Original Research Article

Socio-demographic profile and psychiatric morbidities in geriatric patients attending an outpatient department for the first time in a tertiary care psychiatric hospital in Goa: a retrospective study.

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ABSTRACT

Background: Mental and neurological disorders among older adults account for 6.6% of total Disability adjusted life years. Goa has a higher life expectancy and higher population of elderly within India the need for research in geriatric psychiatry has increased with the growth in size of the vulnerable elderly population, hence the current study was undertaken to contribute to the existing literature.
Methodology: Hospital case files of patients aged 60 years and above, who had attended the out-patient department for the first time between January-June 2021 were reviewed. The socio-demographic, clinical profile, medical comorbidity details were analysed.
Results: Geriatric patients constituted 8.6% percent of the total new cases during the study period. The most common psychiatric diagnosis was dementia (25.5%), followed by substance use disorders (15.5%) and mood disorders (14.5%- depression 10.9% and bipolar disorder 3.6%). Physical illness was seen 81% of the population with hypertension being the most common comorbidity. There was significant association of dementia with age and medical comorbidities.
Conclusion: This study highlights the psychiatric illnesses that are prevalent in this vulnerable population. Further research in community settings is warranted to elucidate the disease burden in this population.

Keywords: Geriatric Population, Clinical Profile, Psychiatric Illness

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INTRODUCTION

With quality of life improving and medical care advancing across the globe, the human population is ageing. 6.6% of all disabilities (DALYs) in older persons are due to mental and neurological conditions. Almost 15% of people 60 years and older experience mental illness [1]. Higher prevalence of mental and behavioural disorders is due to various illnesses, loneliness, lack of family support, financial dependency, significant ongoing loss in capacities and a decline in functional ability.

Among all the states in India, Goa may be the most affected state as the number of elders to the general population is much higher. According to figures from the 2011 census, the state of Goa has the second largest number of senior citizens in India, after Kerala, with 11.2% of the population being 60 years of age or older [2]. The need for research in geriatric psychiatry has increased because of the growth in size of the elderly population since large geriatric population has an equally high psychiatric morbidity. Prevalence of psychiatric disorders in elderly population across India varies between various studies, hence this study was conducted to explore the trend of psychiatric morbidities and sociodemographic profile of geriatric patients attending tertiary care psychiatry hospital in Goa, this study highlights the need for prioritizing training and research in this field.

METHODOLOGY

This retrospective case record study was conducted at Institute of Psychiatry and Human Behaviour, which is the only tertiary care psychiatric hospital catering to the population of Goa. After seeking ethical clearance to conduct the study data was collected from case file records of patients aged 60 years and above who attended the tertiary care psychiatry hospital for the first time from January to June 2021. Hospital case records contain notes on history, clinical evaluation, physical examination investigation and follow up records. During the study period 1277 patients were registered for psychiatric evaluation, out of which 110 patients were of the age 60 years and above. Data was analysed to study the socio demographic profiles, prevalence of psychiatric morbidities and clinical comorbidities. Descriptive statistics were used.

RESULTS

Majority of the patients were between 60-69 years. 25.5% belonged to the age group of 70-79 years and 10 % were in the range of 80-89 years. The mean age was 69.54 years. 57.3% patients were males and 42.7% were females. The male to female ratio was 1.34:1. About 69.1% of the subjects hailed from rural areas, whereas only 30.9% came from urban areas. 90 % of the patients were accompanied by family members, 5.5% by neighbours and only 4.4% reported alone to the outpatient department.

Educational status showed that 37.3% had completed primary education ,31.8% had completed secondary, 20.9 % were illiterates and 10% had completed higher secondary education. Occupational status revealed that majority 67.3% were currently not working, 19.1 % were engaged in unskilled work, 7.3% were engaged in skilled work ,2.7% were professionals ,1.8% were running business and the remaining 1.8% were in technical jobs.

Civil status revealed that 66.4% were married, 28.2 % had lost their spouses, and 3.6% were separated and 1.8% were single. In our study 38.2% patients were from nuclear families, 31.8 % were from joint families. and 30 % were from extended families.

Family history of mental illness was present in 27.3% of the patients. 81% of the patients had medical comorbidities of which .45.5 % had comorbid hypertension. 15.5% had both hypertension and diabetes. while as 8.2% had diabetes, 4.5 % had cerebrovascular accident, 3.6% had parkinsonism, 1.8 % had sensory deficits. The most common diagnostic group was dementia it comprised the great bulk of the total psychiatric disorders forming 25.5% of the total cases. Substance use disorders was seen 15.5 % of the cases followed by mood disorders forming 14.5% of total cases. (Depression 10.9% and bipolar 3.6%).

Adjustment disorders formed 10%, unspecified nonorganic psychotic disorders formed 9.1%, anxiety disorders formed 7.3% of the total cases. 6.4% of the patients were diagnosed as delirium, mental and behavioural disorders due to organic cause formed 4.5% and acute and transient psychiatric disorders formed 2.7% of total cases. While as mild cognitive disorders and dissociative disorders constituted 1.8% and 0.9% respectively of the total cases. There was a significant association of age and presence of medical comorbidities with dementia.

DISCUSSION

The present study brings to our notice that patients aged 60 years and above formed 8.6% of total cases registered during study period this goes according to the findings of a study conducted which found prevalence to be 5.4%.[3]. However, a community-based study conducted in Goa showed higher prevalence of 33%, in geriatric population having psychiatric illness [4]. Higher percentage of people from rural areas could be explained by the fact that patients presented later in life after trying alternative treatment or it could be lack of psychiatric services available in rural setting. Silver lining surrounding meagre geriatric mental health resources available is the support of families, our study found that 90 percent of the patients were accompanied by family members. Positive family relationships can improve mental ill-health, as support from family members often facilitates recovery, [5]. More than three fourths (81%) of the patients had at least one medical comorbidity, hypertension being the most common

comorbidity, this was in accordance with another study conducted found high rates of medical comorbidity 92% in older patients hospitalised for psychiatric illness [6].

Older people with chronic psychiatric illness are more likely to experience physical illness and have worse health outcomes due to age-related changes in metabolism, physiology, and physical activity as well as long term exposure to psychiatric medications with serious metabolic and neurological side-effects. Moreover, medical illness can precipitate psychiatric disorder. Therefore, the presence of various physical ailments in elderly patients should be carefully assessed as it may affect the intensity of clinical symptoms and affect therapeutic approaches. Dementia seems to be the next silent epidemic in the country, our study found that it was the most common psychiatric morbidity among geriatric patients attending outpatient department and it was significantly associated with medical comorbidity and advancing age.

A study found dementia in 3.4% of the elderly population in rural south India [7]. In other Indian research work, West Bengal was shown to have a 0.1% prevalence of dementia, while as 0.8 percent in Vellore and 4.9 percent in Kerala. The sample size, subject age, assessment tools, and diagnostic criteria may all contribute to the variation in dementia prevalence in India [8]. Studies have shown that people with dementia are more likely to have physical comorbidities with hypertension (34.5%), diabetes (16.3%) and cardiac arrhythmia (7.3 %) being the most common comorbidities [9].

Early diagnosis and intervention of dementia helps in treating modifiable causes of the disease, delays the disease progression and enables the patient and caregiver to make choices and plan for future and thus decreasing the rates of hospitalisation and improving the quality of life. Substance use disorder was the second most prevalent psychiatric morbidity in our study. The pattern of substance use in older adults is suggestive of a growing trend. The findings are in accordance with results of other studies done which found alcohol misuse in 16.8% of the people in the 65-74 years age group [10]. Another study found alcohol use in 66% of the cases, tobacco use in 76%, opioid use in 16%, cannabinoid use in 4%, and sedative/hypnotic use in 4% [11]. Social isolations, bereavement, financial concerns, family conflicts, chronic physical illness are the factors which increased risk of substance use in elderly, and it is challenging to diagnose this disorder. Physicians generally tend to overlook substance use disorders in elderly considering it to be a problem of younger generation, furthermore due to similar looking signs and symptoms of drug abuse and co-existing medical illness, there occurs faulty diagnosis. Also, there is stigma and discomfort in assessing the addiction for elderly, as sometimes elderly people might have difficulty in identifying their own risky behaviours around substance use and attribute their symptoms to normal ageing process [12]. Hence supportive, non-confrontational approach is needed to avoid stigmatization and defensiveness in older adults.

Mood disorders were found to be the third most common psychiatric morbidity in the study. Late-life depression and bipolar disorder are more strongly associated with negative outcomes with cognitive deficits, increased suicide risk and overall mortality when compared to younger adults. According to the findings of a study conducted in Goa in 2002, mood disorder was the most common psychiatric diagnosis among geriatric patients, attending OPD [3], however the present study found prevalence of dementia to be higher, this could be explained by increase in awareness regarding early identification and treatment of the dementia in recent times. Another study conducted in north India found higher prevalence of depression 40.7% among elderly [13]. While as study conducted in south India found that depression (43%) was the most common psychiatric morbidity in elderly population followed by substance use disorder (16.7%) and anxiety disorder (15.5%) [14].

Unipolar depression occurs in 7% of the general older population and it accounts for 5.7% of years lost to disability among geriatric population. Complaints of poor memory and concentration, slower cognitive processing speed, and executive dysfunction confounding with dementia, known as pseudodementia, are common in the elderly with depression. Neurological comorbidities, such as Parkinson's disease and stroke, may be linked to depression in the elderly, leading to differences in clinical presentation of symptoms, hence careful assessment of mood symptoms in elderly is crucial [6].

CONCLUSION

Awareness needs to be spread regarding mental health problems, specific needs of the geriatric population and availability of services available in this regard which would aid in the development of the expert manpower required to cater to the specific needs of the geriatric population. Every state should prioritise and actively promote research on elderly healthcare problems based on their local disease pattern. This is a hospital based retrospective study; hence findings cannot be generalised to the exact prevalence of psychiatric morbidity in community. The sample size and study duration were limited. The study was conducted based on the data in Covid-19 pandemic, which might have been an inhibiting factor for elderly population to seek treatment and may not be representative of actual burden of disease in this age group.

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