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Profile of Patients Attending Psychiatry OPD During First Pre and Post Lock Down Period at A Tertiary Care Center of Western Nepal

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ABSTRACT

Background

The Government of Nepal issued a nationwide lockdown from 24th March to 21st July 2020. The study has presented the sociodemographic and clinical profile of patients during pre and post lockdown period of patients attending the psychiatry OPD of Lumbini Medical College and Teaching Hospital, Palpa, Nepal.

Methods

It is a retrospective study. Comparison of sociodemographic and clinical profile of the patients during the pre and post lockdown was made by applying Pearson chi-square test and analysis was done by SPSS 27.0.

Results

The number of patients in pre lockdown period outweighed the post lock down period. The females' outnumbered males. Unemployment was more in post lockdown period. There were no statistically differences between the psychiatric disorders between pre and post lock down period.

Conclusions

The study has shown the impact of lockdown on the profile of patients.

Keywords: lockdown; sociodemographic; psychiatry OPD; SPSS.

INTRODUCTION

Corona virus disease (COVID-19) outbreak occurred in Wuhan, China on December 2019. On 11th of March, the World Health Organization gave it as a name of Pandemic.[1] The Government of Nepal issued a nationwide 1st lockdown from 24th March 2020 to 21st July 2020, prohibiting domestic and international travels and closure of borders. The Novel corona virus shook the health care system worldwide. As a result of lockdown, all forms of public transport were suspended and people were restricted to their homes to curb the spread of virus. This came as a disappointment to people with various health conditions including psychiatric disorder who were planning to consult the health care facilities. There were also reports of worsening of primary psychiatric disorder and emergence of new psychiatric ailments.[2] So, we tried to do this study to know the impact of COVID-19 during the 1st lockdown period in the utilization of psychiatry service in our tertiary care center.

METHODS

This study was conducted at the Psychiatry department of Lumbini Medical College and Teaching Hospital (LMCTH) which lies in Palpa district of western region of Nepal. Approval was taken as per IRC-LMC no 01/M-22. All Psychiatric diagnoses were done were made as per the International Classification of Diseases-10 (ICD-10) criteria. Inclusion criteria: all the patients attending the Out Patient Department (OPD) of Psychiatry Department. Exclusion criteria: no patient were excluded during the study period. The records of all the patients attending the Psychiatry OPD from 1st January 2020 (Pre lockdown date) up to the post lockdown period 21st July 2020 (lockdown being applied till 21st July 2020 from 24th March 2020). Comparison were made between the profile before the imposition of the nationwide lockdown i.e. from 1st January 2020 to 23rd March 2020(83 days) and after the imposition of the lockdown i.e. from 24th March 2020 to 21st July 2020 (118 days). Data were

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analyzed using SPSS version 27.0 with Pearson Chi square test.

RESULTS

During the study period, a total of 1736 patients attended the Psychiatry OPD. In the pre-lock down period; a total of 1001 (57.7%) patients visited the Psychiatry OPD whereas 735 (42.3%) patients visited in the post-lockdown period. Out of the total patients, the number of males were 618 (35.6%) and 1118 (64.4%) were females, 795 (45.8%) were employed whereas 941 (54.2%) were unemployed (Table 1).

Table 1. Frequency as per Patients, sex and Employment status of Pre and Post-lockdown period.

Patients	Frequency (%)
Pre-lockdown period	1001 (57.7)
Post-lockdown period	735 (43.2)
Sex	
Male	618 (35.6)
Female	1118 (64.4)
Employment Status	
Employed	795 (45.8)
Unemployed	941 (54.2)

While comparing the gender in the pre and post lockdown period, females outnumbered males with chi-square test value of 0.397 which was statistically insignificant (p-value >0.05) (Table 2).

Table 2. Frequency as per Gender during pre and post lockdown period.

Sex	Post lockdown n(%)	Pre lockdown n(%)	p-value
Male	270 (43.7)	348 (56.3)	0.397
Female	465 (41.6)	653 (58.4)	

While comparing the employment status in the pre and post lockdown period, unemployed outnumbered employed with chi-square test value of 0.000 which was statistically significant (p-value<0.05) (Table 3).

Table 3. Frequency as per employment status during pre and post lockdown period.

Employment Status	Post lockdown	Pre lockdown	Chi-square
Employed n(%)	273(34.3)	522(65.7)	0.000*
Unemployed n(%)	462 (49.1)	479(50.9)	

The results indicated a statistically significant difference in the distribution of diagnoses between the two periods, $\chi^2(12) = 334.7$, $p < 0.001$ (Table 5).

Table 4. Frequency of individual psychiatric disorders during Pre and Post lock down period.

ICD-10 Diagnosis (Pre lock down)	No. in pre lock down (%)	No. in post lock down (%)
Acute Stress reaction	1(0.11)	1(0.14)
Adjustment Disorder	2(0.21)	2(0.28)
ADS	84(8.97)	39(5.41)
Anxiety Disorder NOS	143(15.28)	116(16.09)
ATPD	4(0.43)	1(0.14)
BPAD	35(3.74)	45(6.24)
Cannabis Dependent Syndrome	3(0.32)	0(0.00)
Conversion Disorder	10(1.07)	8(1.11)
Delirium	2(0.21)	0(0.00)
Dementia	27(2.88)	16(2.22)
Depressive Disorder	273(29.17)	157(21.78)
DSH	2(0.21)	0(0.00)
Generalized anxiety disorder	10(1.07)	6(0.83)
Mental Retardation	10(1.07)	3(0.42)
Migraine Headache	27(2.88)	16(2.22)
Mixed Anxiety Depression	67(7.16)	36(4.99)
Mixed Headache	6(0.64)	2(0.28)
Organic Psychosis	8(0.85)	11(1.53)
Panic Disorder	9(0.96)	8(1.11)
Phobic Anxiety Disorder	2(0.21)	3(0.42)
Psychosis NOS	28(2.99)	34(4.72)
Recurrent Depressive Disorder	40(4.27)	47(6.52)
Schizoaffective Disorder	3(0.32)	0(0.00)
Schizophrenia	43(4.59)	54(7.49)
Seizure Disorder	43(4.59)	62(8.60)
Somatoform Disorder	54(5.77)	50(6.93)
Obsessive Compulsive Disorder	0(0.00)	1(0.14)
Tension Headache	0(0.00)	3(0.42)

Table 5. A Pearson's Chi-Square test to compare the distribution of ICD-10 diagnoses before and after the lockdown.

Test	χ^2	df	p-value
ICD-10 Diagnoses (Pre vs Post Lockdown)	334.7	12	$p < 0.001$

DISCUSSION

Compared to males, a higher no of females attended psychiatry OPD but it was not statistically significant. But the high no. of females indicates a higher level of stress for females during lockdown period. There are many reports of domestic violence, an increase in the interpersonal issues between the couples, and increased workload on the women during the lockdown period.[3] In context of employment status, unemployment outnumbered employed and was

statistically significant. The reason is self-evident. Due to restriction of travel, it might have been so. While comparing patients, though the pre lockdown number outweighed the post lockdown number but it was not statistically significant. The increase in number might have been due to no restriction in travel during pre-lockdown period. A Pearson's Chi-Square test was performed to compare the distribution of ICD-10 diagnoses before and after the lockdown. The results indicated a statistically significant difference in the distribution of diagnoses between the two periods, χ^2 (12) = 334.7, $p < 0.001$. This suggests that the lockdown had a significant impact on the types of diagnoses observed. The number of schizophrenic patients increased in number during the post lockdown period. This might have been due to extreme duress due to the condition at that moment causing relapses. There could have been multiple reasons for relapses such as purchasing medicines, and adverse household conditions etc. beside stress. Studies done during the lockdown period have provided evidence for all these.[4] The prevalence of self-harm was also increased however not statistically significant during the post lockdown period. This finding is supported by many reports suggesting an increase in the number of suicidal attempts and during the post lockdown period.[5] Nepal Police record shows that during the lockdown, the number of suicide cases had increased. Within 74 days of lockdown, a total of 1227 people had committed suicide, which is more than 15 suicidal death per month compared to the previous year.[6] They can be linked to uncertainty about the pandemic, self-isolation, financial burden, loss of family members, stigma.[7-9] Similarly there was increase in the number of depressive disorder although not statistically significant during the post lockdown period. Quarantine, social isolation and travel restriction might be the cause of this. A few studies have also shown psychological issues such as depression among the general population more in the post lock down period.[10-12]

To conclude, the present study suggests that compared to pre lock down period; there was decrease in number of patients visiting the psychiatry OPD in post lock down period. Additionally, the present study shows that there was an increase in the number of cases of deliberate self-harm, depressive disorder, schizophrenia cases in the post lock down period.

CONCLUSIONS

The lockdown period was a very tough era for all of us. This study aims to explore the differences in sociodemographic and psychiatric disorders during the pre and post lockdown period.

Limitations: Since this is a hospital based study, the findings cannot be generalized to the whole population of Nepal as the hospital merely covers the surrounding six districts. This is a retrospective study some data could be missing.

Conflict of interest: None

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