam and 4.9 % are illiterate in our study. Ghosh et al also found in their study of involvement in 94.1% literate patients. This reflects better awareness of mental health among the educated section of society.

Pattern of patients depends on multiple factors. Geographic factors, socioeconomic factors, ethnicity are contributing factors. It also varies according to mental health care unit. Mental hospital with inpatient care unit shows severe mental disorders like - Schizophrenia, acute psychosis, Major depressive disorder, bipolar disorder contributing major proportion of cases. Rather mental health care unit attached to General hospital shows variety of cases. It provides added advantage by providing liaison between consultants of various fields. Our study found that most of the patient are diagnosed in neurotic disorders like GAD, Phobia or somatoform disorders (1274 cases, 42.4%). This category is followed by Major Depressive disorders((678cases,22.6%). Schizophrenia and other psychotic disorders contribute 10.2%. This finding is similar to study by Dubey et al [11]. They found in their study in Uttar Pradesh that 44% of their patients were suffering from neurotic disorders while only 9.1% were from Schizophrenia. Khattri et al also found neurotic disorders contributing majority of cases (35.4%). Jairaj S et al, found neurotic, stress related and somatoform disorders contributing 31.1%, cases, followed by mood disorders (27.1%).

But this finding is not similar to another study done in eastern India by Soren et al, which showed affective psychosis was most common category, whereas neurotic disease contributed only 11.2% of cases. Shrestha et al. in their study obtained psychosis as predominant category contributing 63.7% [12].

Choo et al and Uys et al also found psychosis as predominant category [13,14]. In our study we found neurotic & somatoform disorders are contributing bulk of cases compared to psychosis. It reflects better awareness of mental health. In spite of going to traditional healers, they are relying on Psychiatrist. It also indicates decreasing trend of social stigma regarding mental illness.

Treatment for mental illness is an urgent requirement for society because more than 7 lakh people commit suicide in every year. It is fourth leading cause of death among 15-29 years. It is an emergency in mental health care [15].

Conclusion

Mental illness is an important cause of morbidity, mortality and poor quality of life. In our study we found that it affects predominantly in young & most productive age group. It is more common in female. It affects almost all strata of society. Neurotic disorder and somatoform disorder are most common cases found in our study. Increase in awareness regarding mental well being, lack of stigma are promising aspects which will help to reduce burden in future.

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