CHANGING SOCIODEMOGRAPHIC AND CLINICAL PROFILE OF PATIENTS ATTENDING A GENERAL HOSPITAL PSYCHIATRIC CLINIC: SOME INDICATIONS OF COMMUNITY ACCEPTANCE

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SUMMARY

Demographic and clinical variables of first one thousand new patients attending a general hospital psychiatric clinic during each of the two years 1967 and 1977, were compared. The profile of a typical patient seems to have undergone a marked change over the decade. More patients are now drawn from lower income and occupational categories and the proportion of rural patients has increased. Proportion of acute psychiatric presentation particularly acute psychosis has increased markedly. Follow up rate has improved. All these indicate an increasing acceptance of this facility by the community and a better psychiatric awareness.

General hospital psychiatric clinic today constitutes a major mode of delivering psychiatric care in India (Wig, 1978). There have been many important studies based on sociodemographic and clinical variables of patients utilizing this facility (Dutta Ray, 1962; Neki & Kapoor, 1963; Sethi & Gupta, 1972; Marfatia, 1973; Khanna et al., 1974; Varma et al., 1976; Wig et al., 1978; Varma et al., 1979; Bagadia et al., 1979). Careful analysis of such routinely collected data can have important theoretical implications of an aetiological and cross-cultural nature (Varma et al., 1979). Probably still more important is the fact that this data can be used to construct a "client profile" and to tailor and develop the services in an optimal way, so that the facilities available remain strictly relevant to the needs of the population.

Present study is an attempt to evaluate the change over a decade in the demographic and clinical variables of patients attending a general hospital psychiatric clinic.

METHODOLOGY

Case records of first one thousand consecutive new patients who attended the outpatient service of Psychiatry department Medical College, Rohtak (Haryana) during each of the two years 1967 and 1977 formed the basis of the study. Patients whose records were incomplete were excluded from the study (they numbered 14 and 3 respectively). Case records of these 2,000 patients were reviewed for various socio-demographic and clinical variables.

RESULTS AND COMMENTS

The only aspects of patient profile which seem to have remained consistent over a decade are sex and marital status. Regarding all other variables studied, interesting differences between the two groups emerged.

The 1977 group showed lesser number of patients younger than 10 years of age and increased proportion of patients in the age group of 40-49 years. While the former is because of a large number of epileptic children in the 1967 group which were subsequently taken up by the neurology service, the latter difference is difficult to explain. More interesting is the fact that over the decade, the number of patients older than 60 years continue to be small. One should have expected some increase in view of the higher life expectancy and

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TABLE 1—Sociodemographic variables in the two groups

| Age (in yrs.) | 1977 Group (N=1000) | 1977 Group (N=1000) |
|---------------|---------------------|---------------------|
| Upto 10       | 49                  | 19                  |
| 10—19         | 220                 | 197                 |
| 20—29         | 298                 | 316                 |
| 30—39         | 194                 | 176                 |
| 40—49         | 165                 | 174                 |
| 50—59         | 87                  | 73                  |
| 60—and above  | 47                  | 45                  |

$X^2 = 34.32$, d.f. = 6, $p < 0.01$

| Sex          | 1967 Group (N=1000) | 1977 Group (N=1000) |
|--------------|---------------------|---------------------|
| Male         | 617                 | 602                 |
| Female       | 383                 | 398                 |

$X^2 = 0.5$, d.f. = 1, N. S.

| Marital Status | 1967 Group (N=1000) | 1977 Group (N=1000) |
|----------------|---------------------|---------------------|
| Single         | 335                 | 341                 |
| Married        | 648                 | 650                 |
| Widowed & Others | 17                  | 9                   |

$X^2 = 2.54$, d.f. = 1, N. S.

| State of Domicile | 1967 Group (N=1000) | 1977 Group (N=1000) |
|-------------------|---------------------|---------------------|
| Haryana           | 676                 | 747                 |
| Punjab            | 53                  | 147                 |
| Rajasthan         | 6                   | 29                  |
| U. P.             | 25                  | 35                  |
| Others            | 38                  | 42                  |

$X^2 = 71.67$, d.f. = 4, $p < 0.01$

| Distance from Clinic | 1967 Group (N=1000) | 1977 Group (N=1000) |
|----------------------|---------------------|---------------------|
| Local                | 341                 | 178                 |
| Less than 50 Kms.    | 244                 | 140                 |
| 50—100 Kms.          | 233                 | 228                 |
| Above 100 Kms.       | 184                 | 354                 |

$X^2 = 142.9$, d.f. = 3, $p < 0.01$

| Rural—Urban Status | 1967 Group (N=1000) | 1977 Group (N=1000) |
|--------------------|---------------------|---------------------|
| Rural              | 467                 | 519                 |
| Urban              | 533                 | 481                 |

$X^2 = 5.44$, d.f. = 1, $p < 0.05$

| Income (Rs. per month) | 1967 Group (N=1000) | 1977 Group (N=1000) |
|------------------------|---------------------|---------------------|
| 0—100                  | 457                 | 342                 |
| 100—299                | 385                 | 514                 |
| 300—499                | 67                  | 83                  |
| 500—799                | 56                  | 39                  |
| 800—999                | 9                   | 11                  |
| 1000 & above           | 16                  | 11                  |

$X^2 = 34.09$, d.f. = 5, $p < 0.01$

TABLE 2—Clinical variables in the two groups

| Variable          | 1967 Group (N=1000) | 1977 Group (N=1000) |
|-------------------|---------------------|---------------------|
| Duration of Illness |                     |                     |
| Less than 1 week  | 42                  | 122                 |
| 1 week to 1 month | 137                 | 177                 |
| 1 month to 1 year | 333                 | 444                 |
| More than 1 year  | 468                 | 260                 |

$X^2 = 113.34$, d.f. = 3, $p < 0.01$

| Follow up | Yes | No |
|-----------|-----|----|
| Number of Admissions | 622 | 866 |
| Nil        | 378 | 134 |
| One        | 156 | 293 |
| More than one | 10 | 125 |

$X^2 = 78.16$, d.f. = 1, $p < 0.01$

| Whether given ECT? | Yes | No |
|--------------------|-----|----|
| X² = 184.64, d.f. = 2, $p < 0.01$ | 156 | 596 |

| Whether given ECT? | Yes | No |
|--------------------|-----|----|
| X² = 412.61, d.f. = 1, $p < 0.01$ | 844 | 404 |

TABLE 3—Diagnostic Break up in the two Groups

| Sr. No. | Diagnosis                          | 1967 Group (N=1000) | 1977 Group (N=1000) |
|---------|-----------------------------------|---------------------|---------------------|
| 1       | Organic Brain Syndromes            | 27                  | 10                  |
| 2       | Schizophrenia                      | 236                 | 333                 |
| 3       | Affective Disorder                 | 93                  | 57                  |
| 4       | Anxiety Neurosis                   | 127                 | 83                  |
| 5       | Hysterical Neurosis                | 115                 | 35                  |
| 6       | Obsessive Compulsive Neurosis      | 11                  | 11                  |
| 7       | Depressive Neurosis                | 61                  | 143                 |
| 8       | Mental Retardation                 | 71                  | 69                  |
| 9       | Epilepsy                           | 118                 | 32                  |
| 10      | Others                             | 83                  | 5                   |
| 11      | Non Psychiatric                    | 58                  | 2                   |
| 12      | Organic Brain Syndromes            | 27                  | 10                  |
| 13      | Schizophrenia                      | 236                 | 333                 |
| 14      | Affective Disorder                 | 93                  | 57                  |
| 15      | Anxiety Neurosis                   | 127                 | 83                  |
| 16      | Hysterical Neurosis                | 115                 | 35                  |
| 17      | Obsessive Compulsive Neurosis      | 11                  | 11                  |
| 18      | Depressive Neurosis                | 61                  | 143                 |
| 19      | Mental Retardation                 | 71                  | 69                  |
| 20      | Epilepsy                           | 118                 | 32                  |
| 21      | Others                             | 83                  | 5                   |
| 22      | Non Psychiatric                    | 58                  | 2                   |
increased number of old people in the general population (W.H.O., Technical Report Series, 507, 1972). In U.K., number of first admissions to hospital increases steeply after middle age (Slater & Roth, 1969). The explanation that Indian families accept greater responsibility for the aged is probably true. Partly, it may be that psychiatric symptoms occurring in old age are considered a normal variation of old age itself and are not perceived as an illness necessitating treatment in a hospital.

In the 1977 sample, significantly larger number of patients came from states other than Haryana and there was a similar increase in the number of patients coming from beyond 100 kms. This expansion of the catchment area over the years has also been noticed by Varma et al. (1978) in their study and is probably an expected event as awareness of an available facility spreads. Better transport facilities over the years might have facilitated this effect.

The 1977 group contained significantly higher number of patients in the categories of rural background, unskilled workers, farmers and low income bracket of Rs. 100-299. This shift from the more sophisticated, urban clientele to the less sophisticated, rural clientele hailing from lower occupational and economic groups is an event of great significance and, in all likelihood, is a result of awareness, about psychiatric disorders as illnesses, that has been witnessed in all categories of populations. The decrease in the number of patients in the lowest income category of Rs. 0-99 should be seen in the context of an increased per capita income and a consequent shrinking of this category in the general population. However this group still contributes a significant number to the clinic population.

There was a very remarkable increase in the number of patients with short duration in the 1977 group. Patients in less than one week duration category showed a three fold increase as compared to the 1967 group. In fact, in the 1977 group, there were patients who had been brought within twenty hours of the onset of an acute psychotic breakdown. To the extent that duration of illness at the time of seeking treatment is a direct reflection of psychiatric awareness, this is a remarkable finding. A related finding was significantly better rate of follow up in the 1977 sample. These two observations were perhaps the most important findings of the study. There seems to have occurred a silent but momentous change in the psychiatric awareness of the community over the years, which has not been much commented upon.

Comparison of diagnoses in the 1967 and 1977 groups showed marked differences. The decrease in the epilepsy and organic brain syndromes can be easily explained by the development of a neurology department, in the intervening years. The proportionate number of schizophrenics in the clinic population has more than doubled over the ten year period. This is possibly because of an increased number of acute psychotics, most of whom are schizophrenics, being brought for treatment as a result of better awareness. The fact that Haryana has no mental hospital is also relevant. An increase in the number of patients of depressive neurosis and a decrease in endogenous affective disorders may be the result of diagnostic bias because of change of consultants over the years. The decrease in hysterical neurosis is quite marked and may indicate some genuine fall in crude hysterical symptomatology. One fact which emerges clearly is that the number of psychotics being treated in the psychiatric clinic has increased remarkably over the years. Because of numerous advantages of a general hospital psychiatric clinic over a traditional mental hospital, the former seems to have been well accepted by the community with the result that (Wig. 1978), "Lunatics are not being taken to 'licensed'
asylums but are being daily treated in general hospitals like other illnesses."

Much higher number of patients in 1977 got admitted as compared to the 1967 group and a larger number got re-admitted. This may have been the result of an increased availability of beds because of an expansion of inpatient facilities, as well as because of an increased number of acute patients needing admissions. In 1977 groups, much higher number of patients received ECT, again probably because of the marked increase in number of acute patients.

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