A STUDY OF EMERGENCY PSYCHIATRIC REFERRALS IN A GOVERNMENT HOSPITAL

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SUMMARY

The socio-demographic and clinical characteristics of psychiatric referrals in emergency O.P.D. of a teaching general hospital were studied from January 1986 to December 1987. The referral rate was 1.5%. The source, reason and purpose of referrals were studied. Hysterical fits, altered sensorium and excitments together constituted three fourth of all emergency referrals. The diagnosis of neurosis was made in one third of the patients and about one fourth of all patients were labelled as suffering from hysterical neurosis (fits being the most common presentation).

Introduction

Acute psychiatric emergencies like excitement, violence, stupor, suicidal attempts etc., which previously were the domain of mental hospitals, are now handled by the general hospital psychiatric units (Schwartz et al 1972). But there is still a paucity of date concerning psychiatric emergency referrals in the Indian setting. Most of the available studies pertain to the routine inpatient referrals (Wig and Shah 1973, Chatterjee and Kutty 1977, Jindal and Hemrajani 1980) without considering the emergency aspect of the situation. Studies have been reported in the West (Whitley and Deniston 1963, Anstee 1972, Eastwood et al 1970) but in India, only few studies have been conducted on emergency psychiatric referrals (Trivedi & Gupta 1982, Kelkar et al 1982). Though psychiatric services are available in most of the general hospitals in India, the factors like reasons for referral, presenting complaints of the patient, the magnitude of the problem etc. have not been fully elaborated. The present study was conducted in this hospital means exclusively for females, with the aim to find out firstly the emergency situations on which the psychiatric services are required; secondly to know about the magnitude of the problem and thirdly to compare how these psychiatric emergencies in females differ from those in males. No such study has
been conducted previously on psychiatric emergencies in females

Material and Methods

The present study was carried out by the Department of Psychiatry in the emergency outpatient department (OPD) of Smt. Sucheta Kriplani Hospital, a teaching general hospital attached to Lady Harding Medical College, New Delhi during a period from January 1986 to December 1987. This is a Government Hospital being attached to Kalawati Saran Children’s Hospital (which provides the separate 24 hours services to children of 0-12 year age group). It has 783 beds, with all the specialist services available for 24 hours where only female patients (more than 12 years of age) can directly walk in and request for treatment. This hospital provides services to patient, coming mostly from Delhi and the surrounding semi-urban and rural areas. In emergency outpatient department, the patient is first briefly evaluated by lady casualty Medical officer and if in her assessment, a psychiatric consultation is required, then the services of the specialist are called for. If these patients had any psychiatric problem, they are either admitted or asked to attend regular psychiatric OPD (after management of acute emergency problems).

In the study, the following parameters were noted (a) total number of psychiatric emergency referrals compared with total attendance at casualty, (b) socio-demographic details of the psychiatric referrals (like age, marital status, income, occupation etc.). (c) reasons for referring the patients, (d) purpose of referral, (e) presenting complaints of the cases, (f) psychiatric diagnosis according to ICD-9 (WHO 1978). The accumulated data was analysed at the end of study period.

Results and Discussion

Referral rate (Table 1): During the two year period of study, there were 46,172 cases who attended the casualty of this hospital. Out of these, 672 cases were referred to psychiatrist, the rate of psychiatric referral amounting to 1.5 per cent. This is in contrast of other Indian (Trivedi and Gupta 1982, Kelker et al 1982) and Western studies (Anstee 1972, Watson 1969, Whitley and Deniston 1963) which report the emergency psychiatric referral as 2.2 per cent to 5.6 per cent. This difference could be due to the fact that the other studies included both males and females whereas the present study was conducted only in female patients. The females, either due to low prevalence of psychiatric emergencies (Kelker et al 1982, Trivedi and Gupta 1982, Vyas et al 1986) or neglect, are being brought in lesser number to the hospital. No study has yet been conducted exclusively on female patients which can be used for comparing the present data.

Socio-demographic Characteristics: Table 2 shows the socio-demographic characteristics of the patients (all females). The majority of cases belonged to 25 to 34 years of age (37.5%) followed by 35 to 44 years (27.5%) and 15 to 24 years (23.9%). No patient was under 15 years of age. This distribution of age group is due to the fact the patients who utilize the services of this hospital belong to this age group (Bhatia et al 1987, Agrawal et al 1987). This is different from what has been reported by Trivedi

| Table 1 | Referral Rate |
|---------|--------------|
| Total number of emergencies | 46,172 |
| Total number of psychiatric referral | 672 |
| Psychiatric referral rate | 1.5% |
| Number of total emergencies per day | 63.2 |
| Number of psychiatric referrals per day | 0.9 |
Table 2
Socio Demographic Characteristics
(N=672 All Females)

| Age (Years) | No. of Cases (%) |
|-------------|------------------|
| 15-24       | 161 (23.9)       |
| 25-34       | 252 (37.5)       |
| 35-44       | 184 (27.5)       |
| Above 44    | 75 (11.1)        |

| Martial Status | No. of Cases (%) |
|----------------|------------------|
| Unmarried      | 213 (32.4)       |
| Married        | 368 (54.8)       |
| Widowed        | 32 ( 4.7)        |
| Divorced       | 54 ( 8.1)        |

| Income (Rs. per month) | No. of Cases (%) |
|------------------------|------------------|
| Below 400              | 348 (51.8)       |
| 401-800                | 228 (33.9)       |
| Above 800              | 96 (14.3)        |

| Occupation              | No. of Cases (%) |
|-------------------------|------------------|
| Housewives              | 336 (50.0)       |
| Unskilled workers       | 197 (29.3)       |
| Clerical and Skilled Workers | 69 (10.3) |
| Students                | 46 ( 6.8)        |
| Others                  | 24 ( 3.6)        |

Table 3
Source of Referral

| Sources                                      | No. of Cases (%) |
|----------------------------------------------|------------------|
| 1. Family friends or patients attended their own | 389 (57.9)       |
| 2. Private practitioners (General physicians) | 149 (22.2)       |
| 3. Government dispensaries                   | 73 (10.8)        |
| 4. Other Hospitals                           | 61 ( 9.1)        |

Total 672 (100.0)

Table 4
Reasons for Referral

| Reasons for Referral                          | No. of Cases (%) |
|-----------------------------------------------|------------------|
| 1. Predominant Psychiatric symptoms           | 99 (14.7)        |
| 2. No physical illness detected               | 136 (20.2)       |
| 3. Mental symptoms coexisting with physical illness | 108 (16.1)   |
| 4. Organic illness insufficient to explain symptoms | 81 (12.0)       |
| 5. To rule out psychiatric illness            | 155 (23.1)       |
| 6. Old case of psychiatric service            | 65 ( 9.7)        |
| 7. Any other                                  | 28 ( 4.2)        |

Total 672 (100.0)

and Gupta (1982) that the female patients who seen the emergency psychiatry services most often belong to 41-55 years of age (29.7%) followed by 26-40 years (25.6%).

Majority of cases, as reported by other Indian studies (Trivedi and Gupta 1982, Kelkar et al 1982, Vyas et al 1987 Bhatia et al 1986, Agrawal et al 1987) were married and housewives. This could be due to the fact that the married women are exposed more to the stressful environment, which may result in psychiatric problems (Sriram et al 1986, Shah and Dhavale 1986, Bhatia et al 1987). The women having monthly income less than Rs. 400/- formed a significant number (51.8%). This is comparable to what is reported by other Indian studies (Kelkar et al 1982, Agrawal et al 1987).

Source of Referral (Table 3): Majority of patients attended at their own or on the advice by family friends (57.9%) while rest of the cases (42.1%) were referred either by private practitioners (22.2%), other Government dispensaries (10.8%) or hospitals (9.1%). This is similar to the findings of the study by Kelkar et al (1982).

Reasons for referral: As shown in Table 4, majority of cases were referred for the exclusion of a psychiatric illness (23.1%) followed by those in whom either no physical illness could be detected (20.2%) or mental symptoms coexisted with definite physical illness (16.1%) or organic illness alone was insufficient to explain the symptoms (12.0%). This indicates increased awareness of other specialists about psychiatry and their desire to associate psychiatrists in the general management of patients in an emergency.
The cases who had either predominant psychiatric symptoms or were old cases of psychiatric service, constituted only 24.4%. This is in contrast to other studies (Trivedi and Gupta 1982, Kelkar et al 1982) which report that the presence of predominant psychiatric symptoms is the most common cause of emergency psychiatric referral. This difference is, again, due to the fact that the present study was conducted only on female patients.

**Presenting complaints:** Table 5 shows that the most common complaint due to which an emergency psychiatric consultation was sought was excitement and violence (25.2%) followed by hysterical fits (22.5%) and altered sensorium (20.4%).

| Complaints               | No. of Cases (%) |
|-------------------------|------------------|
| 1. Excitement and violence | 169 (25.2)      |
| 2. Altered sensorium    | 137 (20.4)       |
| 3. Hysterical fits      | 152 (22.5)       |
| 4. Somatic symptoms     | 83 (12.4)        |
| 5. Suicidal attempt     | 16 (2.5)         |
| 6. Acute Dystonic reactions | 20 (2.9)   |
| 7. Acute Anxiety symptoms | 67 (9.9)    |
| 8. Epileptic fits       | 28 (4.2)         |
| **Total**               | 672 (100.0)      |

This is similar to what has been reported by Vyas et al (1986) whereas other Indian (Gautam 1978, Kelkar et al 1982) and Western Studies (Anstee 1972) report somatic symptoms as the most common cause of emergency psychiatric referral. The studies on indoor and outdoor psychiatric referrals (Ellenberg 1965, Chatterjee and Kutty 1977) also report somatic complaints as the most common presenting complaint. The findings of present study differ from those of other studies because this study included only female patients.

**Psychiatric diagnosis (Table 6):** In about one third of patients (31.1%), a diagnosis of neurosis was made. Some Indian Studies (Kelkar et al 1982) on emergency referrals have also reported neurosis as the most common psychiatric diagnosis. The studies conducted (on female patients) in medical outpatient department (Nikapota et al 1981, Bhatia et al 1987) and Gynaecology outpatient department (Worsley and Walters 1977, Wig et al 1982, Agrawal et al 1987) have also found neuroses as the most common psychiatric diagnosis whereas other studies on psychiatric emergencies report epilepsy and its related diagnosis (Trivedi and Gupta 1982) and acute schizophrenic and manic excitement (Vyas et al 1986) as the most common diagnosis. The difference of psychiatric diagnosis in the present study with those of above studies could be due to the fact that the present study included only female patients.

Organic psychosis was the second commonest psychiatric diagnosis whereas other studies on psychiatric referrals (Chatterjee and Kutty, 1977) and emergency psychiatric referrals (Kalkar et al 1982) report schizophrenia as the second commonest diagnosis in 27-29 per cent of
cases. Out of functional psychotics (N=162) in the present study, 33 cases (20.5%) came within 3 months of delivery. These include 19 cases of schizophrenia, 10 cases with MDP (depression) and 4 cases with MDP (mania).

Among the organic psychosis (N=94), delirium was the most common diagnosis (72.3%) followed by epileptic psychosis (13.8%), dementia 9.6%) and others (4.3%). This finding is comparable to what has been reported by Nikapota et al (1981) and Bhatia et al (1987).

The psychosis associated with other physical illness (N=57, 8.4%) had physical symptoms related commonly to chest (73.7%), like pain, cough, breathlessness, palpitations followed by genital system (28.7%) with symptoms related to puerperal sepsis, hysterectomy, leucorrhoea, ovarian malignancies. This was followed by gastrointestinal symptoms (24.6%) like pain, indigestion, nausea, vomiting, constipation, diarrhoea etc. and lastly, symptoms related head and central nervous system (15.8%) like headache, tingling and numbness, blurring of vision, photophobia etc. These findings are comparable to those reported by Bagadia et al (1986). In 10.3% of cases, no psychiatric illness was discernible. This a higher figure than that of Western studies (Ungerleider 1960, Eastwood et al 1970) but is comparable to inpatient referrals studies (Shukla et al 1980, Chatterjee and Kutty 1977, Wig and Shah 1973) and outpatient psychiatric morbidity studies in females (Bhatia et al 1987) which report absence of psychiatric illness in 6 to 11 per cent of cases respectively.

Type of Neurosis (Table 7): In the present study, hysteria constituted the most common neurotic illness presenting as psychiatric emergency (77.0%). Out of 161 cases of hysterical neurosis, 152 (94.3%) presented with fits. The other presentations were hemiparesis (3 cases), paraplegia (2 cases), hyperventilation (2 cases), hiccup (1 case), aphonia (1 case).

Among the anxiety neurotics (N = 30), palpitations (22 cases), giddiness (12 cases), sweating (12 cases), breathlessness (6 cases), feeling of impending doom (18 cases) etc. were the common presenting symptoms. The cases with neurotic depression (N = 15), insomnia was the most common presenting symptom (11 cases) associated with sad mood, suicidal ideation or attempt (7 cases) or somatic symptom (10 cases) like bodyache, lethargy, loss of appetite or weight etc.

These findings are different from other Indian studies conducted on female patients in medical Outpatient Department (Bhatia et al 1987) and Gynaecology Outpatient Department (Wig et al 1982, Agrawal et al 1987) which report neurotic depression as the most common neurosis followed by hysteria and anxiety neurosis. This could be because hysteria (Commonly fits), most frequently present as psychiatric emergency followed by anxiety neurosis and depression (Kelkar et al 1982, Wig 1979).

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