

## Psychiatric Morbidity in Old Age: A Multi Centre Study to Assess the Needs (in Sindh)

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### ABSTRACT

**Objectives:** Pakistan is one of the most thickly populated Muslim countries. The unpredicted aging process brings about challenges to the society and the health care system as well. In Pakistan the Psychiatrists have to face lot many problems in managing elderly patients as Geriatric psychiatry has not even made its advent in this Country. In view of the above facts this study was designed to find the magnitude of psychiatric problems faced by our elderly population, further more to find out about any separate services offered to this part of community at any centre within the province of Sindh.

**Study Design:** Observational Study.

**Methods:** Three proformas was developed namely A, B, C. Proforma 'A' assessed the demographic data along with inter categorization of them into age groups. The proforma 'B' was designed to assess the diagnostic breakup among the age group of proforma 'A', while proforma 'C' looked into the established psychiatric services for elderly patients in psychiatry. The proformas were sent to all the Psychiatrists working in province of Sindh, their feedback was collected giving them adequate time to put down all the cases seen by them from 1<sup>st</sup> Jan: to 30<sup>th</sup> June 2006.

**Results:** Have shown that more than 25000 patients attended the psychiatric facilities during the study in province of Sindh with different psychiatric disorders, without having any separate psychiatric facility to cater their problems.

**Conclusion:** This is alarming as at present there is no separate facility available to cater the ailing elderly population in discipline of psychiatry in our Province. This effort will discuss how we can improve this situation.

**Key words:** Oldage, Psychiatric Morbidity, Multicentre, Sindh.

### INTRODUCTION

Around 1800A.D, the earth population reached 1 billion people. Since then, it is observed that there is an increment of one billion every twelve to fourteen years<sup>1</sup>. As we look into the statistics of the world population at this point in time, it is estimated to be approximately around 6.5 billion, in addition to it, it is also anticipated that this population has its best projections, which is anticipated to be on the rapid upswing in coming decade. It is worth mentioning here that by 2025 the total population of elderly people aged

60 years or above is estimated to exceed by another 18.4% of the total population of the world.<sup>2</sup> It is worth mentioning here that the total population of elderly men and women over 60year in South Central Asia from 1995 -2050 will rise from 8.5% to 22.8% and from 8.8% to 26.6% respectively<sup>3</sup>

It is also a fact as UN Staticistics 1994 revision projects, that the percentage of women and men 60 years and over in Pakistan will increase from 4.7% and 5.3% in 1970 to 15.4% and 14.1 in 2050 respectively. An important thing to note is the reversal of the male and female proportion.<sup>4</sup>

Improved health care provisions extended to elderly population do promise longevity but at the same time the economic and social circumstances likely poverty, decreasing trends of living together and opting for nuclear families along with poor services for this part of population, are reasons which extend a threat to develop psychiatric disorder.<sup>5</sup> The differentiation of dementia into Senile dementia, artio Sclerotic dementia and psychoses marked the advent of geriatric psychiatry in the early part of nineteenth century.<sup>6</sup>

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There is no doubt that geriatric population is no less susceptible to land up in the era of psychiatric disorders. This has pushed the researchers to look into the issues of elderly people, as with the increasing population of elderly people, the issues are growing and causing distress to this part of population.<sup>7</sup>

Pakistan is one of the most thickly populated Muslim countries. The unpredicted aging process brings about challenges to the society and health care system as well. In Pakistan the psychiatrists have to face lot many problems in managing elderly pts: as Geriatric psychiatry has not even made its advent. Whereas over the last two decades, geriatric psychiatry has emerged as an organized sub disciplines within psychiatry to the extent that the accreditation of geriatric psychiatry has been done by the American board of psychiatry and neurology which has helped more to legitimize the subspecialty, to the extent that even general psychiatry residency training requires geriatric psychiatry experience over there.<sup>8</sup>

In the western world the studies demonstrating the potential clinical advantage of geriatric psychiatry over general psychiatric services offered for the elderly are limited.<sup>2</sup> At the same time, quite in contrast the older and established services of geriatric medicine are offering more for the elderly patients in both acute inpatient and out pt: settings as compared to general medicine?

This scenario has probably forced the clinicians to develop the subspecialty in discipline of psychiatry to offer better psychiatric services for the elderly.

**AIMS:** In view of the above facts this study was designed to find the magnitude of psychiatric problems faced by our elderly population, further more to find out about any separate services offered to this part of community at any centre within the province of Sindh.

## METHOD

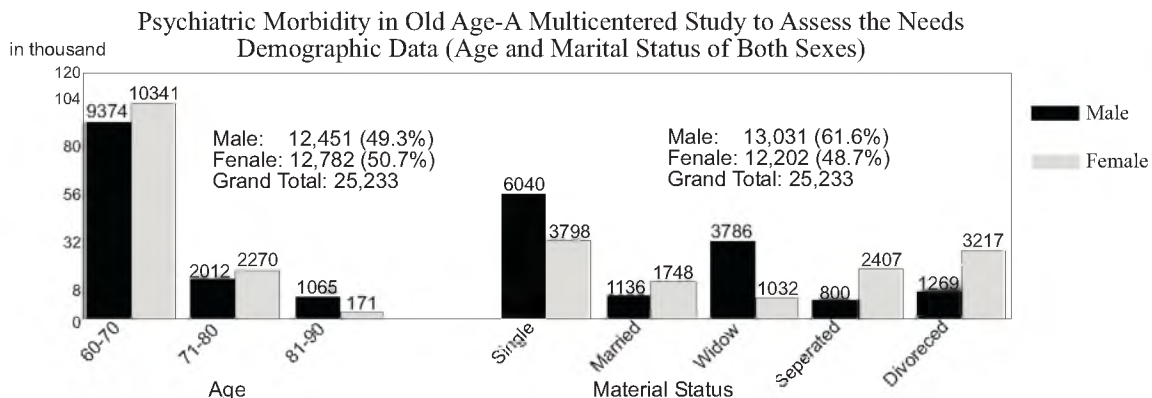
Three proformas were developed after intense workup and discussions with the principal researcher and co-researchers.

**PROFORMA 'A':** Was designed to look into the demographic data of the elderly patients having age varying from 60-70 years, 71 to 80 years and 81-90 years in both male and female groups. Educational back ground of patients, was classified in preliterate, under metric, metric, intermediate, graduate and post graduate groups. Marital status was also assessed as in single, married, widow, divorced and separated groups. The occupations were grouped as laborer, skilled laborer, doing any office work and retired. The residence was divided rural and urban areas.

**PROFORMA 'B':** Was designed to assess the diagnostic breakup of the patients, attending that facility. The diagnostic breakup was assessed in the age group of 60-70 years, 71-80 years and 81-90 years. The diagnostic categories included were Organic brain syndromes (Dementias), Major Depressive disorders, Bipolar affective disorders, Anxiety disorders, Stress related disorders, Schizophrenias and others, in both males and females separately. International classification of diseases -10 (ICD-10) was used as diagnostic criteria. Duration of study was from January to June 2008, areas of Sindh.

**PROFORMA 'C':** This was designed to gather the data regarding established separate services offered to elderly patients in Sindh.

**SETTING AND PLACE OF STUDY:** The proformas were sent to all the Psychiatrists working in Government: as well as private sector and employed on all the elderly patients attending outpatients followup clinic and inpatient departments in province of Sindh. Their feedback was collected, giving them adequate time to put down all the cases seen by them from 1<sup>st</sup> January to 30<sup>th</sup> June, 2006.



**Table 1: Diagnostic Breakup Icd-10 Usedas Diagnostic Criteria Age Groups**

	60-70 years			71-80 years			81-90 years		
	Male	Female	P-value	Male	Female	P-value	Male	Female	P-value
Organic Brain Syndrome	1653 (17.6)	1270 (12.3)	< 0.001	557 (27.7)	519 (22.9)	< 0.001	933 (87.6)	73 (42.7)	< 0.001
Dep	2281 (24.3)	3013 (29.1)	< 0.001	745 (37.0)	953 (42.0)	0.001	132 (12.4)	98 (57.3)	
Bipolar Aff	1082 (11.5)	639 (6.2)	< 0.001	67 (3.3)	54 (2.4)	0.062	----	----	----
Anxiety Disorder	3436 (36.7)	4540 (43.9)	< 0.001	582 (28.9)	682 (30.0)	0.424	----	----	----
Schizophrenia	898 (9.6)	862 (8.3)	0.002	48 (2.4)	47 (2.1)	0.480	----	----	----
Other and stress related disorders	24 (0.3)	17 (0.2)	0.159	13 (0.6)	15 (0.7)	0.939	----	----	----
Total	9374	10341		2012	2270		1065	171	

( ) = Percentage

## RESULTS

The spectrum of psychiatric disorders seen in elderly patients during the study exhibited that anxiety disorders and depression were the commonest psychiatric disorders and are more common in females. Anxiety disorders are defined as the combination of mental and physical symptoms which has no organic basis and the symptoms do not fit into any other psychiatric disorder.

In Depressive disorders the cardinal features are Depressed mood, Loss of interest and enjoyment, reduced energy and decreased activity along with reduced concentration, reduced self esteem and confidence, ideas of guilt and unworthiness, Pessimistic thoughts, ideas of self harm, disturbed sleep, diminished appetite. The duration of illness should not be less than 2 weeks.

Where as Schizophrenia is a major psychotic disorder, which has fundamental disturbance in thinking and perception. characteristic features include, Delusions, Hallucinations, Disorganized speech, Grossly disorganized or catatonic behavior, Negative symptoms, i.e. affective flattening, poverty of speech and lack of volition. The Organic Brain Syndromes include all the Psychiatric manifestations in Elderly population which are either secondary to any Physical or Neurological disorder or primarily due to any degenerative disorder affecting Brain tissues.

## DISCUSSION

In another study from world fact book 2005, the population of Pakistan is little over 162 million, the estimated population in 2007 is little over 170 million, keeping in view the growth rate of 2.30% per year. The total male population over 65 yrs: in Pakistan is

3189122. The total female population over 55yrs: of age in Pakistan is: 3437055. The total elderly population of Pakistan 6626177.10

Keeping in view the elderly population of Pakistan, the total: number of elderly patients attending the psychiatric facilities in Sindh during the given period of study was 25233. The given number of pts: only in province of Sindh are not less by any means and form a major bulk of psychiatric patients attending the psychiatric facilities.

As evident in table 1, the incidence of psychiatric morbidity is higher in single, preliterate and unskilled laborers from the rural areas. This leads us to an assessment that a preliterate individual who is unskilled and lives in rural area is more prone to develop psychiatric disorder. Where as an individual, who is comparatively more educated and doing some kind of office work, where he has to use his mental faculties too often, is less prone to develop Psychiatric disorders. This linkage needed to be evaluated, as why it is so? The prevalence of Dementia and other Psychiatric Disorders along with the care extended to the patients and the education offered to the care givers is very well documented in the research papers published from Latin America, India, and China.<sup>11-16</sup>

Futhermore, approximately a fifth of people over 55yrs: of age have mental disorders unrelated to normal ageing process.<sup>17</sup> Another study, older people have the highest suicide rate of any group, reaching 20 per 0.1 Million at age 85 yrs: in the USA. While in France rates are particularly high, reaching 148 per 0.1 Million for men and 24 per 0.1 Million for women over 85 yrs. Over all 17% of elderly people in France are currently sufferings from psychiatric disorders of which generalized anxiety disorder and phobias are the most common.<sup>18</sup>

In a Danish study<sup>19</sup> it was observed that living with a spouse or without spouse, do effect the prevalence of psychiatric disorders, result indicates that a high rate of psychiatric disorder is seen in elderly population living alone as compared to them who where living with the spouse.

In India the two community surveys<sup>20-21</sup> have exhibited that the incidents of psychiatric disorders are at its peak during the middle age and has shown a decline in the old age. Various other studies conducted in the elderly population to see the prevalence of psychiatric disorders has also exhibited intresting results like Nandi et all,<sup>22</sup> has seen the prevalence rate of 33%,while Ramachand,<sup>23</sup> Martha et all<sup>24</sup> has found the incident of 35% and 13.5% respectively for the newly admitted elderly patients having psychiatric disorders. In another study,<sup>25</sup> the life time prevalence of psychiatric disorder like Major depression and anxiety was estimated to be 26.5% and 30% respectively in the elderly population. The observations from the present study exhibits that the diagnostic breakup of the maximum elderly patients attending psychiatric facilities was between 60-70 years, representing in all the categories of diagnostic break up. A decline is noted as the age progresses in the age group of 71-80 and 81-90 years; which is in contrast to western world where elderly people were attending the psychiatric follow up clinic even until 85years: and above.

This triggers a thought, why there is such a decline? Is it cultural where people feel that elderly individuals are not so much required to interact and have a better quality of life?

If it is so, the community needs to be educated in this regard, or if there is any other issue, this requires a serious review of the situation to find out the appropriate answers. Looking into the reasons will help to uplift the psychiatric services provided to the elderly population.

In western world the present scenario regarding availability of psychiatric services to elderly psychiatric patients are far organized and their performance is on the upswing day by day. These centers are not only providing in patient care but also has established outpatient clinics and other supportive services offered to the elderly patients.<sup>25</sup>

All the expenses incurred are covered through social services thus enabling all the elderly population to avail these services.<sup>26</sup> This not only takes off the

financial burden but also maintains the self esteem of the elderly.<sup>27</sup> So it cannot be denied that these specialized facilities are proving vital for the mental health of the elderly individuals and are offering better quality of life to the Elderly part of community and helping them to remain functional to reasonable extent.<sup>28</sup>

As we look around to assess the level of geriatric care in our neighboring countries, the level of Geriatric care continues to be neglected as ever and the sad part is, the same case has been observed in comparatively more developed country like India.<sup>29</sup> As we explore the history even the ancient law giver<sup>30</sup> has stated that, it is the duty of the state to provide due care for the elderly community. The question is where do we stand.

With all this, its'a sad fact that, there is no progress in the management of common geriatric psychiatric illnesses. In Sindh, as this study shows that none of the institutions are having any separate facilities for geriatric pts: and it will be interesting to investigate about the same services provided in other parts of Pakistan.

So, this provides us with a clear insight that we in the subcontinent are terribly lacking behind in providing the due mental health services to this very important part of the community as compared to western society.

## CONCLUSION

To conclude, no reservation stands to say, as this goes against our social, cultural, ethical and religious values to turn deaf ears to the cries of our elders. This must embark us, as it is the high time to think and progress in direction to help, support the elderly people who due to changing values are now getting mentally isolated, and being denied of their position which had the higher rank in the family heirarchy in our social setup, where the youngsters use to enjoy their blessing, benefit from their experience and wisdom to make their ways on important social issues. Is it fair to them?

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