

# Treatment seeking pathway of patients with somatic symptoms attending the outpatient department of a tertiary level psychiatry hospital in Bangladesh

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## Summary

Patients with somatic symptoms suffered extensively for adopting inappropriate treatment seeking pathway for their treatment. The aim of this study was to determine the treatment seeking pathway of patients with somatic symptoms attending the outpatient department (OPD) of a tertiary care psychiatric hospital in Bangladesh. This was a cross-sectional study conducted from September 2020 to June 2021 among 364 conveniently selected sample of patients with somatic symptoms attending to the OPD of National Institute of Mental Health (NIMH), Bangladesh. Data were collected by face-to-face interview using semi-structured questionnaire after taking the informed consent. After thorough cleaning and editing, the data of 352 respondents were analyzed using statistical package of social sciences (SPSS), version 24. The results showed that, highest percentage (59.9%) of the respondents belonged to the age group of 20-39 years with mean age of 30.64±13.26 years. Majority of them were male (57.7%), Muslim (92.0%) and urban habitant (45.9%). Near about two third (64.3%) respondents sought treatment where 40.7% of them received consultation from non-doctors. Around two-third (65.3%) of the respondents was suggested or referred by a patient or the relative of a patient to get treatment from NIMH. This study came up with valuable information regarding treatments seeking behavior and source of referral of patients to psychiatry center which should be incorporated in policy making to reduce treatment gap and confirm quality health care to the patients with somatic symptoms.

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## Introduction

Physical or somatic symptoms are important reasons for patients to take medical consultation which do not always signify physical disorder.<sup>1-3</sup> Somatic complaints which are highly prevalent in different medical settings account for more than 400 million clinic visits in the United States every year.<sup>4</sup> Research showed that 2% to 5% of all primary care patients had a somatization disorder.<sup>5-7</sup> As somatization is a common problem, a significant amount of patient in primary care concern medically unexplained physical symptoms, leading to frequent consultations and high overall health care costs.<sup>8</sup> The treatment-seeking behavior of the patients of Bangladesh substantially differs depending on their socioeconomic status and cultural views. Most people approach traditional healers or village doctors before visiting qualified physicians.<sup>9</sup> A study revealed that 46% individuals got treatment only from village doctors.<sup>10</sup> Additionally, negative opinion towards mental health and psychiatric treatment were highly existed.<sup>11</sup> A study revealed that only 10% of mental health patients sought different psychiatric services leaving a wide treatment gap.<sup>12</sup>

However, inappropriate health seeking behavior of an individual with medically unexplained somatic symptoms results in

unnecessary investigations and increased in health care costs.<sup>9</sup> Nevertheless, though there were several studies performed to determine the somatic symptoms presentation in primary health care setting, no study has yet been found in Bangladesh to determine treatment seeking pathway of patients with somatic symptoms. In this context, the current study aimed at exploring the treatment seeking pathway of patients with somatic symptoms attending the outpatient department (OPD) of National Institute of Mental Health, Dhaka.

## Materials and methods

This cross-sectional study was conducted from September 2020 to June 2021 among 364 sample of patients attending to the OPD of National Institute of Mental Health (NIMH), Dhaka, Bangladesh. The study included both male and female who were 7 years and above. However, persons whose physical symptoms were better explainable with physical illness or who had substance use history were excluded from the study. Patients who had somatic symptoms confirmed by psychiatrists placed in OPD of NIMH were recruited as sample by convenient sampling technique. After taking the informed consent, data were collected by face-to-face interview

using semi-structured questionnaire developed on the basis of variables identified and selected through extensive literature search. Sociodemographic and other factors related to treatment seeking pathway were assessed by semi-structured questionnaire by trained data collector with proper privacy. However, after thorough cleaning and editing, the data of 352 respondents were analyzed using statistical package of social sciences (SPSS), version 24 for Windows 11. All the ethical issues were strictly maintained throughout the study including permission from the Institutional Review Board of National Institute of Mental Health, Bangladesh.

**Results**

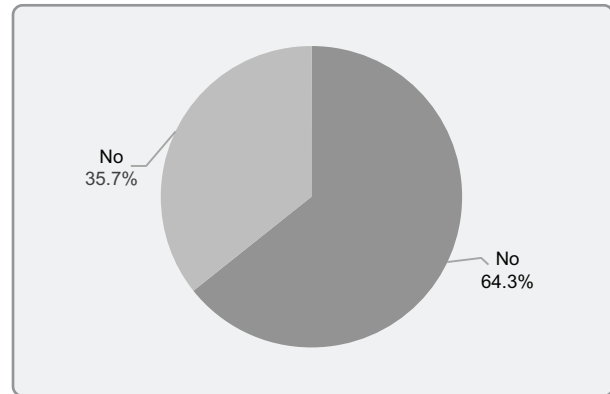
Analysis performed on data of 352 purposively selected patients, showed that, majority (59.9%) of the respondents belonged to the age group of 20-39 years, with the mean age of 30.64±13.26 years. Among the respondents, more than half (57.7%) was male. Most of the respondents were Muslim (92.0%) and living in urban areas (45.9%). Regarding educational status, majority (29.3%) belonged to the secondary level of education (class VI-secondary school certificate). More than one fourth (28.4%) of the respondents was home maker and less than one fifth (17.9%) was unemployed (Table 1).

**Table 1: Socio-demographic characteristics of the respondents (n=352)**

Socio-demographic characteristics	Frequency	Percentage
<b>Age (in years)</b>		
7-19	61	17.3
20-39	211	59.9
40 and above	80	22.7
Mean = 30.64±13.26; Median = 27; Mode = 22; Range = 7 – 85		
<b>Sex</b>		
Male	203	57.7
Female	149	42.3
<b>Religion</b>		
Islam	324	92.0
Hindu	26	7.4
Christianity	2	0.6
<b>Current residence *</b>		
Urban	161	45.9
Village	148	42.2
Sub-Urban	42	12.0
<b>Educational status</b>		
Primary	93	26.4
Secondary	103	29.3
Higher secondary	49	13.9
Graduation and above	62	17.6
Illiterate/ signator only	45	12.8
<b>Current occupation</b>		
Home-maker	100	28.4
Student	79	22.4
Unemployed	63	17.9
Service-holder	46	13.1
Business-person	32	9.1
Day-labourer/ farmer	21	6.0
Others	11	3.1

\*Missing data-1

Current study revealed that for the somatic symptoms, around two third (64.3%) of the respondents sought treatment (Figure 1). Among them, majority (59.3%) was prescribed by a physician who had at least an bachelor of medicine and bachelor of surgery (MBBS) degree and about two fifth (40.7%) of the respondents followed suggestions of non-doctors (Table 2).



**Figure 1: Past treatment of the respondents for somatic symptoms (n=352)**

**Table 2: Source of past treatment for the somatic symptoms (n=162)**

Source of past treatment	Frequency	Percentage
Physician	96	59.3
Village doctor/chemist	31	19.1
Traditional healer	28	17.3
Others	7	4.3

The study showed that about two third (65.3%) of the respondents was suggested or referred by a patient or the relative of a patient to visit NIMH for their psychiatric problem. Media (including social and print media) was a source of referral for 7.7% of the respondents (Table 3).

**Table 3: Source of referral to NIMH (n=352)**

Source of referral	Frequency	Percentage
Patients or their relatives	230	65.3
Doctor of government hospital	33	9.4
General physician	26	7.4
Specialist doctor	23	6.5
Social media	18	5.1
Print media	9	2.6
Others	13	3.7

**Discussion**

As the study place was in the Dhaka city, most of the respondents were from urban background (45.9%), though the representation from rural population was not lagging far behind (42.2%). As per Bangladesh Bureau of Statistics 2019, majority (88.4%) of the people of Bangladesh were Muslims.<sup>9</sup> Current study also found the same picture as 92% of the respondents were Muslims.

Regarding educational status, only 12.8% were illiterate or could sign only, whereas majority (29.3%) belonged to the secondary level of education (class VI-secondary school certificate). Educational status of the respondents was not much away from the national figure, according to which about three fourth (73.9%) of the population aged more than 15 years is literate.<sup>9</sup>

In our study, more than one fourth (28.4%) of the respondents was home maker which was expected as 42.3% of the respondents were female. A considerable proportion (22.4%) of the respondents being student might be explained by the presence of 17.3% respondents from child and adolescent age group (7-19 years). Only less than one fifth (17.9%) was unemployed which was surprising. Usually unemployment was found in a higher rate among the patients attending tertiary care psychiatric settings. Current study revealed that for the somatic symptoms, around two third (64.3%) of the respondents sought treatment. Among them, majority (59.3%) was prescribed by a physician who had at least an MBBS degree and about two fifth (40.7%) of the respondents followed suggestions of other persons including village doctors, medicine seller and traditional healer like kabiraj, ojha etc. In Bangladesh, majority of the community members, especially people of low socioeconomic status, first approached the traditional healers with their medical problems. Only after failure of such treatment they moved to qualified physicians for modern treatment.<sup>10</sup> In a rural study, around 65% of the patients consulted village doctors at some point of treatment and for 46% of the patients, village doctors were the sole source of care.<sup>11</sup>

However, the general people usually had a negative opinion of mental illness, psychiatry and psychiatrists. In health care settings, this negative opinion was reflected in reluctance of patients and physicians alike for psychiatric referral.<sup>13</sup> In a previous study in NIMH, Bangladesh, approximately one third of the patients (32.5%) had been advised to go to NIMH by a private physician or a hospital or any psychiatrist. The majority of the respondents of that study were self-referred.<sup>14</sup> Our study showed that about two third (65.3%) of the respondents was suggested or referred by a patient or the relative of a patient to visit NIMH for their psychiatric problem. Physicians including both specialist and non-specialist were source of referral for 23.3% of the respondents. Media was becoming a source of referral to mental health care facilities which was also reflected in our study where media (including social and print media) was a source of referral for 7.7% of the respondents.

### Conclusion

Despite some limitations like non-probability sampling and single study location, this study revealed that majority of the individuals received treatment for somatic symptoms. However, a huge number of them did not seek consultation from registered doctors. The study also provided important information regarding referral

of patients with somatic symptoms in mental health care center. These issues should be emphasized by the policy makers as well as health care professionals to reduce treatment gap and ensure appropriate treatment for the patients. Further large scale epidemiological study should be carried out to investigate the treatment seeking pathway of patients with somatic symptoms as well as other disorders and findings of the current study should be replicated in the community level.

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