Original Research Article

A RETROSPECTIVE CHART REVIEW PROVIDES INSIGHT INTO THE SOCIODEMOGRAPHIC AND CLINICAL PROFILE PATTERNS OF PATIENTS ATTENDING A NEWLY STARTED OUTPATIENT PSYCHIATRY CLINIC

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ABSTRACT

Background: Psychiatric diseases are a worldwide public health issue. Even with improvements in mental health treatment, there are still large differences in the quality and accessibility of services, especially in underserved communities. The goal of the current study was to evaluate the clinical and sociodemographic characteristics of patients undergoing treatment at a recently established mental health facility.

Materials and Methods: In this retrospective analysis, case files from mental health patients who saw the outpatient Department of Psychiatry, Dr. VRK Women's Medical College, Aziznagar, Telangana, India from June 2023 to May 2024. Information was gathered about the clinical profile and sociodemographic profile. When necessary, descriptive statistics were used to analyze the data.

Results: During the study period, the outpatient department received a total of 4397 patients. The average age of the attending patients was 39.59 years, with the majority of them being male (46.8%), Hindu (92.7%), and married (72.8%). The data indicated an increase in the number of patients visiting the centres in April and September. The predominant diagnosis was classified under the category of F40, which encompasses neurotic, stress-related, and somatoform disorders, accounting for 44.8% of all diagnoses according to the ICD 10 classification.

Conclusion: The prevalence of different illnesses matched the findings in the current literature. There is a noticeable pattern of growth in population counts during the months of April and September. This study will provide valuable insights for predicting and strategising the implementation of mental health services at a tertiary level.

Keywords: Psychiatric, clinical profile, sociodemographic profile.

INTRODUCTION

Psychiatric diseases include a wide range of conditions, from mild symptoms to more serious manifestations. If mental health problems are not treated, they might escalate to a disordered state, which is usually recognizable, diagnosable, and curable. As a scientific field, psychiatric epidemiology is undoubtedly important in the field of health sciences since it is vital to comprehending and treating the patterns, causes, and consequences of mental health disorders in communities. Numerous national and international epidemiological investigations have been conducted. Different psychiatric diseases have different incidence rates, according to international studies like the national comorbidity survey and the epidemiological catchment area program.[1,2]

Between 1990 and 2010, the burden increased by 41%, mostly because of population growth. Regrettably, low- and middle-income nations bear a disproportionate amount of this burden—roughly three-quarters—and a comparable amount lack access to basic services because of budget

limitations. Furthermore, almost two thirds of India's people reside in rural areas. where concerns about pricing, availability, and accessibility never go away. There is a significant treatment gap for a variety of psychiatric problems, ranging from 70 to 92%, despite increased awareness of mental health issues.[3,4]

It is necessary to create effective, efficient local services that are based on solid research, socially and culturally acceptable, and eliminate the massive treatment gap that exists in India. The opening of an outpatient psychiatry department in an institute of national importance is a major step toward meeting the growing demand in this regard. This institute serves neighbouring districts from its location on the outskirts of town. 91% of this population lives in rural areas, making up the majority of its composition. Given this context, the present study aims to characterize the heterogeneous patient profile that visits this institution, providing insight into the early patterns of diagnosis.[5,6]

MATERIAL AND METHODS

This retrospective chart review was carried out at the tertiary mental health facility. In this instance, the case files of mental health patients older than eighteen who visited this center's psychiatry outpatient department (OPD) of Dr. VRK Women's Medical College, Aziznagar, Telangana, India from June 2023 to May 2024 were examined. Age, gender, marital status, level of education, and religion were among the sociodemographic information.

RESULTS

F00 to F09: Organic, including symptomatic,mental disorders
F10 to F19: Mental and behavioral disorders due to psychoactive substance use
F20 to F29: Schizophrenia, schizotypal and delusional disorders
F30 to F39: Mood (affective) disorders
F40 to F48: Anxiety, dissociative, stress-related and somatoform disorders
F50 to F59: Behavioral syndromes associated with physiological disturbances and physical factors
F60 to F69: Disorders of adult personality and behavior F70 to F79: Mental retardation.

Table 1: Sociodemographic profile of the subject (N= 4397)

Parameters		N (%) or Mean (SD)
Age (in years)		39.66
Gender	Male	2765 (62.8%)
	Female	1623 (36.9%)
Religion	Hindu	4044 (91.97%)
	Muslim	345 (7.8%)
	Others	8 (0.18%)
Education	Illiterate	589 (13.39%)
	Till primary	1546 (35.16%)
	Till secondary	1663 (37.82%)
	Till graduate	523 (11.89%)
	Professional	76 (1.72%)
Marital status	Never married	969 (22.03%)
	Married	3397 (77.25%)
	Divorced/separated	31 (0.70%)
Family history	Present	201 (4.57%)
	Absent	4196 (95.42%)

Table 2: Prevalence of primary psychiatric diagnoses at first presentation according to ICD 10 (N=3356*)

Diagnosis	Number of patients [n (%)]
F00-F09	140 (4.1)
F10-19	179 (5.3)
F20-F29	575 (17.13)
F30-F39	756 (22.52)
F40-F48	1246 (37.12)
F50-59	414 (12.3)
F60-69	26 (0.77)
F70-79	20 (0.5)
TOTAL	3356

DISCUSSION

The results of our study offer useful information about the characteristics of patients and their patterns of use of the recently established outpatient psychiatric department. There was an influx of 3356 new patients who sought services at the outpatient department (OPD). There were limitations on face-to-face interactions because of the COVID-19 pandemic, which may have affected how often patients went to medical appointments.[7-10]

The sociodemographic statistics indicated that the average age of the patient was 37.88 years. There is a

somewhat higher proportion of males, accounting for 55.3%. This was analogous to previously conducted research. Nevertheless, after taking into account this data, the non-Hindu patients exhibited a lower rate of seeking mental health assistance. Consequently, more measures should be devised to enhance the availability of mental health services within these communities.[11-13]

Our sample shows a higher incidence of illness in the younger age group, which is consistent with previous studies. Prior studies have continuously emphasized a substantial correlation between gender and mental health, frequently observing that the female gender is linked to a greater susceptibility to specific psychiatric diseases. Nevertheless, our analysis revealed a modest male predominance compared to females. This discovery is consistent with earlier research. This may suggest the presence of gender prejudice inherent in a patrilineal family system, which affects the way individuals seek aid. Women may encounter additional obstacles when seeking assistance for mental health issues due to gender-specific conventions and other societal factors.[14-17]

Most of the patients had primary and secondary education. Surprisingly, a significant majority (92.4%) stated that they did not have any family history. Merely 4.2% of the participants indicated a familial background of mental health issues. The results were inferior to the discoveries made by Shakya et al. This may be attributed to the presence of social stigma or a reluctance to disclose personal family-related details. In that study, approximately 34% of the patients were diagnosed with neurotic and associated illnesses, while 9.1% were diagnosed with schizophrenia. One of the primary factors contributing to this is the utilization of predetermined instruments and qualified personnel in conducting the study.[18-22]

Another significant pattern we observed was an increase in the number of persons seeking medical treatment in April and September. When analyzed individually for each disorder group, the F40 group had the largest representation, followed by the F30 group and then the F20 group. This tendency was consistent throughout every month of the year. Some psychological diseases may occur in a seasonal pattern, particularly during the summer and winter months. An investigation conducted by Avasthi et al. reveals clear and specific seasonal patterns in psychiatric diagnoses. There has been a documented increase in the prevalence of mood disorders throughout the winter months.[23-25]

CONCLUSION

In summary, our research offers a comprehensive analysis of the patient characteristics and usage trends at a recently created outpatient psychiatry department. These insights are essential for customising services, maximising resource allocation, and strategically designing interventions to meet the varied mental health needs of the community we serve. Furthermore, it indicates a growing recognition of mental health concerns.

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