EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Volume: 5
Issue: 9
475-478
Year: 2018

A CLINIC-BASED OBSERVATIONAL STUDY IN PSYCHIATRIC OUT-PATIENT DEPARTMENT

Sabbani Madhuri[1]*, Gajula Babitha[2], Dr. Pulluru Manjula[3] and Dr. Bandari Jagadeesh Babu[4]

Department of Pharmacy Practice Care College of Pharmacy Oglapur (v), Damera(M), Warangal(rural) Telangana-506006, India.

***Corresponding Author: Sabbani Madhuri**
Department of Pharmacy Practice Care College of Pharmacy Oglapur (v), Damera(M), Warangal(rural) Telangana-506006, India.

Article Received on 12/07/2018 **Article Revised on 01/08/2018** **Article Accepted on 21/08/2018**

ABSTRACT
Introduction: This study reveals the incidence and prevalence, treatment strategy, associated risk factors that affects the quality of life in psychiatric patients. This prospective observational study was carried out for a period of six months from January 2017 to September 2017 at psychiatric out-patient department. Patients of age above 10 years and who were able to respond to the questionnaire were included in the study. Pregnant women and patients who were aggressive and violent were excluded in this study. Out of 786 patients 24.9% were diagnosed as patients of depression which was most common, followed by 21.5% of schizophrenia patients. According to American Psychiatric Association (DSM-IV) some common serious mental disorders associated with chronic drug abuse include schizophrenia, bipolar disorder, manic depression, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder. This study stresses the critical need for taking necessary steps toward minimizing poor outcomes related to lack of compliance in drug therapy. Patient education regarding the disease and awareness may reduce the prevalence and recurrence of the disease conditions.

KEYWORDS: Psychiatric patients, DSM-IV, APA Guidelines.

INTRODUCTION
Psychiatric disorders have traditionally been considered as mental rather than as physical illnesses. This is probably because they manifest with disordered functioning in the areas of emotion, perception, thinking and memory, and/or have had no clearly established biological basis.[1] Psychiatry is the medical specialty devoted to the diagnosis, prevention, study, and treatment of mental disorders. These include various abnormalities related to mood, behavior, cognition, and perceptions.[1]

According to WHO nearly 20 million Indians suffered from severe mental disorders such as schizophrenia and bipolar disorder, and nearly 50 million suffered from common mental disorders like depression and anxiety by the end of 2011. The prevalence of mental disorders in India is 70.5 per 1000 in rural and 73 per 1000 in urban population. It is estimated that by 2020, 15% of the disability-adjusted life years (DALYs) lost would be due to mental and behavior disorders, up from ten percent in 1990 and 12% in 2000[2]. Worldwide about 24 million people suffer from schizophrenia and 121 million from depression.[2] However prevalence of mental disorders in India is less when compared to the western countries because of genetic reasons, life style, cultural factors and good family support. A single specific treatment approach does not work for all patients and therefore for overall well being various approaches like Psychotherapy, Medication, Hospitalization, Peer support, Support group may be tried.

Antipsychotic agents have revolutionized the treatment of many psychiatry disorders in last six decades.[3] More than 20 of these agents have been introduced in the market and have substantially improved functioning and quality of life of patients with psychotic disorders. However, these medications are also associated with adverse events ranging from mostly annoying to rarely dangerous and in some instances, result in serious morbidity and mortality. Effective management of these unwanted effects of antipsychotics has the potential to improve patient compliance, quality of life and possibly the prognosis and ultimate outcome.[3]

METHODOLOGY
This prospective observational study was carried out for a period of six months from January 2017 to September 2017 at psychiatric out-patient department. Necessary information was collected from the patient records, laboratory data, direct communication with patients and their care takers, Questionnaires were filled by interacting with the patients and all the required information like demographic details, prescribed

medications, and adverse events encountered, pharmacist interventions if any. Other information was asked verbally which included lifestyle, type of diet, working status, residence, duration of condition, presence of other co morbidities and their duration and any other factor influencing their quality of life. Patients of age above 10 years and who were able to respond to the questionnaire were included in the study. Pregnant patients, aggressive and violent patients were excluded from the study.

RESULTS AND DISCUSSION

A total number of 786 patients who were visiting out-patient department of psychiatry participated in the study. The gender based classification of subjects showed that female patients accounted for 51.9% compared to 48.1% male patients. Age wise categorization of the patients was done as shown in [table -1]. Almost 25% of patients in our study were in the age group of 20-29 years.

Out of 786 patients 24.9% were diagnosed as patients of depression which was most common, followed by 21.5% of schizophrenia patients and alcohol withdrawal syndrome accounted for less than 1%.[Table:2].

Almost half the study population did not have social habits like alcoholism, smoking, drug addiction and this comprised mainly of female patients. In general, it can be said that female psychiatric patients have causes for their psychiatric problems totally unrelated to social habits. In men although the causes may be different, situation is definitely worsened by their social habits. [Table-3].

From the findings of the present study it is clear that more than one factor is responsible for poor compliance of therapeutic regimen. Main reasons for drug non-compliance identified in the present study are financial difficulty, distance from the hospital, significant improvement in symptoms, no improvement in symptoms, side effects, lack of insight into the mental illness, and lack of awareness about the importance of long-term medication. Under medication related factors we included causes like cost, prolonged therapy and adverse drug reactions. Patient related factors included patient's personal obligations, lack of family support, a general fear of medications. Disease related factors included a feeling of well being after a short course of therapy and forgetfulness, no improvement in symptoms felt by the patients. Health system related factors included causes like lack of adequate instruction, lack of access to the psychiatrist on follow up. [Table-4].

Table 1: Distribution of patients according to age.

Age in years	Total no. of patients	Percentage of patients
10-19	71	9.03%
20-29	199	25.3%
30-39	151	19.2%
40-49	121	15.39%
50-59	107	13.61%
Total	786	100%

Table 2: Number of patients for each psychiatric disorder.

S.NO	Psychiatric disorder	Drugs	Number of patients	%
1.	Depression	Fluoxetine, amityptilline, clonazepam	196	24.9
2.	Schizophrenia	Olanzapine, haloperidol, resperidone	96	21.5
3.	Psychosis	Olanzapine, resperidone	90	20.1
4.	Alcohol dependence syndrome	Chlordiazepoxide, clonazepam, bupropion	64	14.3
5.	Panic disorder	Escitalopram, clonazepam, fluoxetine	60	13.5

Table 3: Distribution based on the social habits of the patient.

S.NO	Social habits	Number of patients	%
1.	Smoking	98	12.4
2.	Alcoholism	87	11.0
3.	Drug addiction	5	0.63
4.	Alcoholism+ Drug addiction	11	1.39
5.	Smoking+ drug addiction	8	1.01
6.	Smoking+ alcoholism	177	22.5
	Total	786	100

Table 4: Factors for non compliance of Medication.

S.No.	Factors	Number of patients	[%]
1.	Medication related factors	102	37.0
2.	Patient related factors	60	21.9
3.	Disease related factors	82	30.3
4.	Health system related factors	25	9.1

When patients age was the criteria it was observed that 25.3% patients were of age group 20-29 which is similar to an earlier study[4], followed by 19.2% in the age group 30-39 and the prevalence was lowest in the age group of more than 60 years. Among 786 patients in the study, 24.9% were suffering from depression which accounted for majority of cases. According to one study the triggers for depression appear to differ, with women more often presenting with internalizing symptoms and men presenting with externalizing symptoms.[5] Women are more prone due to changes in ovarian hormones. The fact that increased prevalence of depression correlates with hormonal changes in women, particularly during puberty, prior to menstruation, following pregnancy and at pre-menopause, suggests that female hormonal fluctuations may be a trigger for depression in almost all age groups of female patients. Most frequently seen problem in the aged population was depression for which loneliness was the most common cause. It is quite obvious because at that age people begin to lead inactive lives, feel purposeless and face lot of health issues. Such a situation can be improved if family support is there and mere drug therapy is not very effective.

In our study 51.1% patients were married and 42.3% were unmarried and only 6.4% of them were single (widowed / divorced). These observations were similar to an earlier study.[6] Marriage may be stressful for some sensitive people causing mental health problems and our study showed some major mental health disorders arising out of marital disharmony.

Our observation regarding social habits has shown that 12.4% patients were smokers and 11% were alcoholics. It is well known fact that our brains rely on a delicate balance of chemicals and processes. Alcohol is a depressant, which means it can disrupt that balance, affecting our thoughts, feelings and actions and sometimes our long term mental health. This is partly down to neuro transmitters, chemicals that help to transmit signals from one nerve or neuron in the brain to another. As more amount of alcohol is taken instead of pleasurable effects, it is possible that a negative emotional response will take over. Alcohol can be linked to aggression, anxiety and depression. Certain studies indicate possible biological mechanisms linking smoking and mental illness.[7] Agonists of nicotinic cholinergic receptors (including nicotine itself) presumably improve cognition and mood. These effects of nicotine are the basis for the self medication hypothesis regarding the association of smoking with mental disorders. However, it has also been hypothesized that chronic administration of cholinergic agents may lead to indirect inhibition of the nicotinic receptors and hence contribute to increased prevalence of depression. Certain modifications in these mechanisms may be the basis for other types of mental disorders.

According to American Psychiatric Association (DSMIV) some common serious mental disorders associated with chronic drug abuse include schizophrenia, bipolar disorder, manic depression, attention deficit hyperactivity disorder (ADHD), generalized anxiety disorder, obsessive-compulsive disorder, posttraumatic stress disorder, panic disorder, and. Some of these disorders carry with them an increased risk of drug abuse. Individuals with schizophrenia sometimes use substances such as marijuana to mitigate the disorder's negative symptoms (depression, apathy, and social withdrawal), to combat auditory hallucinations and paranoid delusions, or to lessen the adverse effects of their medication, which can include depression and restlessness. Chronic drug abuse by adolescents during formative years is a particular concern because it can interfere with normal socialization and cognitive development and thus frequently contributes to the development of mental disorders. Although in our study, very few patients had drug addiction problem, elsewhere drug abuse is a major problem and as studies have shown (APA guidelines) it can lead to lot of psychiatric disorders.

According to one recent study six major themes are associated with quality of life for those with mental health problems:(a) well-being and ill-being (b)control, autonomy and choice (c)self perception (d)belonging (e)activity (f)hope and hopelessness.[8]

Upon interviewing the patients while filling in the questionnaire we could see that non compliance was one major problem seen with majority of patients. We found non compliance between age group 21-30 and mostly in female patients who were married, in patients having low level of education, and unemployed patients. These observation were similar to an earlier study.[9] Schizophrenia was the commonest psychiatric illness leading to noncompliance. The reasons for noncompliance varied with each patient like feeling of subjective well being, paranoia to medication, no insight into the illness, medication side effects, hopelessness of cure, lack of care giver/poor support, financial problems, no improvement, too much of medication etc. This study stresses the critical need for taking necessary steps toward minimizing poor outcomes related to lack of compliance in drug therapy.

Studies suggest a possible bi- directional relationship with global mental health and alcohol dependence and financial difficulties which take form of 'vicious cycle' whereby poor mental health exacerbates financial difficulties and these financial difficulties then go on to affect mental health.[10] We came across such situations in some of our study patients where it was felt that rather than pharmacotherapy, non pharmacological therapy and counseling would have been more effective.

CONCLUSION

Patient education regarding the disease and awareness may reduce the prevalence and recurrence of many psychiatric problems. Availability of a well trained clinical pharmacist in the hospital and providing services such as patient education about disease in general and personalized counseling, drugs, diet and life style modification suggestions will significantly reduce recurrent rate, economic burden on the patients and community also may result in better therapeutic outcome.

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