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PSYCHIATRIC DISORDERS AMONG MIDDLE-AGED AND ELDERLY PATIENTS SEEKING OUTPATIENT PSYCHIATRY WARD

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ABSTRACT

Introduction: The prevalence of mental health issues in aging populations necessitates comprehensive understanding and targeted interventions. This study investigates the prevalence, gender differences, treatment patterns, and social histories associated with psychiatric disorders in middle-aged (40-59 years) and elderly (≥60 years) patients attending outpatient clinic.

Aim and Objectives: The primary aim is to assess psychiatric disorder prevalence in this demographic, with secondary objectives including evaluation of gender disparities, treatment patterns, and social histories.

Methodology: Data from 50 patients over two months at the CAIMS psychiatry ward were collected using a descriptive analytical approach. Ethical approvals were obtained, and demographic details, diagnosis information, medication patterns, and social histories were gathered through patient interviews.

Results: Psychiatric disorder distribution varied significantly by age, with anxiety disorders most prevalent among middle-aged patients (40-49 years), and mood disorders peaking in the 50-59 age group. Gender disparities were evident, with varying disorder prevalence between males and females. Commonly prescribed medications such as T. OLEANZ were identified, indicating prevalent psychotic symptoms.

Conclusion: This study highlights the intricate interplay of age, gender, and lifestyle factors in psychiatric disorder manifestation and treatment among middle-aged and elderly patients. Tailored interventions addressing these factors are crucial for enhancing mental well-being and treatment outcomes in this demographic.

KEYWORDS: Psychiatric disorders, Middle-aged adults, Elderly adults, Outpatient psychiatry, Prevalence, Gender differences, Treatment patterns, Social history, mental health, aging population.

INTRODUCTION

According to the Pan American Health Organization (PAHO), mental health problems are common among seniors and may include isolation, affective and anxiety disorders, dementia, and psychosis, among others. Many seniors also suffer from sleep and behavioral disorders, cognitive deterioration or confusion states as a result of physical disorders or surgical interventions.

At least one in four older adults experiences some mental disorder, such as depression, anxiety, or dementia. Due to population aging, the number of seniors with mental disorders is expected to double by 2030. Depression is the most common mental health problem in older people. People aged 85 and older have the highest suicide rate of any age group.
Two-thirds of seniors with mental health problems do not get the treatment they need (the “treatment gap”).

As the population ages, the number of middle-aged and elderly adults seeking outpatient psychiatry care is increasing. These patients are at risk for a variety of psychiatric disorders, including depression, anxiety, dementia, and substance abuse.

The prevalence and complexity of psychiatric disorders among middle-aged and elderly patients seeking outpatient psychiatric care have become increasingly prominent with the aging global population. Mental health issues in these age groups are often

underdiagnosed and undertreated, partly due to the stigma surrounding mental health and the preference of older adults to seek help from primary care physicians rather than mental health specialists (Lyness et al., 1999).[1] This paper aims to explore the characteristics, prevalence, and treatment outcomes of psychiatric disorders in middle-aged and elderly patients attending outpatient psychiatric clinics.

The geriatric population is particularly vulnerable to a range of psychiatric disorders, including depression, anxiety, substance use disorders, and dementia. Studies indicate that Depression is one of the most common psychiatric disorders among elderly patients, significantly affecting their morbidity and mortality rates (Parpa et al., 2015).[2] In a survey of older patients in primary care settings, major depression was prevalent, with many patients also experiencing minor depression, dementia, and anxiety disorders (Lyness et al., 1999).[1]

Furthermore, psychiatric disorders in elderly patients often coexist with chronic physical illnesses, complicating diagnosis and treatment. For instance, a study on psychiatric inpatients revealed that elderly patients frequently had multiple medical comorbidities, highlighting the need for integrated care approaches (Zubenko et al., 1997).[3] This comorbidity not only affects the management of psychiatric symptoms but also impacts the overall prognosis and quality of life of the patients.

Service utilization patterns among elderly psychiatric patients show a significant underutilization of outpatient psychiatric services. Factors such as geographical barriers, transportation issues, and social stigma contribute to this trend (Weyerer, 1983).[4] Moreover, collaborative care models that include clinical pharmacists working alongside psychiatrists have demonstrated improved outcomes in medication management and adherence among geriatric patients.

Understanding the unique needs and challenges faced by middle-aged and elderly patients in outpatient psychiatric settings is critical for developing effective treatment strategies. For instance, elderly patients with schizophrenia prioritize physical health, memory, and social functioning, indicating the necessity for mental health services that address these specific areas (Auslander & Jeste, 2002).[5] Additionally, the high mortality rates among elderly patients with delirium compared to those with depression underscore the severe impact of certain psychiatric conditions on this population.

Depression
Depression is the most common psychiatric disorder among middle-aged and elderly adults. It is characterized by feelings of sadness, hopelessness, and worthlessness. Depression can also cause changes in appetite, sleep, energy level, and concentration.

Anxiety
Anxiety disorders are also common among middle-aged and elderly adults. These disorders include generalized anxiety disorder, panic disorder, and social anxiety disorder. Anxiety disorders can cause feelings of excessive worry, fear, and apprehension. They can also cause physical symptoms such as sweating, trembling, and shortness of breath.

Dementia
Dementia is a progressive brain disorder that causes memory loss, difficulty thinking, and changes in personality. It is the most common cause of disability in older adults.

Substance abuse
Substance abuse is also a problem among middle-aged and elderly adults. Alcohol and prescription drugs are the most commonly abused substances. Substance abuse can cause a variety of problems, including health problems, financial problems, and relationship problems.

We hypothesize that psychiatric disorder prevalence and treatment patterns differ significantly by age and gender.

NEED OF THE STUDY

This study is needed to improve our understanding and management of psychiatric disorders in middle-aged and elderly adults, a population with a high prevalence of these disorders and significant consequences from untreated illness. There is an increasing prevalence of mental health issues in this demographic group. As our population ages, understanding the unique psychiatric challenges faced by middle-aged and elderly individuals becomes crucial.

This study distinguishes itself from previous research by providing a comprehensive evaluation of psychiatric disorders among middle-aged and elderly outpatients, with a particular emphasis on the interplay between substance abuse and psychiatric illness, an area that has received limited attention in earlier studies. Furthermore, by systematically analyzing family and social histories, our approach offers a more holistic perspective on the factors influencing mental health in this demographic. This multidimensional assessment aims to uncover patterns and associations that are often missed in studies focusing solely on diagnostic prevalence or treatment outcomes, thereby contributing novel insights to the field and informing more effective, individualized intervention strategies.

Ultimately, this research will contribute to more effective treatment strategies and better mental health care for middle-aged and elderly patients, improving their quality of life and well-being.

AIM AND OBJECTIVES

AIM: To assess the types of psychiatric cases among middle-aged and elderly patients attending a psychiatric outpatient ward.

Primary objectives

- Evaluation of most prevalent type of disorder in middle and old age patients.

Secondary objectives

- Evaluation of the most commonly prescribed medications among middle and old age patients seeking psychiatry ward.
- To identify the most frequently observed symptoms among middle and old age patients.
- To assess social history and family issues among psychiatric patients.

METHODS AND METHODOLOGY

Study Site: The study was carried out in CAIMS psychiatry ward.
Study Design: Descriptive analytical study
Study Duration: The study was conducted for 2 months
Sample size: 50
Inclusion criteria

- Middle-aged adults: 40-59 years
- Elderly adults: 60 years and above

Exclusion criteria

- Excluding patients below 40 years
- Excluding patients with severe medical conditions like head injuries, metabolic disorders, cerebral infections, toxic exposure (ex: chronic lead exposure) Parameters to be considered • Demographic details
- Diagnosis
- Present and past medical history
- Family history
- Present Medication

Data Collection: Data were collected using standardized forms from both prospective and retrospective cases. For prospective cases, information was gathered through patient or caregiver interviews regarding demographics, medication history, and social history. Clinical history, psychiatric diagnoses, examination findings, and relevant laboratory test results were obtained from the treating psychiatrist's records. For retrospective cases, all relevant data were extracted from existing medical records maintained by the psychiatry department.

STUDY PROCEDURE

Study approval from the Institutional Review Board (IRB) and Institutional Ethical committee (IEC) was obtained. After acquiring permission from IRB & IEC, Old age and middle age patients attending psychiatric ward were interviewed and required data was collected.
Informed Consent: All patients who met the inclusion criteria were informed about the study and provided written consent. For prospective cases, demographic, medication, and social history data were collected through direct interviews with patients or their caregivers. Clinical history, psychiatric examination findings, diagnoses, and laboratory test results were obtained from the psychiatrists' records. For retrospective cases, all relevant information was extracted from existing patient records.

Statistical Analysis

Data were entered into MS Excel for organization and analyzed using SPSS (version 20.0). Categorical variables were summarized using frequencies and percentages. The Chi-square test was used to assess associations between categorical variables (e.g., age group, gender, and types of psychiatric disorders). Statistical significance was set at $p < 0.05$.

RESULTS AND OBSERVATIONS

Table 1: Age Distribution.

Age Category	Frequency	Percentage
40-49	23	46.00%
50-59	18	36.00%
≥ 60	9	18.00%

Comments

This frequency distribution table presents the distribution of age categories within the sample. The age categories are divided into three intervals: 40-49 years, 50-59 years, and greater than 60 years. Approximately 46.00% of the sample falls within the 40-49 age category, 36.00% within the 50-59 age category, and 18.00% are over 60 years old.

Table 2: Gender Distribution.

Gender	Frequency	Percentage
Female	22	44.00%
Male	28	56.00%

Comments

This frequency distribution table presents the adjusted gender distribution within the sample of 50 individuals, with 22 females and 28 males. Approximately 44.00% of the sample are females, while approximately 56.00% are males.

Table 3: Distribution Table of Psychiatric Disorders and Age.

Age/Psychiatric disorders	Anxiety disorder	Mood disorder	Psychotic disorder	Substance Use	Comorbid	Other	Total
40-49	05	02	05	05	06	01	24
50-59	01	06	06	01	02	04	20
≥60	0	05	01	0	01	00	07
Total	06	13	12	12	09	06	50

Chi square test, P=0.021, statistically significant

Comments: The distribution of psychiatric disorders across different age groups shows significant variability, with the highest prevalence in the 40-49 age group (24 cases), followed by the 50-59 age group (20 cases), and the lowest in individuals over 60 (7 cases). Anxiety disorders were most common in the 40-49 age group and were not observed in patients over 60 in this sample, while mood disorders are evenly distributed but peak in the 50-59 age group. Psychotic disorders are equally common in the 40-49 and 50-59 age groups but drop significantly in the over 60 group. Substance use disorders are mainly observed in the 40-49 age group, nearly disappearing in older groups. Comorbid disorders are most prevalent in the 40-49 age group, and other disorders are more frequent in the 50-59 age group. The Chi-square test (P = 0.021) indicates these differences are statistically significant, highlighting age as a crucial factor in the prevalence of psychiatric disorders.

Table 4: Distribution Table of Psychiatric Disorders and Gender.

Gender/ Psychiatric Disorders	**Anxiety disorder**	**Mood disorder**	**Psychotic disorder**	**Substance Use**	**Comorbid**	**Other**	**Total**
Female	04	03	07	03	02	03	22
Male	01	09	03	01	08	06	28
	05	12	10	04	10	09	50

Chi square test, P=0.043, statistically significant

Comments: The distribution of psychiatric disorders by gender is detailed in Table 4, showing significant differences between males and females. Among females, the most common disorders are psychotic disorders (7 cases), followed by anxiety disorders (4 cases), mood disorders (3 cases), substance use disorders (3 cases), other disorders (3 cases), and comorbid disorders (2 cases), totaling 22 cases. Among males, mood disorders are most prevalent (9 cases), followed by comorbid disorders (8 cases), other disorders (6 cases), psychotic disorders (3 cases), anxiety disorders (1 case), and substance use disorders (1 case), totaling 28 cases. The Chi-square test result (P = 0.043) indicates that these gender differences in the prevalence of psychiatric disorders are statistically significant, underscoring the need for gender-specific strategies in addressing psychiatric conditions.

Table 5: History of Present Illness in Patients.

Duration of current illness.	***(n*=50)**
0- 1 YEAR	26
2- 5 YEAR	14
6- 10 YEAR	06
>10 YEAR	04

Comments: The distribution of the duration of present illness among patients is presented in Table 5. The majority of patients (26) have experienced their illness for 0-1 year. This is followed by 14 patients with an illness duration of 2-5 years, 6 patients with an illness duration of 6-10 years, and 4 patients with an illness duration of over 10 years. This data indicates that a significant proportion of patients are in the early stages of their illness, with a progressively smaller number of patients having longer durations of illness.

Table 6: Most Frequently Prescribed Drugs In Patients Seeking Psychiatric Care.

Drugs	**No. of Times Prescribed**
T.OLEANZ (Olanzapine)	28
T.LIBRIUM (Chlordiazepoxide)	16
T.SIZODON (Risperidone)	14
INJ.THIAMINE (Thiamine injection)	12
T.PARKIN (Trihexyphenidyl)	08
INJ.LORA+INJ. SERENACE (Lorazepam+ Haloperidol injection)	08
INJ. LORA (Lorazepam injection)	06
T.NEXITO (Escitalopram)	06

Comments: The table presents the most frequently prescribed drugs for patients seeking psychiatric care, indicating T. OLEANZ as the most commonly prescribed medication, followed by T. LIBRIUM and T. SIZODON. Injectable medications like INJ. THIAMINE and combinations such as INJ. LORA + INJ. SERENACE are also prevalent.

Table 7: Most Common Symptoms among Middle and Old Aged Psychiatric Patients.

Symptoms	**Frequency**
Sleep disturbances	42
Decreased appetite	34
Irritability	20
Low mood	18
Suspiciousness	18
Forgetfulness	08
Fearfulness	08

Table 8: Social History among Patients.

Social history	No. Of patients
Alcohol	09
Tobacco chewing	04
Smoking	03

Comments: This table presents the social history of patients, reveals that out of the total patients surveyed, 9 (45%) have a history of alcohol consumption, 4 (20%) engage in tobacco chewing, and 3 (15%) are smokers.

DISCUSSION

The current study reveals an age distribution of 46% for individuals aged 40-49 years, 36% for those aged 50-59 years, and 18% for individuals over 60. This is consistent with previous research indicating that elderly patients represent a significant proportion of psychiatric cases, particularly in outpatient and inpatient settings. For instance, Prats et al. (2011) found that elderly patients are frequently seen in psychiatric emergency rooms, with common issues being anxiety-depressive disorders and delirium. Gender Distribution Our study's gender distribution shows 44% female and 56% male. This aligns with a study by Shakya (2012), which reported a slightly higher female predominance in elderly psychiatric outpatients (54% female).

Distribution of Psychiatric Disorders by Age European Journal of Biomedical and Pharmaceutical Sciences In our study, anxiety disorders are highest in the 40-49 years age group and absent in those over 60, while mood disorders peak in the 50-59 years age group. Psychotic disorders are common in the 40-59 years age group but lower in those over 60. Substance use disorders mainly occur in the 40-49 years age group, with comorbid and other disorders also highest in this age group. This age related difference is statistically significant (P=0.021). Recent research supports these findings, with older adults often presenting with a mix of psychiatric conditions such as depression, anxiety, and delirium. Distribution of Psychiatric Disorders by Gender Among females in our study, psychotic disorders are most common, while among males, mood disorders predominate. This gender-related difference is statistically significant (P=0.043). Holroyd & Duryee (1997) found similar gender differences, with females more likely to suffer from depressive disorders and males more likely to have substance use disorders. History of Present Illness Most patients in our study have a short duration of illness (0-1 year), which is consistent with findings from Grover et al. (2018), indicating that many elderly patients present with acute or recent onset of psychiatric symptoms, particularly in emergency settings. Most Frequently Prescribed Drugs Commonly prescribed drugs in our study include T. OLEANZ, T. LIBRIUM, and T. SIZODON, reflecting patterns observed in previous research where antipsychotics and benzodiazepines are frequently used in elderly psychiatric patients. Most Common Symptoms Sleep disturbances, decreased appetite, and irritability are the most common symptoms observed in our study, consistent with reports by Ertekin et al. (2016), where depression, anxiety, and cognitive symptoms are commonly reported among elderly psychiatric patients. Social History Alcohol consumption is prevalent among patients in our study (45%), similar to findings by Grover et al. (2018), indicating that substance use, including alcohol and tobacco, is common among elderly psychiatric patients, often complicating their mental health conditions.

CONCLUSION

In conclusion, the present study's findings contribute to a deeper understanding of psychiatric disorders among middle-aged and elderly patients seeking outpatient psychiatric care. The age and gender disparities observed underscore the complexity of these disorders and the importance of tailored interventions. Mood disorders, anxiety, and psychotic disorders were prevalent, with specific patterns emerging across different age groups and between genders. The short duration of illness among many patients highlights the need for early intervention and timely access to psychiatric care. Additionally, the prevalence of substance use and common symptoms such as sleep disturbances and decreased appetite emphasizes the importance of holistic treatment approaches. Integrating social histories, including substance use patterns, into treatment plans is crucial for addressing the medical and social determinants of mental health in this demographic. Overall, comprehensive and personalized approaches to psychiatric care are essential for promoting mental well-being and improving treatment outcomes among middle aged and elderly patients.

Limitations: This study is limited by its small sample size (n=50) and short duration (2 months), which may affect the generalizability of the findings. Future research with larger, more diverse samples and longer follow-up periods is recommended.

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