

Original Article

DEMOGRAPHIC PROFILES OF PATIENTS ADMITTED IN PSYCHIATRIC WARD OF A TERTIARY CARE HOSPITAL

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ABSTRACT

Objective: To determine the frequency of mental illnesses among patients admitted to a tertiary care hospital's psychiatry unit.

Study design: A Cross-sectional Study

Duration and place of study: The research was carried out between jan 2014– jan 2015

Methods: Hospital records provided the admission charts for every patient admitted to the psychiatric ward for two years (2014–2015). Patient data was gathered from the records and then examined for clinical and sociodemographic information. **Results:** Over two years (2014–2015), 1727 patients were admitted to the hospital. 40% (n = 690) were men, and 60% (n = 1037) were women. The age group of 21 to 40 comprised most of the patients. According to ICD categorization, the most common diagnoses were for mood disorders (63.8%), which were followed by anxiety disorders (7 %) and acute and chronic psychosis (24.4%).

Conclusion: Patients with acute mental problems that are difficult to treat make up the majority of the inpatient pattern.

Keywords: Prevalence, Demographic characteristics, Psychiatric Disorders, Tertiary care hospital

INTRODUCTION

Psychiatric diseases are on the rise and have far-reaching effects on everyday life and health. Over 25% of persons have mental and behavioral illnesses at some point in their lives, according to estimates ¹. Psychiatric disorders may also result in impairments and higher healthcare use ¹. The World Health Organization's study on the global burden of illnesses states that mental illness accounts for 10.5% of GBD and will rise to 15% by 2020. Additionally, according to WHO data, mental disorders account

for 28% of all impairments ². The majority of Pakistani patients with mental health issues are admitted to treatment centers during acute episodes or when it is believed that they pose a risk to themselves or their loved ones ³. Relative to other nations, estimates indicate that Pakistan has a relatively high frequency of mental illnesses ⁴. In certain prevalent long-term medical conditions, psychological co-morbidity may exacerbate symptoms and affect prognosis ⁵. Mental health disorders may hurt the prognosis of ailments like diabetes mellitus and myocardial infarction, in addition to being an independent risk factor for these illnesses ⁶. A research looking at the clinical and demographic features of patients admitted to a tertiary care hospital's psychiatric unit found that the most common diagnosis made for 45 patients (43%) was depression, followed by conversion disorder 19 (17%) and delirium 16 (14%) ⁷. To evaluate mental morbidity, research conducted in Karachi gathered admission data for ten years from patients admitted to psychiatric wards. The majority of these cases had mood disorders (42.4%), with schizophrenia (26.5%) coming in second ⁴. Realising the extent of the issue and taking action to bridge the widening gap between

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mental health patients and psychiatric care are urgent needs ⁸.

MATERIAL AND METHODS

All patients admitted to the psychiatric ward between 2014 and 2017 were reviewed by examining inpatient admission files from the hospital’s medical records division.

We reviewed each patient’s comprehensive patient file from the hospital’s medical records department and noted their inpatient number from the mental ward’s inpatient register. The ICD-10 diagnostic criteria were used to make the patient diagnoses. Clinical and sociodemographic data were gathered for every patient.

The tool used for the descriptive analysis was SPSS version 19. The research received ethical clearance from the Ethics Review Board and Research Committee of Bacha Khan Medical College and Mardan Medical Complex.

RESULTS

In the psychiatry unit, 1727 patients were hospitalized between 2014 and 2015 (614 in 2014 and 1113 in 2015). Most patients (n=998; 57.8%) were in the age category of 21–40 years, followed by those aged 0–20 years (n=504; 29.2%).

Sixty percent of the patients were female, and forty percent were male. Most patients (n=1239; 71.7%) were from metropolitan regions, whereas 23.3% were from rural ones. 56.8% of the patients were married, 39.7% were single, 2.8% were engaged, and 0.7% were widowed or divorced.

Mood disorders (63.8%) were the most prevalent diagnosis, followed by acute and transitory psychotic illnesses (24.4%). Seven percent of the patients who were hospitalized had anxiety problems; 1.3% had drug addiction; 1.3% had epilepsy; 1.1% had intellectual

Table 1: Demographic Characteristics of Admitted Patients

	N	F	%
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Age	1727		
0-20		504	29.2
21-40		998	57.8
41-60		213	12.3
61 & Above		12	.7
Gender			
Male		690	40
Female		1037	60
Marital Status			
Single		686	39.7
Engaged		48	2.8
Married		981	56.8
Divorced		7	.4
Widowed		5	.3
Address			
Urban		1239	71.7
Rural		488	28.3
No. of Admissions (Yearly)			
2014		614	35.6
2015		1113	64.4
No. of ECT Recommended pts			
Recommended		270	15.6
Duration of stay in Hospital			
1-5		668	38.7
6-10		741	42.9
10-15		257	14.9
15 & Above		61	3.5

handicaps; and 0.6% had neurocognitive abnormalities. A recommendation for electroconvulsive treatment was made for 270 individuals (15.6%).

Each patient received between two and eight ECTs, depending on the patient’s reaction. Most patients (N = 133) had 4 ECTs and 5 ECTs (N = 55). Most patients (n=741; 42.9%) spent six to ten days in the hospital, with 1–5 days (668; 38.7%) coming in second. 3.5% of the 61 hospitalized patients stayed there for 15 days or longer.

Table 2: Details of Psychiatric Diagnosis Among Admitted Patients

	N	F
Diagnosis		
Intellectual disability	19	1.1
Anxiety Disorders	121	7.0
Mood Disorders	1102	63.8
Psychosis	422	24.4
Neurocognitive disorders	11	.6
Drug Addiction	23	1.3
Epilepsy	22	1.3

DISCUSSION

Over four years, the majority of patients-57.8%-admitted to the psychiatric ward were between the age range of 21 to 40. Early adulthood is the period at which the development of mental problems peaks, according to several research. Research conducted in Nepal found that most patients hospitalized for psychiatry were between 20 and 30 9.

Mood disorders were diagnosed in 1102 (63.8 %) of the hospitalized patients, according to the present research. Bipolar affective disorder, major depressive disorder, and major depression, coupled with anxiety and conversion disorder, were all included in our category of mood disorders. Of the 1,102 patients classified as having mood disorders, 585 (53.3%) had serious depression, and 219 (19.8%) had concomitant conversion disorder with depression. Global research consistently finds that depression is the most common mental disease. According to research conducted at a tertiary care hospital in Pakistan, 43% of the patients had depression as their most common diagnosis, followed by delirium (14%), conversion

disorder (17%), and depression (17%) 7. Another study conducted in Karachi produced nearly identical results, indicating that the most common diagnoses were for mood disorders (F 30–F 39) (42.42%), followed by schizophrenia, schizotypal and delusional disorders (F20–F29) (26.50%), and mental and behavioral disorders brought on by the use of psychoactive substances (9.5%) 10.

It has also been shown that after a stressful life event, women are more prone to mental health issues like depression 11. This may explain the greater number of inpatient referrals among women.

A study from Karachi aimed to look at the variations in clinical and demographic characteristics between patients admitted to psychiatric wards via emergency and non-emergency pathways. Among patients admitted for both emergency and non-emergency reasons, mood disorders were the most common, followed by psychotic illnesses 12. Research conducted at the mental ward of a private tertiary care hospital in Karachi discovered that psychotic disorders were present in 24.4% of the admitted patients. Similarly, 28.8% of the patients hospitalized in the psychiatry ward 12 also had psychotic disorders. Similar findings were seen in a 2014 Nepalese research, where psychotic illnesses were present in 39.9% of the patients 9.

CONCLUSION

The pattern of inpatients is comprised mostly of patients with unmanageable acute psychiatric disorders.

RECOMMENDATIONS

It is the need of the hour that the magnitude of the problem is realized and steps be taken to close the growing gap between mental health patients and psychiatric treatment.

REFERENCES

1. Shrestha SS, Pradhan S. Morbidity pattern of psychiatric disorders in a patient seeking treatment in psychiatric OPD of private tertiary care hospital. Post-Graduate Medical Journal of NAMS. 2011 Jul 1;11(01).

2. Murray CJ, Lopez AD. The global burden of disease: the World Health Organization and the World Bank.
3. Reza H, Choudhry SM, Khan MM. Emergency psychiatric referrals to a university hospital in Pakistan. *Psychiatric Bulletin*. 1993 Aug;17(8):471-2.
4. Ghani Khan A, Shahbaz NN. The 10-year pattern of admissions in the psychiatric unit at a tertiary care hospital in Pakistan. *Pakistan Journal of Neurological Sciences (PJNS)*. 2016;11(2):59-64.
5. Kapfhammer HP. The relationship between depression, anxiety, and heart disease-a psychosomatic challenge. *Psychiatria Danubina*. 2011 Dec 31;23(4):0-424.
6. Katon WJ. Epidemiology and treatment of depression in patients with chronic medical illness. *Dialogues in clinical neuroscience*. 2011 Mar;13(1):7.
7. Yousafzai AW, Kazim M, Shah M. Demographic and clinical characteristics of patients referred to a tertiary care hospital psychiatric unit. *Journal of Ayub Medical College Abbottabad*. 2015 Mar 1;27(1):208-11.
8. Gadit AA. Mental health in Pakistan: where do we stand? *JOURNAL-PAKISTAN MEDICAL ASSOCIATION*. 2006 May; 56(5):198.
9. Dhungana S, Chapagai M, Tulachan P, Ojha SP. Patterns of Psychiatric Illness over 3 years: A single Centre Inpatient Study From Nepal. *Journal of Psychiatrists' Association of Nepal*;3(2):15-9.
10. Dr. Raza your Rahman¹, Dr. Abdul Ghani Khan², Dr. Naila Naerm Shahbaz, 2016, *PAKISTAN JOURNAL OF NEUROLOGICAL SCIENCES VOL. 11 (2) APRJUN 2016*,
11. Keita GP. Psychosocial and cultural contributions to depression in women: considerations for women midlife and beyond. *Journal of Managed Care Pharmacy*. 2007 Nov;13(9 Supp A):12-5.
12. Syed EU, Mehmud S, Atiq R. Clinical and demographic characteristics of psychiatric inpatients admitted via emergency and non-emergency routes at a university hospital in Pakistan. *JOURNAL-PAKISTAN MEDICAL ASSOCIATION*. 2002 Oct;52(10):456-

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Authors Contribution

Concept & Design of Study: Ejaz Gul, Muslim Muhammad Khan

Data Analysis: , Mukhtiar Azeemi,

Critical Review: Pirzada Muhammad Muneeb

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