

Original Article**Psychiatric Disorder In Chronic Physical Illness**

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Summary

Psychiatric complications are frequently seen in patients suffering or recovering from a wide variety of illness especially depression and anxiety. So psychiatric intervention is helpful in this patient along with their medical treatment. The objective of the study was to assess the prevalence and types of psychiatric disorder among chronic physical illness. Diagnosis was made clinically on the basis of DSM-IV criteria. Hundred diagnosed admitted chronically ill patients (chronic renal disease, chronic liver disease, coronary artery disease, diabetes mellitus) were taken equally and interviewed by using structured questionnaire containing socio demographic and other relevant variable after taking written consent. The sampling was consecutive and purposive. Out of 112 cases participation rate was 89.2%. The psychiatric morbidity was 57%. Among them major depressive disorder was 59.6%, generalized anxiety disorder was 21.1% and adjustment disorder was 19.3%. The present study highlights that psychiatric morbidity was considerable among chronically ill patients that need to be addressed. Because it is important to in mind that illness has both physiological and psychological components.

Introduction

Nearly 90% of the psychiatric disorders observed were either reactions to, or manifestation of disease or treatment¹. Psychiatric complications are frequently seen in patients suffering or recovering from a wide variety of illness. Young group of people, female

patients are more prone to psychiatric illness specially anxiety disorder, which was high soon after illness and reduces over time. So psychiatric intervention is helpful in these patients along with their medical treatment.

Depression is burdensome disorder with an increased prevalence in

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chronically ill patients (eg. coronary artery disease, chronic liver disease, chronic renal disease, diabetes mellitus). It is related to poor quality of life, poor recovery after a somatic event and increased (non-suicide) mortality. Attention therefore needs to be directed to interventions that may reduce depression and to clarification of the etiology of depression, especially in those who are at risk².

In Bangladesh the life time prevalence of major depressive disorder is 4.6%, generalized anxiety disorder is 2.9%, adjustment disorder is 0.1%³. This study was aimed to assess the specific types of psychiatric disorders present among the chronically ill patients along with their socio-demographic and relevant factors.

Materials and methods

Data was collected from inpatient department of medicine at Bangabandhu Sheikh Mujib Medical University (BSMMU) in collaboration with the department of psychiatry of BSMMU. Patient's registers were the sampling frame. The patient who was diagnosed to be suffering from chronic illness by the respective specialist and who full-filled the inclusion criteria as age above 18 years and no past history of psychiatric disorder was taken consecutively from the registers. Firstly, informed consent was taken from the patients assuring confidentiality and freedom of choice of participation, which

would not hamper, normal treatment of the patient. The patient was then interviewed, using the structured questionnaire containing socio-demographic variables. The psychiatric assessment was done clinically by taking detailed psychiatric history from the patient and also from available reliable informants. Mental status examination was done for full psychiatric assessment. Medical records of all patients were reviewed for additional information it was consecutive, purposive and exhaustive sampling. The participation rate of cases was 89.2%. All the diagnosis was phenomenologically based, confirmed by psychiatrist. The diagnosis of the cases was assigned according to Diagnostic and Statistical Manual of Mental Disorders-4th edn (DSM-IV) diagnostic criteria⁴.

Results

This study was conducted in Bangabandhu Sheikh Mujib Medical University (BSMMU) from October 2006 to December 2006. The objective of the study was to assess the psychiatric morbidity among the patients of chronic illness. This was a cross-sectional and descriptive study. The participation rate of was 89.2%. The study found 57% of psychiatric morbidity. Majority of patients suffering from major depressive disorder (59.6%). Among the chronic physical illnesses maximum morbidity was found from chronic renal disease (64%).

Table 1 : Psychiatric morbidity among chronically ill patients (n=100)

| | |
|-------------------------------|-----|
| Psychiatric morbidity Present | 57% |
| Psychiatric morbidity Absent | 43% |

Table 2 : Distribution of types of psychiatric disorders in chronically ill patients

| Psychiatric disorder | Cases (n=57) | Percentage (%) of cases |
|---------------------------|--------------|-------------------------|
| Major Depressive disorder | 34 | 59.6 |
| Anxiety Disorder | 12 | 21.1 |
| Adjustment Disorder | 11 | 19.3 |

Table 3 : Distribution of cases with psychiatric disorders among chronically ill patients (n=100)

| Groups of patients(n=100) | Number of cases with psychiatric morbidity(n=57) | Total cases in each group | Percentage (%) of cases |
|---------------------------|--|---------------------------|-------------------------|
| Chronic Renal disease | 16 | 25 | 64 |
| Chronic Liver disease | 15 | 25 | 60 |
| Coronary Artery disease | 14 | 25 | 56 |
| Diabetes mellitus | 12 | 25 | 48 |

Discussion

This was a cross-sectional and

Table 4 : Types of Psychiatric disorders among chronically ill patients

| Chronically ill groups | Types of Psychiatric disorders | | |
|-------------------------|--|--|---------------------------------------|
| | Major Depressive disorder (no of patients) | Generalized Anxiety disorder (no of patient its) | Adjustment disorders (no of patients) |
| Chronic Renal disease | 10(44%) | 2(8%) | 3(12%) |
| Chronic Liver disease | 10(44%) | 2(8%) | 2(8%) |
| Coronary Artery disease | 4(16%) | 6(24%) | 4(16%) |
| Diabetes mellitus | 8(32%) | 2(8%) | 2(8%) |
| Total (57) | 34 | 12 | 11 |

Table 5 : Stress score by using presumptive stressful life events scale (n=100)

| Score | Cases |
|---------|-------------|
| Mean±SD | 17.71±40.75 |
| Range | 0.0-275.0 |

Table 6 : Socio-demographic variables of chronically ill patients(n=100)

| Characteristics | Cases | |
|---------------------------|-------|----------------|
| | N | Percentage (%) |
| Age group (years) | | |
| 18-27 | 18 | 18.0 |
| 28-37 | 11 | 11.0 |
| 38-47 | 14 | 14.0 |
| 48-57 | 20 | 20.0 |
| 58-67 | 26 | 26.0 |
| > 68 | 11 | 11.0 |
| Sex | | |
| Male | 71 | 71.0 |
| Female | 29 | 29.0 |
| Religion | | |
| Muslim | 94 | 94.0 |
| Hindu | 6 | 6.0 |
| Marital status | | |
| Married | 83 | 83.0 |
| Unmarried | 17 | 17.0 |
| Level of Education | | |
| Illiterate | 17 | 17.0 |
| Class-I-V | 24 | 24.0 |
| Class-VI-X | 8 | 8.0 |
| SSC | 20 | 20.0 |
| HSC | 8 | 8.0 |
| Graduate | 23 | 23.0 |
| Occupation | | |
| Service | 28 | 28.0 |
| Business | 15 | 15.0 |
| Student | 5 | 5.0 |
| Housewife | 27 | 27.0 |
| Daylabour | 2 | 2.0 |
| Farmer | 8 | 8.0 |
| Unemployed | 2 | 2.0 |
| Others | 13 | 13.0 |

| Habitat | | |
|--------------------------------------|----|------|
| Urban | 51 | 51.0 |
| Rural | 49 | 49.0 |
| Monthly family income in Taka | | |
| Less than 5000 | 56 | 56.0 |
| 5000-10000 | 23 | 23.0 |
| Above 10000 | 21 | 21.0 |

descriptive study conducted in tertiary care teaching hospitals, Bangabandhu Sheikh Mujib Medical University (BSMMU) in Dhaka city with a view to assess the psychiatric morbidity among chronically ill patients, during the period of October 2006 to December 2006. Objective of the study was to find out the type of psychiatric disorders among patients with chronic illness.

Diagnosis of the physical illness of the cases was made by consultant specialist of respective fields. Then the psychiatric assessment was done clinically by taking detailed history and mental status examination and diagnosis of psychiatric disorder were assigned by applying the DSM-IV (Diagnostic and Statistical Manual of Mental Disorder 4th edition) which was confirmed by psychiatrist⁴.

It has been evident that the overall psychiatric morbidities in chronically ill patients as well as the specific types of psychiatric disorders are higher than that of general population⁵. In this study it is found that psychiatric morbidity among chronically ill patients was 57%.

The age of the patients included in this study ranged between 18-80 years. Among the patients, 71% were male, 29% female. This is probably due to difference of pattern of hospital attendance of male and female patients due to socio-economic reasons. So there is low inclusion of female patients and high inclusion of male patients in the study. This result is also similar with other studies done in our country⁶.

As evident from the results, majority of the cases were residing in urban (51%). This is common in urban population probably due to more stressful and busy life style and rich food habits. This study is also similar to other study^{6,7}.

Eighty-three (83%) patients were married. This study also correlates with the finding of other studies. One possible explanation might be, during the interview the married patients were more pre-occupied about the thoughts of the impending loss of friends and family. They were also more concerned about their own future and the uncertainty of their relatives, spouses and offspring. On

the other hand unmarried patients were relatively young and their anxiety about their families were much less and they also received very warm nursing care from their parents. As we know that the quality of care given is a very crucial factor in determining the development of psychiatric morbidity.

Regarding religion, Islam was found to be more in cases which are consistent with our national context. As regards educational status 17% were illiterate. This is quite usual that literate persons are aware of their illness and report more to the physicians.

Regarding occupation chronic illness was more in service (28%) and business(15%).The result in this study is correlates with other study^{6,7,8}. This may due to more stressful situation, work overload present in service and business.

The present study showed that chronically ill patients with higher economic background had higher prevalence. It might be cause of living and earning standard was higher in chronically ill patients.

Regarding stress score the result showed no significant difference⁹. It might be that the physical illness, sufferings of the patients and treatment of the illness were the stressors responsible for development of psychiatric disorders among these patients.

Regarding psychiatric morbidity 57% were present in chronically ill patients.

This was consistent with the other studies done in Bangladesh where the morbidity was 33%, 73% respectively^{10,11}. This morbidity may be due to prolong time of suffering of physical illness, frustration and repeated episodes of illness along with other socioeconomic reasons.

Regarding types of psychiatric disorders in chronically ill patients, major depressive disorder was found more (59.6%). The generalized anxiety disorder found 21.1%. Adjustment disorders found 19.3%. The result was correlated with other studies which was for depression 68.4%,33%,80%,50% respectively^{6,8,12,13}. And for generalized anxiety disorder it was found 17%¹¹. This variation of types may be cause of disease pattern itself, treatment outcome and perception about illness. Such as major depressive disorder was more due to disease process, treatment side effect and long duration of suffering which causing psychologically burden themselves. Anxiety disorder is due to onset of disease process along with socioeconomic reason. Adjustment disorder may be due to onset of disease and adjustment of patients with the disease process and surrounding circumstances.

The present study highlights that chronicity of physical illness may lead to depression, anxiety and adjustment disorders which hamper the personal,familial and occupational life.The quality of life of the affected individuals may detoriate. So,such an awareness requires the physician not

only to treat the chronic illness, but also to mobilize and involve the patients with the drug treatment of the presenting psychiatric disorders along with counseling psychotherapy particularly cognitive behavior therapy, relaxation technique, social therapy.

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