Annual treated psychopathological morbidity. Demographic and diagnostic features.

Findings from Kuwait Psychological Medicine Hospital 2002

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Abstract: Annual treated psychopathological morbidity. Demographic and diagnostic features

Despite extensive studies on the epidemiology of mental disorders and advances in the treatment of these conditions, there is a paucity of detailed information concerning the characteristics of psychiatric patients and how treatments are administered in routine psychiatric practice. This 2002 observational study collected information of 1532 patients on demographic, diagnostic, clinical, and treatment characteristics. Nine hundred and sixty (62.7%) were men. Nine hundred and eighteen (59.9%) were Kuwaitis. The most common diagnostic category (36.6%) was mood disorder, followed by anxiety disorder (12%), schizophrenia (10.1%), acute psychotic episode (7.9%). Non-Kuwaitis were more often given the diagnosis of schizophrenia/acute-psychotic episode (26.1%), compared to Kuwaitis (12.4%). Patients received a mean of 2.83 psychotropic medications. Three hundred and ninety seven required admission (25.9%), whereas (74.1%) were treated as out patients.

Results:

Patient demographics:

One thousand and one hundred and thirty five patients (42.5%) were seen as inpatients and 397 (25.9%) as inpatients. Non-Kuwaitis were more often treated as inpatients (42.5%), compared to Kuwaitis (12.4%). Patients received a mean of 2.83 psychotropic medications. Three hundred and ninety seven required admission (25.9%), whereas (74.1%) were treated as out patients.

the hospital are either referred by the primary health clinics or are self referred. All psychiatric services are provided by the hospital as no community services are available at Kuwait and family practice clinics are equipped with a very limited number of psychotropic drugs.

Methodology:

All newly opened case notes during the period from 1st of January – 31st of December 2002 were reviewed by one of the research team. A special form was completed for each case note reviewed, which included patient age, sex, nationality, health sector, diagnosis, number and type of treatments prescribed, and whether treatment was carried out on an in or out patient basis. To ensure patient privacy no record of patient name was made.

Results:

- Patient demographics:

One thousand and one hundred and thirty five patients (74.1%) were seen as outpatients and 397 (25.9%) as inpatients. Non-Kuwaitis were more often treated as outpatients (42.5%).
compared to Kuwaitis (14.8%) (Fig. 1). Two hundred and twenty
two male patients (23.1%) were treated as in patient, while one
hundred and seventy five female patients (30.6%) were
admitted. Percentage of female patients admitted to the hospital,
have exceeded the percentage of male patients in all diagnostic
categories except for schizophrenia. However differences were
not statistically significant except for Adjustment disorder (Table
2). Most patients were men (62.7%). Nine hundred and eighteen
(59.9%) patients were Kuwaitis, 614 (40.1%) were non Kuwaitis
(Table 1). Indians were the most common ethnic minority
 treated at the psychological medicine hospital, followed by
eyptians (Table 3).

- Clinical characteristics
   The most commonly reported diagnosis was mood
   disorder (36.6% of all patients; 31.9% had depressive episode,
   while 4.7% had manic episode); followed by anxiety disorder
   (12%), schizophrenia (10.1%), adjustment disorder (8.6%),
   acute psychotic episode (7.9%). Female patients received more
diagnosis of mood disorder (40.6%), adjustment disorder
(10.4%), and acute psychotic episode (9.8%) compared to male
patients (34.2%, 7.4%, and 6.8% respectively) (Table 2). Non-
Kuwaitis received more diagnosis of schizophrenia/acute-
psychotic episode (26.1%), compared to Kuwaitis (12.4%).

- Treatment Characteristics
   Nearly 85% of patients were receiving at least 1
   psychotropic medication, with a mean of 2.83 medications
   prescribed per patient. Twenty point nine percent of all patients
   were receiving 1 psychotropic medication; 38.6% were receiving
   2; 21.7% were receiving 3, 4.1% were receiving 4 or more
   (Figure 3). Patients with adjustment disorder received a mean of
   2.89 medications; patients with acute psychotic episode
   received a mean of 2.82 medications patients with schizophrenia
   received a mean of 2.46 medication, whereas patients with mood
   disorder received a mean of 2.24 medications (Table 4).

Discussion:

The data presented here provide a snapshot of "real
world" psychiatry as practiced in Kuwait and serve to
complement information obtained through more traditional
research methods and administrative data sets. Two
advantages of these national data are that they cross the range
of psychiatric settings and provide the potential for
understanding the relationships among the clinical and
nonclinical factors that may influence clinical decision making.

These data suggest that Kuwaiti psychiatrists have shifted
towards a more pharmacological treatment orientation. Despite
the absence of national surveys to prove such shift, data coming
from other parts of the world confirm this fact. In 1974, an APA
study revealed that non-analytical psychiatrists in private
practice provided medication to only 29% of their patients (4).
The 1989 Professional Activities Survey found that 54.5% of out
patients received pharmacologic treatment alone or combined
with psychotherapy (6). The current data show that 85.3% of
patients were receiving medication for their mental disorder in
2002.

While the psychopharmacological studies of newer and
safer medications support the shift towards provision of
medication to most psychiatric patients, most of the evidence
considering safety and efficacy is based on studies of highly
selected groups of patients receiving a single medication.
Few clinical trials examine multiple drug regimens (7, 8). Of the
in this study, however, 64.4% were receiving more than one
psychotherapeutic medication and 25.8% were receiving 3 or
more. While the potential for drug – drug interactions (side
effects), and noncompliance increases as the number of
medications increases (9). It is unclear whether the
polypharmacy or co-pharmacy (the simultaneous use of several
different classes of medications) found in routine practice
represents less than optimal care (10, 11).

Possible explanations for this practice include:
- Complexity. The patients seen in typical psychiatric
  practice may be systematically different from those seen
  in clinical trials, which often test single medications in
  homogeneous patient populations with specific exclusion
criteria.
- Referral Patterns. Due to severe stigma in Kuwaiti
  society patients and their relatives accept referral to
  psychiatric hospital only when they are in a late and
  advanced stage of their illness, and may require more
  complicated treatment regimens.

Data from this report show that the number of male patients
contacting the Psychological Medicine Hospital during 2002
exceeded the number of female patients. This finding does not
match with figures available from the international literature (12,
13). This could be explained partly due to the high level of stigma
at the local community, and by the higher rates of males in the
Kuwaiti community compared to female (5). Female patients
have received more diagnosis of mood and adjustment disorders,
than male patients, and in both cases a higher percentage of
female patients were admitted to receive in patient care. Both
findings need to be closely explored and reasons should be dealt
with promptly.

The other important finding, which necessitates more
exploration, is that non-Kuwaitis have higher rates of psychotic
diagnoses – i.e. schizophrenia, acute psychotic episode, and
manic episode - than Kuwaiti patients. In spite of the substantial
literature addressing the effect of immigration on psychiatric
illnesses (14, 15, 16), it is important to note that most of the
expatriates in Kuwait are not immigrants as such but come for
temporary working purposes – that is, they are migrant workers.
It is important to mention that in most cases there is a strong
language barrier and psychiatrists have to depend on observation
or third party translators to make a diagnosis. In addition,
assessing psychiatrists have no access to past medical or
psychiatric records for most patients. On the other hand the
higher admission rates for Non-Kuwaitis may be due to the fact
that most of this population of patients lacks the required level of
social support in the community and psychiatrists find it more
convenient to admit them to receive a better care. Of course the
seriousness of the diagnosis given for those patients plays a
major role in increasing the admission rates among them.

Adjustment disorder was significantly prevalent in this
sample. In addition patients received this diagnosis, were subject
to receive a mean of 2.89 drugs. As this is an observational study
it is difficult to be sure of the real reasons behind this finding.
However the following explanations could through some light on
the shadow:

- This study has recorded only the principle diagnosis that
  has been made on the first contact. No note has been
  made of the subsequent contacts, or of the differential
diagnosis. A follow up study will be of great importance
to show whether adjustment disorder diagnosis has
  been able to stand the test of time.
In many clinical settings, especially in psychiatry, doctors find themselves under extreme pressure by the families to prescribe medications, even if they are not clinically required. In case of adjustment disorder doctors find themselves obliged to prescribe medications to alleviate symptoms associated with the initial phase of the illness such as insomnia, irritability and mild symptoms of anxiety.

**Conclusion:**

Given the rapid evolution of managed care and the changing health care system, it will be critical to examine variations in practice associated with system factors (e.g., setting, health plan) and their relationship to patient outcomes. Psychiatric services in Kuwait are rapidly developing and a continuous survey of the services assures providing the best level of care.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Nationality</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kuwaiti</td>
<td>Non-Kuwaiti</td>
</tr>
<tr>
<td>Female</td>
<td>344</td>
<td>228</td>
</tr>
<tr>
<td>Male</td>
<td>574</td>
<td>386</td>
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<tr>
<td>Total</td>
<td>918</td>
<td>614</td>
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</table>

Distribution of patients seen at the psychological medicine hospital during 2002 according to gender and nationality.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Gender</th>
<th>Total</th>
<th>P value</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>No</td>
<td>19</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>23</td>
<td>48</td>
</tr>
<tr>
<td>Mood Disorder</td>
<td>No</td>
<td>189</td>
<td>268</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>44</td>
<td>60</td>
</tr>
<tr>
<td>Adjustment</td>
<td>No</td>
<td>34</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>26</td>
<td>10</td>
</tr>
<tr>
<td>Anxiety</td>
<td>No</td>
<td>50</td>
<td>126</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Acute Psychotic episode</td>
<td>No</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>50</td>
<td>56</td>
</tr>
<tr>
<td>Other Diagnosis</td>
<td>No</td>
<td>99</td>
<td>210</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>27</td>
<td>45</td>
</tr>
<tr>
<td>Total</td>
<td>572</td>
<td>960</td>
<td>1532</td>
</tr>
</tbody>
</table>

Admissions according to gender and Diagnosis:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kuwaiti</td>
<td>916</td>
<td>59.9</td>
</tr>
<tr>
<td>*G.C.C</td>
<td>80</td>
<td>5.2</td>
</tr>
<tr>
<td>Egyptian</td>
<td>92</td>
<td>6.0</td>
</tr>
<tr>
<td>Iranian</td>
<td>43</td>
<td>2.8</td>
</tr>
<tr>
<td>Indian</td>
<td>103</td>
<td>6.7</td>
</tr>
<tr>
<td>Serilankan</td>
<td>36</td>
<td>2.3</td>
</tr>
<tr>
<td>Indonesian</td>
<td>25</td>
<td>1.6</td>
</tr>
<tr>
<td>Pakistani</td>
<td>24</td>
<td>1.6</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>25</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Other nationalities</strong></td>
<td>188</td>
<td>12.2</td>
</tr>
<tr>
<td>Total</td>
<td>1532</td>
<td>100</td>
</tr>
</tbody>
</table>

* Gulf Council Countries.
** Other nationalities includes: patients with no specified nationality, Europeans, other Arab nationalities not categorized.

Distribution of patients seen at the psychological medicine hospital during 2002 according to ethnicity

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Mean</th>
<th>N</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia</td>
<td>2.46</td>
<td>154</td>
<td>1.189</td>
</tr>
<tr>
<td>Mood Disorder</td>
<td>2.24</td>
<td>561</td>
<td>1.130</td>
</tr>
<tr>
<td>Adjustment</td>
<td>2.89</td>
<td>131</td>
<td>2.204</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2.17</td>
<td>184</td>
<td>1.255</td>
</tr>
<tr>
<td>Acute Psychotic episode</td>
<td>2.82</td>
<td>121</td>
<td>1.761</td>
</tr>
<tr>
<td>Other Diagnosis</td>
<td>4.15</td>
<td>381</td>
<td>2.490</td>
</tr>
<tr>
<td>Total</td>
<td>2.83</td>
<td>1532</td>
<td>1.901</td>
</tr>
</tbody>
</table>

Means of drugs prescribed according to diagnosis:

Figure (1)
Admission rates according to nationality
Figure (2)

Diagram According to nationality:
Figure (3)

Number of Drugs prescribed (%)

References:


