

■ *Original Article*

Nepalese psychiatric patients with armed-conflict related stressors

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Abstract

Introduction: Psychiatric disorders have long been associated with bio-psycho-social factors. The relationship of stressful events with the etiology and the course of mental illness have similarly been much considered. Among different types of conflicts, armed political is the one under which many countries including Nepal have been reeled directly. This study aims to evaluate the psychiatric morbidity profile of patients with the stressors related to the then ongoing political conflict in Nepal.

Methods: This is a hospital based, descriptive study with convenient sampling method carried out in Department of Psychiatry, B P Koirala Institute of Health Sciences. The diagnosis was based on Chapter V (F) of ICD- 10. **Results:** Among 50 subjects, there were 36 males and 14 females. More than half of the subjects were of productive age. During the war period, more than half had been affected directly; physically and or psychologically while other halves indirectly. Nearly all subjects had biological/ somatic symptoms, followed by anxiety and psychotic symptoms. Two cases (4%) presented with attempted suicide. Affective disorders were the most common diagnosis among the subjects with conflict related stressors. **Conclusion:** Many of the mentally ill people had significant political stressor in current day Nepal. Hence, as described in the literature, it is a risk factor.

Keywords: armed conflict, conflict related stressor, psychiatric disorder, Nepal.

Introduction

Violent conflict and the 'Global burden' of psychiatric disease have been projected to increase alongside.¹ Various conflict-related factors play role in the causation of mental illness.^{2,3} Conflict situation has been reported to increase the prevalence of not only psychiatric disorders but also other long term effects like substance abuse, family disintegration, crime and suicide.⁴ Beside leading transient psychological disturbance and mental illness, long standing armed conflict like stressors exacerbate and maintain pre-existing mental illness and personality traits.^{2,3}

The decade long armed conflict of 1996 to 2006 disrupted all aspects of Nepalese life.⁵ However, there is a paucity of data on psychiatric morbidity related with the stressor in Nepal.

This study aims to assess clinical presentation, traumatic events and socio-demographic variables of psychiatric patients with the conflict related stressors seeking treatment from department of Psychiatry, B. P. Koirala Institute of Health Sciences (BPKIHS), Nepal during October 2006 to March 2007.

Methods

This is a hospital based descriptive cross sectional study with convenient sampling.

The subjects for this study consisted of all patients with the political armed conflict as a perceived stressor who had consulted with the investigators during the study period of 6 months in this

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department. A brief explanation about the study was given to the subjects and significant others and consent was taken. The information was kept confidential.

The socio-demographic profile and information about the illness (reason for referral, co-morbid conditions and psychiatric diagnosis) were recorded on the particular sheet prepared in advance by the investing team of the department. The detailed psychiatric work up and necessary investigative procedures were done. The final psychiatric diagnosis was made according to the 'International

Classification of Disease and infirmity, 10th edition' (ICD-10).⁶ Data were entered into a computer and analyzed using 'Statistical Package for Social Science' (SPSS) - software.

Results

Among the total of 50 patients, 36 were male; male to female ratio being 2.5:1. Patients of age group (21- 30 year) constituted the largest proportion 16(32%), followed by 31- 40 year 11(22%) and 10- 20 year 9(18%). About two thirds were married and rest one third unmarried. People of different professions were affected. (Table 1: Socio-demographic profiles-I)

Patients of diverse ethnicities were affected and saught the service- 15(30%) Brahmin, 13(26%) people of Mongolian origin and 10(20%) Terai origin. Only a few patients 7 (14%) were illiterate and others were educated. Nearly half, 24(48%) were from rural, 17(34%) from semi-urban and 9(18%) from urban setting. (Table 2: Socio-demographic profiles- II)

People affected psychiatrically reported facing different types of stressors temporally related with the development of current psychiatric problem. Nearly half of the subjects had to bear direct stress related to the armed conflict whereas about half reported to be affected indirectly, though significantly perceived the stressor. (Figure 1: Stressors)

The commonest reason for the psychiatric consultation was biological-somatic symptoms, including disturbances in sleep, appetite, and libido, changes in bowel and bladder habits, medically unexplained physical symptoms, in 90% of subjects. Anxiety symptoms, followed by psychotic and depressive symptoms were other major presentations.

Gender	Frequency	Percentage
Male	36	72
Female	14	28
Age distribution	No. of cases	(%) Percentage
10 - 20 years	9	18
21- 30 years	16	32
31- 40 years	11	22
41- 50 years	8	16
51- 60 years	5	10
71+ years	1	2
Marital status	Frequency	Percentage
Married	32	64
Unmarried	18	36
Occupation	Frequency	Percentage
Unemployed	2	4
Farmer/ self employed	9	18
Home makers	8	16
Business	5	10
Student	8	16
Health professionals	2	4
Rebel/ army/ police	7	14
Service/ teaching	8	16
Manual worker	1	2

Table 1 Gender, age, marital status and occupation