ORIGINAL ARTICLE

Assessment of psychiatric disorders among adult population

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ABSTRACT:

Background: The present study was conducted to assess psychiatric disorders among adult population. **Materials & Methods:** 85 patients diagnosed with psychiatric disorders were administered mini- international neuropsychiatric interview (MINI). Different psychiatric disorders was recorded. **Results:** Common comorbidities such as diabetes was seen in 2, hypertension in 4, asthma in 6, COPD in 2, cataract in 3, migraine in 10 and CKD in 5 patients. The common psychiatric disorders was major depressive disorder in 15, major depressive disorder with melancholia in 10, recurrent depressive disorder in 16, dysthymia in 5, Bipolar type 1 in 4, social phobia in 10, alcohol abuse in 2, somatization disorders major depressive disorder with melancholia, recurrent depressive disorder served disorder major depressive disorder with melancholia, recurrent depressive disorder and social phobia. **Key words:** Psychiatric disorders, Major depressive disorder, Depression.

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INTRODUCTION

The World Health Organization (WHO) Global Burden of Disease Study has estimated that psychiatric disorders are among the most burdensome, around the globe and are likely to increase in subsequent decades.¹ However, these projections are based mostly on review of literature, and general population surveys are the need of the hour. They have an impact on both the economic aspects and quality-of-life of the people.²

Mental health problems during infancy, childhood, or adolescence affect the processes of adaptation and functionality in adulthood so mental health issues in the youth population should be considered a priority for the management of public health. The prevalence of mental health problems in young children is estimated to be between 17 and 20% globally, with the first symptomatic manifestations observed before age 14 on average. In addition, it has been found that the highest prevalence rates are in developing countries.³

The prevalence of depressive disorders in children and adolescents is estimated to be increasing, and the average age at which the first signs or symptoms appear is decreasing.⁴ Globally, the prevalence ranges from 2 to 5% in children and 4 to 8% in adolescents.

Learning and emotional difficulties are also prevalent, and these have been shown to contribute to the development of depressive symptoms. Thus, depression may have the most comorbidity with other mental health problems.⁵ The present study was conducted to assess psychiatric disorders among adult population.

MATERIALS & METHODS

The present study was conducted in the department of Psychiatry. It consisted of 85 patients diagnosed with psychiatric disorders of both genders. Ethical clearance was obtained before starting the study. All patients were informed regarding the study and their consent was obtained.

Data such as name, age, gender etc. was recorded. A thorough clinical examination was performed in all patients. All the subjects were administered miniinternational neuropsychiatric interview (MINI). Structured questionnaire was used to assess for dementia and mental retardation based on International Classification of Diseases and Related Health Problems 10th edition (ICD-10). Results were tabulated and subjected to statistical analysis. P value less than 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Total- 85			
Gender	Males	Females	
Number	32	53	

Table I shows that out of 85 patients, males were 32 and females were 53.

Psychiatric disorders	Number	P value
Major depressive disorder	15	0.021
Major depressive with melancholia	10	
Recurrent depressive disorder	16	
Dysthymia	5	
Bipolar type 1	4	
Social phobia	10	
Alcohol abuse	2	
Somatization disorder	7	
Epilepsy	5	
Mental retardation	8	
Dementia	3	

Table II Type of psychiatric disorders

Table II, graph I shows that common psychiatric disorders was major depressive disorder in 15, major depressive disorder with melancholia in 10, recurrent depressive disorder in 16, dysthymia in 5, Bipolar type 1 in 4, social phobia in 10, alcohol abuse in 2, somatization disorder in 7, epilepsy in 5, mental retardation in 8 and dementia in 3 patients. The difference was significant (P < 0.05).



Graph I Type of psychiatric disorders

Table III Presence of comorbidities in patients

Psychiatric disorders	Number	P value
Diabetes	2	0.04
Hypertension	4	
Asthma	6	
COPD	2	
Cataract	3	
Migraine	10	
CKD	5	

Table III, graph II shows that common comorbidities such as diabetes was seen in 2, hypertension in 4, asthma in 6, COPD in 2, cataract in 3, migraine in 10 and CKD in 5 patients. The difference was significant (P < 0.05).





DISCUSSION

Several risk factors related to the mental health of young children have been identified, including low socioeconomic level, family dysfunction, physical or psychological abuse, traumatic experiences and insufficient stimulation.⁶ Conversely, sensitive upbringing with responsible parenting, including stimulation for the autonomous development of opportunities children and educational for development, has been shown to be a protective factor against mental health disorders.⁷ It has been observed that school plans and programs aimed at safeguarding the well-being of students have managed to detect, in a timely manner, problems usually related to depression, anxiety, and behavioral disorders, in addition to mitigating the negative impact of the insufficient investment of public resources in mental health and the low use of available services by the general population.⁸ A low rate of service use has been identified as a common problem in several countries, and may be caused by the fear of social stigma associated with a diagnosis, lack of information, or the uncertainty of parents or caregivers regarding whether the changes in behavior or mood observed in their children require treatment.⁹ The present study was conducted to assess psychiatric disorders among adult population.

In present study, out of 85 patients, males were 32 and females were 53. We found that common psychiatric disorders was major depressive disorder in 15, major depressive disorder with melancholia in 10, recurrent depressive disorder in 16, dysthymia in 5, Bipolar type 1 in 4, social phobia in 10, alcohol abuse in 2, somatization disorder in 7, epilepsy in 5, mental retardation in 8 and dementia in 3 patients. Sathyanarayana et al¹⁰ estimated the prevalence of

psychiatric disorders and study their association with various socioeconomic variables. Mini international neuropsychiatric interview kid (MINI) or MINI plus were administered to all the subjects according to the age group. It was found that 24.40% of the subjects were suffering from one or more diagnosable psychiatric disorder. Prevalence of depressive disorders was found to be 14.82% and of anxiety disorders was 4%. Alcohol dependence syndrome was diagnosed in 3.95% of the population. Prevalence of dementia in subjects above 60 years was found to be 10%. This study concluded that one among four were suffering from a psychiatric disorder. Improving the training of undergraduate medical and nursing students is likely to play a significant role in addressing the increasing psychiatric morbidities. We found that psychiatric disorders such as diabetes

was seen in 2, hypertension in 4, asthma in 6, COPD in 2, cataract in 3, migraine in 10 and CKD in 5 patients. Urizar et al¹¹ in their study on 5043 students, depression, anxiety, and behavioral disorders were the main mental health problems identified, and indicators revealed a progressive increase in cases over the years, coinciding with the global epidemiological scenario. Males showed a greater presence of externalizing behaviors related to mental health problems associated with aggression and defiant behavior. However, females showed the highest number of mental health issues overall, especially regarding problems related to internalization. There significant differences between are school types.Nandi et al¹² compared the prevalence of depression in the same catchment area after a period of 20 years and reported that the prevalence of from 49.93 depression increased cases/1000 population to 73.97 cases/1000 population.

The shortcoming of the study is small sample size.

CONCLUSION

Authors found that common psychiatric disorders major depressive disorder, major depressive disorder with melancholia, recurrent depressive disorder and social phobia. Common comorbidities such as diabetes and migraine was seen.

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