BANGLADESH PSYCHIATRY:ITS UNIVERSALITY AND SPECIFICITY

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TALK PLAN

- Brief introduction of Bangladesh and Bangladesh psychiatry
- Briefing similarities and differences: prevalence, presentation, diagnosis, management and care of psychiatric disorders
- Future directions of Bangladesh Psychiatry

BANGLADESH: COUNTRY

Bhutan
Nepal
India
India
India
Brahmaputra R.
Ganges
Thakurgaon
Pirganj
Lalmanir Hat
Saidpur
Rangpur
Dinajpur
Jamalpur
Jaria Jhanjail
Chhatak
Bogra
Mohanganj
Sylhet
Santahor
Mymensingh
Gouripur
Nawabganj
Rajshahi
Bangladesh
Habiganj
Ishurdi
Bhairab Bazar
Pabna
Brahmanbaria
Kushtia
Dhaka
Faridpur
Narayanganj
Munshiganj
Comilla
Laksham
Jessore
Chandpur
Khagrachbari
Khulna
Noakhali
Bagherhat
Barisal
Bhola
Nazir Hat
Rangamati
Chandrag-hana
Chittagong
Patuakhali
Satkania
Mouths of the Ganges
Cox's Bazar
Bay of Bengal
Myanmar (Burma)
26°
24°
22°
88°
90°
92°
0 80 km
0 60 mi
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BANGLADESH: COUNTRY

- Area: 1,47,570 sq. km
- Population: 160 M
- Religion:83% Muslim
- Literacy: 54%
- Language: Bangla
- Habitat:74% Rural
- GNI(Per capita): US$ 570

BANGLADESH: PSYCHIATRY

MAGNITUTE OF THE PROBLEMS

Community based 2-stage survey

- **Adults: General prevalence:16.05 %**
  - Neurotic disorders: 8.4%
  - MDD: 4.6%
  - Psychotic disorders: 1.1%
- **Children: General prevalence:15.5 %**
  - Anxiety Disorder: 8.1%
  - ADHD: 2.0%
  - Behavioral Disorder: 8.9%
  - Autism Spectrum: 0.2%

(NIMH study, 2004;BSMMU Study,2OO5)

BANGLADESH: PSYCHIATRY

- Despite subtle differences in the culture and religious practices, broadly the factors influencing mental health remain the same in Bangladesh as in countries in South Asia
- Bangladesh and South Asia as a whole face the problem of 'inequalities in health'

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UNIVERSALITY: PSYCHIATRIC DISORDER

- Rates of most of mental disorders are similar all over the world (WHO)
- Depression is most prevalent as in other parts of the world
- Increasing trends of PTSD, Self-harm, early onset depression & schizophrenia, autism run parallel
- Similar nature of presentation , course & outcome of majority of disorders

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UNIVERSALITY : SERVICES TRAINING & RESEARCH

- Nearly similar components in care & training based on British model with wide acceptance of modernity
- Using universal diagnostic criteria. Official diagnoses assigned according ICD. DSM is widely used
- Broadly similar treatment modalities based on acceptance of evidence-based guideline
- Using widely accepted measures of psychopathology
- Research & communication of information based on global perspectives

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UNIVERSALITY

Universality of Bangladesh Psychiatry in term of acceptance of nosology, service, education, & research integrate Bangladesh with World Psychiatry reflects the essence of psychiatry without frontier

Bangladesh is far behind from developing countries mainly due to lack of resources and professionals despite willingness to accept science & its advancement

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SPECIFICITY: PRESENTATION OF DISORDERS

- Tendency of more somatization in anxiety and depressive disorder,& wide varieties of symptoms in somatoform disorders
- The commonest complaints are somatic in particular tiredness and weakness, multiple aches and pains, dizziness, palpitation and sleep disturbances
- In hysteria, Mixed types of physical symptoms are common. Psychotic presentation is significantly higher- “Psychotic Hysteria”
- Deliberate self harm is far more common than suicide and is possibly fast becoming a common reason for emergency medical treatment

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SPECIFICITY: PRESENTATION OF DISORDERS

- In psychotic disorder, clusters of symptoms are different- more paranoid
- Earlier onset of dementia observed
- More emotional disorder than behavioural disorder among Children- trend is changing
- Culture bound: ‘Jinn possession’, ‘Dhat syndrome’
- Mass hysteria revisited among school children in recent past characterized by dissociation, motor changes & among histrionic/psychotic behaviour

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SPECIFICITY: PRESENTATION OF DISORDERS

Diagnostic criteria failed to detect & need to be modified for:

- **Depressive disorder by including specific pattern of somatic symptoms**
- **Somatic symptom disorder by reducing symptoms list and adding some other common prevailing symptoms**
- **Conversion/dissociative disorder by specifying transient psychotic symptoms instead of NOS category**

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SPECIFICITY : PROGNOSIS OF DISORDERS

- Better in schizophrenia continues unchallenged—need further research
- Possibly, outcome of severe psychotic disorder is much better

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SPECIFICITY: AIETIOLOGY

Risk factors

- **Poverty** (though situation is promisingly improving). The relationship between poverty and mental health is complex and multidimensional
- **Stigma--- “Jinn” & supernatural factors**
- **Rapid, disproportionate and unplanned urbanization**

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SPECIFICITY: AIETIOLOGY

Risk factors

- Specific pattern of stressors – Under-aged marriage, Dowry, “Middle East Syndrome”
- Open sky caused cultural infiltration- sexual harassment
- Unfavorable parental belief, attitudes & behaviour

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SPECIFICITY: AIETIOLOGY

Protective factors:

- Uniform & relatively stable society with traditional norms and values
- Supportive family environment
- Social capital
- Religiosity
- Female empowerment

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SPECIFICITY: AIETIOLOGY

Possible resiliency:

- Routine natural calamity
- Migration-internal / external
- Oppression
- Tendency of accepting situation

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SPECIFICITY: TREATMENT

- Pharmacotherapy is unique ,scope for emergence of endogenous medicine
- Psycho-social therapy applied with modification in almost every sphere
- Involvement of Trained Religious leaders in treatment are proven to be effective
- Active involvement of family members in management provides better compliance & thereby better outcome
- Prospect of Family as the alternative center of community psychiatry services

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SPECIFICITY: TRAINING

- Inadequate undergraduate training & limited opportunity for postgraduate training fail to meet the need
- Emergence of need-based short training for GPs, HWs & non specialist professionals
- Evaluation of courses, curriculum--- training gradually changing considering specificity of the disorders & country need. Emerging need for short program to create good number of service provider psychiatrists

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SPECIFICITY: RESEARCH

- A good number of universally used screening & structured measures are validated to make it culturally appropriate
- Many of the rating scales are proved to be not applicable and some new scales have been developed
- Methodologically sound epidemiological surveys are needed for better information and service plan
- Research on existing services should come forward with a lot of ideas for better coverage
- Scope for innovative research on service planning to provide the data of effectiveness of alternative services

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SPECIFICITY: SERVICES

- Mental health resources both in manpower and facilities are extremely scarce and mal-distributed and little or no possibility of meeting the huge need in near and far future
- Vast gap between need and provision, the majority of people are out of mental health coverage
- Systematic & planned services are practically impossible & not foreseeable thus caused unsuitability of Western models of care

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SPECIFICITY: SERVICES

- Family is the main source of care giving
- Existence of ‘potential’ manpower
- Growing consensus on Local resource based non-specialist services with adequate training & supervision plus training center based specialist services to combat the need

Conclusions

- The universality & specificity of Bangladesh psychiatry raise the need of:
  - Modifying nosology & diagnostic criteria
  - Developing culturally sound measures of psychopathology
  - Developing resource based alternative services along with required manpower training
- Important issue is to learn psychiatry from each other without frontier that will help in
  - Assimilation, restructuring & integrating mental health practice

Thank You all