

NEED ASSESSMENT OF PSYCHOLOGICALLY HURT YOUNG SPINAL INJURED PATIENTS IN NATIONAL INSTITUTE OF TRAUMATOLOGY & ORTHOPAEDIC REHABILITATION (NITOR), DHAKA

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Abstract :

Dhaka the capital of Bangladesh is very densely populated. As unemployment increase with every moment, factory owners attract young group to job. So, without training and ability many workers embrace accident, even in crowd situation due to RTA and fall from tree and buildings thus some suffer from spinal injury with or without paraplegia. This paraplegic group of patients are not provided with psychiatric treatment during normal physical treatment due to our unawareness and suffer psychological distress which delay normal usual recovery. Objectives were to explore depth of psychological injury to plan treatment, reassurance and rehabilitation; assess the prevalence of anxiety and depression and change psychological adjustment after initial rehabilitation. This Study was done to find out psychological distress and also to highlight the need of psychological management. The study design was randomized prospective. Data gathered by questionnaire (face to face, telephone and by mail) and in-depth interview. The study was conducted from January to December 2004 at paraplegic ward of Tertiary referral Orthopaedic Institute (NITOR), Dhaka.

Introduction:

Non-psychiatric services suffer-undiagnosed psychiatric conditions. Psychiatric disorders in medical or surgical patients- 20% to 80%, (anxiety and depression in various forms are common).¹⁻⁶

Anxiety- subjective feeling of an apprehension, dread or foreboding is accompanied by a wide variety of autonomic signs and symptoms. Prevalence of anxiety disorder in the general population- 2% to 5% (higher in woman). 5% to 20% medical in-patients and 4% to 14% medical out patients have anxiety state.⁵ Depression- Feeling of unhappiness. Depression (Disease process) - Defined as qualitatively and quantitatively distinct from the depression that normally accompanies bereavement or other loss. Prevalence of depression- 3% to 6% (male-3%, female- 4.5% to 9%).^{4,6,7} Kuhn et al (1989)- 46.8% demonstrated depression.⁸ Depression- expected psychological reaction of the patient to his disability of restrictions in activity and is a barrier to recovery from orthopaedic problem.⁹ Brief counseling and psychological or 'critical incident' debriefing (PD) following a trauma reduce subsequent morbidity (Mitchell, 1983; Dyregov, 1989).^{10,11} The prevalence of depression in orthopaedic patients is not known in our country, as no study of depression following orthopaedic problem has yet been carried out. 9. Anxiety and depression presentation of symptom intensifies and interfere the physical treatment of the patients due to negative cognition.



Paraplegic Ward

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Materials and Methods:

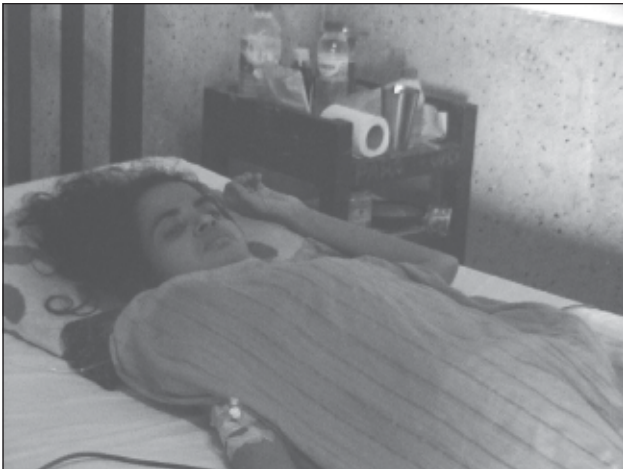
167 patients were admitted consecutively and out patients with spinal injury.

Results:

Age ranging from 15-45 years; 146 (87.43%) were male and 21 (12.57%) were female patients. Most of the patients were from primary school level. Complete paraplegic patients- 34.28% and incomplete paraplegic patients- 65.72%.



Paraplegic Ward



Paraplegic patients

All of them treated conservatively. Hospital stay- 6 weeks (4 weeks to 8 weeks). Follow up- 3 monthly, 6 monthly and 12 monthly. Assessment based on ICD-10 criteria for depressive disorder. Mode and level of spine injury shown in table - I & II.

Table-I

Mode of Injury	Number of Patients
Falling of heavy weight from head	59 (35.33%)
Falling from tree	53 (31.74%)
Falling from high buildings	52 (19.16%)
Road Traffic Accident	21 (12.57%)
Tuberculosis of spine	02 (01.20%)

Table-II

Level of Spinal Injury	Number of Patients
Cervical Spine	103 (61.68%)
Dorsal Spine	39 (23.35%)
Lumber Spine	25 (14.17%)

Generalized anxiety disorder was assessed by ICD-10 criteria in which the essential feature is anxiety, which is generalized and persistent associated with autonomic symptoms and sings 12. Depressive episode was assessed clinically by ICD-10 criteria for depressive episode 12. ICD-10 criteria for depressive episode is a syndrome that includes a depressive mood and a series of specific somatic and cognitive symptoms of at least 2 weeks is usually required for diagnosis, but shorter periods may be reasonable if symptoms are unusually severe and of rapid onset.

Shown in Table No. III, IV, V.

Table-III: Showing 19.76% and 80.24% of the Paraplegic patients were suffering from generalized anxiety and depressive episode respectively.

Primary psychiatric diagnosis	Number	Percentage
Generalized anxiety disorder	33	19.76%
Depressive episode	134	80.24%
Total Patients :	167	

Table-IV: Showing the frequency distribution of generalized anxiety symptoms on the basis of ICD-10 criteria. Apprehension, autonomic over activity was present in all the patients with generalized anxiety disorder. Motor tension was found in 69.70% of the patients.

Table-IV: Shows the frequency distribution of generalized anxiety symptoms on the basis of ICD-10 criteria.

Symptoms:	Number	Percentage
Apprehension (Worries about future misfortune)	33	100%
Motor tension (restless, tension headache, Trembling inability to relax)	23	69.70%
Automatic over activity (sweating, tachycardia, dry mouth, epigastria discomfort)	33	100%
Total patients : 33		

Table-V: Showing frequency distribution of the Paraplegic patients of depressive episode according to the frequency of symptoms on the basis of ICD-10.

Symptom	Number	Percentage
Depressed mood	134	100%
Loss of interest and enjoyment	134	100%
Loss of body weight	134	100%
Reduced energy	134	100%
Reduced concentration and attention	101	75%
Ideas of guilt	67	50%
Pessimistic views of the future	101	75%
Disturbed sleep	67	50%
Diminished appetite	101	75%
Reduced self esteem and confidence	67	50%
Total Patients : 134		

Discussion:

5% to 20% of medical inpatients and 4% to 14% of general medical outpatients suffer anxiety states, with anxiety disorder diagnosed in approximately 6% of inpatients. Depressive syndrome- 11% to 26% of inpatient group (contrasted to 3% to 6% of general population).⁵

Positive expectations of rehabilitation- higher educational level. Work situations modifications (job adaptations and reduction of working hours).¹³ Positive expectation regarding resumption of work a Spinal Cord Injury (SCI) are an important indicator of successful reintegration in work, vocational reintegration plan to prepare the patient, the employer and professionals involved in the reintegration process.¹³ In this study paraplegic patients suffering from anxiety disorder 19.71% and from depressive episode 80.29%. Most of the patients were male (70.69%). Incomplete paraplegia (65.72) more than complete paraplegia (34.28%).

Most of them from primary education level and from low socio economic condition. Cervical injury (61.68%) is more than lumbar injury (14.17%). Mode of injury is mostly due to fall of heavy weight from head during carrying goods overhead. Depression as symptom was found in patients with generalized anxiety disorder. Therefore, depressive features were present in all the paraplegic patients. Generalized anxiety state 27% and depression 22% in a study of breast cancer patients.¹⁰

Moreover, 36 (21.56%) got 65% ability of previous job, 131 (78.44%) suffered from partial ability or total inability to work. So, if all the patients would have got psychiatric management from the beginning and also if they would be mobilized earlier by spinal stabilization then there would be more recovery rate.

Conclusion & Recommendation :

In this study none of the depressed paraplegic patients had received psychiatric treatment. This indicates lack of awareness

about the existence of depression among the paraplegic patients. Depressed paraplegic patients need psychiatric treatment (counseling to adjust adequately in new situation of life). If the patients were early mobilized by spinal stabilization (Spinal instrumentation)- less psychiatric morbidity and total physical treatment success would be better. So, we need to assess associated psychiatric morbidity of paraplegic patients for psychiatric treatment along with the physical treatment.

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