

Psychiatric Morbidity Profiles of Child & Adolescent Patients in General Psychiatry Clinic

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Abstract:

Introduction: There are limited data on child mental health needs. Therefore study to determine the prevalence rates of child and adolescent disorders was undertaken. **Methods:** Retrospective file review study was conducted in general psychiatry clinic including the patients under 18 years of age. Diagnosis was noted as per ICD 10 criteria. **Results:** Majority who took consultation were males (63.63%) of urban background (61.82%) belonging to Hindu religion (90.90%). Most of the patients were between 13-18 years age group (61.82%) with prevalence of mental retardation 23.63%, neurotic and stress related disorders (14.55%), affective disorders (12.73%), emotional and behavioral disorders (11.82%), psychosis (11.82%) and epilepsy (12.73%) respectively. **Conclusion:** Data from general psychiatry clinic is helpful to define needs and priorities of child and adolescent age group.

Keywords: Child & adolescents, psychiatric co morbidity

Introduction

Child & Adolescent psychopathology is major concern among health professionals and educators. Various studies shows 7-35% of child & adolescent population suffers from mental illness^[1-3] in developing countries. The common psychiatric disorders affecting other adults also affect many child & adolescents. These disorders are also distressing in this age group and it includes mood (affective), neurotic and stress related and somatoform disorders including anxiety and dissociative (conversion) disorders.^[1,3-5] Another group of disorder commonly diagnosed among child & adolescents include mental retardation, disorder of psychological development and behavioural & emotional disorders with onset usually occurring in childhood & adolescence.^[3,4,6,7] In recent years few community based epidemiological studies have been conducted in India^[1,8,9] however clinic based data are important particularly for service planning, evaluation of time trends and changes in demography in disease patterns and prevalence rates in the population.

Aim

To assess the clinical and socio-demographic profile of child and adolescent patients attending general psychiatry clinic over a one year period.

Methodology

The present retrospective analysis involved all child and adolescent patients (below 18 years) who attended the general psychiatry private clinic at Indore during 1st Jan. 2017 to 31st Dec. 2017. Case records were assessed in detail regarding socio demographic and clinical parameters. The diagnosis was recorded as per criteria given in ICD-10.^[10] After review appropriate statistical analysis was done by using SPSS 16.

Results

Table 1: Age distribution of children

S.no	Age Group (Years)	Male	Female	Total	Percentage
1	0-3	1	1	2	1.82 %
2	4-6	10	4	14	12.73 %
3	7-9	3	4	7	6.36 %
4	10-12	14	5	19	17.27 %
5	13-15	20	12	32	29.09 %
6	16-18	22	14	36	32.73 %
Total:		70	40	110	
Percentage:		63.63%	36.37%		

Table 2: Locality

S.no.	Locality	Frequency	Percentage
1	Urban	68	61.82
2	Rural	42	31.18
Total		110	100

Table 3: Religion

Religion	Frequency	Percentage
Hindu	100	90.90
Muslim	10	9.10

Majority of the patients were Males (63.63%). Most of the patients were between 13-18 years age groups (61.82%) followed by 10-12 years age group (17.27%), Majority of the cases came from urban background (61.82%) and most were Hindus by religion (90.90%).

Table 4: Pattern of Psychiatric Morbidity

ICD code	Psychiatric Diagnosis	Frequency	Percentage
F20-29	Schizophrenia	3	11.82
	Acute & Transient Psychotic Disorder	9	
	Schizoaffective Disorder	1	
F30-39	Mania	1	12.73
	Depression	13	
F40-48	Anxiety Disorders	3	14.55
	Obsessive Compulsive Disorders	8	
	Dissociative Disorders	3	
	Somatoform Disorders	2	
F50-59	Psychogenic Vomiting	1	1.82
	Sleep Terror	1	
F60-69	Dissocial Personality	1	3.63
	Emotionally Unstable	2	
	Anankastic Personality	1	
F70-79	Mental Retardation(MR)	13	23.63
	MR with Seizures	9	
	MR with Psychosis	2	
	MR with Cerebral Palsy	2	
F80-89	Autism	1	0.91
F90-98	Hyperkinetic disorder(ADHD)	4	11.82
	ADHD with ODD	1	
	Conduct Disorders	3	
	Oppositional Defiant Disorders(ODD)	2	
	Sibling Rivalry	1	
	Nonorganic Enuresis	2	
Others	Epilepsy	14	12.73
Others	Headache	7	6.36

Table 4 shows the psychiatric diagnosis which was found to be maximum is mental Retardation (23.63%) followed by neurotic & stress related disorders (14.55%) then by affective disorders (12.73%), emotional and behavioral disorders (11.82%), psychosis (11.82%) and epilepsy (12.73%) respectively.

Discussions

Total 1100 patients attended the general psychiatry clinic in Indore during the study period, out of which case records of 110 child and adolescent patients (upto 18 years) were reviewed. The prevalence of psychiatric disorders was 10%. It was found lower than studies from western countries.^[12-14]

The reasons could be due to better awareness and early identification of the problem by the parents in west.^[15]

Very few cases reported upto 3 years of age, as per Chaudhury et al^[3] psychiatric structure before the age of 4-5 years is usually not sufficiently developed to permit internal

conflicts of pathological significance. It was in accordance with earlier studies.^[11]

The maximum diagnosis 61.82% was in 13-18 years age group which could be due to improved recognizing of internalizing factors or societal stresses related to academics or rapid personal and social changes in adolescent age group.

The observed finding of male dominance 63.63% is similar to various studies. It may be due to gender based differential health seeking due to importance given to boys in India.^[16,17] Another reason stated by Malhotra et al^[18] is boys have higher frequency of externalizing disorders which are more easily recognized.

Majority belonged to urban background 61.82%. Shakya DR^[5] also found that patients from urban areas were more prone to psychiatric illness. This may be due to less frustration tolerance and more stressful life in urban areas. 90.90% cases reported were Hindus, may be because majority of people in habiting in the areas were Hindus.

The high prevalence of mental retardation and co morbid psychiatric disorders (23.63%) in the present sample is consistent with the earlier studies.^[19-21] These studies concluded that children and adolescent with intellectual disability are at significantly increased risk of certain psychiatric disorders.

We had preponderance of neurotic, stress related and somatoform disorders (14.55%) followed by mood (affective) disorders (12.73%). Increasing trend for affective disorders was also reported by Malhotra et al^[18] and is reflective of worldwide trend towards an earlier onset and increased prevalence of affective disorders.^[22,23]

Emotional and behavioral disorders had prevalence of 11.82%. The prevalence is in agreement with other Indian studies.^[4,24] However few western studies have reported high prevalence of hyperkinetic disorders.^[25]

Psychotic disorders (11.82%), personality with prominent traits and behavior (3.63%) are important findings reported in the present study. This could be partly due to the fact that this data is from general psychiatry clinic and we had more subjects in the age group of 13-18 years.

Other physical diseases reported were epilepsy 12.73% and headache 6.36%. They are also reported in other studies.^[26,27] Very few cases of psychogenic vomiting, sleep terror and autism were reported.

There are some limitations in the study. Sample size is small. Study was confined to urban clinic. Nonetheless results have shown few patients of younger age have attended the clinic. It indicates need of raising awareness

and sensitization programmes for early detection and intervention about psychiatric morbidity in this age group.

Further collaborative studies with large sample size is required so that results can be compared with community based surveys for better planning of mental health services.

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