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Psychiatric Morbidity among Children and Adolescents Attending Psychiatric Clinic of a Tertiary Hospital

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ABSTRACT

Introduction

A variety of psychiatric manifestations can be seen in children and adolescents below the age of 19 years. This study aims to examine the socio-demographic, morbidity profiles, and clinical correlates of child and adolescent patients attending the psychiatry out-patient clinic of Lumbini Medical College and Teaching Hospital (LMCTH).

Methods

It was an observational, cross-section study involving case record analysis of all children and adolescent patients attending the psychiatry out-patient clinic between December 1, 2018 to November 30, 2019 in LMCTH, Nepal. Socio-demographic and clinical data were entered into computer software and analysed.

Results

One hundred and forty cases fulfilling inclusion criteria were included in the study. There were 96 (68.6%) females and 44 (31.4%) males. Majority of the patients were from 16-19 years age-group. Cases from urban areas predominated the picture. Most common psychiatric diagnosis was conversion disorder (29, 20.7%) followed by depressive disorder (25 or 17.9%) and anxiety disorder (14, 10%). Majority of females had conversion disorder (25 or 26%) followed by seizure disorder (23, 24%) and depressive disorder (15, 15.6%) whereas majority of males had equal count of depressive disorder and seizure disorder (10, 22.7%) followed by anxiety disorder (7, 15.9%).

Conclusions

Psychiatric illness was most common in children and adolescents in the age group 16-19 years, followed by 11-15 years age-group. They were more common in female sex, and slightly higher in those from urban background. Common psychiatric diagnoses were conversion disorder followed by depressive disorder and anxiety disorder.

Keywords: adolescents; children; psychiatric morbidity; socio-demography.

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INTRODUCTION

WHO statistics reveals that the prevalence of disabling mental illness among children and adolescence attending health care centres range between 20-30% in urban areas and 13-18% in rural areas.[1] Various studies from developing countries including Nepal and India show that a significant percentage (7-35%) of the paediatric population suffers from mental illness.[2-6] It is estimated that 10-20% of children and adolescents are affected annually by psychiatric problems and their psychiatric morbidity accounts for five of the 10 leading causes of disability for those aged five years and above. It has been found that mental and psychiatric services for children lag behind those for adults in developing countries.[7-11] Studies completed at various centres in Nepal show that a great majority of children and adolescents visit other setting of help-seeking before coming to a psychiatric service for different psychological problems.[4,6] This study aims to examine the socio-demographic, morbidity profiles, and clinical correlates of child and adolescent patients attending the psychiatry out-patient clinic of Lumbini Medical College and Teaching Hospital (LMCTH). Information regarding the morbidity profiles of these young patients would help to define needs and priorities.

METHODS

This was an observational, cross-sectional study conducted at the psychiatric out-patient clinic of LMCTH, Nepal. Ethical clearance was obtained from Institutional Review Committee (IRC) of the college. The primary data were stored in the case-records of the patients in the clinic. Secondary data were collected from those records. The study was conducted from Dec 1st 2018 to Nov30 2019.

All the patients below 19 years of age visiting the psychiatric clinic from December 1, 2018 to November 30, 2019 were included in the study. Cases with incomplete data in the record were excluded. The case-records were reviewed and information regarding socio-demographic characteristic (eg age, gender, religion, domicile) and clinical details was recorded on a proforma designed by the authors in Microsoft Excel 2007. The entered data were double checked for any errors. Data were imported into the Statistical Package for Social Sciences (SPSS) version 16 and coding was done. Results were calculated and presented in form of frequency and percentages. Cross-tabulation of categorical data was done presented in tabular form.

RESULTS

A total of 140 child and adolescent patients had attended the psychiatry clinic during the period in review. Of those, 96 (68.6%) were females and the rest 44 (31.4%) were males. The age distribution of the study subjects is presented in Table 1 which shows that children with elderly age were more frequent.

Table 1. Age distribution of the study subjects

Age in Years	Frequency	Percent
0-5	1	0.7
6-10	8	5.71
11-15	51	36.42
16-19	80	57.14
Total	140	100

Locality of the subjects is presented in Table 2 which shows children from urban background were slightly higher in numbers as compared to those from rural places.

Table 2. Locality of the study subjects

Locality	Frequency	Percent
Rural	67	47.9
Urban	73	52.1
Total	140	100

Psychiatric diagnosis of the study subjects is shown in Table 3 which demonstrate that conversion disorder was the most common diagnosis followed by depressive disorders, anxiety disorders and others. Seizure disorder was the most common non-psychiatric illness present in the study population.

Table 3. Psychiatric diagnosis of the study subjects

Psychiatric diagnosis	Frequency	Percent
Conversion Disorder	29	20.7
Depressive Disorder	25	17.9
Anxiety Disorder	14	10
Somatoform Disorder	6	4.3
Schizophrenia	5	3.6
Acute Stress Reaction	3	2.1
Psychosis NOS	2	1.4
Recurrent Depressive disorder	2	1.4
Post Partum Psychosis	2	1.4
Mixed Anxiety Depression	2	1.4
Deliberate Self Harm	2	1.4
Manic Episode(F31)	1	0.7
Mixed headache	1	0.7
Night Terror	1	0.7
Alcohol Dependent Syndrome	1	0.7
Tension Headache	1	0.7
Post-Traumatic Stress Disorder	1	0.7
Psychiatric Disorder NOS(F99)	1	0.7
Cannabis induced Psychosis	1	0.7
Other non-psychiatric illness:		
Seizure Disorder	33	23.6
Migraine Headache	3	2.1
Mental Retardation (MR)	1	0.7
Observation with admission	1	0.7
MR with seizure disorder	1	0.7
Thyroid Disorder	1	0.7
Total	140	100

Table 4 compares the psychiatric diagnosis between males and females. It shows conversion and depressive disorders are more common in females as compared to males. Similarly, seizure disorder which is a non-psychiatric disorder was also more common in females. The details are presented in the table.

Table 4. Comparing diagnosis between Gender

ICD-10 Psychiatric Diagnosis	Gender		Total n (%)*
	Female n (%)*	Male n (%)*	
Conversion Disorder	25 (26)	4 (9.1)	29 (29.7)
Depressive Disorder	15 (15.6)	10 (22.7)	25 (17.9)
Anxiety Disorder	7 (7.3)	7 (15.9)	14 (10)
Somatoform Disorder	5 (5.2)	1 (2.3)	6 (4.30
Schizophrenia	4 (4.2)	1 (2.3)	5 (3.6)
Acute Stress Reaction	1 (1.04)	2 (4.5)	3 (2.1)
Deliberate Self Harm	0	2 (4.5)	2 (1.4)
Mixed Anxiety Depression	2 (2.1)	0	2 (1.4)
Post Traumatic Stress Disorder	2 (2.08)	0	2 (1.4)
Alcohol Dependent Syndrome	0	1 (2.3)	1 (0.7)
Cannabis induced Psychosis	0	1 (2.3)	1 (0.7)
Manic Episode (F31)	0	1 (2.3)	1 (0.7)
Psychosis NOS	0	2 (4.5)	2 (1.4)
Recurrent Depressive disorder	2 (2.1)	0	2 (1.4)
Mixed headache	0	1 (2.3)	1 (0.7)
Night Terror	1 (1.04)	0	1 (0.7)
Psychiatric Dsorder NOS(F99)	1 (1.04)	0	1 (0.7)
Tension Headache	1 (1.04)	0	1 (0.7)
Post Partum Psychosis	1 (1.04)	0	1 (0.7)
Other non-psychiatric diagnosis			
Seizure Disorder	23 (24)	10 (22.7)	33 (23.6)
Migraine Headache	3 (3.1)	0	3 (2.1)
Mental Retardation	0	1 (2.3)	1 (0.7)
MR with seizure disorder	1 (1.04)	0	1 (0.7)
Observation with admission	1 (1.04)	0	1 (0.7)
Thyroid Disorder	1 (1.04)	0	1 (0.7)
Total	**96 (100)**	**44 (100)**	**140**

*Among gender

DISCUSSION

Psychiatric diseases were most common in children and adolescents in 16-19 years age-group followed by 11-15 years age-group and they were more common in females. There were fewer patients of younger ages. It indicates the need of raising awareness about psychological problems of this age groups. The observation may help in better planning of mental health services, with special focus towards these vulnerable age groups.

The observed findings of female dominance in this study was similar to various other studies. This finding was similar to the findings of Risal A which reported that 66.7% of the total study population was in the age group of 15-18 years with female dominance.[12] Patients from urban background were slightly more than those from rural background. Shakya Dr also found that patients from urban areas were more prone to psychiatric illness.[6] This may be due to less frustration tolerance and more stressful life in urban areas.

In this study the greatest number of patients were of seizure disorder which was a non-psychiatric diagnosis and was more common in female patients. This finding is new may be because of the disorder firstly came to psychiatry OPD in our hospital rather than the Paediatric OPD. Then came conversion disorder which was maximum in female patients. Higher prevalence of epilepsy in child and adolescents was supported by studies from Nepal(6,12) and that of dissociative disorder by studies from both of Nepal (12,13) and India(14). This may be related to the possibilities that Nepali culture discourages direct expression of emotional distress as a result of which physical symptoms are a common way of expressing psychological distress. Next common was depressive disorder and this was also more common in females. Mental retardation was very less in our study (only 2 cases out of 140). This is quite paradox to the study done by Chaudhary CS in which the total cases of mental retardation were 10.5%.[15] This may be due to most of the cases being primarily seen by the Paediatric department in our hospital. One interesting finding is that there were no cases of conduct disorder, ADHD, Autism, enuresis, somnambulism, trichotillomania, and tic disorder which might be due to non-referral of the cases from Paediatric OPD.

There were some limitations in the study. Sample size is small. Study is confined to a tertiary hospital, which may not necessarily represent the general population of the country. Most of the case record were found to have incomplete data about educational qualification, socio-economic class, religion and hence could not be compared. Further community-based surveys in a larger scale with appropriate sample size are needed to find out the depth of the psychiatric problems in children.

CONCLUSIONS

Psychiatric illness was most common in children and adolescents in the age group 16-19 years, followed by 11-15 years age-group. They were more common in female sex, and slightly higher in those from urban background. Commonest psychiatric diagnoses were conversion disorder followed by depressive disorder and anxiety disorder. Seizure disorder was the most common non-psychiatric diagnosis.

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