

Original Article

Patient's Profile In The out Patient's Department (OPD) of A Specialized Hospital

Biswas TP¹, Haider BU², Dass SK³

Abstract

This study was carried out on the new patient's who attended the out patients department (OPD) of Pabna Mental Hospital during the calendar year 2008. Data was collected from 211(two hundred and eleven) patients among the new patient's attended during the study period. Male patients were 49.76% and the Females were 50.24%. The age of the patients ranges from one year and six months to hundred and twenty (120) years. The mean age was 32.33 for the total and 34.88 for the males and 29.82 for the females. Among the respondents, 11 to 40 years age group suffers more and 97.63% cases were Muslims and the rest were Hindus. Illiterate were more (38.39%) than other individual educational groups. Number of nuclear family was 58.77%. Majority of the patients (43.11%) have living house and land to cultivate. More than half (60.66%) have family income below Tk. 5000/- per month. Almost all (90.99%) were from rural background. Schizophrenia (28.92%) and Anxiety Disorder (23.70%) occupies more than half (52.61%) of the respondents. Majority (86.73%) do not have any family history of mental illness. Most of the respondents (36.49%) have given the history of taking mixed type of treatment (Folk, Homoeo, Rural medical practitioner, Doctor, Specialist) before attending the Mental Hospital.

Key words: Patient's, family income, Schizophrenia, Anxiety Disorder.

Introduction

Psychiatry is achieving its proper importance globally with days. In Bangladesh, it is also attaining its position parallel to other discipline as elsewhere in the first world. At both government and non government level, psychiatry units are being established in the medical colleges. All the government Medical Colleges have Psychiatry units on OPD basis, some have in-patients units also. Non-government Medical Colleges also have Psychiatry units. Some other Hospitals and Clinics on both government and non government level have Psychiatric services as well as drug deaddiction services also. In this situation now, it is once again a need to assess the magnitude of problem prevailing now-a-days in our country in this speciality. Most of the references are coming from other countries. But results of the local studies are also conclusive. This type of study is required to assume the exact nature and depth of psychiatric problems in our country. The present study

would be helpful to plan effective and need-based psychiatric services to grass root and all levels in future. This study is aimed to expose the need for the necessary rearrangement of existing psychiatric service to provide purposeful psychiatric service at all levels.

Materials And Methods

This is a retrospective and record based study from the hospital case records keeping in the individual OPD form being used to keep case record in this hospital OPD. The samples were collected purposively (4 to 6 in a week) on the newly attended patients who received only OPD treatment at Mental Hospital, Pabna during the year 2008 were included in this study. The total new cases collected during the study period were two hundred and eleven (211), of which, males were 105 and females were 106. Information was taken on the basis of a structured questionnaire (OPD form) on a two stage setting under the direct supervision of the principal

1. Dr. Tanmay Prakash Biswas, Associate Professor, Department of Psychiatry, Pabna Medical College, Pabna.

2. Mr. Buran Uddin Haider, Department of Psychiatric Social Worker, Mental Hospital, Pabna.

3. Dr. Saroj Kumar Dass, Professor, Department of Psychiatry and Director (Retd.), Mental Hospital, Pabna.

Correspondence: Dr. Tanmay Prakash Biswas, Associate Professor, Department of Psychiatry, Pabna Medical College, Pabna.
The Principal Author, Cell no. 01711261897

author, actually it is the routine procedure of the hospital. The questionnaire was developed by the working specialist doctors including the principal author himself and psychiatric social workers working at the hospital with a view to keep a detail information within a short possible time. The information aimed at clinical, personal and social matters. At the first stage, the general information recorded by the nursing staffs working at the registration desk at the OPD who was trained before their placement at the said desk. On the second stage, other required clinical information was taken and Mental State Examination (MSE) was done by the working specialists including the principal author himself.

Results

Total number of patients were two hundred and eleven (211). Males were one hundred and five (105) and Females were one hundred and six (106). Their age ranges from the minimum of one year and six months (1.5 years) to the maximum of one hundred and twenty (120) years. The mean age was 32.33 for the total and separately 34.88 and 29.82 for males and females respectively.

Table- I: Distribution of the patients according to Age and Gender (n=211):

Age in years	Male	Female	Total	%
0-10	04	05	09	04.27
11-20	14	17	31	14.69
21-30	36	38	74	35.07
31-40	17	22	39	18.48
41-50	18	12	30	14.22
51-60	10	08	18	08.53
61-70	04	02	06	02.85
71-80	Nil	01	01	0.47
81-90	Nil	Nil	Nil	Nil
91-100	01	01	02	0.95
101+	01	Nil	01	0.47
Total	105	106	211	100

Table - I shows that, 11 to 40 years age group suffers more. Here, 14.69%, 35.07% and 18.48% of cases are from 11 to 20 years, 21 to 30 years and 31 to 40 years respectively. So, more than two thirds (68.24%) of the cases are from 11 to 40 years age group. Females are little more than Males in this study. Among the

individual age group 21 to 30 year age group suffer more (35.07%) than other individual age group patients.

Table- II: Distribution of patients according to Marital status (n=211):

Marital Status	Male	Female	Total	%
Married	70	71	141	66.82
Unmarried	31	21	52	24.64
Widow/Widower	02	08	10	04.74
Separated	02	04	06	02.84
Divorced	Nil	02	02	00.95
Total	105	106	211	100

From table-II, it is seen that, married patients are more in this study, which is 66.82%. The next higher incidence group was unmarried (24.64%). Only two Females were found divorced and no Male patients were found divorced in this study.

Table- III: Distribution of patients according to their Level of Education (n=211):

Education	Male	Female	Total	%
illiterate	43	38	81	38.39
Literate	18	33	51	24.17
SSC+HSC	24	20	44	20.84
Primary	16	14	30	14.22
Graduate	04	01	05	02.37
Total	105	106	211	100

Illiterate are more (38.39%) than other individual educational level groups. But more than half of the subjects were literate at different levels. Just literate are 24.17%. Jointly, Secondary and Higher secondary level educated cases (20.84%) are more than individual primary level educated (14.22%) group. A few cases (02.37%) also available who were graduates. Illiterate males were more than females.

Table- IV: Distribution of patients according to their Occupation (n=211):

Profession	Male	Female	Total	%
House Wife	—	72	72	34.12
No Job	25	21	46	21.84
Day Labour	27	02	29	13.74
Cultivation	23	Nil	23	10.90
Student	07	07	14	06.63
Busine ss	13	Nil	13	06.16
Service	07	01	08	03.79
Retired	03	03	06	02.84
Total	105	106	211	100

Most of the females are house wife, 34.12% of the total and 67.92% among the females only (table- IV). Apart from this, 21.84% of the total (23.81% of the males and 19.81% of the females) do not have any job. Of the total, 13.74% are (05.61% of the males and 01.89% of the females) day labour. Among the total, cultivators are 10.90%, all of them are males (21.90%). Student respondents are 06.63% of the total.

Table- V: Distribution of the patients according to their Diagnosis with ICD-101 (International Classification of Diseases10th version) coding (n=211):

Diagnosis	Male	Female	Total	%
Schizophrenia (F-20)	31	30	61	28.91
Anxiety Disorder (with OCD) (F-41)	13	37	50	23.70
Tension type Headache(TTH) and Migraine (F-43,45)	10	06	16	07.58
Schizo -Affective Disorder (F-25)	11	05	16	07.58
Acute Schizophrenia like Disorder (F-23)	10	05	15	07.11
Depressive Disorder (F- 42)	05	09	14	06.64
Mental Retardation (F70-79) with psychotic feature and Seizure disorder	05	05	10	04.74
Dementia (F00-09)	05	04	09	04.26
Bipolar Affective Disorder (F-31)	06	01	07	03.32
Substance induced psychotic Disorder (F-10-19)	05	Nil	05	02.37
Seizure Disorder (G-40)	02	02	04	01.90
Conversion Disorder (F - 44)	Nil	02	02	00.95
Post- CVA (cerebro vascular accident) Psychosis	02	Nil	02	00.95
Total	105	106	211	100

Table-V shows that, Schizophrenia (28.91%) and Anxiety Disorder (23.70%) occupies more than half (52.61%) of the respondents. Mental Retardation are 04.74% and 07.58% reported as having Headache of various types. Major and Minor types of mental illness are about 49% and 39% respectively. The remaining about 12% cases are organic mental illness.

Table- VI: Distribution of the patients on the basis of the Family History of Mental illness (n=211):

Family History of Mental illness	Males	Females	Total	Percentage	χ^2	df	P value
Negative	86	97	183	86.73	4.207	1	<0.05
Positive	19	09	28	13.27			
Total	105	106	211	100			

Majority (86.73%) of the total cases reported as having no family history of mental illness. Table - VI also reveal that, only 13.27% respondents have reported as

having positive family history of mental illness. Male patients show more (18.09%) positive family history of mental illness than that of females (08.49%). A highly significant ($p<0.05$) difference exists between positive and negative family history of mental illness.

Discussion

From the above observation, it is evident that, the Male and Female population is surprisingly very close. Females outnumbered Male respondents in this study (females are 50.24% and males are 49.76%). This picture is reverse to the Male and Female ratio of the whole country which is 104 males per 100 females¹. The reason of this reverse picture is the attendance of excess number of female respondents having neurotic type of illness. Table - V shows that, 31.28% cases were anxiety disorders and headache. In addition, depressive illness is more in females and conversion disorder cases were exclusively in females. These are the reasons of this reverse picture of Males and Females in this study. More than two thirds (68.24%) of the cases were from 11 to 40 year age group (Table -I). This finding is very close to many other studies of similar nature from home and abroad^{2,3,4,5,6,7}. The mean age of the total population is not much different than another study carried out on Schizophrenic patients. The mean age in this study is 32.33.

Considering the marital status of the respondents (Table- II), married population (66.82%) outnumbered unmarried respondents (24.64%). Similar finding was seen in the studies by other researchers in this field. But the rates of divorce and separation were higher in similar western studies^{3,6,7,9,10,11,12,13}. This lower figure of divorce and separation may be the result of positive impact of the bonding of our extended family system comparing the nuclear family pattern of the western society. From Table- III, it is seen that, more than half of the respondents were literate at different levels. The remaining 38.39% were illiterate. This rate of literate respondents are nearly double than that of the national literacy rate (32.40%) of our country¹. But this picture almost similar to the finding of another similar type of study of the same author in 1994². Also, some other studies of similar type reveal nearly similar type of result from home and abroad^{3,8,9,14,15,16}. These pictures may be due to the fact that, literate people are more conscious about the nature and treatment of mental illness and they are more medical minded than the illiterate group. Considering the occupation of the respondents (Table- IV), most of the female respondents

(67.92% of the only females and 34.12% of the total) reported their profession as House Wife. None of the female respondents found who are Cultivators or Businessmen. This finding may be a reflection of the nature of job of our female population.

So far the Diagnosis of the respondents were concerned (table- V), a wide variety of Diagnosis was available during the study period. Schizophrenia (28.91%) and Anxiety Disorder (23.70%) occupies more than half (52.61%) of the cases. The diagnostic criteria of ICD-10 (International Classification of Diseases 10th version)¹⁸ was used to diagnose the cases. Other studies show a higher percentage of psychotic illness. But that study was carried out on the admitted patients who were exclusively psychotic. Another study carried out by the same author on similar type of population reveals similar result on some variables and different on others¹⁶. The latest community survey on mental health in Bangladesh shows 52.3% neurotic cases and only 6.7% psychotic cases, which is reverse to the result of this study. The reason of this reverse result may be due the fact that, mostly psychotic cases are coming here to get treatment and the community survey was done on the whole population. Another study on general hospital patients shows a joint 40.34% neurotic (20.32% major depressive disorder and 20.02% generalized anxiety disorder) cases which is very close to the result of the present study^{19,20}.

Family history of mental illness plays an important as the causation of onset of mental illness. In this study a highly significant difference ($p < 0.05$) exists between positive and negative family history of mental illness (table-VI). The table shows that, only 13.27% of the respondents reported positive family history of mental illness. This result differs from the result of another similar type of study done by Md. Tazul Islam et al where they reported 44.64% positive family history of mental illness²¹. But that study was carried out on major mental (psychiatric) disorder patients only. On the other hand, this present study has carried out on both major (psychotic) and minor (neurotic) mental patents.

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