

Pattern of Psychiatric Admissions in Private Psychiatric Hospitals in Chattogram

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ABSTRACT

Background: Globally, psychiatric disorders have become an alarming issue. Nowadays, it is highly recognized among the population of Bangladesh. Around 970 million people suffer from various psychiatric disorders and depression is the 4th leading cause of disability worldwide. They immensely contribute to the global burden of diseases. This study determines admission patterns among patients with psychiatric disorders in private psychiatric hospitals in Chattogram.

Materials and methods: Between July 2021 and June 2022, a cross-sectional study was conducted at Mononibash (A Specialized Psychiatric Hospital) and Chattogram Manoshik Hospital. Purpose sampling method was used and a total of 150 participants included those aged between 13 to 83 years. A semistructured questionnaire was imposed to obtain socio-demographic and other relevant clinical information from patients and attendants. The diagnosis was based on clinical interviews using the Standardized Diagnostic Statistical Method (DSM-V).

Results: Among 150 patients 94 (62.67%) were male and 56 (37.33%) were female. In the age group of 21 to 40 years (60%), psychiatric disorders were highly prevalent. The most common psychiatric disorders were Schizophrenia (53.33%), Bipolar affective disorder (24.67%), Brief psychotic disorder (10%), Major depressive disorder (4%), Personality disorder (3.33%), Conduct disorder (1.33%) and other related disorders (2%).

Conclusion: These results can help to improve diagnosis, treatment services, prevention of psychiatric disorders, and mental health promotion. Well-designed epidemiological and clinical research is needed to improve and ensure comprehensive healthcare delivery for psychiatric patients.

Key words: Psychiatric disorders; Public health; Mental disorder; Functional disorder.

Introduction

Both developing and developed nations are concerned about the public health implications of psychiatric diseases. A considerable amount of people around the world greatly struggles with psychological issues. In our societies today, neglected psychological well-being and psychiatric disorders are causing great distress. At least 40 million individuals worldwide suffer from major psychiatric disorders like schizophrenia and dementia, according to the World Health Organization.¹⁻⁴ Bangladesh has a similar prevalence of mental disease to any other nation in the world. According to a study, functional disorders affect 29% of patients in general

practice. Functional and organic disorders affect 6% of patients. The study also states that 47% of patients encounter neurotic disorders, 37% suffer from psychosomatic disorders, 10% have affective disorders, 1.44% have schizophrenia, 2.88% from substance use disorder, and 2% experience organic psychiatric syndrome.⁵ A further study conducted in a town close to Dhaka, found that 6.52% of residents having mental illnesses.⁶ Due to low economic conditions, widespread superstitions, the stigma associated with mental illnesses, and a lack of education and awareness about medical interventions, people still do not have access to comprehensive treatment facilities. According to a study done at the National Institute of Mental Health (NIMH), 37.4% of patients have schizophrenia or schizophrenia-like psychotic disorders, 16.14% have anxiety disorders, 11.19% have major depression, 8.95% have bipolar mood disorder, 7.66% have substance abuse disorders, 6.60% have somatoform disorders, 4.12% have mental retardation, and 7.88% have other disorders.⁷ The main goals of this study were to examine the pattern of psychiatric admissions among patients in private psychiatric hospitals, to assess how some socio-demographic factors related to psychiatric disorders, and to investigate the associations between various psychiatric disorders and family histories of mental illness.

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Materials and methods

This cross sectional study was carried out in two private psychiatric hospital Mononibash & Chattogram Manoshik hospital. Hence majority of the patients were from urban areas. A semi-structured questionnaire and record files of hospitals were used to gather required informations. Admission and discharge notes were recorded from hospital register. From July 2021 to June 2022 a total of one hundred and fifty patients were admitted into these two hospitals. The consultant psychiatrists determined their diagnosis following "The Diagnostic and Statistical Manual for Mental Disorder Standards".⁹ All data were manually processed and analysed via simple descriptive statistical procedure.

Results

The study comprised 150 patients between the ages of 13 to 83 years who were admitted to private psychiatric hospitals between July 2021 to June 2022. Out of 150 patients, 94 (62.67%) were males, and 56 (37.33%) were females. Among them 54% were married, 37.33% were unmarried, and 8.67% were divorcees. There were 95.33% Muslims and 4.67% Hindus. Regarding occupation, the majority of patients (41.33%) were in business, followed by 23.33% of students, 17.33% of unemployed individuals, and 11.33% of housewives. 60% of those between the ages of 21 to 40 years had psychiatric illnesses, which was similar to other study findings⁹. Most of the study's patients were from the middle to upper social classes (monthly income >10,000 Taka) because the study was conducted in private psychiatric hospitals. Results revealed that the majority of patients were educated, with 45.33% passing higher secondary certificate exams and 15.33% graduating (figure 2). Among 150 patients, 53.33% had schizophrenia, 24.67% had bipolar affective disorder, 10% had brief psychotic disorder, 4% had major depressive disorder, 3.33% had personality disorder, 1.33% had conduct disorder, and 1.33% had anxiety. The remaining patients had 0.67% adjustment disorder, 0.67% dementia and 0.67% mental retardation.

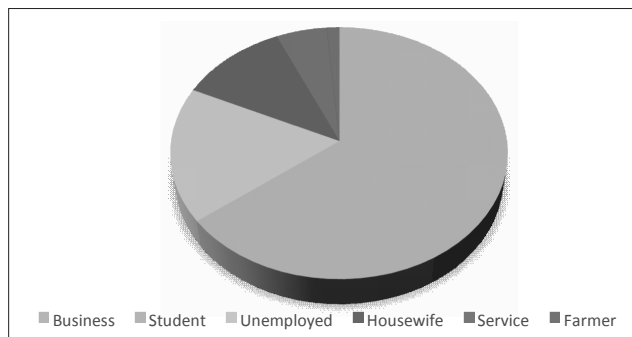


Figure 1 Distribution of patients by occupational status (n=150)

Table I Participants divided according to age groups

Age Group	Patients	(Percentage %)
11-20 years	28	18.67
21-30 years	57	38
31-40 years	33	22
41-50 years	16	10.6
51-60 years	7	4.67
61-70 years	7	4.67
71-80 years	1	0.67
81-90 years	1	0.67

Table II Participants divided by sex, residence, marital status and religion

Sex	Patients	Percentage (%)
Male	94	62.67
Female	56	37.33
Residence		
Urban	98	65.33
Rural	52	34.67
Marital status		
Married	81	54
Unmarried	56	37.33
Divorcee	13	8.67
Religion		
Islam	143	95.33
Hinduism	7	4.67

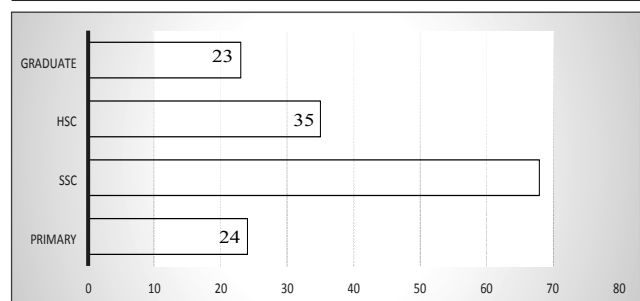


Figure 2 Patients according to educational status (n=150)

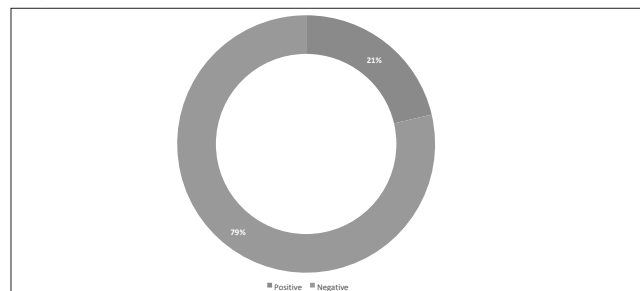


Figure 3 Family history of mental illness among admitted patients (n=150)

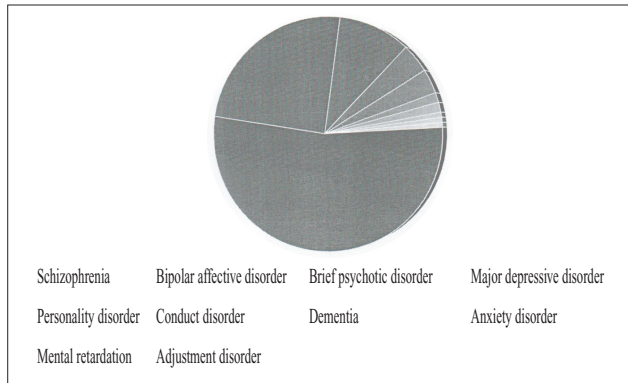


Figure 4 The types of psychiatric disorder among the admitted patients

Table III Comparison of psychiatric morbidity among males and females

Types	Male	%	Female	(Percentage %)
Schizophrenia	51	34%	29	19.33%
Bipolar affective disorder	26	17.33%	11	7.33%
Brief psychotic disorder	6	4%	4	2.67%
Major depressive disorder	2	1.33%	4	2.67%
Personality disorder	2	1.33%	3	2%
Conduct disorder	2	1.33%	0	0
Dementia	0	0	1	0.67%
Anxiety disorder	0	0	2	1.33%
Mental retardation	1	0.67%	0	0
Adjustment disorder	0	0	1	0.67%

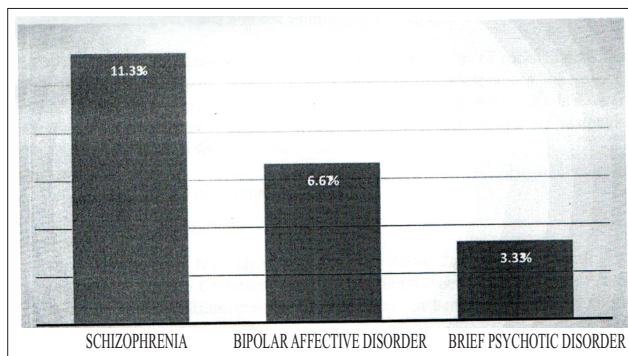


Figure 5 Psychiatric disorder with positive family history (n=150)

Discussion

Schizophrenia (53.4%) and bipolar affective disorder (24.67%) were the two psychiatric conditions with the highest hospital admission rates.⁵ According to the study, men are more likely to have bipolar affective disorder (24.67%). Furthermore, the current study demonstrated that individuals with anxiety disorders (0.67%) did not need admission particularly frequently because the majority of them received outpatient care.⁶ The results of the study showed that women were more likely than men to have major depressive disorder (4%) and anxiety disorder (0.67%) due to stressful life

events, the consequences of motherhood, and the behavioural model of learned helplessness.^{5,7} 3.33% of patients had personality disorders, and female patients were more likely to have them.^{8,9} Young boys had a higher prevalence of conduct disorder (1.33%) than girls.¹⁰

This study showed that more patients (65.33%) were from urban backgrounds, and 36.67% were from rural areas. Urban people showed high psychiatric morbidity. These people are more vulnerable to psychiatric illness as they face greater stress every day. The study indicated that 17.33% of patients were unemployed. It can be because of the presence of psychiatric conditions.¹¹ The age group of 21-30 years was most susceptible to psychiatric diseases (38%) and showed increased psychiatric morbidity. These findings were consistent with other studies.⁶ There is sufficient evidence to conclude that genetic heredity plays a significant role in the development of major psychiatric diseases. Regarding the association between major psychiatric disorders and positive family histories of mental disease, and the study revealed that 21.33% of cases had positive family histories of mental disorders. Patients with schizophrenia exhibited the highest rates (11.33%). For Bipolar affective disorder, it was about (6.67%). The Findings were also consistent with other studies.¹²

Limitation

It was a hospital-based study and the sample size was small.

Conclusion

According to study findings mental illnesses are widespread equally in rural and urban regions. They cause difficulties on the personal, social and occupational levels. People are gradually becoming more aware of psychiatric disorders. So, an increasing number of patients want the proper treatment. Ensuring suitable help for the patients requires sincere cooperation from the government, family members, relatives, neighbours and the commitment of the service providers.

Recommendation

Comprehensive approaches are needed to reduce the effects of social stigma that lead to a negative attitude toward treatment. Advertisements that inform people about the consequences of neglected mental health and untreated psychiatric conditions may develop people's awareness of psychiatric disorders. The number of psychiatric treatment facilities and trained professionals need to increase at the government level as well as in the private sector.

Disclosure

All the authors declared no competing interest.

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