

Morbidity Pattern and Profile of Patients Attended at the Private Chamber of a Practicing Psychiatrist

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Abstract

Mental illnesses are of various types and all of them have a great impact on the life of the sufferer, family members and on the society. This study was conducted by the author in the middle of 2002 to find out types of mental illness prevailing in the community on the patients attended at his private chamber. Total eighty new cases were attended during the study period. A semi structured questionnaire was used to collect relevant data and Mental State Examination was done by the author during clinical interview. Majority of the patients belonged to 11 to 30 year age group. Males were 65% and the rest were females. Muslims and Hindu patients were 86.25 and 13.75% respectively. A good number (11.25%) of the cases were married before 18 years of age and 22.50% had a family history of mental illness. Two-thirds of the cases were from rural background. Psychotic patients were 51.25%. Patients having Mental retardation, Headache and Psychoactive substance use disorder also present. Urban patients suffer more than rural. Findings of this may be helpful in assessing the present disease situation in our community.

Introduction

Psychiatric service is developing in both government and private level in Bangladesh. At the same time, patients case record system is improving with days. In private practice, the picture is also getting better than previous time. The data relating to mental health service is not lagging behind than other discipline as a lot of promising young medical graduates are involved in this discipline and becoming psychiatrists. Institutional psychiatric service is now being discouraged during the last decades by World Health Organization (WHO). The recent concept is to provide psychiatric service at the community level. Keeping this in mind, though some psychiatric services has started in the community level in the last few years, but it will have to take a long way

to go to get a shape. Our society, like other developing countries is on the way of modernization, urbanization and some industrialization. This may be the reason of development of mental illness of various types now a days in the urban even in the rural areas. This present study may be helpful in assessing the nature of prevailing illness and further planning for a better mental health service to our people.

Materials and Methods

This is a cross-sectional study includes all the new patients who attended the private chamber of the author at Pabna town during the said period when he started his clinical carrier as a psychiatrist working at Pabna Mental Hospital.

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The total number of new cases attended during the said period were eighty (52 males and 28 females). All the cases were examined by the author during his regular private practice at his private chamber using a open ended questionnaire that includes socio-demographic (age, gender, religion, habitat, education, marital status, age of marriage) and clinical (pattern of symptom, duration of illness, family history of mental illness) information. All the possible available information were collected purposively and noted in the history sheet. The provisional diagnosis was made on the basis of ICD-10 (International Classification of Diseases, 10th version)¹. DSM-IV-TR (Diagnostic and Statistical Manual) also consulted². Collected data were plotted in a broad sheet. Tables were made on the basis of the variables and the results were calculated manually.

Results

The total number of cases were eighty (80). Their age ranges between a minimum of two years to a maximum of eighty (2-80) years (Table-I). The mean age was 29.35 years as a whole and 30.18 years in case Males and 27.82 years in case of Females. The highest numbers of patients (32.5%) belongs to 11-20 and 21-30 years of age group separately and 65% together.

Age group	Frequency	Percentage (%)
<10 years	02	2.5
11 -20	26	32.5
21 -30	26	32.5
31 -40	14	17.5
41 -50	03	3.75
51 -60	04	5
61 -70	04	5
> 71	01	1.25
Total	80	100

Table - I: Shows Age wise Distribution of patients (n=80)-

Gender	Frequency	X ²	df	P
Male	52 (65%)	7.2	1	<0.01
Female	28 (35%)			
Total	80 (100%)			

Table - II Shows Distribution of patients according to

Gender (n=80): Table II shows that frequency of male patients were significantly higher (p<0.01) than females.

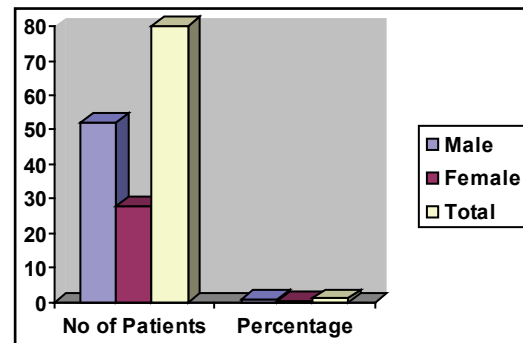


Figure - I: Distribution of Patients according to Gender (n=80)-

Males are 65% and Females are 35%. Males are nearly double than females. Considering the religion of the patients, only Muslim and Hindu population were present during the study period.

Table - III: Distribution of Patients according to Religion (n= 80)-

Religion	Male	Female	Total	X ²	df	p
Muslim	45 (86.54%)	24 (85.7 1%)	69(86.25%)	0.0103	1	<0.95
Hindu	07 (13.46%)	04 (14.29%)	11(13.75%)			
Total	52(100%)	28(100%)	80(100%)			

Table III: shows more than four fifths (86.25%)cases are Muslims. Difference of males and females were not significant.

Table - IV: Distribution of Patients according to Marital Status and results of chi square test:

Marital Status	Male	Female	Total	X ²	df	P
Married	22	20	42 (52.50%)	7.8357	2	<0.05
Unmarried	28	06	34 (42.50%)			
Separated	02	02	04 (05%)			
Total	52	28	80			

The above table (IV) shows that Married patients are more (42.50%) than Unmarried patients (34.50%). There were highly (p<0.05) significant difference exists among different marital status.

Age of Marriage	Male	Female	Total	X ²	df	p
Below 18 years	02	07	09(11.25%)	8.1570	1	<0.01
Above 18 years	50	21	71(88.75%)			
Total	52	28	80			

Table -V: Distribution of Patients according to Age of Marriage and results of chi square test:

Overall 11.25% cases are married before reaching to their adult (18 year) age. The difference is highly (p<0.01) significant between the two groups. Marriage of Female patients below 18 years were three times more than Males patients (Table-V).

Habitat	Male	Female	Total
Rural	39	21	60(75%)
Urban	13	07	20(25 %)
Total	52	28	80

Table - VI: Distribution of patients according to Habitat (n= 80)-

Table -VI shows Three-fourths (75%) of the cases are from Rural (village) background.

Education	Male	Female	Total
Illiterate	17	11	28(35%)
Primary	15	08	23(28.75%)
Secondary	13	07	20(25%)
Graduation	05	02	07(08.75%)
Madrasah	02	Nil	02(02.50%)
Total	52	28	80

Table -VII: Distribution of patients according to Level of Education (n=80)-

Majority of the patients (35%) were illiterate. But considering Primary and Secondary level of education together, the figure outnumbered (53.75%) all other group of level of education. A few (8.75%) cases are educated up to graduation. 'Madrasah' students were also available (2.50%) during the study.

Profession	Male	Female	Total
Cultivation	11	x	11(13.75%)
Service	02	02	04(5%)
Student	05	03	08(10%)
House wife	x	19	19(23.75%)
No work	17	04	21(26.25%)
Labour	06	x	06(7.50%)
Business	07	x	07(8.75%)
Retired	04	x	04(5%)
Total	52	28	80 (100%)

Table - VIII: Distribution of patients according to their Profession (n=80)-

The patients belongs to a variety of profession (Table-VIII). The highest percentage of the cases (26.25%) do not have any work. Rather they do not have any capacity to do any regular work. The next majority (23.75%) are House wives and cultivators (13.75%) respectively. This percentage of house wives are as a whole. But as the house wives are exclusively belongs to female group. So, the actual percentage house wives would be 67.86% when computed among females only. Similarly, when the cultivators, labour and businessmen are considered, they belongs only to the male group of patients. So, the percentage of the cultivators, labour and businessmen would be 21.15%, 11.54% and 13.46% respectively. The percentage shown in table-VIII have been calculated considering the total 80 (eighty) patients.

Family History	Males	Females	Total	X ²	df	P
Positive	09 (17.31%)	10 (35.71%)	19(23.75%)	3.4049	1	<0.1
Negative	43 (82.69%)	18 (64.29%)	61(7 6.25%)			
Total	52 (100%)	28 (100%)	80(100%)			

Table - IX: Distribution of patients according to Family History of Mental illness and results of chi square test:

Family history of Mental illness was present in both males and females (17.31% and 35.71% respectively). So, it is clearly evident from table- IX that, positive family history of mental illness was more in females than in males. The difference is highly (p<0.1) significant.

Diagnosis	Male	Female	Total
Schizophrenia (F20)	10	03	13 (16.25%)
Schizoaffective Disorder(SAD) (F25)	06	02	08 (10%)
Bipolar Affective Disorder(BAD) (F31)	11	05	16 (20%)
Acute Schizophrenia -like Disorder (F23)	02	01	03 (3.75%)
Anxiety Disorder (F41)	05	01	06 (7.50%)
Depressive illness (F32)	02	01	03 (3.75%)
Conversion Disorder (F44)	01	02	03 (3.75%)
Acute Stress reaction (F43)	02	02	04 (5%)
Sexual Neurosis (F52)	02	x	02 (2.50%)
Post Partum Psychosis (F53)	x	01	01 (1.25%)
Substance Related Disorder(SRD) (F10 -19)	03	01	04 (5%)
Seizure Disorder	01	x	01 (1.25%)
Mental Retardation (F70 -79) with Seizure Disorder	02	02	04 (5%)
Headache(Migraine, TTH etc)	04	07	11 (13.75%)
Dementia (F00 -09)	01	x	01 (1.25%)
Total	52	28	80

Table - X: Morbidity pattern of the patients according to their Gender (n=80)-

Table- X shows a variety of disease pattern among the patients attended the chamber of the investigator. These includes both Psychotic and Neurotic type of illness. Among these, more than half (51.25%) of the cases were Psychotic. These cases include Schizophrenia (16.25%), SAD (10%), BAD(20%), Acute Schizophrenia like disorder(3.75%) and Post Partum Psychosis (1.25%). The remaining are not all Neurotic patients. The Neurotic cases are Anxiety Disorder, Depressive illness, Conversion Disorder, Acute Stress Disorder, Sexual Neurosis 7.50%, 3.75%, 3.75%, 5%, 2.50% respectively. The rest are Some Neurological (Seizure Disorder, Dementia) and developmental Mental Retardation) Disorders.

The term 'Sexual Neurosis' has been used here to denote the category 'Sexual dysfunction, not caused by organic disorder or disease (F52) . The reason is that the patients who came with this complaint describe some vague symptoms. Most of them were not married yet, some were married but do not have any sexual incapability but have fantasy about sexual capability and size and shape of their sexual organ. Some have a mixed complaint of passing of whitish sticky thick fluid(their own term 'sugar') per urethra with some disfigurement of genitalia (all patients are male). They consider this thick sticky whitish fluid as very valuable thing and passing out of a drop of this fluid result in loss of all energy (especially sexual) from the body. Repeated counseling result in a little improvement but most of them got a relapse when they stay in their own environment.

Table XI shows that Hindu female patients suffer more than the Muslims in all the available cases when calculated separately on the basis of the special group of people. In case of males, only Bipolar cases are more in Muslims than Hindus.

Diagnosis	Male		Female	
	Muslim	Hindu	Muslim	Hindu
Schizophrenia (F20)	08(17.78%)	02(28.57%)	02(08.33%)	01(25%)
Schizoaffective Disorder (F25)	06(13.33%)	x	02(08.33%)	x
Bipolar Affective Disorder (F31)	10(22.22%)	01(14.29%)	04(16.66%)	01(25%)
Acute Schizophrenia like Disorder (F23)	02(04.44%)	x	01(04.17%)	x
Anxiety Disorder (F41)	04(08.89%)	01(14.29%)	01(04.17%)	x
Depressive Illness (F32)	01(02.22%)	01(14.29%)	01(04.17%)	x
Conversion Disorder (F44)	01(02.22%)	x	02(08.33%)	x
Acute Stress Disorder (F43)	02(04.44%)	x	02(08.33%)	x
Sexual Neurosis (F52)	02(04.44%)	x	x	x
Post Partum Psychosis (F53)	x	x	01(04.17%)	x
Substance Related Disorder (F10 -19)	02(04.44%)	01(14.29%)	01(04.17%)	x
Seizure Disorder (F40)	01(02.22%)	x	x	x
Mental Retardation (F70 -79) with Seizure Disorder	02(04.44%)	x	02(08.33%)	x
Headache (F44,F45 combined)	03(06.67%)	01(14.29%)	05(20.83%)	02(50%)
Dementia (F00 -09)	01(02.22%)	x	x	x
Total	45 (100%)	07 (100%)	24 (100%)	04 (100%)

Table - XI: Morbidity pattern of patients according to religion

Diagnosis	Male		Female	
	Rural	Urban	Rural	Urban
Schizophrenia	10(25.64%)	x	03(14.29%)	x
Schizo affective Disorder	03(07.69%)	03(23.08%)	02(09.52%)	x
Bipolar Affective Disorder	10(24.64%)	01(07.69%)	04(19.04%)	01(14.29%)
Acute Schizophrenia - like Disorder	02(05.13%)	x	01(04.76%)	x
Anxiety Disorder	03(07.69%)	02(15.38%)	01(04.76%)	x
Depressive Disorder	01(02.56%)	01(07.69%)	x	01(14.29%)
Conversion Disorder	01(02.56%)	x	02(09.52%)	x
Acute Stress Disorder	01(02.56%)	01(07.69%)	x	02(28.57%)
Sexual Neurosis	01(02.56%)	01(07.69%)	x	x
Post Partum Psychosis	x	x	01(04.76%)	x
Substance Related Disorder	02(05.13%)	01(07.69%)	x	01(14.29%)
Seizure Disorder	x	01(07.69%)	x	x
Mental Retardation with Seizure Disorder	01(02.56%)	01(07.69%)	02(09.52%)	x
Headache	03(07.69%)	01(07.69%)	05(23.81%)	02(28.57%)
Dementia	01(02.56%)	x	x	x
Total	39 (100%)	13 (100%)	21 (100%)	07 (100%)

Table - XII: Morbidity pattern of patients according to Habitat

A mixed picture is being seen in table XII. Schizophrenia, Brief psychosis and Conversion disorder are seen only among the rural population. Bipolar Affective disorder, Anxiety disorder, Depressive disorder, Stress related disorder, Substance related

disorder and Headache are found both rural and urban population. In all these cases excepting Bipolar Affective disorder, Urban population are suffering more than the rural population. The picture is opposite in case of Bipolar Affective Disorder.

Diagnosis	Male	Female	Total	X ²	df	p
Major	32	13	45	1.98	2	<0.30
Minor	16	13	29			
Neurological	04	02	06			
Total	52	28	80			

Table-XIII: Distribution of patients according to types of illnesses and the results of chi square test.

Here Major Mental illnesses are Schizophrenia, Schizoaffective Disorder, Bipolar Affective Disorder, Brief Psychosis, Post Partum Psychosis and Substance Related Disorder. Minor Mental illnesses are Anxiety Disorder, Depressive disorder, Conversion disorder, Stress related disorder, Sexual neurosis and Headache(psychogenic). The Neurological and developmental disorders include Seizure disorder, Dementia and Mental retardation with seizure disorder (table - X, XI, XII). Major mental illnesses were significantly higher ($p < 0.3$) than other types of mental illnesses.

Discussion

From the results, it is being evident that, the age range of the patients were 2-80 years (Table-I) and the mean age was 29.35 of the total cases. The table also shows 65% of the cases are teenagers and young adults whose ages ranges from 11 to 30 years. A very close picture was evident from a study conducted by the same author in 1993, where 70.61% were from same age group³. Similar results were evident from several previous studies conducted by M. Kastrup⁴ in 1978, Munoz and Morrison⁵ in 1979, Huq⁶ in 1983, Islam⁷ in 1977, Alam⁸ in 1978, & Ahmed⁹ in 1978, where they found 46.6%, 37%, 56%, 38.5%, 44.46% & 54% respectively. The present study shows, males are 65% (table-II). This is nearly double to the females which is 35%. This finding has also a close similarity to one of the previous study of the same author in 1993 mentioned earlier. Where males were 66.92% and Females were 33.08%³. Some other local studies reveal similar results. But results from some western studies shows quite opposite picture. As per the study of Huq⁶ in 1983, Chowdhury¹¹ et al in 1975, Ahmed⁹ in 1978, & Islam⁷ in 1977, the percentage of males and females were 74% & 26% ; 63.34% & 36.66%; 63% & 37%; and 77.90% & 22.10% respectively.

But the results of the western studies like Neilsen & Neilsen¹⁰ in 1977, and Munoz & Morrison⁵ in 1979, shows a reverse picture. This contrasting picture may be considered as a result of the different socio-cultural background. Considering the religion of the patients, the result shows 86.75% and 13.25% cases are Muslims and Hindus respectively (table- III). Patients with other religious background cases was not found during the period of study. This finding does not mean that,

patients having other religious beliefs are not available in this area. This result also corresponds vary closely with the study of the same author³ in 1993, where Muslims were 83.39% and Hindus were 14.67%. The rest (1.94%) were Christianity. This result is also found fully compatible when compared to the studies of Huq⁵ in 1983, Islam⁶ in 1977, & Ahmed⁸ in 1978, where Muslim and Hindu population were 92% & 8%, 88.80% & 11.20% and 85% & 15% respectively. Regarding the marital status (table- IV) of the patients, the present study reveals a close availability among the married and unmarried groups. The married and unmarried are 52.50% and 42.50% respectively. A similar finding is evident from the study of the same author³ in 1993, where married cases (48.21%) were a little more than unmarried (44.39%). This finding of the present study also more or less correspond to some other studies both home and abroad. Kastrup⁴ in 1978, Munoz & Morrison⁵ in 1980, shows a corresponding finding in this context. Another interesting finding considering the age of marriage (table-V) is evident from this study. Here 11.25% of total no of patients has given the history of their marriage before 18 years of age. In case of females it was evident that pre adult marriage was three times more in females than males. This may be considered as a part picture of the pre-adult marriage of our country. No other study was available to compare in this context.

Considering the area of habitation (table-VI), three-fourths (75%) of the cases are from Rural background. The remaining 25% are from Urban background. This finding also shows a closeness to the finding of the study by the same author carried out previously in a general hospital in 1993 where 67.02% & 32.98% cases were from rural and urban background respectively³. These ratio corresponds to that of the national population ratio published by Bangladesh Bureau of Statistics¹² in January 2009. This result also got similarity when compared with some other studies like Islam⁶ in 1977, Ahmed⁸ in 1978, where Rural cases were 80% & 54% respectively. But the findings of the western studies shows a reverse picture. Kastrup³ in 1978, found five times more Urban patients than rural patients in his study. This difference may be due to much urbanization in the west. Considering their level of education (table VII), majority are Illiterate patients (35%).

Primary and Secondary level educated patients are in the second and third position which are 28.75% & 25% respectively. Graduate 8.75% and 2.50% are Madrasah educated. No other finding corresponds to this result because, this breakup of literacy level do not match with the other available studies. Considering profession of the cases (table-VIII), majority (26.25%) do not have any work during time of interview. House wives are 23.75%, 13.75% are cultivators and 10% are students. The percentage of House wives and cultivators corresponds to one of the previous study of the same author³ in 1993, But the student population are much less in this present study than the said study. A good percentage (22.50%) of the cases have given the history of mental illness present in either of their 1st or 2nd degree relatives (table-IX). This finding also shows a similarity to other previous studies on family history of mental illness. As the patients described a wide variety of symptoms, a wide variety of diagnosis have found during the period of study (table-X). Among these, psychotic disorders predominate over the neurotic cases. Psychotic cases were 51.25%. Most of all the rest are neurotic excepting a few neurological and developmental disorders (7.50%). Among these, Seizure disorder, Mental Retardation and Dementia are available (1.25%, 5%, and 1.25% respectively). Among the psychotic illnesses, Bipolar disorder is more (20%) and Schizophrenia in 2nd position (16.25%).

A similar finding is evident from the study of M. A. Mohit et al in 2002 where psychotic illness were more than 46%¹³. Substance related disorder were 5% including one female case. She was an stage actress and was a converted Muslim having family trouble. Both her profession and family condition may be a reason of her taking cannabis. The others use various available addiction producing items. Considering religion, percentage of Hindu females suffer more than the Muslims (table-XI) excepting only the Bipolar Affective Disorder where percentage of Muslim males suffer more (22.22%) than Muslim females (16.66%). When considering the habitat (table- XII) of the patients, the Urban population suffer more in case of Neurotic Disorders e.g. anxiety disorder(15.38%), depressive disorder (males are 07.69% and females are 14.29%), stress related disorder (07.69% males) and (28.57% females), substance related disorder (07.69% males and 14.29% females), headache (07.69% males and 28.57% females). No female cases having Anxiety disorder from Urban background was available during the period of

study. Percentage of Psychotic illness e.g. schizophrenia (25.64% male and 14.29% female), Bipolar mood disorder (24.64% male and 19.04% female), Acute Schizophrenia like episode (05.13% male and 04.76% female) were found more in Rural population. Urban people have to face relatively more complex life situation day by day than the rural population. This may be a reason of more suffering of the urban population in neurotic illness. A possibility that cannot be ignored that the rural people who suffer from neurotic illness may visit first to the traditional healers. On the course of treatment many of them maltreated by those healers and the disease condition become complicated with days. Finally they may become psychotic.

Conclusion

The rural people need to be aware about the early intervention of the mentally ill persons whatever the type of illness may be. Community psychiatric service will be helpful in raising awareness about the treatment of mental illness.

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