Assessment of Socio-Demographic and Diagnostic Profile in Psychiatric Out-Patients in Central Karnataka Region

Abubaker Siddiq[1*], Shashank S Hosur[1], Santosh SV[2], M Siva Satish Kumar[1], A Yogitha[1]

[1] Department of Pharmacy Practice & Pharmacology, SJM College of Pharmacy, Chitradurga-577502

[2] Department of Psychiatry, Hassan Institute of Medical Sciences, Hassan-573201, India.

HUMAN JOURNALS

www.ijppr.humanjournals.com

ABSTRACT

Mental health is crucial for the overall wellbeing of individuals, societies and countries. Poverty, unemployment, social marginalization have association with psychiatric morbidity, which are very much prevalent in a developing country like India. The aim of the study was to evaluate the socio-demographic and diagnostic profile of patients with psychiatric illness. This is a prospective observational study including the hospital out-patients treated in psychiatry department. Data was collected from the medical records of out-patients and patient interviews. The diagnosis was made according to DSM-IV criteria. A total of 201 patients were enrolled in the study among which, 54 patients are diagnosed with mood disorders which includes 22 males and 32 females. Among study patients, 55 have completed their intermediate and allied courses. House-wives were found more in the study and 91 patients had the familial monthly income of Rs 10001-20000. 47 patients were unmarried and 8 were widow/divorces. Thus it is concluded that socio-economic status with demographic profile of the patients plays a major role even in the diagnostic profile of the patients with psychiatric illness.

INTRODUCTION

Mental health is crucial for the overall wellbeing of individuals, societies and countries. Most illnesses, mental and physical, are influenced by a combination of biological, psychological and social factors. Poverty, unemployment, social marginalization have association with psychiatric morbidity, which are very much prevalent in a developing country like India[1]. A number of studies have shown that low socioeconomic status is associated with premature mortality and poor physical health[2].

It is gradually becoming recognized that mental disorders are a public health problem throughout the world. In order to institute policies and strategies to control mental disorders, their prevalence must be determined[3].

Mental disorders are among the most burdensome of all classes of disease because of their high prevalence, chronicity, early age of onset and resulting serious impairment and disability. Worldwide, mental disorders accounted for 22% of all Disability Adjusted Life Years (DALYs) lost in 1998. They account for 10% of global burden of disease and expected to rise to 15% by 2020. Five out of the 10 leading causes of disability worldwide are mental health problems[4].

Psychiatric epidemiological studies are, therefore, crucial for the planning and development of psychiatric services. Such studies are also helpful in examining the sociodemographic correlates of mental disorders[3].

Objectives:

To assess the socio-demographic factors and diagnostic profile in patients with psychiatric illness.

MATERIALS & METHODOLOGY

A prospective observational study was conducted in the Out-Patients of Psychiatry Department of Basaveswara Medical College & Hospital, Chitradurga which is a tertiary care hospital providing healthcare services. This study was approved by the Institutional Human Ethical Committee of S J M College of Pharmacy, Chitradurga (SJMCP/IEC/677B/2013-14 Date-14/11/2013). The study was conducted for a period of six months from November 2013 to April 2014.

Citation: Abubaker Siddiq et al. Ijppr.Human, 2015; Vol. 3 (4): 73-82.

74

Inclusion criteria:

- Age group: 18-60 years
- Pregnancy & Lactating mothers suffering from psychiatric illness

Exclusion criteria:

- All In-patients of psychiatry department

Patients who satisfy above study criteria were included into the study. The signed informed consent form by the patient or by their representatives was taken. Patient's demographic detail, medical diagnosis was collected and was documented in a suitably designed data collection form.

Statistical Analysis:

The data was entered in Microsoft Excel-2010 version and the results are analyzed using Statistical Package for Social Services (SPSS 19.0). Descriptive Methods and Chi-Square tests were applied.

RESULTS

In the study the relationship between the diagnosis and various socio-demographic factors has been assessed. The socio-demographic factors include age, gender, social history, marital status, education, occupation and family monthly income of the patient. The diagnosis of the patient was made according to the DSM-IV criteria in the study centre, also in the results the classification is made according to DSM-IV criteria. Psychiatric co-morbid conditions includes Anxiety + Dissociative Disorder, Anxiety + Substance Related disorder, Mood disorder + Adjustment disorder (or) Anxiety disorder (or) schizophrenia (or) somatoform disorder (or) Substance related disorder, Schizophrenia + Anxiety (or) mental retardation, Dementia + Substance related disorder.

Among 201 patients, 104 male patients and 97 female patients were found among which 65 male patients, 66 female patients belongs to 18-40 years age group and 39 male patients and 31 female patients belongs to 41-60 years age group with an overall mean of 36.68 years (SD=12.286 years; Range = 18 years – 60 years). 36 patients of 18-40 years group and 22 patients of 41-60 years group are diagnosed with Mood disorders and Anxiety disorders respectively.

Citation: Abubaker Siddiq et al. Ijppr.Human, 2015; Vol. 3 (4): 73-82.

75

According to gender distribution, 104 were males and 97 patients were females. 28 male patients and 32 female patients are diagnosed with Anxiety Disorder and Mood Disorder respectively. By applying Chi-Square test, shows p-value of 0.028 which shows significant correlation. The demographics of the study population according to diagnosis are depicted in the Table 1.

Table 1: Distribution according to diagnosis with age and gender

Diagnosis	Gender		Age	
	Male	**Female**	**18-40 years**	**41-60 years**
Mood Disorders	22 (10.9%)	32 (15.9%)	36 (17.9%)	18 (9.0%)
Parkinsonism	1 (0.5%)	0 (0.0%)	1 (0.5%)	0 (0.0%)
Schizophrenia	16 (8.0%)	18 (9.0%)	23 (11.4%)	11 (5.5%)
Anxiety	28 (13.9%)	24 (11.9%)	30 (14.9%)	22 (10.9%)
Substance related	16 (8.0%)	0 (0.0%)	10 (5.0%)	6 (3.0%)
Somatoform disorders	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (0.5%)
Mental retardation	3 (1.5%)	0 (0.0%)	2 (1.0%)	1 (0.5%)
Personality disorder	0 (0.0%)	1 (0.5%)	1 (0.5%)	0 (0.0%)
Intermittent Explosive disorder	1 (0.5%)	0 (0.0%)	1 (0.5%)	0 (0.0%)
Delirium, Dementia	1 (0.5%)	0 (0.0%)	1 (0.5%)	0 (0.0%)
Elimination disorder	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (0.5%)
Adjustment disorder	1 (0.5%)	1 (0.5%)	2 (1.0%)	0 (0.0%)
Other disorder	1 (0.5%)	2 (1.0%)	2 (1.0%)	1 (0.5%)
Psychiatric Co-morbid conditions	12 (6.0%)	19 (9.5%)	22 (11.0%)	9(4.5%)
	P=0.028 (Sig)		P=0.661 (Not Sig)	

Among 201 patients, 24 patients were alcoholic, 31 patients were having the habit of tobacco usage, among which 11 patients has the habit of alcoholic and tobacco usage. Chi-square test shows there is significant correlation between social habits and diagnosis made. Distributing the patients according to marital status and diagnosis, 140 patients were married, 53 patients were unmarried and 8 divorced / widowed patients were found. The results are shown in table 2.

Citation: Abubaker Siddiq et al. Ijppr.Human, 2015; Vol. 3 (4): 73-82.

76

Table 2: Distribution according to diagnosis with social habits and marital status

Diagnosis	Social Habits				Marital Status		
	Smoking/ Tobacco usage	Alcoholic	Alcohol & Tobacco	None	Married	Unmarried	Divorce, Widow etc.
Mood Disorders	3 (1.5%)	1 (0.5%)	2 (1.0%)	48 (23.9%)	30 (14.9%)	20 (10.0%)	4 (2.0%)
Parkinsonism	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	1 (1.0%)	0 (0.0%)	0 (0.0%)
Schizophrenia	5 (2.5%)	1 (0.5%)	2 (1.0%)	26 (12.9%)	24 (11.9%)	9 (4.5%)	1 (0.5%)
Anxiety	3 (1.5%)	2 (1.0%)	2 (1.0%)	45 (22.4%)	42 (20.9%)	8 (4.0%)	2 (1.0%)
Substance related	3 (1.5%)	7 (3.5%)	4 (2.0%)	2 (1.0%)	11 (5.5%)	4 (2.0%)	1 (0.5%)
Somatoform disorders	0 (0.0%)	0 (0.0%)	(0.0%)	1 (0.5%)	1 (0.5%)	0 (0.0%)	0 (0.0%)
Mental retardation	0 (0.0%)	0 (0.0%)	(0.0%)	3 (1.5%)	1 (0.5%)	2 (1.0%)	0 (0.0%)
Personality disorder	0 (0.0%)	0 (0.0%)	(0.0%)	1 (0.5%)	1 (0.5%)	0 (0.0%)	0 (0.0%)
Intermittent Explosive disorder	0 (0.0%)	0 (0.0%)	(0.0%)	1 (0.5%)	0 (0.0%)	1 (0.5%)	0 (0.0%)
Delirium, Dementia	1 (0.5%)	0 (0.0%)	(0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)
Elimination disorder	0 (0.0%)	0 (0.0%)	(0.0%)	1 (0.5%)	1 (0.5%)	0 (0.0%)	0 (0.0%)
Adjustment disorder	0 (0.0%)	0 (0.0%)	(0.0%)	2 (1.0%)	2 (1.0%)	0 (0.0%)	0 (0.0%)
Other disorder	0 (0.0%)	0 (0.0%)	(0.0%)	3 (1.5%)	3 (1.5%)	0 (0.0%)	0 (0.0%)
Psychiatric Co-morbid conditions	5 (2.5%)	1 (0.5%)	1 (0.5%)	24 (12.0%)	22 (11.0%)	9 (4.5%)	0 (0.0%)
	P= 0.001 (Sig)				P= 0.983 (Non-Sig)		

In the study population, 33 were uneducated, 8 were with primary school education, 26 with

middle school education, 38 with high school education, 55 with Intermediate and allied courses,

35 with graduation and 6 with post-graduation.

Citation: Abubaker Siddiq et al. Ijppr.Human, 2015; Vol. 3 (4): 73-82.

77

Table 3: Distribution according to diagnosis with Education

Diagnosis	Education						
	Uneducated	Primary School	Middle School	High School	Intermediate	Graduate	PG
Mood Disorders	8 (4.0%)	3 (1.5%)	7 (3.5%)	13 (6.5%)	14 (7.0%)	6 (3.0%)	3 (1.5%)
Parkinsonism	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Schizophrenia	6 (3.0%)	1 (0.5%)	4 (2.0%)	8 (4.0%)	11 (5.5%)	3 (1.5%)	1 (0.5%)
Anxiety	9 (4.5%)	2 (1.0%)	7 (3.5%)	6 (3.0%)	14 (7.0%)	13 (6.5%)	1 (0.5%)
Substance related	0 (0.0%)	0 (0.0%)	3 (1.5%)	3 (1.5%)	5 (2.5%)	4 (2.0%)	1 (0.5%)
Somatoform disorders	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Mental retardation	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	1 (0.5%)	0 (0.0%)	0 (0.0%)
Personality disorder	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)
Intermittent Explosive disorder	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)
Delirium, Dementia	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Elimination disorder	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)
Adjustment disorder	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (1.0%)	0 (0.0%)	0 (0.0%)
Other disorder	2 (1.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Psychiatric Co-morbid conditions	6 (3.0%)	1 (0.5%)	4 (2.0%)	6 (3.0%)	7 (3.5%)	7 (3.5%)	0 (0.0%)
	P= 0.795 (Non-Sig)						

Among study population, 16 were students, 55 were house wives, 12 were unemployed, 16 were unskilled workers, 52 were farmers, 18 were skilled workers, 11 were Clerical and Supervisory Staff and 21 were professionals and the distribution is shown in Table 4.

Citation: Abubaker Siddiq et al. Ijppr.Human, 2015; Vol. 3 (4): 73-82.

78

Table 4: Distribution according to diagnosis with Occupation

Diagnosis	Occupation							
	Unemployed	Student	House-wife	Unskilled	Skilled worker	Farmer	Clerical & Supervisor	Professional
Mood Disorders	4 (2.0%)	5 (2.5%)	18 (9.0%)	2 (1.0%)	5 (2.5%)	14 (7.0%)	3 (1.5%)	3 (1.5%)
Parkinsonism	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)
Schizophrenia	2 (1.0%)	3 (1.5%)	12 (6.0%)	1 (0.5%)	3 (1.5%)	10 (5.0%)	0 (0.0%)	3 (1.5%)
Anxiety	3 (1.5%)	5 (5.5%)	11 (5.5%)	6 (3.0%)	3 (1.5%)	14 (7.0%)	4 (2.0%)	6 (3.0%)
Substance related	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (1.5%)	3 (1.5%)	4 (2.0%)	1 (0.5%)	5 (2.5%)
Somatoform disorders	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)
Mental retardation	2 (1.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Personality disorder	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Intermittent Explosive disorder	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)
Delirium, Dementia	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)
Elimination disorder	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)
Adjustment disorder	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	1 (0.5%)	0 (0.0%)
Other disorder	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	1 (0.5%)
Psychiatric Co-morbid conditions	1 (0.5%)	3 (1.5%)	12 (6.0%)	4 (2.0%)	2 (1.0%)	5 (2.5%)	2 (1.0%)	2 (1.0%)
P= 0.840 (Non-Sig)								

In the study patients, 87 patients with Monthly Income <10,000 Rs, 91 patients with Rs.10001-20000, 18 patients with Rs.20001-30000, 2 patients with Rs.30001-40000 and 3 patients with >40001. Distribution of patients based on the Family Monthly Income is represented in Table 5.

Citation: Abubaker Siddiq et al. Ijppr.Human, 2015; Vol. 3 (4): 73-82.

79

Table 5: Distribution according to diagnosis with Monthly Income

Diagnosis	Family Monthly Income				
	< 10000Rs	10001-20000 Rs	20001-30000 Rs	30001-40000 Rs	>40001 Rs
Mood Disorders	25 (12.5%)	27 (13.5%)	2 (1.0%)	0 (0.0%)	0 (0.0%)
Parkinsonism	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Schizophrenia	15 (7.5%)	15 (7.5%)	3 (1.5%)	0 (0.0%)	1 (0.5%)
Anxiety	19 (9.5%)	24 (12.0%)	8 (4.0%)	0 (0.0%)	1 (0.5%)
Substance related	5 (2.5%)	7 (3.5%)	1 (0.5%)	2 (1.0%)	1 (0.5%)
Somatoform disorders	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Mental retardation	3 (1.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Personality disorder	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Intermittent Explosive disorder	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Delirium, Dementia	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Elimination disorder	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Adjustment disorder	1 (0.5%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other disorder	2 (1.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Psychiatric Co-morbid conditions	15 (7.5%)	12 (6.0%)	4 (2.0%)	0 (0.0%)	0 (0.0%)
	P= 0.965 (Non-Sig)				

DISCUSSION

Social inequality and poverty have demonstrable adverse effects on health. These effects are, in our view, amenable to remediation[5]. Prevalence rates of psychopathological disorders reported by different studies on Indian population vary from 5.8% to 33.7%. A study conducted by WHO in four developing countries (1981) including India in Haryana state showed prevalence of 21%[6].

Citation: Abubaker Siddiq et al. Ijppr.Human, 2015; Vol. 3 (4): 73-82.

80

Efforts to distinguish socioeconomic status (SES) as a cause or consequence of mental disorder address some of the most vexing problems in social demography and medical sociology. On the one hand, mental disorders may play an important role in determining who gets ahead in society, a topic pursued by sociological research in the "selection" tradition that examines the extent to which disorders impair status attainment. On the other hand, adversities linked to low SES may damage the psychological functioning of individuals and play a role in the etiology of mental disorders, a topic pursued by sociological research in the "causation" tradition. Despite after 5 decades of research until last decade of 20th century, key theoretical issues regarding the causal direction between low socioeconomic status and mental disorders still remain unsettled[7].

Shelley M *et al*., reveals that the patients with primary education level and tertiary education level were 53.0% and 32.6% respectively[8]. Shoib S *et al*., reveals that 54.5% patients are household, 16.5% patients are semi-skilled workers and 1.0 % patients are professionals. Also 11.5% patients have completed their matric education and 0.5% patient has completed their post-graduation[9]. Also 215 patients belong to lower middle income which is revealed by Shaktibala[10]. In our study, 72 patients are been to school for their education and 55 patients have completed their intermediate and allied courses, also 33 patients are illiterates. Even 55 patients are house-wives, 52 patients are farmers and 12 patients are unemployed. Thus it can be revealed that not only the infectious diseases that demonstrate the powerful social-epidemiological correlation; but also the psychiatric conditions, which not only occur at higher rates in the poorest areas, but also cluster together, usually in disintegrating intercity communities[5].

In our study in the view of social habits of the patients, out of 201 patients, 11.9% patients are alcoholics, 15.4% patients are having the habit of tobacco usage directly or indirectly. Because of their social habits like tobacco usage and alcoholism, 22 patients in our study are diagnosed with Substance related disorder like Alcohol Dependence Syndrome and Nicotine Dependence Syndrome.

CONCLUSION

Thus our study concludes that among 201 included patients 54 patients are diagnosed with mood disorders which includes 22 males and 32 females. More patients have completed their intermediate and allied courses followed by patients with school education. House-wives were

Citation: Abubaker Siddiq et al. Ijppr.Human, 2015; Vol. 3 (4): 73-82.

81

found more in the study and 91 patients had the familial monthly income of Rs 10001-20000. 47 patients were unmarried and 8 were widow/divorces. Socio-economic status with demographic profile of the patients plays a major role even in the diagnostic profile of the patients with psychiatric illness. Further it is important to evaluate its role with particular factors.

ACKNOWLEDGEMENT

REFERENCES

1. Sarkar K, Bhattacherjee S, Akbar F, Biswas R, Bhattacharya RN, Singh R. A study of psychiatric morbidity and associated factors among PLHA in Siliguri, West Bengal. The health agenda 2014; 2(3): 99-107.
2. Roy-Byrne PP, Joesch JM, Wang PS, Kessler RC. Low Socioeconomic Status and Mental Health Care Use Among Respondents With Anxiety and Depression in the NCS-R. Psychiatric Services 2009; 60(9): 1190-7.
3. Daradkeh TK, Alawan A, Al Ma'aitah R, Otoom SA. Psychiatric morbidity and its sociodemographic correlates among women in Irbid, Jordan. Eastern Mediterranean Health Journal, 2006; 12 (2) : S107- S117.
4. Rahi M, Kumavat AP, Garg S, Singh MM. Socio-Demographic Co-relates of Psychiatric Disorders. Indian journal of Pediatrics 2005 ; 72: 395-398.
5. Murali V, Oyebode. Poverty, social inquality and mental health. Advances in Psychiatric treatment 2004;10:216-24.
6. Rahi M, Kumavat AP, Garg S, Singh MM. Socio-demographic co-relates of Psychiatric disorders. Indian journal of pediatrics 2005;72:395-8.
7. Miech RA, Caspi A, Moffitt TE, Wright BE, Silva PA. Low socioeconomic status and mental disorders: A longitudinal study of selection and causation during young adulthood.
8. Shelley M, Jaime LKM, Maharajh H, Ramtahal I, Reid S, Ramsewak FSet al. The prescribing of psychotropic drugs in mental health services in Trinidad. Pan Am J Public Health.2002; 12(3):207-14.
9. Shoib S, Mushtaq R, Dar MM, Mir JA, Shah T, Singh Ret al.Psychosocial and medical factors affecting treatment compliance in patients attending psychiatric hospital: A study from Kashmir. International Journal of Basic & Clinical Pharmacology. 2014 Jan-Feb; 3(1):220-4.
10. Shaktibala D, Atif BM, Kaul V, Srihari D, Dhasmana DC. Psychotropic drug utilization study in psychiatric OPD of a tertiary care teaching hospital in Dehradun, Uttarakhand. Journal of Advance Researches in Biological Sciences 2013;5(4):386-391.

Citation: Abubaker Siddiq et al. Ijppr.Human, 2015; Vol. 3 (4): 73-82.

82