

FOLLOWUP PATTERN OF PSYCHIATRY PATIENTS IN TERTIARY CARE CENTRE OF CENTRAL INDIAManoj Kumar Sahu¹, Lokesh Kumar Singh², Sharda Singh³¹Associate Professor, Department of Psychiatry, Pt. JNM Medical College, Raipur, Chhattisgarh.²Associate Professor, Department of Psychiatry, All India Institute of Medical Sciences, Raipur, Chhattisgarh.³Clinical Psychologist, Department of Psychiatry, Pt. JNM Medical College, Raipur, Chhattisgarh.**ABSTRACT****BACKGROUND**

Psychiatric illnesses usually require long-term treatment for better outcome. It has been common observation that person with mental illness tends to stop medication against advice of treating psychiatrist.

The present study was aimed to compare the demographic and clinical profiles of psychiatric patients attending outpatient department who remain in followup with those who do not.

MATERIALS AND METHODS

This study was a retrospective data analysis conducted at Outpatient Department of Psychiatry, Pt. Jawaharlal Nehru Memorial Medical College and Dr. B. R. Ambedkar Memorial Hospital, Raipur, Chhattisgarh, India. All cases attending the OPD from January 2014 to June 2015 were included in this study. Socio-demographic data, diagnosis and followup information were obtained from the patients, guardians and prescriptions slip. The collected data were analysed using descriptive analysis and Chi-square test.

RESULTS

28.4% of the patients dropped out after first visit, 61.5% patients had 1 - 3 followup, 8.3% had 4 - 7 followups and only 1.7% had more than 8 followups. Statistically significant correlation was found between followup and various socio-demographic variables such as educational level, distance from hospital and family history of psychiatric illness.

CONCLUSION

In our study, 28.4% of the patients did not attend followup at all and only 1.7% had more than 8 followups. Patient's retention into treatment loop is quite encouraging, still more strategies can be tried to enhance the followup rate.

KEYWORDS

Compliance, Followup, Psychiatric Illness.

HOW TO CITE THIS ARTICLE: Sahu MK, Singh LK, Singh S. Followup pattern of psychiatry patients in tertiary care centre of Central India. J. Evolution Med. Dent. Sci. 2017;6(37):2987-2989, DOI: 10.14260/Jemds/2017/644

BACKGROUND

Psychiatric illnesses present with inter-individual variability across different diagnostic entity. Better outcome of these condition is determined by adherence to the treatment. It has been common observation that person with mental illness tends to stop medication against advice of treating psychiatrist. The issues of followup rate, profile of patients with psychiatric illness, factors affecting continuation in treatment were studied for many decades and continue to be of interest in present.^{1,2,3} These kinds of studies are important for mental health professionals as well as policy makers.

Moreover, it appears that none of these factors are constant as changes in medical facilities in terms of availability of beds and newer methods of treatment and medicines, availability of super specialties, increasing awareness and acceptance regarding psychiatric illness,

economic affordability and like factors bring related change not only in patient profile but also in kind of requirement in psychiatric treatment. Study gives good insight into these factors.¹

Research also indicates that in psychiatry, dropout patients are of more worrisome as reason for not coming back for treatment is anything but wellness. Previous studies have shed lights that those who drop from treatment have more adverse characteristics compared to those who remain in followup. Patients with poor drug compliance are having more chances to be admitted in future due to flaring up of the symptoms.⁴ The present study aimed to compare the demographic and clinical profiles of psychiatric patients attending outpatient department who remain in followup with those who do not.

MATERIALS AND METHODS

This study was a retrospective data analysis conducted at Outpatient Department of Psychiatry, Pt. Jawaharlal Nehru Memorial Medical College and Dr. B. R. Ambedkar Memorial Hospital, Raipur, Chhattisgarh, India. The study protocol was approved by Institutional Ethics Committee, Pt. JNM Medical College, Raipur. All cases attending the Outpatient Department from January 2014 to June 2015 were included in this study. Socio-demographic data, diagnosis and followup information were obtained from the patients and guardian. The collected data were analysed using Descriptive analysis and correlation.

Financial or Other, Competing Interest: None.

Submission 01-04-2017, Peer Review 24-04-2017,

Acceptance 01-05-2017, Published 08-05-2017.

Corresponding Author:

Dr. Manoj Kumar Sahu,

Department of Psychiatry,

Pt. JNM Medical College,

Raipur- 492001,

Chhattisgarh, India.

E-mail: drmanojksahu@gmail.com

DOI: 10.14260/Jemds/2017/644



RESULTS

Total 7876 patients were registered in the study with the mean age of 34.4 years. The number of males (64.3%) was higher as compared to the females. More number of patients (68.3%) was married. Majority of the patients (67.6%) were coming within 10 kilometres distance from hospital. Majority of patients (91.7%) belonged to Hindu religion and 44.1% were working during the study period. Primary level of education was attended by 85.5%. Only 13.7% of study participants had family history of psychiatric illness. Good number of patients (60.1%) reported to be compliant to the medication (Table 1).

About 28.4% of the patients dropped out after the first visit, 61.5% had 1 - 3 followups, 8.3% had 4 - 7 followups. Only 1.7% had more than 8 followups (Graph 1). The most common psychiatric disorders were schizophrenia (23.3%) followed by depression (15.3%), bipolar disorder (8.4%), substance abuse disorder (6.4%), anxiety disorder (6.2%) and mental retardation (6.2%) (Table 2).

Statistically significant correlation was found between followup and various socio-demographic variables such as educational level distance from hospital and family history of psychiatric illness. Patient's level of education and presence of family history were found to have statistically significant positive correlation with followup, whereas distance from hospital to patient's place of residence was found to have statistically significant negative correlation with followup (Table 3).

Demographic Parameters	Statistics	
Age	Mean (SD)	33.62 (14.61)
Gender	Frequency	Percent
Male	5068	64.3
Female	2808	35.7
Marital Status	Frequency	Percent
Never Married	2414	30.7
Married	5392	68.5
Separated/Divorced/Widowed	64	0.8
Other	6	0.1
Education	Frequency	Percent
Illiterate	128	1.6

Primary	6736	85.5
School	268	3.4
Graduation	690	8.8
Post-Graduation	54	0.7
Distance	Frequency	Percent
< 10 km	5326	67.6
11 - 50 km	784	10.0
51 - 100 km	978	12.4
101 - 200 km	438	5.6
> 200 km	350	4.4
Religion	Frequency	Percent
Hindu	7220	91.7
Muslim	636	8.1
Other	20	0.3
Family History of Psychiatric Illness	Frequency	Percent
Present	1078	13.7
Absent	6798	86.3

Table 1. Demographical Profile of Patients

	Diagnosis	Total Patients (%)
1	Schizophrenia	1836 (23.3)
2	Acute Psychosis	490 (6.2)
3	Other Psychosis	232 (2.9)
4	Bipolar disorder	658 (8.4)
5	Depression	1204 (15.3)
6	OCD	172 (2.2)
7	Anxiety Disorder	492 (6.2)
8	Alcohol and other substance Disorder	502 (6.4)
9	Mental Retardation	490 (6.2)
10	Developmental Disorder	140 (1.8)
11	Dementia	20 (0.3)
12	Seizure Disorder	178 (2.3)
13	Others	1426 (18.1)
14	Not Diagnosis	16 (0.2)
Total	7876	

Table 2. Patients with Psychiatric Diagnosis

		Gender	Age	Distance	Occupation	Marital Status	Education	Family History
Followup	Kendall's tau-b	0.016	0.003	-0.046**	0.010	0.016	-0.080**	0.030**
	Sig. (2-tailed)	0.168	0.773	0.000	0.336	0.143	0.000	0.008

** . Correlation is significant at the 0.01 level (2-tailed)

Table 3. Correlation between Followup and various Socio-Demographic Variables

DISCUSSION

Patients with psychiatric illness are required to be on regular treatment for favourable outcome. In our study, 28.4% of the patients dropped out after the first visit. It is also reported that in one study 20% - 57% of their patients failed to return after the first visit and 31% - 56% attended no more than 4 times.³ Other studies from India have reported more dropout as compared to our study. Recent studies reported that 50% to 53.1% patients never came for followup.^{5,6} Patients attending our OPD are also getting free medication and there was no consultation fee for those visits. These facility for the patients and their caregiver may act as a motivating factor resulting in low dropout rates. Availability of other medical

services under one roof in government run multispecialty hospital can also be another factor for catering more number of patients in comparison to costlier medical facilities of private sector. A study reporting higher dropout rate was conducted in a private sector psychiatric facility.⁶

We also found that only 1.7% had more than 8 followups, which is less than reported by another recent study.⁶ They found that 2.6% had more than 10 followups. Here, it is important to note that we are mentioning the number of followups, whereas time span might be a better measure. It is so because the present and one recent study has reviewed data of one year only.⁵ We found higher dropout rate in long term.

Similarly, one study reported that chance of re-hospitalisation is greater, that is one in four among the non-followup patients compared to one in ten among those who remain in followup.⁷

While looking for correlation between followup and various socio-demographic data, distance from hospital to patient's place of residence was found to have statistically significant negative correlation with followup ($p = 0.00^{**}$). This finding substantiated the fact that service utilisation will be more with easy accessibility; hence, patients living in close vicinity to hospital had more number of followups. Presence of family history was associated with better treatment adherence. This finding can be explained by the effect of priming in the family and they were remaining in followup whenever another family member had any such illness. Patients with higher educational level were remaining more in followup, as it was expected to have positive impact in service utilisation.

Apart from these observations, there may be other factors related to treatment continuation which may be governed by combination of patient and clinician variables. Moreover, not only illness and demographic variables of patient but also psychological namely personality, motivation, relation with family members and so on should be studied to find profile of patients who remain in treatment. Future studies should take account of this complex interaction among different variables.

CONCLUSION

Recently, there is wide spread awareness and acceptance about mental health. In our study, 28.4% of the patients did not attend followup at all and only 1.7% had more than 8

followups. Patient's retention into treatment loop is quite encouraging, still more strategies can be tried to enhance the followup rate.

REFERENCES

- [1] Kala AK, Kala R, Bathia JC. Changing sociodemographic and clinical profile of patients attending a general hospital psychiatric clinic: some indications of community acceptance. *Indian J Psychiat* 1981;23(1):86-9.
- [2] Kaur J, Chavan BS, Sharma A, et al. Study of factors associated with drop out after first visit to psychiatric clinic. *JMHBB* 2009;14(2):87-94.
- [3] Dodd J. A retrospective analysis of variables related to duration of treatment in a university psychiatric clinic. *J Nerv Ment Dis* 1970;151(2):75-84.
- [4] Killaspy H, Banerjee S, King M, et al. Prospective controlled study of psychiatric out-patients non-attendance. Characteristics and outcome. *Br J Psychiatry* 2000;176:160-5.
- [5] Singla M, Goyal SK, Sood A, et al. Profile and pattern of follow-ups of psychiatry outpatients at christian medical college, Ludhiana. *J Mental Health Hum Behav* 2015;20(2):76-9.
- [6] Agarwal AK. Analysis of patients attending a private psychiatric clinic. *Indian J Psychiatry* 2012;54(4):356-8.
- [7] Nelson EA, Maruish ME, Axler JL. Effects of discharge planning and compliance with outpatient appointments on readmission rates. *Psychiatr Serv* 2000;51(7):885-9.