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## Management of Psychotic Depression in Bangladesh

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In Bangladesh 16.1% of the adult population was suffering from various mental disorders. The prevalence rate of depression among the adults is 4.6%. The total number of psychiatrists working for mental health service including private practice per 100,000 is 0.073. The density of the psychiatrists in or around the largest city (eg : Dhaka) is five times greater than the density of psychiatrists in all over Bangladesh. No structured guideline or an algorithm present at this moment, but all of the institute and psychiatrists follow almost same pattern of treatment. Most of the patient with psychotic depression need hospital admission and get antidepressants with antipsychotic. Other psychological measures are also given to the patient as per need. Most of the TCAs, SSRIs and other newer antidepressants are available in our country. Also have several centers with ECT facilities. Further research is needed for develop a common management guideline for psychotic depression.

<Key words : psychotic depression, management, Bangladesh>

### Introduction

Bangladesh is a country with an approximate geographical area of 147,570 square kilometres and a population of 141.8 million people<sup>6)</sup>. In Bangladesh socio-political situation is insecure and unstable along with poverty and vulnerability to natural disasters. These factors are related to psychiatric morbidity<sup>3)</sup>. It is anticipated that mental disorders would be

a big health related problem in Bangladesh. Very few studies were done previously based on psychiatric illness in Bangladesh. In 1978, one study reported that 6.5% of people in a village (of all ages) suffered from mental illness<sup>1)</sup>. Twenty years later, another study in an urban area reported a prevalence of 28% psychiatric illness in adults. From 2003 to 2005, a national survey was conducted on mental health in

Bangladesh. It showed that 16.1% of the adult population were suffering from various mental disorders and the prevalence were higher in women than in men (19.0 per cent vs 12.9 percent)<sup>2)</sup>.

The total number of psychiatrists working for mental health service including private practice per 100,000 is 0.073. The density of the psychiatrists in or around the largest city (eg : Dhaka) is five times greater than the density of psychiatrists in all over Bangladesh<sup>7)</sup>.

The people get mental health services from both government and private service facilities in Bangladesh. There are two big tertiary level hospitals for mental health diseases in our country. One is the Pabna Mental Hospital, situated in Pabna district having residential facilities for 500 patients and also having outdoor service. The other one is National Institute of Mental Health, situated in the capital city Dhaka having 150 bed residential facilities with both outdoor and emergency services. Beside these two big hospitals, people get mental health service from the psychiatry department of Bangabandhu Sheikh Mujib Medical University as well as from all the government medical college and hospitals throughout the country. In the private sector, some of the private medical colleges and several large private hospitals have residential facilities and outdoor services for mentally ill patients. Besides these, the psychiatrists serve people in their private chamber according to the existing regulations.

The prevalence of depressive disorder in Bangladesh is 4.6% among population over 18 years old, which found in the national survey on mental illness<sup>2)</sup>. Another nationwide study revealed the childhood depression in Bangladesh is 0.95% among 7-18 years population<sup>5)</sup>.

But there is no data available in Bangladesh regarding the prevalence of psychotic depression. Though all the psychiatric institute and professionals follow the American schooling of management of depressive disorder but no national guideline is available or developed for Bangladesh.

The mental health act for Bangladesh is in draft form at present and which is expected to be enacted within a short time. In this act there is a specific guideline for management for a violent patient who needs seclusion or restrain.

### **Text**

No structured guideline or an algorithm present at this moment, but all of the institute and psychiatrists follow almost same pattern of treatment.

Most of the TCAs, SSRIs and other newer antidepressants are available in our country. Also have several centers with ECT facilities.

To manage the case of psychotic depression in Bangladesh the psychiatrists consider the severity of the symptoms and then plan the management. At first the patient assesses in the outpatient room and considers the mode of treatment. If the patient have any psychotic features or suicidal thoughts or attempt then the attending psychiatrist consider for admission. Also the aggressiveness is also taken into account as the cause of inpatient admission. Measures should be taken to prevent self harm by the duty doctors, nurse, ward boy and also care giver who is attending the patient all the time (if the patient has suicidal thoughts). If the patient is not harmful for others or any intractable violent behavior they do not need seclusion. But if they have suicidal intent, they need keen observation. Better to keep in ward environment, but needs extra precaution during

recovery period, when patients usually try to commit suicide due to regaining of insight and energy. The restrain modes in hospital of Bangladesh are Pharmacological (Chemical) Restrain by Major tranquilizer and /or Antipsychotic and Physical Restrain by fastening or tying the patient to their own bed for couple of hours with some special soft belt/ long cloths etc.

The law regarding restrain and seclusion are in Bangladesh's MENTAL HEALTH ACT, which is in draft form at present and which is expected to be enacted within short time.

In the draft Mental health act of Bangladesh states that-

- a. Seclusion and restraint shall only be utilized in exceptional cases to prevent immediate or imminent harm to self or others.
- b. Seclusion and restraint shall never be used as a means of punishment or for the convenience of staff.
- c. Seclusion and restrained shall be only for a few hours time required to prevent imminent harm to self or others and shall be authorized by consultant or medical officer in charge of the facility.
- d. Development of appropriate structural and human resource requirements shall be encouraged that will minimize the need to use seclusion and restraints in mental health facilities.
- e. Seclusion and restraint shall be executed according to following procedures :
  - i. Consultant or medical officer in charge of the facility shall authorize it.
  - ii. The facility shall be accredited.
  - iii. Reasons and duration of each incident shall be recorded in a registrar / database and made available to Men-

tal Health Review Tribunal (MHRT).

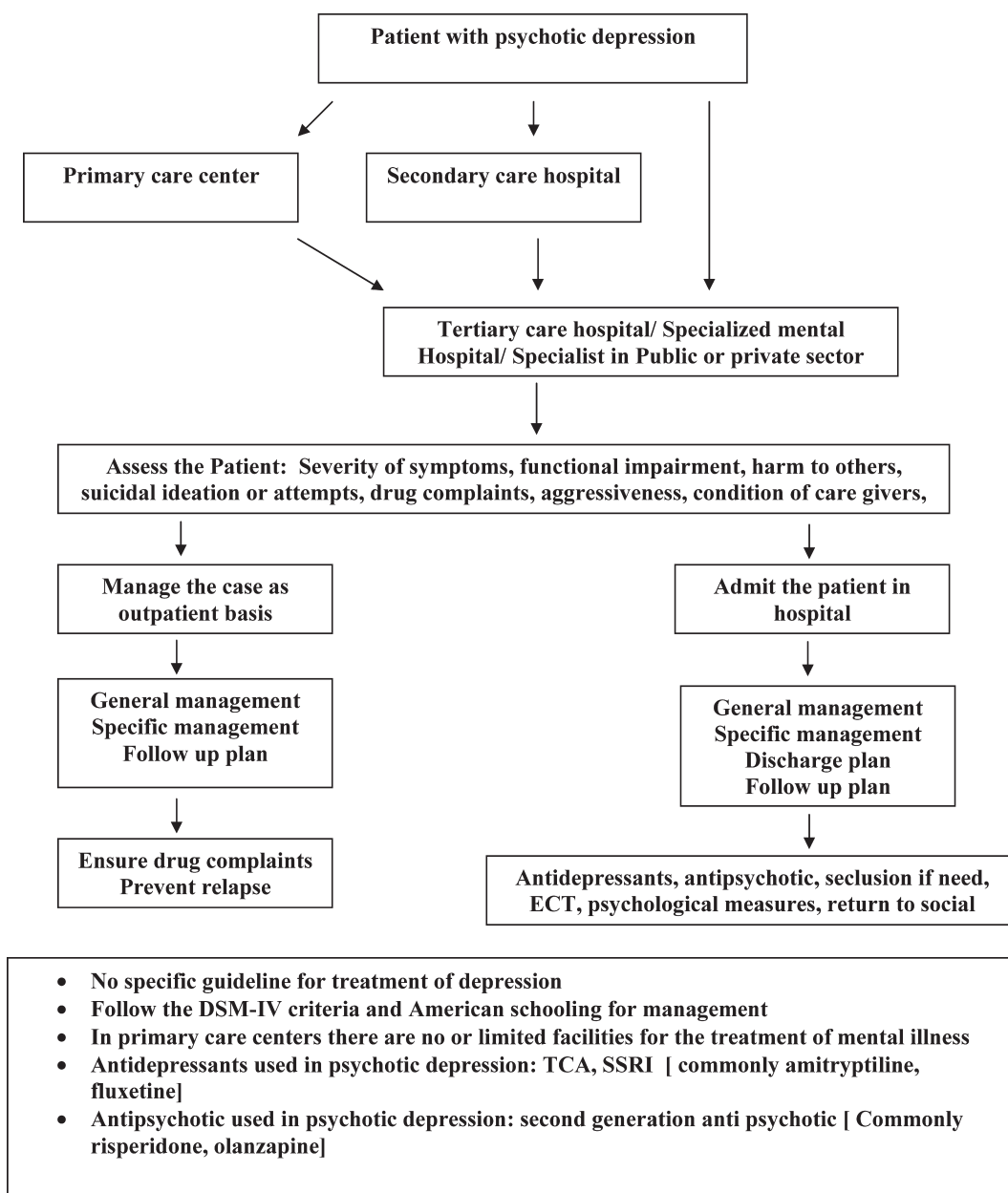
- iv. The relatives / carers / personal representatives of the patient shall be immediately informed when the patient is subject to seclusion and / or restraint.
- f. One period of seclusion and restraint should not be followed immediately by another<sup>7)</sup>.

In case of psychotic depression the medication use in Bangladesh are antidepressant and antipsychotic. Any selective serotonin reuptake inhibitors (SSRI) can be used for its less side effects and availability. Capsule fluoxetine is widely used SSRI in Bangladesh. Most of the psychiatrists use second generation antipsychotics in case of psychotic depression. Tab risperidone and olanzapine are commonly used for this purpose.

After introducing the medication assess efficacy after 2 weeks. If effective, continue in same dose for adequate duration and if not effective, then switch to another antidepressant and further assessment of the case. For the calmness and good sleep the long acting benzodiazepine such as clonazepam can be used for a short course.

Other adjunctive treatments are Relaxation exercise, Cognitive Behavior Therapy (at least 12 sessions, first 2/3 session during admission), Social skill training, Behavioral rehearsal, Enhance social performance, Graded activity, Reduce distress and difficulty in social situations and Family therapy.

After regaining insight if patients require, then psychotherapy can be given but as cognitive distortion is the consequence of their disease process. The same suggestion goes for the social skill training (which is more appro-



The flow chart of management of psychotic depression in Bangladesh

priate in chronic cases).

But relaxation technique is helpful. Psycho-education to the family and the patient about the disease is necessary to prevent future episode or to be aware about this.

According to the response the patient may be kept in inpatient department up to 4 weeks to 6 weeks. But in case of poor response of drugs or due to any co-morbidity the hospital stay may increase. After full or partial remis-

sion the patient can be discharged with an advice of follow up visit in out patient department after 2 weeks.

During discharge attendants need an instruction about the medicine, when and how long to take it. Special instruction should be given for suicidal intention as this intent may increase during recovery period when fatigability is reduced than before.

For return to social service, after regaining insight, if the patient can realize their own situation and problem: Psycho-education about the disease, Assurance and explanation, and Family therapy may be needed.

If the disease is long standing, patient may need some social skill training and CBT.

Psychiatrists can choose the Electro Convulsive Therapy for the treatment of psychotic depression in Bangladesh Perspective. The ECT facilities are available in Bangladesh in four tertiary care specialized hospital.

### Conclusion

The management of psychotic depression in Bangladesh is a concern for psychiatrists, who worked in tertiary care hospital. Most of the patient with psychotic depression needs hospital admission and the average hospital staying time is around 29 days<sup>7)</sup>. There is no specific structured guideline for the treatment of psychotic depression. We need further ex-

tended research on this area and to develop a common guideline for the management of psychotic depression.

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