A Retrospective Assessment of the Patient Attendance Pattern in the Psychiatric Outpatient Department (OPD)

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Abstract

Aim: To study the patient attendance pattern in the psychiatric outpatient department (OPD) of a tertiary healthcare center.

Material and Methods: This retrospective study was carried out in the Department of Psychiatry, PMCH, Patna, Bihar, India for one year. A total of 50 patients attending the psychiatric care facility of the institute were included in the study after getting informed consent. Anxiety was evaluated with GAD-7 scale which is a short 7 item scale. Each item is scored on a four-point Likert scale (0–3) with total scores ranging from 0 to 21 with higher scores reflecting greater degree of anxiety.

Results: The mean age of the patients was 35.85 years. More than half of the patients included in the study were male (60%). Of the total number of patients, 56% were employed, 72% belonged to nuclear families, 64% belonged to a lower middle socio- economic status and 58% were educated beyond secondary school. A total of 50 number of patients attended the psychiatric care facility of our institute. 28(56%) of these patients had come with a first episode of psychiatric illness whereas 23(46%) patients had previous episodes of psychiatric disease. Among the new patients approximately half of patients presented with anxiety symptoms 23(46%) whereas anxiety with predominant insomnia was seen in 5(10%) patients. 2(4%) patients presented acute transient psychosis (ATP). 1(2%) patient was diagnosed as depression and 3(6%) patients presented with dissociation.

Conclusion: We concluded that the patients with both previous psychiatric illness or without any psychiatric are equally vulnerable for psychological reactions.

Keywords: Psychiatric, outpatient department (OPD), acute transient psychosis

Introduction

Mental health disorders are a significant public health concern worldwide, affecting millions of individuals across various demographics. Tertiary health care centers, known for their advanced diagnostic and therapeutic capabilities, play a crucial role in managing complex and severe psychiatric conditions that are often beyond the scope of primary and secondary care facilities. These centers serve as essential hubs for specialized psychiatric care, providing comprehensive treatment for patients with a wide range of mental health issues. [1,2] Understanding the patterns of patients attending psychiatric outpatient departments (OPDs) at tertiary health care centers is vital for several reasons. It helps in identifying the most common psychiatric conditions, which can inform the development of targeted interventions and resource allocation. Additionally, analyzing the demographic characteristics and clinical presentations of these patients can provide insights into the socio-economic and cultural factors influencing psychiatric morbidity. [3,4] Patterns observed in psychiatric OPDs can reveal significant trends and disparities in mental health care. For example, mood disorders, anxiety disorders, and psychotic disorders are often prevalent among patients seeking specialized psychiatric care. Factors such as age, gender, marital status, education level, and employment status may also impact the likelihood of seeking psychiatric help and the types of disorders presented. [5,6] By examining these patterns, health care providers can gain a better understanding of the needs and challenges faced by individuals with psychiatric conditions. This knowledge is crucial for tailoring treatment approaches, improving patient outcomes, and ensuring that mental health services are accessible and effective for those in need. [7-10] The goal of

this study is to analyze the patterns of patients attending the psychiatric OPD at a tertiary health care center, with a focus on demographic profiles, clinical diagnoses, and treatment approaches. This analysis aims to contribute valuable insights that can enhance the delivery of mental health care and support the development of effective strategies for addressing psychiatric disorders in tertiary care settings.

Material and Methods

This retrospective study was carried out in the Department of Psychiatry, PMCH, Patna, Bihar, India for one year. A total of 50 patients attending the psychiatric care facility of the institute were included in the study after getting informed consent. Any patient with mental retardation, organic brain disorder was excluded from the study. All the cases were assessed with thorough history and diagnosis was made based on ICD-10 criteria. The assessments were carried out over one session. In this study worsening was defined as symptoms worsening after an initial response to treatment but before complete recovery. Relapse was defined as reappearing of symptoms following recovery from the illness, whereas recurrence was reappearance

following remission of an episode. Anxiety was evaluated with GAD-7 scale which is a short 7 item scale. Each item is scored on a four-point Likert scale (0–3) with total scores ranging from 0 to 21 with higher scores reflecting greater degree of anxiety.

Statistical Analyses

Data were analyzed using Statistical Package for the Social Sciences (SPSS) version 25.0 (IBM, Chicago, IL, USA). The results were evaluated in a 95% confidence interval and a $p < 0.05$ was considered significant.

Results

The mean age of the patients was 35.85 years. More than half of the patients included in the study were male (60%). Of the total number of patients, 56% were employed, 72% belonged to nuclear families, 64% belonged to a lower middle socio- economic status and 58% were educated beyond secondary school. When the demographic profiles of male and female patients were compared, significantly higher proportions of male patients were employed (Chi-square test value 0.004; P < 0.001). [Table 1]

Table 1: Socio-demographic profile

Variables	Patient (N=50) Mean (SD) (range)/	Male Patients (N=30) Mean (SD) (range)	Female Patients (N=20) Mean (SD) (range)	t-test/ Chi-square test (p value)
Age (in years)	35.85(12.25) (13-65)	48.1(5.9) (38-57)	43.7(7.09) (29-56)	24.4(0.494)
	Patient (N=50) frequency (%)	Male Patients (N=30) Frequency (%)	Female Patients (N=20) frequency (%)	t-test/ Chi-square test (p value)
Education				0.663(0.417)
≤10th	21(42)	11(22)	10(20)	
>10th	29(58)	19(38)	10(20)	
Occupation status				8.954(0.004)***
Unemployed	22 (44)	10(20)	12(24)	
Employed	28 (56)	20(40)	8(16)	
Socio-economic status				6.84(0.010)***
Lower middle & below	32(64)	16(32)	16(32)	
Upper middle & Above	18(36)	14(28)	4(8)	
Type of family				0.169(0.683)
Nuclear	36(72)	21(42)	15(30)	
Extended/ Joint	14(28)	9(18)	5(12)	
Locality				2.83(0.093)
Urban	23(46)	17(34)	6(12)	
Rural	27(54)	13(26)	14(28)	

Clinical Profile

A total of 50 number of patients attended the psychiatric care facility of our institute. 28(56%) of these patients had come with a first episode of psychiatric illness whereas 23(46%) patients had

previous episodes of psychiatric disease. Among the new patients approximately half of patients presented with anxiety symptoms 23(46%) whereas anxiety with predominant insomnia was seen in 5(10%) patients. 2(4%) patients presented acute

transient psychosis (ATP). 1(2%) patient was diagnosed as depression and 3(6%) patients presented with dissociation.

On taking a detailed history of patients with a previous history of psychiatric illness, we found that 2(4%) patients had a past history of ATP, 3(6%) patients had a previous history of Schizophrenia, 1(2%) patient of bipolar disorder (BPD), 5(10%) patients with a past history of anxiety disorder, 8(16%) patients of alcohol dependence syndrome (ADA), 2(4%)patients of previous opioid dependence syndrome (ODS) and 3(6%) patient had

a previous history of dissociative disorder. The patients who had a previous history of psychiatric disease, 16 (32%) of them came with a relapse of symptoms, 4(8%) patients manifested with worsening of symptoms and 2(4) patients came with recurrence of symptoms.13 of the 50 (26%) patients were on psychiatric medications. The majority of patients i.e. 88% did not have any previous family history of psychiatric illness. When evaluating the impact the disease, according to the gender of the patients, new cases were significantly higher in females, whereas males had a higher proportion of previous history of psychiatric illness. [Table 2]

Table 2: Clinical Profile

Variables	Patient (N=50) Frequency (%)	Male Patient (N=30) Frequency (%)	Female Patient (N=20) Frequency (%)	t-test/ Chi-square test (p value)
Current episode				12.08(0.008)***
Independent	28(56)	12(24)	16(32)	
Worsening of previous episode	4(8)	1(2)	3(6)	
Relapse of previous episode	16(32)	15(30)	1(2)	
Recurrence	2(4)	2(4)	0(0)	
Past history of psychiatric episode				7.998(0.006)***
Yes	23(46)	20(40)	3(6)	
No	27(54)	10(20)	17(34)	
Diagnosis of previous episode				12.794(0.078)
ATP	2(4)	2(4)	0(0)	
Schizophrenia	3(6)	2(4)	1(2)	
BPD	1(2)	1(2)	0(0)	
Anxiety disorder	5(10)	4(8)	1(2)	
Alcohol dependence	8(16)	8(16)	0(0)	
Opioid dependence	2(4)	2(4)	0(0)	
Dissociation	1(2)	0(0)	1(2)	
None	28(56)	12(24)	16(32)	
Ongoing psychiatric medication				0.371(0.544)
Yes	13(26)	7(14)	6(12)	
No	37(74)	23(46)	14(28)	
Family history		3.475(0.064)		3.475(0.064)
Yes	6(12)	6(12)	0(0)	
No	44(88)	24(50)	20(40)	
Current episode				12.634(0.127)
ATP	5(10)	2(4)	3(6)	
Schizophrenia	3(6)	2(4)	1(2)	
Depression	1(2)	1(2)	0(0)	
BPD	1(2)	1(2)	0(0)	
Anxiety symptoms	23(46)	13(26)	10(20)	
Anxiety symptoms with predominant insomnia	4(8)	2(4)	2(4)	
Alcohol dependence	8(16)	8(16)	0(0)	
Opioid dependence	2(4)	1(2)	1(2)	
Dissociation	3(6)	0(0)	3(6)	

Anxiety severity assessment with GAD-7

Anxiety was assessed by GAD-7 scale. The mean score for GAD- 7 for the whole study population was 8.4. When the mean score was compared between various groups' i.e. male v/s female, new patients v/s old patients, it was found that the mean value was consistently higher in females as compared to males.

On further assessment, we tried to assess the severity of anxiety in these patients. A cut-off value of ≥10 on the GAD-7 scale was considered as severe anxiety. It was found that, more than half of the study population (55%) had a score of greater than 10. Moreover those patients who came to the facility for the first time also presented with a higher severity score of >10(12.95(0.000)***). However no significant association was found between gender of patient and the severity of anxiety. [Table 3].

Table 3: Assessement of severity of anxiety (GAD 7 scale)

Variables	Patients (n=50) Mean (SD) (range)	Male patient (n=30) Mean (SD) (range)	Female patient (n=20) Mean (SD) (range)	Old patient (n=20) Mean(SD) (range)/	New patient (n=30) Mean(SD) (range)/
GAD-7	8.4(3.65)(1-13)	7.73(3.67)(2-11)	9.29(3.35)(1-13)	6.26(3.22)(2-11)	9.86(3.09)(1-13)
t-test/ Chi-square test (p value)	14.89(0.189)			29.02(0.003)**	
GAD-7 score <10 >10	Patients (n=50Frequency (%)	Male patient (n=30) Frequency (%)	Female patient (n=20) Frequency (%)	Old patient (n=20) Frequency (%)	New patient (n=30) Frequency (%)
	21(42) 29(58)	13(26) 17(34)	08(16) 12(24)	15(30) 5(10)	06(12) 24(48)
t-test/ Chi-square test (p value)	3.38(0.067)			12.95(0.000)***	

Discussion

Our data revealed that more than half of the patients (56%) presented for the first time with female being significantly at higher risk for developing psychological reaction. Apart from anxiety, patients also presented with various psychiatric disorders like acute transient psychosis (ATP), depression, dissociation, insomnia. The depressive and dissociative presentation was mostly related to financial loss and specific pattern of lifestyle as a result of the pandemic. The group of patients who presented with ATP came with a sense of marked paranoia of contracting the virus or contaminating their loved ones with the infection. But due to scant number of patients in our study and with limited studies, available, it is difficult to comment upon the exact pathway of genesis of psychotic symptoms. In a recent case series from Spain similar presentations have been reported in patients attending psychiatric facility, a study done by Valdés-Florido MJ et al. [8]

Anxiety was assessed with GAD-7 scale. Our data showed a mean score of 8.32 which indicates that the population was suffering from moderate to severe degree of anxiety. This is in line with a previous study done in Iran.9 We tried to find the reason behind the anxiety among this set of patients. It was found that various factors like apprehension of contracting the illness, lack of treatment, forced lifestyle leading to disruption of normal daily life, worry of when a vaccine or definitive treatment will arise, exposure to disturbing news on social media etc. played a role in developing the anxiety among them. Similar findings were observed in studies done by various authors in China [10-13] When comparing the level of anxiety based on the gender of the patient, no significant difference was noted unlike in previous studies. [14,15] In this study we noticed a few cases of anxiety presenting predominantly as insomnia. This is again in agreement with a previous study from India and China. [16, 17]

Patients with psychiatric illness have been considered as a vulnerable group during this pandemic. [18,19] In this study it was seen that patients with pre-existing mental disorders are at higher risk of relapse due to the stress. 42.6% of total study population consist of patients with pre-existing psychiatric illness. Among these group of 20 patients, 15(75%) came with relapse of symptoms, which is a reason for concern during this pandemic. The reason for relapse might be multifactorial such as difficulty in reaching health care facility, discontinuation of medication due to difficulty in procuring them and poor adherence to treatment [20-22] Other Reasons maybe new pattern of lifestyle jeopardizing normal daily routine and social rhythm and thereby increasing stress levels. This may further escalate the cortisol level resulting in a vicious exacerbation of depressive

symptoms, generalized anxiety disorder and chronic. [23] substances use disorder mainly presented as alcohol withdrawal delirium and opioid withdrawal. Both the presentations were due to difficulty in procuring the substance amid lockdown, which is why it is necessary to remain vigilant for psychiatric emergencies and to treat them adequately. [24]

Conclusion

We concluded that the patients with both previous psychiatric illness or without any psychiatric are equally vulnerable for psychological reactions.

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