

PREVALENCE OF PSYCHIATRIC MORBIDITY AMONG MEDICAL IN-PATIENTS*

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SUMMARY

One hundred patients admitted in medical wards of G. G. S. Medical College, Faridkot, were examined for presence of Psychiatric illness. 31 cases were found to be suffering from some sort of psychiatric illness. Out of 31, 16 patients were found to be suffering from primary affective disorders and physical symptoms in them appeared to be direct consequences of depression. Other psychiatric morbidity was constituted by hysteria (6), organic brain syndrome (5), anxiety neuroses (3) and schizophrenia (1). Psychiatric cases were found to be maximum in age group of 31-60 years and more patients belonged to middle class. Relationship of psychiatric illness with duration and type of medical illness is also discussed.

Introduction

Psychiatric services to general medical wards are usually based on referrals initiated by physicians, yet medical staff probably fail to recognise, treat or refer many of these patients who might benefit from psychiatric help. A few studies done in this direction have indicated that large number of psychiatrically ill patients are admitted in medical and surgical wards of General Hospital (Maguire et al 1974). According to Lipowski (1975) "Physical illness is a major cause of psychiatric morbidity". Lipowski (1967) in his review of the general hospital population surveys concluded that "30-60% of in-patients and 50-80% of out patients suffer from psychiatric distress or disorder of sufficient severity to create a problem for health professionals".

In India there has been some attempt in this direction e.g., Purohit et al (1978) studied prevalence of depression in patients suffering from pulmonary tuberculosis, Singh et al (1979) reported that 41.9% of the medical in-patients had depression.

Prakash and Sethi (1978) reported about presence of hypochondrical symptoms and their psychiatric status in patients attending medical OPD. Krishnamurthy et al (1981) have reported 36% psychiatric morbidity in patients seen in general practice.

Relative paucity of data in this field has led to total lack of interest of the planners in providing the psychiatric facilities to patients in the hospital as compared to other specialities especially general medicine. Whereas about 40% of the beds in general hospitals in England are meant for psychiatric patients (Rees 1982) much less share is available to their counterparts in India.

The present study has been conducted to study the prevalence of psychiatric morbidity in medical in-patients and the association with various socio-demographic factors.

Material and Methods

Subjects of the present study were

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patients admitted in the general medical wards of Guru Gobind Singh Medical College Hospital, Faridkot (Punjab). To avoid any bias, all the three units of medicine department were involved. 108 consecutive patients admitted in these wards were examined. All patients were interviewed about psychiatric history, examination and socio-demographic information. All psychiatric diagnosis were made according to ICD-9 in consultation with the consultant. Diagnostic information regarding medical illness was collected from medical records and the concerned senior medical consultant.

Results

Out of 108 patients, 8 being too serious to be interviewed, were excluded from the study. Out of remaining 100 cases, 31 were found to be suffering from some sort of psychiatric illness clinically giving a prevalence rate of 31%. Out of 31 patients 16 patients were found to be suffering from affective disorders, 5 of these 16 cases were suffering from Manic Depressive Psychoses and 11 from reactive depression or depressive neurosis. Other psychiatric cases were: Hysteria-6, Organic Brain Syndrome-5, Anxiety Neurosis-3. One patient who was admitted in medical ward with provisional diagnosis of meningitis was found to be a case of catatonic schizophrenia, and had been referred for psychiatric consultation when all the investigations conducted were found to be within normal limits.

Out of these 31 patients, 13 patients were suffering from pure psychiatric disorders, that is, there was no medical problem at all and all the physical symptoms in them appeared to be due to psychiatric illness. Out of these 13 patients, 6 were suffering from Depression, 5 from hysteria, 1 each from Anxiety Neurosis and Acute Catatonic Schizophrenia. It is very surprising that out of all these patients only two patients were depressed and one catatonic

patient) were referred for psychiatric opinion. Common medical diagnosis in these functional patients were gastritis, headache and fits.

Discussion

Our finding of 31% psychiatric morbidity is comparable to other studies. Maguire et al (1974) reported a psychiatric morbidity of 20% in their study of two general medical wards. Singh et al (1979) reported that 41.9% of medical in patients had depression. Schwab et al (1967) found the prevalence of depression in 27% in severely ill patients. Shepherd et al (1966) found 35% of patients in general practitioners clinic to be psychiatrically ill. Krishnamurthy et al (1981) have reported 36% psychiatric morbidity in patients seen in general practice. Recently Bagadia et al (1986) have reported an overall psychiatric morbidity of 36% in general medical out patient department.

Table 1
Age Distribution

Age (in Years)	Total Patients (N = 100)	Patients with psychiatric morbidity and prevalence
0 - 10	0	0 (0)
11 - 20	17	4 (23.53)
21 - 30	16	5 (31.25)
31 - 40	29	7 (24.14)
41 - 50	16	5 (31.25)
51 - 60	14	8 (57.14)
61 - 70	5	1 (20.00)
Above 70	3	1 (33.33)

Table 1 shows prevalence of psychiatric morbidity in various age groups. Whereas it is almost same in other groups, patients in 6th decade of their life (i.e., 51-60 years) showed highest psychiatric morbidity, reason being that the maximum cases of depression were from this age group, a finding which is reported by many other studies (Singh et al 1979). Association with other

socio-demographic factors was as follows: there was no marked difference in sex distribution, there being 19 out of 64 males and 12 out of 36 females who had psychiatric morbidity. Education wise, psychiatric morbidity was much less in illiterates i.e., 10 out of 59 (16.95%) as compared to 21 out of 41 (51.2%) literates. There was not much difference regarding marital status, out of 26 single patients 6 (23.08%) and out of 71 married patients 24 (33.8%) had some psychiatric problem.

Psychiatric morbidity was found to be more in patients hailing from urban areas-16 out of 36 (44.44%) as compared to 15 out of 64 (23.44%) from rural areas. There was no difference in mental morbidity according to two major religions, 21 out of 69 Sikhs (30.44%) and 10 out of 30 (33.33%) Hindus showed some sort of psychiatric problem.

According to socio-economic status there was no patient belonging to Class-V, out of 12 patients from Class-I, 2(16.67%) had mental problem. 20 out of 65 (30.77%) in Class II, 6 out of 18 (33.33%) in Class-III and 3 out of 5 (60%) in Class-IV had some psychiatric problem. So if we exclude lower most Class-V from which there was no patient in the total sample, there was found to be progressive increase in mental morbidity with decrease in socio-economic status being minimum in Class-I and maximum in Class IV. So, regarding socio-demographic factors, it was a significant finding that relatively young, illiterate, rural patients and patients from a comparatively good socio-economic status tend to have less prevalence of psychiatric morbidity as compared to middle aged, middle class, literate and urban patients. Higher rates of mental morbidity in urban as compared to rural populations have been reported by Dube (1970) and Sethi et al (1974). Regarding age also, our findings are consistent with findings of Dube (1970) and Sethi et al (1974, 1978)

who reported an increase in psychiatric morbidity rates after the age of 30 years. Similarly more psychiatric morbidity in middle class has been reported by Venkoba Rao (1966) and Chopra et al (1970).

Table 2
Duration of medical illness

Duration	Total Patients (N = 100)	Patients with Psych. Morbidity
0 - 15 days	22	9 (40.90)
16 days - 1 month	11	2 (18.18)
1 - 6 months	24	1 (4.17)
6 - 12 months	9	1 (11.11)
More than 1 year	34	18 (52.94)

Table 2 depicts that duration of medical illness in relation to psychiatric morbidity showed interesting bimodal relationship i.e., psychiatric morbidity was high in very acute cases and chronic cases as compared to sub-acute, sub-chronic cases, reason being that hysteria and delirium were very common in acute patients whereas depression was highest in chronic patients, a finding also reported by Singh et al (1979).

Regarding medical diagnosis, Central Nervous System diseases had highest preponderance for psychiatric morbidity (66.67%) followed by diseases affecting gastro-intestinal system (46.15%) and metabolic and endocrinal disorders (41.67%). Probable reason may be that most of hysterics were wrongly labelled to be suffering from Central Nervous System disorders. Vague gastro-intestinal complaints in functional patients like flatulence and pain abdomen etc., accounted for the increase in the prevalence of psychiatric morbidity in patients with gastro intestinal disorders. Among endocrinal/metabolic disorders, diabetes mellitus had highest psychiatric

morbidity, a finding which is consistent with other studies.

Keeping in view the above findings, it is worthwhile to bring into the notice of specialists and administrators in other branches of medicine that quite significant number of their patients have primary psychiatric problems and need only psychiatric help. If these patients can be given right advice at the right moment, it can save a lot of time, energy and money spent on unnecessary investigations etc. in these patients.

References

- BAGADIA, V. N., AYYAR, K. S., LAKDAWALA, P. D., SETHI, S. M., ACHARYA, V. N. & PRADHAN, P. V. (1986), Psychiatric morbidity among patients attending medical out patient department, *Indian Journal of Psychiatry*, 28, 139-144.
- CHOPRA, H. D., BHASKARAN, K. & VARMA, L. P. (1970), Socio-economic status and manic depressive psychosis (A study based on hospital cases), *Indian Journal of Psychiatry*, 12, 49.
- DUBE, K. C. (1970), A study of prevalence and bio-social variables in mental illness in a rural and an urban community in Uttar Pradesh. *Acta Psychiatrica Scandinavica*, 46, 327-332.
- KRISHNAMURTHY, S., SHAMASUNDAR, C., PRAKASH, O. & PRABHAKAR, N. (1981), Psychiatric morbidity in general practice, A preliminary report, *Indian Journal of Psychiatry*, 23, 40-43.
- LIPOWSKI, Z. J. (1967), Review of consultation psychiatry and psychosomatic medicine II. *Clinical aspects, Psychosomatic medicine*, 28, 201-203.
- LIPOWSKI, Z. J. (1975), Psychiatry of Somatic diseases, Epidemiology, Pathogenesis, Classification, *Comprehensive Psychiatry*, 6, 105-124.
- MAGUIRE, G. P., JULIER, D. L., HAWTON, K. C. & BANCROFT, J. H. J. (1974), Psychiatric morbidity and referrals in two general medical wards, *British Medical Journal*, 1: 268-270.
- PRAKASH, R. & SETHI, B. B. (1978), Hypochondriacal symptoms in medical patients and their psychiatric status, *Indian Journal of Psychiatry*, 20, 240-243.
- PUROHIT, D. R., PUROHIT, S. D. & DHARIWAL, M. L. (1978), Incidence of depression in hospitalized T.B. patients, *Indian Journal of Tuberculosis*, 25: 147-151.
- REES, L. (1982), A short text book of Psychiatry, 3rd Edn. Bungay, Suffolk, The Chaucer Press.
- SCHWAB, J. J., BIALOW, M. BROWN, J. M. & HOIZER, C. E. (1967), Diagnosing depression in medical in patients, *Annals of Internal Medicine*, 67, 695-707.
- SHEPHERD, M., COOPER, B., BROWN, A. C. & KALTER, G. (1966), Psychiatric illness in general practice, London, Oxford University Press.
- SETHI, B. B., GUPTA, S. C., MAHENDRU, R. K. & PROMILA, K. (1974), Mental health and urban life, study of 850 families, *British Journal of Psychiatry*, 124, 243-246.
- SETHI, B. B. & MANCHANDA, R. (1978), Socio-economic, demographic and cultural correlates of psychiatric disorders with special reference to India, *Indian Journal of Psychiatry*, 20: 199-211.
- SINGH, G., SACHDEVA, J. S. & KAUR, H. (1979), Prevalence of depression among medical in patients, *Indian Journal of Psychiatry*, 21, 274-278.
- VENKOBARAO, A. (1966), Depression, A psychiatric analysis of 30 cases, *Indian Journal of Psychiatry*, 8, 143-154.