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%), where as (74.1%) were treated as out patient.

الملخص : الوصف الديموغرافي والمرضي للأشخاص الذين راجعوا مستشفى الطب النفسي في الكويت خلال عام 2002

على الرغم من ضخامة أبحاث إستقصاء الأمراض النفسية والتطور الكبير الحادث في مجال علاج هذه الأمراض، إلا إنه مازال هناك كم هائل من المعلومات التي تخص طبيعة المرضى النفسانيين وكيفية المعالجة في الوضع الطبي الإعتيادي التي لا توفرها مثل تلك الأبحاث. وهذا البحث الإستقصائي الذي أجري عام **2002** في مستشفى الطب النفسي في دولة الكويت، قمنا بمراجعة كافة الملفات الجديدة التي ترفعها خلال هذا العام لمعاينة نوعية المرضى وطرق العلاج المتبعة في المستشفى.

■ Introduction:

Over the past 10 years, scientific, political, administrative, and economic developments have led to vast changes in health care systems in general, the mental health system in particular, and the practice of psychiatry (1-3).

Given these rapid changes, it is important to understand and characterize the types of patients treated by psychiatrists and the nature of care that is provided.

Despite extensive information obtained from studies on the epidemiology of mental disorders, these have limited capacity to assess in depth the nature and patterns of care provided to patients (4).

In this observational study we have used the records of the Kuwait Psychological Medicine Hospital (the only psychiatric hospital in Kuwait) case register, to report data on the characteristics of psychiatric patients treated in routine clinical settings and to describe psychiatric patterns.

The State of Kuwait has a total population of 2252950, of whom 1,378,798 are expatriates. 1354823 are male and 898127 are female (5) (according to the 2002 Census). Health services in Kuwait are divided into five health sectors, each health sector having semi independent managerial responsibilities. However psychiatric services are only provided by the psychological medicine hospital. The hospital comprises five working units, each covering one of the health sectors. Patients received at 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.

ICD-10 is the principal classification used at the psychological medicine hospital; the researcher had made sure to read the psychiatrists' notes to make sure that the symptoms listed comply with the diagnosis 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 inpatients (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 Egyptians (**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 concerning 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 setting, especially in psychiatry, doctors find them selves under extreme pressure by the families to prescribe medications, even if they are not clinically required. In case of adjustment disorder doctors find them selves 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 continue 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 (1)

Gender	Nationality		Total
	Kuwaiti	Non-Kuwaiti	
Female	344	228	572
Male	574	386	960
Total	918	614	1532

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

Table (2)

Diagnosis			Gender		Total	P value
			Female (%)	Male (%)		
Schizophrenia	Admission	No	19 (3.3%)	64 (6.7%)	83	< 0.207
		Yes	23 (4%)	48 (5%)	71	
Mood Disorder	Admission	No	189 (33%)	268 (27.9%)	457	< 0.912
		Yes	44 (7.6%)	60 (6.3%)	104	
Adjustment	Admission	No	34 (5.9%)	61 (6.4%)	95	< 0.000
		Yes	26 (4.5%)	10 (1%)	36	
Anxiety	Admission	No	50 (8.7%)	126 (13.1%)	176	< 0.053
		Yes	5 (0.87%)	3 (0.31%)	8	
Acute Psychotic episode	Admission	No	6 (1%)	9 (0.9%)	15	< 0.783
		Yes	50 (8.7%)	56 (5.8%)	106	
Other Diagnosis	Admission	No	99	210	309	< 0.405
		Yes	27	45	72	
Total			572	960	1532	

Admissions according to gender and Diagnosis:

Table (3)

Ethnicity	Frequency	Percent (%)
Kuwaiti	916	59.9
***G.C.C**	80	5.2
Egyptian	92	6.0
Iranian	43	2.8
Indian	103	6.7
Serilankin	36	2.3
Indonesian	25	1.6
Pakistani	24	1.6
Bangladeshi	25	1.6
****Other nationalities**	188	12.2
Total	**1532**	**100**

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

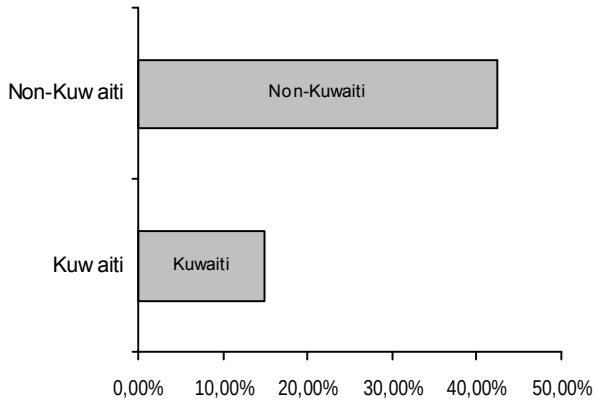
Distribution of patients seen at the psychological medicine hospital during 2002 according to ethnicity

Table (4)

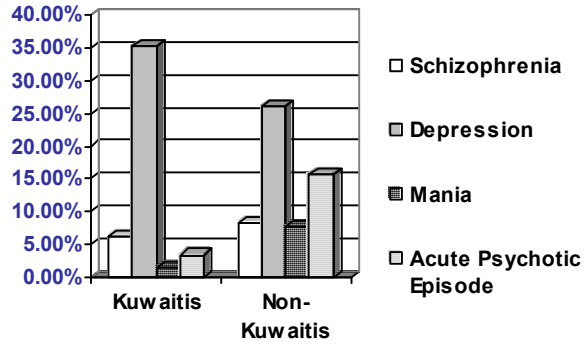
Diagnosis	Mean	N	Std. Deviation
Schizophrenia	2.46	154	1.189
Mood Disorder	2.24	561	1.130
Adjustment	2.89	131	2.204
Anxiety	2.17	184	1.255
Acute Psychotic episode	2.82	121	1.761
Other Diagnosis	4.15	381	2.490
Total	**2.83**	**1532**	**1.901**

Means of drugs prescribed according to diagnosis:

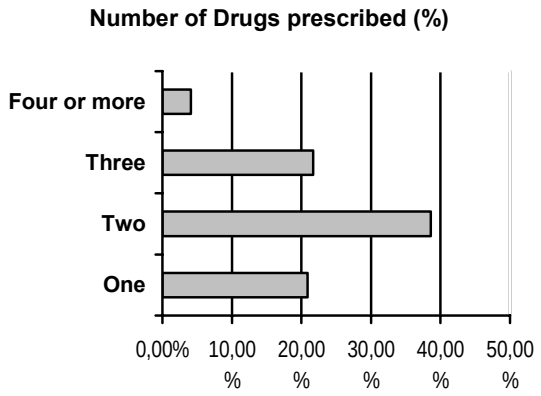
Figure (1)



Admission rates according to nationality
Figure (2)



Diagnosis According to nationality :
Figure (3)



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