

A study of prevalence of psychosis and associated co-morbidities in the patients at tertiary health care centre

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Abstract

Introduction : People with psychiatric disorders have an increased rate of morbidity and mortality due to co-morbid conditions psychiatric patients had an active, significant co-morbid physical disease with only 47% of these recognized by the mental health care providers. **Aims and Objectives:** Study of Prevalence of Psychosis and associated co-morbidities in the patients at tertiary health care centre. **Methodology:** After approval institutional ethical committee a cross-sectional study was carried out in the department of Psychiatry during the six month period from January 18 to June 2018 in all patients attended OPD and Admitted to Psychiatric ward were included into the study after written consent. Detailed clinical and psychiatric history was taken. All routine investigations and clinical examination was done. In the six month there were 174 patients after consent were included into the study. **Result:** In our study we have seen that The majority of the patients were in the age group of 40-50 were 29.31%, followed by 40-50 were 29.31%, 50-60 were 22.41%, 30-40 were 21.26%, >60 were 16.67%, in 20-30 were 10.34%. The majority of the patients were 72.98% were Males while 27.02% were Female. In six month out of 49455 patients in Out-patient department the patients with psychiatric morbidity were 174 so the prevalence of psychiatric illness was 0.35% at tertiary health care centre. Out all psychiatric illness the majority of the patients were The most common Psychiatric condition prevalent was MDD (Major Depressive Disorders)-49%, Psychotic disorder (schizophrenia/ schizoaffective disorder)-29%, BPAD-16.67%, Comorbid psychotic disorder and MDD-2.87%, Co morbid psychotic disorder and BPAD-2.30%. The most common co-morbidities conditions were Diabetes in 45.98% followed by Obesity (BMI>30) in 19.54%, Hypothyroidism in 16.67%, Hypertension in 7.47%, COPD in 5.75%, Osteoporosis in 3.45%, Erectile dysfunction in 1.15%. **Conclusion:** It can be concluded from our study that majority of the patients were in the age group of 40-50, the majority patients were were Males. The prevalence of psychiatric illness was 0.35% at tertiary health care centre. Out all psychiatric illness the majority of the patients were The most common Psychiatric condition prevalent was MDD (Major Depressive Disorders), Psychotic disorder (schizophrenia/ schizoaffective disorder). The most common co-morbidities conditions were Diabetes, Obesity (BMI>30), Hypothyroidism.

Key Words: Psychosis, MDD (Major Depressive Disorders), Psychotic disorder (schizophrenia/ schizoaffective disorder), BPAD (Bipolar Affective Disorder)

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People with psychiatric disorders have an increased rate of morbidity and mortality due to co-morbid conditions. Literature shows nearly 45% of psychiatric patients had an active, significant co-morbid physical disease with only 47% of these recognized by the mental health care providers. For elderly psychiatric patients, those with organic brain syndromes, patients who are substance abusers, women, and patients of lower socio-economic status, the risk of concomitant physical illness is even more significant¹⁻³. The excess mortality associated with mental illness has been extensively documented in

literature⁴. The risk of excess mortality is generally due to physical illnesses, such as cardiovascular disease, respiratory disease, and cancer rather than the psychiatric illness^{5,6}. Persons with serious psychiatric disorders are prone to many different physical illnesses. While these diseases are also prevalent in the general population, their impact on individuals with serious psychiatric disorders is significantly greater^{7,8}. Clinical screening of patients being presented for admission to the psychiatric department is important to ensure safe, timely, and effective treatment^{9,10}. So we have studied the psychiatric patients with associated co-morbid conditions.

MATERIAL AND METHODS

After approval institutional ethical committee a cross-sectional study was carried out in the department of Psychiatry during the six month period from January 18 to June 2018 in all patients attended OPD and Admitted to Psychiatric ward were included into the study after written consent. Detailed clinical and psychiatric history was taken. All routine investigations and clinical examination was done. In the six month there were 174 patients after consent were included into the study. The psychiatric diagnosis and associated co-morbidity if any like co-morbidities, Diabetes, Obesity (if BMI>30), Hypothyroidism, Hypertension, COPD Osteoporosis, Erectile dysfunction, was evaluated.

RESULT

Table 1: Distribution of the patients as per the age

Age	No.	Percentage (%)
20-30	18	10.34
30-40	37	21.26
40-50	51	29.31
50-60	39	22.41
>60	29	16.67
Total	174	100.00

The majority of the patients were in the age group of 40-50 were 29.31%, followed by 40-50 were 29.31%, 50-60 were 22.41%, 30-40 were 21.26%, >60 were 16.67%, in 20-30 were 10.34%.

Table 2: Distribution of the patients as per the sex

Sex	No.	Percentage (%)
Male	127	72.98
Female	47	27.02
Total	174	100

The majority of the patients were 72.98% were Males while 27.02% were Female.

Table 3: Distribution of the patients as per the Psychiatric Diagnosis

Psychiatric diagnosis	No. (%)	Percentage (%)
MDD (Major Depressive Disorders)	85	49
Psychotic disorder (schizophrenia/ schizoaffective disorder)	50	29
BPAD	29	16.67
Comorbid psychotic disorder and MDD	5	2.87
Comorbid psychotic disorder and BPAD	4	2.30
Total	174	100

In six month out of 49455 patients in Out-patient department the patients with psychiatric morbidity were 174 so the prevalence of psychiatric illness was 0.35% at tertiary health care centre. Out all psychiatric illness the majority of the patients were The most common Psychiatric condition prevalent was MDD (Major Depressive Disorders) -49%, Psychotic disorder (schizophrenia/ schizoaffective disorder)-29%, BPAD-16.67%, Comorbid psychotic disorder and MDD-2.87%, Co morbid psychotic disorder and BPAD-2.30%.

Table 4: Distribution of the patients as per the medical co-morbidities

Medical co-morbidities	No. (%)	Percentage (%)
Diabetes	80	45.98
Obese (BMI>30)	34	19.54
Hypothyroidism	29	16.67
Hypertension	13	7.47
COPD	10	5.75
Osteoporosis	6	3.45
Erectile dysfunction	2	1.15
Total	174	100.00

The most common co-morbidities conditions were Diabetes in 45.98% followed by Obesity (BMI>30) in 19.54%, Hypothyroidism in 16.67%, Hypertension in 7.47%, COPD in 5.75%, Osteoporosis in 3.45%, Erectile dysfunction in 1.15%.

DISCUSSION

It is now clear from various literatures that people with mental illnesses are less likely to receive the same level of medical services such as physical examinations or evidence-based medications for chronic medical conditions, and are more likely to perceive barriers to care than persons without mental illness¹¹⁻¹⁸. Various factors may contribute to the gap in medical care provided to patients with SMI, such as socioeconomic disadvantages, poor insight and unhealthy lifestyle choices (such as smoking, substance abuse, unbalanced diets and physical inactivity).¹⁹ Studies also suggest that the stigma associated with mental illness, which is also related to patient/provider/system barriers, prevents proper follow-up of patients with SMI once they are discharged from acute care into their communities,

placing them at risk not only of mental health relapse but also for not having proper medical care.^{18,20} In our study we have seen that The majority of the patients were in the age group of 40-50 were 29.31%, followed by 40-50 were 29.31%, 50-60 were 22.41%, 30-40 were 21.26%, >60 were 16.67%, in 20-30 were 10.34%. The majority of the patients were 72.98% were Males while 27.02% were Female. In six month out of 49455 patients in Out-patient department the patients with psychiatric morbidity were 174 so the prevalence of psychiatric illness was 0.35% at tertiary health care centre. Out all psychiatric illness the majority of the patients were The most common Psychiatric condition prevalent was MDD (Major Depressive Disorders) -49%, Psychotic disorder (schizophrenia/ schizoaffective disorder)-29%, BPAD-16.67%, Comorbid psychotic disorder and MDD-2.87%, Co morbid psychotic disorder and BPAD-2.30%. The most common co-morbidities conditions were Diabetes in 45.98% followed by Obesity (BMI>30) in 19.54%, Hypothyroidism in 16.67%, Hypertension in 7.47%, COPD in 5.75%, Osteoporosis in 3.45%, Erectile dysfunction in 1.15%. These findings are similar to Monica Zolezzi²¹ they found The majority of these patients had a diagnosis of depression (50.3%), followed by schizophrenia (33.0%) and bipolar disorder (19.6%). Diabetes was the most frequent medical comorbidity, diagnosed in 16.1% of SMI patients, followed by hypertension (9.2%) and dyslipidemia (9.8%).

CONCLUSION

It can be concluded from our study that majority of the patients were in the age group of 40-50, the majority patients were were Males. The prevalence of psychiatric illness was 0.35% at tertiary health care centre. Out all psychiatric illness the majority of the patients were The most common Psychiatric condition prevalent was MDD (Major Depressive Disorders), Psychotic disorder (schizophrenia/ schizoaffective disorder). The most common co-morbidities conditions were Diabetes, Obesity (BMI>30), Hypothyroidism.

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