Original Article

Clinical Profile Of Geropsychiatric Patients In A Tertiary Care Hospital

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Abstract

BACKGROUND

The geriatric population of India is growing at higher rate than general population. Few studies have been carried out in geropsychiatric group of patients in India. This study was planned to evaluate sociodemographic and clinical profile of geriatric patients in tertiary hospital in a city of central India.

MATERIAL AND METHODS In this retrospective clinical study, all geriatric patients of above 60 years of age attending the general psychiatry out-patient department between June-August 2015 in a city of central India were included. Semi-structured sociodemographic and clinical profile collection pro forma and international classification of diseases-10 (ICD-10) were used as tool and statistical analysis was done by using SPSS 16**. RESULTS** The results showed that among the total 2819 patients attended the psychiatric OPD, there were 311 geriatric patients (11%) with psychiatric morbidity. Most of them were married, illiterate, unemployed and Hindu by religion and residing in joint family in an urban locality. Depression was commonest (n=75; 24.1%) followed by dementia (n=51; 16.4%), generalized anxiety disorder (n=47; 15.1%), schizophrenia and other psychosis (n=46; 14.8%) and bipolar disorder (n=36; 11.6%). **CONCLUSION** In this study, depression was found to be the most common psychiatric morbidity like earlier studies but overall prevalence of psychiatric morbidity amongst elderly in this study was found to be less in comparison to those reported in previous studies from India. The prevalence of psychiatric illness in the older population expected to rise dramatically in coming decades in India.

Key Words: Clinical study, Elderly, Psychiatric OPD, Tertiary care hospital

INTRODUCTION

The population of elderly is growing rapidly with the increase in life expectancy. Besides physical illnesses, psychiatric morbidity is also commonly seen in older adults. As per the WHO guidelines, people 60-74 are called elderly and those between 75 and 85+ years of age as old. India is presently undergoing such a demographic transition. The life expectancy in India has almost doubled from 32 years in 1947 to 68.89 years in 2011. The population of older adults (≥60 years) in India increased to 102 million in 2011. The proportion of elderly persons in India rose from 5.3 per cent in 1961 to 7.5 per cent in 2001, and was 8.4 per cent in 2011. 1 The percent growth in the elderly population is almost double the rate of increase in the general population. This means that the burden of the older population will have to be borne by the younger, adult working group.2So, there is a robust growth in the number of elderly people in the general population in recent years is termed as “greying of the world”. The status of the elderly has also changed in the present family system. The conflict in the value pattern makes elderly people mentally isolated from the family. The feelings of loneliness along with the natural age-related decline in physical and physiological functioning make them prone to psychological disturbances.3 In the elderly, mental disorder is a key factor affecting the use of acute hospital beds, the need for residential care and the demand upon

domiciliary services. Conditions such as dementia, depression and anxiety disorders influence decisions as to whether or not physical illness can be managed at home.

MATERIAL AND METHODS

A retrospective clinical study was planned in geriatric patients attending the psychiatric OPD of a tertiary care hospital in central India. The Duration of study wasJun to Aug 2015. During this period, 2819 patients visited the Journal of Cardiovascular Disease Research ISSN: 0975-3583, 0976-2833 VOL 12, ISSUE 06, 2021 462 psychiatric OPD out of which, 328 patients were found to be above 60 years of age. There were 17 drop-outs so, total 311 geriatric patients of both sexes were included for the study. Patients were evaluated clinically in detail for chief complaints, type of onset, course, psychopathology, temperament, developmental history, any dysfunction or co-morbidity, family history, family functioning, physical examination and mental status examination. Semistructured socio-demographic and clinical profile collection pro forma used to record subjects information and diagnoses were made using ICD-10 criteria.4Various investigations were undertaken along with referral to other medical specialists wherever needed. Study was then conceptualized and protocol was prepared. Appropriate statistical analysis was done by using SPSS 16.

RESULTS

Table: 1 Socio-demographic profile of the study population

1.	Age of onset		No. (%)
		Below 60 years	125(40.2%)
		Above 60 years	186(59.8%)
2.	Gender		
		Male	149(48%)
		Female	162(52%)
3.	Religion		
		Hindu	266(85.5%)
		Muslim	39 (12.5%)
		Others	6 (2%)
4.	Occupation		
		Unemployed	172 (55.3%)
		Self employed	44 (14.2%)
		Skilled	8 (2.6%)
		Unskilled	87 (27.9%)
5.	Education		
		Literate	132 (42.4%)
		Primary	69 (22.2%)
		6-10th	62 (19.9%)
		Intermediate	37 (11.9%)
		Graduate	11 (3.6%)
6.	Marital status		
		Unmarried	4 (1.2%)
		Married	242 (77.8%)
		Separated /divorced	12 (3.8%)
		Widows	53 (17%)
7.	Family type		
		Nuclear	107(34.4%)
		Extended	41 (13.2%)
		Joint	161 (51.8%)
		Living alone	2 (0.6%)
8.	Residence		

		Rural	122 (39.2%)
		Urban	189 (60.8%)
9.	Current medical illness		
		Absent	204 (65.6%)
		Present	107 (34.4%)
10.	Family history		
		Present	63 (20.2)
		Absent	248 (79.8)

Journal of Cardiovascular Disease Research ISSN: 0975-3583, 0976-2833 VOL 12, ISSUE 06, 2021 463 **Fig.1:** comorbid illnesses in the geriatric population (htn= Hypertension, dm= Diabetes mellitus) **Fig.2:** Total duration of psychiatric illness in geriatric population 19.4 6.9 3.1 5 65.6 0 10 20 30 40 50 60 70 htn dm neurological others absent Chart Title 21.9 10 14.4 13.1 11.9 16.2 12.5 0 5 10 15 20 25 less than 6 month 6 months to 1 year 1 year to 2 year 2 to 5 year 5 to 10 year 10 to 20 year more than 20 year Journal of Cardiovascular Disease Research ISSN: 0975-3583, 0976-2833 VOL 12, ISSUE 06, 2021 464

Table 2: Distribution of psychiatric disorders in elderly population

Psychiatric disorders (Mini diagnosis)	No. of patients	Percent
Major depressive episode	75	24.1%
Dysthymia	12	3.8%
Bipolar disorder	36	11.6%
Dementia	51	16.4%
Generalized anxiety disorder	47	15.1%
Substance dependence (non-alcohol)	31	10%
Delirium	13	4.2%
Schizophrenia and other psychotic disorders	46	14.8%
	311	100%

DISCUSSION

This study aimed at analysing the socio-demographic and clinical profile of geriatric patients attending general psychiatric OPD. In the current study, a total of 311 geriatric patients were included for the study over a period of four months. There were more females (52%) than males (48%), mostly were married (74.4%), most of them were illiterate (42.4%), belonged to joint family (50.6%) and came from Hindu community (85.5%) & urban background (60.8%) In our studied sample, most common psychiatric diagnosis was depression (24.1%) followed by dementia (16.4%), generalised anxiety disorder (15.1%), schizophrenia and other psychotic disorders (14.8%) and bipolar disorder (11.6%). **Fig.1** shows that a comorbid physical illness was present in 34.4% of geriatric patients in which, hypertension was most common (19.4%) followed by diabetes mellitus (6.9%). As shown in fig.2, 21.9% of geriatric patients were suffering from a mental illness from less than six months while 12.5% of patients had chronic mental illness from more than 20 years. Geriatric psychiatric epidemiological studies have been few and limited in India. Various studies have been carried out in the country to estimate the prevalence rates, notable among which are Dube (1970) in 329 subjects reported 22.3 /1000,5Venkoba Rao et al (1982) in 686 subjects reported 89/10006 and Nandi et al in 3488 people of 60 years and above reported 275/10007 Studies on the elderly population, either in the community, inpatient, outpatient and old age homes have shown that depression is the commonest mental illness in elderly subjects.8–13Overall geropsychiatric morbidity in the present study amongst the total 2819 patients attended the clinic was found to be 11% which is lesser than reported

in earlier studies in rural areas (27.5 to 43.3%) and in urban areas (13.0 to 49.2%). 14, 15The reason for this variation might be due to different settings, the use of different tools and different diagnostic guidelines for ascertaining the diagnosis. Raj Kumar et al (2009) found that Geriatric depression (ICD-10) within the previous one month was 12.7% in 1000 people of age 65 and above.16Poongothai et al (2009) in 26,001 subjects in Chennai Urban Rural Epidemiology Study (CURES study) found depression as commonest disorder in old aged people with prevalence of 151/1000 (females 163/1000, males 139/1000).17 In the current study also, depression was most common psychiatric disorder among the studied population with as 24.1% of geriatric patients were affected from depression. In a study by Tiwari et al, prevalence of psychiatric morbidity was found to be 23.7 per cent (508/2146) in the rural older adults, of which mood (affective) disorders was the commonest (7.6%), followed by mild cognitive impairment (4.6%), behavioural and mental disorders due to substance abuse (4.0), dementia (2.8%) [Alzheimer's disease (2.4%) and vascular (0.4 %,)].14 Similar results have shown by the present study also. Nandi et al conducted a study in 3488 people of 60 years and above and reported the prevalence of dementia as 1/1000.7Shajiet al (1995) reported dementia in 3.4 per cent of elderly population (60 years and above) in rural population of south India in which most common was Alzheimer's dementia.18In other Indian studies prevalence of dementia has been reported 0.1 per cent in West Bengal,19 4.9 per cent in Kerala20and 0.8 per cent in Vellore.21 In the current study, dementia was found in 16.4% of the study population which was certainly higher than previous studies. This may be due to the setting of study conducted by us was psychiatric clinic and not general population. For substance use disorders one epidemiological study in India on elderly9 reported prevalence of 4.5% while for schizophrenia and psychotic disorders, Prevalence was calculated as 0.6% and 0.5% in two different studies by Tiwari et al.9, 14 and these rates are lower than rates noted for same disorders in our study. Again, this may be explainable by different setting used by our study. In our study, more females suffered from psychiatric illness in comparison to males as supported by other studies.7, 17, 19 Journal of Cardiovascular Disease Research ISSN: 0975-3583, 0976-2833 VOL 12, ISSUE 06, 2021 465 The strength of present study was its large sample size and taking account not only of psychiatric disorders but also considering various physical illnesses. Patients were evaluated clinically in detail for chief complaints, type of onset, course, psychopathology, temperament, developmental history, any dysfunction or co-morbidity, family history, family functioning, physical examination and mental status examination. In limitation, we could use better study design like cross sectional study to calculate the prevalence of geriatric psychiatric disorders. The geriatric population could be divided in different age categories e.g. 60-75 years, 75-85 years and 85 years and above, to understand the old age morbidity in a better way. In conclusion, overall prevalence of psychiatric morbidity amongst elderly in this study was found to be less in comparison to those reported in previous studies from India. The reasons behind this could be poor awareness and psychological sophistication leading to lower sensitivity to certain disorders, higher threshold of tolerance for certain symptoms, stigma and other socio-cultural factors. In this study, depression was found to be the most common psychiatric morbidity, followed by dementia, generalized anxiety disorder, schizophrenia and other psychotic disorders and bipolar disorder. The prevalence of psychiatric illness in the older population expected to rise dramatically in coming decades in India and so, advances in geriatric psychiatry research are urgently needed. Also, a community-based study can be a better study design in future.

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