Original Research Article

A study on the prevalence of various psychiatric conditions in Sangareddy district

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Abstract

Background: Mental disorders are common, worldwide; more than one in three people were affected at some point in their life. Reason behind this may be the mechanical way of life or stress and strain among youth. **Aim:** To Study the Prevalence of various Psychiatric conditions in Sangareddy District**. Material and Methods:** Total 100 patients who visited the department of Psychiatry MNR Hospital, Sangareddy, and Telangana were included in the study during the period of October 2016-December 2016. **Results:** Out of 100 patients 30 were males and 70 were females. The age limit of the patients ranging from 6yrs- > 60yrs. During this study we observed 100 Patients of Sangareddy were affected for a mental illness.Most common mental disorder is anxiety disorders, followed by mood disorders, while substance disorders and impulse-control disorders were less prevalent. It varies by region. Most of the studies was undertaken to study the prevalence of psychiatric disorders along with assessment of family burden, disability and quality of life. Our study is based only on prevalence of mental illness in Sangareddy population. **Conclusion:** Mental disorders/Psychiatric conditions are increasing every year, and mostly neglected, so the present study was conducted to elaborates different types of mental disorders in both sexes, for diagnosing mental problems at the initial stage and arresting its consequences
Key Words: Mental disorders, Prevalence, Age.

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INTRODUCTION

Psychiatric epidemiology is the study of the distribution and determinants of mental illness frequency in human beings, with the fundamental aim of understanding and controlling the occurrence of mental illness. Psychiatric epidemiology deals with important components such as disease, distribution and frequency of disease, determinants of disease, human population and methods employed to control the occurrence of illness[1]. Psychiatric disorders are more common in community settings, and some studies reported that 50% of the patient's in hospital (general medical and surgical wards) are depressed and require treatment[2]. Mental and behavioral disorders are common, affecting more than 20-25% of all people at some time during their lives[3]. The main reason behind this may be the mechanical way of life or stress and strain. They are also universal, affecting people of all countries and societies, individuals at all ages, women and men, the rich and poor, from urban and rural environment. They have an economic impact on societies and on the quality of life of individuals and families. The most frequent mental illnesses are depression, substance abuse, neurotic stress-related and anxiety disorders, and these are more frequently associated with chronic medical conditions[4]. However, most patients present with medical complaints rather than psychiatric complaints, almost 50-60% of psychiatric patients have physical illnesses[5]. The social, biological and psychological strength of the past are slowly being replaced by weak life pattern of people, making them more prone to social, mental and psychological problems at all ages[6]. This study therefore aimed to document the prevalence and detection of mental health problems across all levels of general medical facilities, from the primary health care level of Sangareddy district. We observed that 1% of the Sangareddy population suffer

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from serious mental disorders and 5-10% from moderate disorders, requiring psychiatric treatment. Data reports that up to 20-30% of children and adolescents have a mental illness, leading to death among adolescents, and that up to 40-50% of all adult mental disorders have their onset in adolescence[7]. Health care is helpful but social and economic conditions such as poverty, break-up of joint families and poor services for the elderly are the predisposing factors for the psychiatric disorders which may threat to them. The large geriatric population has an equally high psychiatric morbidity. The need for research in geropsychiatry has increased because of the growth in size of the elderly population[8]. Most of the epidemiological studies were largely inadequate to tap the most non-psychotic disorders like panic disorders, social phobia, obsessive compulsive disorders, sexual dysfunctions, substance use, etc. in the community. Mental disorders ranging from sub-clinical states to very severe forms of disorders[9]. Mental health is divided in to two categories Visible Mental Health Problems and Invisible Mental Health Problems. The problems can attain the disorder / disease/syndrome level, which are usually considered easy to recognize, define, diagnose and treat. Hence, they can be called, 'Visible Mental Health Problems' in a community. These visible mental health problems are again classified in Major mental disorders and Minor mental disorders. Major mental disorders are easy to recognize and commonly seen in mental hospitals. However, minor mental disorders are common in the community. Another group of mental health problem remains at the subclinical/non-clinical/sub-syndromal level and are usually related to the behavior of an individual. They are difficult to recognize, define and diagnose. Hence, they are called, Invisible Mental Health Problems[10]. Mental and behavioral disorders present a varied and heterogeneous picture. Some mental disorders are mild while others are severe. Some last just a few weeks while others may last a lifetime. Our study focuses on a few common disorders that place a heavy burden on Sangareddy and that are generally regarded with a high level of concern. These include depressive disorders, substance use disorders, schizophrenia, epilepsy, Alzheimer's disease, mental retardation, and disorders of childhood and adolescence[11].

MATERIALS AND METHODS

The study was conducted 100 patients who visited the department of Psychiatry MNR Hospital, Sangareddy, and Telangana. Children below five years were excluded from the study. Family history was taken followed by individual Psychiatric problems noted down. Informed consent was taken during the study period of October 2016 to December 2016. The tools used in the study are: General Health Questionnaire -12 [GHQ-12] (Goldberg), was designed to asses for the presence of psychiatric distress related to general medical illness. The GHQ-12 is a paper pencil, self-administered questionnaire. It has been standardized in Indian setting and has been translated into many languages. This is 12 item version employed in recent years take about 2-3 minutes for administration. Mini International Neuropsychiatric Interview (M.I.N.I) is a short, structured diagnostic tool developed and validated by Seehan *et al*. This is designed to diagnose DSM-IV and ICD-10 psychiatric disorders for multicentre clinical trials and epidemiological studies as a first step in outcome tracking in non-clinical settings. The M.I.N.I. is a rarely brief instrument that is divided into module corresponding to diagnostic categories such as major depressive episode, dysthymia, mania/ hypomania, pain disorder, social phobia, phychotic disorder. Anorexia nervosa and generalized anxiety disorder. This has good validity and reliability and compares well as a diagnostic instrument with the CD and the SCID [Structure clinical interview for DSM-IV diagnosis]. The M.I.N.I. plus is more detailed edition of M.I.N.I. plus has questions that investigate alcohol or drugs related and organic conditions.

RESULTS

Total 100 patients who visited the department of Psychiatry MNR Hospital, Sangareddy, and Telangana were included in the study during the period of October 2016-December 2016. Of the total cases, 30 were males and 70 were females. The average age limit of the patients ranging from 6yrs- >60yrs. The highest rate of Psychiatric morbidity was found in females than in males. Females in general show a higher mental morbidity than males, this difference is statistically significant only after the age of 60. The highest rate of psychiatric morbidity was found in >60 years age group, followed by 20-35 age group. The lowest rate of psychiatric morbidity was found in <20 years age group. The highest rate of mental illness is observed in >60 age group in males. Sex-wise difference was occurred in following mental disorders such as dementia, Alcohol related, Epilepsy, MR, Dysthymia, MDD, Pmdd, Pain disorder, Md-gmd, Bmd, Anxiety, Schizophrenia, Conduct disorder. Prevalence of Dementia is more in females than in males, Alcohol related is more in males than in females, schizophrenia is more in females than in males, Mood disorders is more in females than in males (table 1). Like other mental disorders, people with epilepsy suffer stigma and severe disability if left untreated. Disability rate was significantly more in people aged 50 years or more. Mental and behavioral disorders due to psychoactive substance use were more among males than females.

Table 1: Prevalence of various Psychiatric conditions

Prevalence	Male	Female	Total	Prevalence/1000		
				Male	Female	Total
Dementia	2	3	5	1.97	7	8.97
Alcohol related	9	1	10	20.7	1	21.7
Epilepsy	2	2	4	1.89	2.98	4.87
MR	1	0	1	1.78	-	1.78
Dysthymia	1	12	13	2.99	20.01	23
MDD	9	41	50	18.87	72	90.87
Pmdd	1	0	1	1.77	-	1.77
Pain disorder	1	4	5	1.09	7.01	8.1
Md-gmd	1	2	3	1.34	4.01	5.35
Bmd	2	1	3	3.01	3.98	6.99
Anxiety	0	2	2	-	1.78	1.78
Schizophernia	1	1	2	1.78	4.00	5.78
Conduct disorder	0	1	1	-	1.99	1.99
Total	**30**	**70**	**100**	**57.19**	**125.76**	**182.95**

DISCUSSION

The study of the distribution and determinants of mental illness frequency in human beings, with the fundamental aim of understanding and controlling the occurrence of mental illness is defined as Psychiatric epidemiology. Psychiatric disorders are known to vary across time within the same population and also vary across population at the same[12]. The aim of epidemiological study is to understand the cause of disease and prevent its occurrence, and it is the backbone of public health. The source of epidemiological study includes records and community surveys. According to Kessler *et al.,* more than one in three people suffering at least one type of mental disorders in their life[13].In our study a total of 100 people were included in the study. The highest rate of Psychiatric morbidity was found in females than in males. Females in general show a higher mental morbidity than males[14]. According to Elnagar *et al*, increased psychiatric morbidity with advancing age has been reported in many studies[15]. Gove and Tudor reviewed the literature and came to the conclusion that mental illness was commoner in females. In adult males as well as females, morbidity was higher in the married group compared to those who were unmarried. Widows had the highest morbidity with higher prevalence of psychiatric illness than those of married, and married people had significantly higher prevalence of psychiatric illness than those of unmarried[16].Tapas Banergee found a prevalence rate of 1-2% in children with conduct disorder being the commonest and mental retardation[17]. Ray 1962 and Neki *et al* 1963 in their studies found a relationship between the social class and mental illness, with a higher morbidity in the poorer class. The same finding has been observed in many other epidemiological studies conducted in India. In our study 60% of the people belonging lower middle class had the highest morbidity compared to people among lower class which is at 30%. There was a corresponding decrease in the morbidity with socioeconomic status group[18]. Upper-middle class group constituted 6-7%. The highest rate of psychiatric morbidity was found among those who did not have any schooling. There was a corresponding decrease in the mental morbidity with increase in educational status. Though the prevalence of psychiatric disorders seemed to be more in nuclear families 80% as compared to joint families 20%. Most common in all mental disorders are the Anxiety disorders, while substance disorders and impulse-control disorders were consistently less prevalent. A review of anxiety disorder surveys in different countries found that average lifetime prevalence with women having higher rates on average[19]. According to Alonso *et al.,* Anxiety disorders frequently co-occur with depressive disorders or substance abuse. Females have higher rates of anxiety disorders[20]. A study conducted by Chaudhury *et al*, dementia and schizophrenia top the list of disability causing disorders. Depression, OCD are the next disability causing disorders[21].

CONCLUSION

"Mental disorder" is the most commonly used term throughout the world. The study result mentioned that mental disorders are increasing in every year. Mental health care is the most neglected sector, so the present study was conducted to elaborates different types of mental disorders in both sexes, for diagnosing mental problems at the initial stage and arresting its consequences.

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