

## Psychiatric Morbidity and Associated Physical Illness Patterns in Elderly Patients: A Cross-Sectional Study in a Government District Hospital in Udupi, India

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### Abstract:

**Background:** The global increase in life expectancy has led to a rise in elderly patients seeking psychiatric care, particularly in countries like India with a significant aging population. This cross-sectional study conducted in a government district hospital in Udupi, India, aimed to assess the prevalence of psychiatric morbidity and patterns of associated physical illness among elderly patients.

**Materials and Methods:** A total of 120 subjects aged 60 years and above were included, with a focus on demographic data, psychiatric diagnoses, and comorbid physical conditions.

**Results:** The study found a high burden of mental behavioural disorders, notably alcohol-related disorders (42.5%) and depression (31.6%), with a higher prevalence among males. Physical illness, including hypertension, diabetes mellitus, and cardiovascular disorders, was prevalent among the elderly psychiatric patients, highlighting the need for integrated healthcare approaches.

**Conclusion:** The findings underscore the importance of addressing social, cultural, and familial factors contributing to psychiatric disorders in this population, along with the recognition and treatment of comorbid physical conditions.

**Keywords:** Elderly Population Psychiatric Morbidity, Physical Illness, Integrated Healthcare, Geriatric Psychiatry, Aged, Old Age.

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### Introduction

The increase in global life expectancy presents new challenges in healthcare, particularly in addressing the psychiatric needs of the elderly population. In India, where the aging population is rapidly growing, understanding the prevalence and patterns of psychiatric morbidity among the elderly is crucial for effective healthcare planning.

However, there is a lack of comprehensive literature on this topic, both globally and within India. Previous studies have highlighted the under diagnosis and under treatment of mental disorders in elderly populations, often attributed to misconceptions about aging and mental health. This study aims to fill this gap by examining the psychiatric morbidity and associated physical

illness patterns in elderly patients attending a government district hospital in Udupi, India.

### Materials and Methods

The study was conducted between January 2008 and January 2009, involving psychiatric patients aged 60 years and above attending the outpatient and inpatient departments of the district hospital. Sociodemographic data, psychiatric diagnoses, physical illnesses, and precipitating stress factors were collected using a semi-structured proforma and the MINI PLUS International Neuropsychiatric Interview. Patients with delirium were excluded from the study.

## Results and Discussion

In this cross-sectional study conducted at a government district hospital in Udupi, India, 120 elderly patients aged 60 years and above were included for analysis. The majority of patients were

male (63.3%), reflecting a higher proportion of male participants seeking psychiatric care in this setting. This finding is consistent with previous research indicating a higher prevalence of mental health disorders among elderly males (Jeste & Caligiuri, 1991).

**Table 1:**

S.no	Disease	Percentage
1	Diabetes mellitus	64(53.3%)
2	Hypertension	48(40%)
3	Cataract/Glaucoma	8(6.6%)
4	Deafness/ Hypertension	12(10%)
5	Cerebrovascular accident With hypertension	54(46.6%)
6	Other illnesses	58(48.3%)

Psychiatric diagnoses revealed a substantial burden of mental behavioral disorders, with alcohol-related disorders being the most prevalent (42.5%), followed by depression (31.6%). These findings align with global trends indicating a high prevalence of substance use disorders and mood disorders among the elderly population (Venkoba Rao, 1991; Benerjee et al., 1996). Notably, the prevalence of depression in our sample was higher than rates reported in other Indian studies, ranging from 6.0% to 55.2% (Venkoba Rao & Madhavan, 1982). Comorbid physical illnesses were common among the elderly psychiatric patients, with 58

(48.3%) cases presenting with more than one physical ailment. Hypertension, diabetes mellitus, cardiovascular disorders, and stroke were the most frequently observed comorbidities, consistent with previous research highlighting the association between physical and mental health in the elderly population (Venkoba Rao, 1981). The presence of physical stress factors, such as recent major illnesses and the loss of close relatives, further underscores the interconnectedness of physical and psychiatric well-being in this demographic (Bhogale et al., 1993).

**Table 2:**

S.No	ICD-10 Diagnosis	Total Number cases
1	Mental and Behavioral disorders Due to use of Alcohol	51(42.5%)
2	Mood disorders	38(31.6%)
3	Organic, including symptomatic Disorders	20(16.6%)
4	Schizophrenia, delusional disorders	6(5%)
5	Unspecified Organic psychosis	4(3.3%)
6	Neurotic stress related & somatoform disorders	1 (0.8%)
7	Medical Comorbidity	86(71.6%)

Social and familial factors emerged as significant contributors to psychiatric morbidity among the elderly patients in our study. Stressful life events, including isolation, rejection sensitivity from family members, low socioeconomic status, and the prevalence of nuclear families, were identified as potential risk factors for the development of mental health disorders in this population (Prasad et al., 1996). The lack of spousal support, reported by 23.3% of patients, highlights the importance of social networks in buffering against psychiatric distress in old age.

The results of this study emphasize the complex and diverse aspects of mental healthcare for the elderly.. Integrated approaches that address both psychiatric and physical health needs are essential for improving the quality of life for elderly patients.

Targeted interventions aimed at reducing stigma, enhancing social support, and increasing access to mental health services are warranted to address the growing burden of psychiatric morbidity among the elderly population in India and globally.

## Conclusion

This study sheds light on the significant burden of psychiatric morbidity and associated physical illness among elderly patients in Udupi, India. The results highlight the significance of comprehensive healthcare strategies that cater to the mental as well as physical well-being of elderly individuals.

Targeted interventions aimed at reducing stigma, improving social support, and enhancing access to mental health services are crucial for improving the quality of life for elderly patients with psychiatric disorders.

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