PATTERN OF PRESENTATION OF NEW CASES AT THE PSYCHIATRY DEPARTMENT OF A UNIVERSITY TEACHING HOSPITAL IN MAKURDI, NIGERIA

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ABSTRACT

The burden of psychiatric disorders is so enormous and affects the patients, families and the larger society. The effect can only be lessened if the patients receive adequate treatment and comply with the treatment. Reasons why persons living with mental illness suffer include; inadequate staffing of hospitals, stigma, poverty and belief in supernatural causation of mental illness. All of these can prevent patients from presenting to the hospital. Studies of similar nature are scarce in Benue state. This study aimed to determine the pattern of presentation of new cases at the Benue State University Teaching Hospital. It is a retrospective study which collected data from the hospital register of all 241 patients presenting for the first time at the outpatient clinic of the Psychiatry unit of the hospital, over a one-year period. The patients' ages range between 10-75 years. 70.2% are 40 years of age and below, there were more females (51.9%) than males (48.1%) and over three-quarter (78.8%) were employed. Schizophrenia (24.5%), Depression (21.2%) and Organic mental disorders (14.1%) accounted for the highest amount of diagnosis in those orders. There are two surges in the number of patient presentation, with 34.8% of patients presenting between March and April and 27.4% presenting between August and September. Schizophrenia and depression are the most common diagnosis among patients presenting at the outpatient clinic among other diagnosis. Also, the presentation of new cases follows a seasonal pattern.

KEYWORDS: Clinic register, New cases, Outpatient clinic, Pattern, Presentation.

1. INTRODUCTION

Psychiatric disorder is a syndrome characterized by significant disturbance in cognition, emotional regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functions.[1] The burden of these disorders is so enormous, a study revealed that neuropsychiatric conditions as a broad category is responsible for 21% of the global burden of diseases, following infectious parasitic diseases and cardiovascular diseases that are responsible for 41% and 26% of the global burden respectively.[2] This has attendant consequences on the individuals, their families and the nation at large. Like other sub-Saharan African countries, the number of Psychiatrist in Nigeria is inadequate and

mental health services are poor,[3] these, coupled with the fact that the country is a low- and middle-income country where payment for medical treatment is mainly out of pocket,[4] imposes huge suffering on the patients and their families. Stigma to the illness is another reason why both the patients and their families suffer.[5] It is common knowledge that these disorders can affects the general functioning of sufferers. If this fact is viewed in the light of the finding of a mental health survey in India, which shows that mental disorders affect more people in the productive age group.[6] It is therefore clear that it can lead to huge economic losses for the nation.

Worldwide, more than 70% of young people and adults with mental illness do not receive any mental health

treatment from health care staff.[7] Patients need to present to the hospital to get adequate treatment but a lot of factors influence their decision as regards where to obtain treatment. Among these factors is stigma which makes them hide their illness or not complying with treatment.[8] It has been revealed that the treatment gap for mental illness is wide in low and middle income countries like Nigeria, a WHO survey reported that only 10.4% of severe mental disorder cases in Nigeria had received any treatment in the previous 12 months.[9] Belief in supernatural causation of mental illness[10,11] is another reason why patients in a country like Nigeria will prefer not to present for treatment in the hospital but rather seek treatment in churches and herbalist homes.

Studies of the pattern of presentation in mental health facilities are few in Benue state with most of the available studies conducted mainly in the western and far northern part of the country. Studies conducted in the north-eastern and south-western parts of Nigeria revealed that Schizophrenia is the most frequently presenting psychiatric diagnosis followed by depression.[12,13] while another study conducted in the south-western part of the country revealed seasonal pattern of patients' presentation.[14]

This study aimed to determine the pattern of presentation of new cases at the Benue State University Teaching Hospital. Study of the local pattern of presentation of mental disorders will help in planning man-power development; it will also guide policy makers in allocation of resources as well as help hospital administrators to effectively utilize the meager resources allocated to mental health. Finally, it will also contribute to the body of knowledge.

2. MATERIAL AND METHODS

The study was conducted at the Psychiatry department of the Benue State University Teaching Hospital, Makurdi, Benue State, Nigeria. The hospital was established in 2012 and the Psychiatry department became fully operational in 2015. Together with the Federal Medical Centre, the hospital cater for the psychiatry needs of residents of Benue state as well as referrals from neighboring states. This study is a retrospective study which reviewed the hospital records of patients attending the outpatient clinic of the Psychiatry unit of the Benue State University Teaching Hospital. The sample size includes all the 241 patients who presented for treatment for the first time over a one-year period, between February 2020 and January 2021. The diagnosis of each of the patients has been established by a Consultant Psychiatrist who as a rule, review all first attendees based on the ICD-10 criteria.

A proforma was designed to capture the data required for the study including; biodata, diagnosis, date of first presentation as well as other data that were completely entered for all the patients. Ethical clearance was obtained from the Ethics and Research Committee of the Benue State University Teaching Hospital. The study did not require identifying information such as names of the individual patients. Therefore, the anonymity of the individual patients is preserved.

Authors went through patients' case notes to obtain the information required which includes name, gender, employment status, diagnosis and month of first presentation. The data obtained was then transferred onto SPSS for statistical analysis. Data entry was checked for accuracy and coding and analysis was carried out using the SPSS version 20.0. Appropriate data presentation with descriptive statistics and test of significance was employed where appropriate in the analysis. The confidence interval was set at 95% and level of significance at $p<0.05$.

3. RESULTS

A total of 241 patients presented at the outpatient clinic between February 2020 and January 2021, with the exception of October when outpatient follow-up services was disturbed due to issues relating to industrial action by the health workers union in the earlier parts of the month which was made worse by the Covid-19 pandemic. Table I showed the available personal characteristic of the patients, the patients included 116 (48.1%) males and 125 (51.9%) females. The ages of the patients range between 10-75 years (mean = 35.81 years; sd $\pm$ 14.92 years, over three-quarter 190 (78.8%) are employed and less than three-quarter 169 (70.2%) are aged 40 years and below.

Table I: Distribution of personal characteristics of patients (N=241)

Variables	Frequency (n)	Percentage (%)	Cumulative percentage (%)	Mean	Standard deviation (sd)
Age (years)					
<20	30	12.5	12.5		
21-30	75	31.1	43.6		
31-40	64	26.6	70.2		
41-50	29	12.0	82.2	35.81 years	14.92 years
51-60	22	9.1	91.3		
61-70	19	7.9	99.2		
>70	2	0.8	100.00		

Sex					
Male	116	48.1	48.1		
Female	125	51.9	100.00		
Employment					
Employed	190	78.8	78.8		
Unemployed	51	21.2	100.00		

As revealed by Table II, Schizophrenia accounted for the highest number of diagnosis (24.5%), this was closely followed by Depression seen in (21.1%) and then by Organic mental disorder in 14.1% of the cases. These were followed by diagnoses of Bipolar affective disorder, Seizure disorder, Substance use disorder, Acute Psychotic disorder which were diagnosed in 8.7%, 7.9%, 6.2% and 5.4% of cases respectively. Somatoform disorder was seen in 4.2%, anxiety disorder in 3.7% while other disorders comprising PTSD, secondary enuresis and malingering all accounted for 4.2% of cases.

Table II: distribution of patients by their diagnosis.

Diagnosis	Frequency (n)	Percentage (%)
Organic mental disorder	34	14.11
Seizure disorder	19	7.88
Substance use disorder	15	6.22
Schizophrenia	59	24.48
Acute psychotic disorder	13	5.39
Depression	51	21.16
Bipolar affective disorder	21	8.71
Anxiety disorder	9	3.73
Somatoform disorder	10	4.15
Other disorders	10	4.15
Total	**241**	**100.00**

Table III and Figure 1. showed that there were surges in the number of patients presenting in certain periods of the year, 19.92% and 14.94% 0f all the patients presented in March and April respectively and amounting to 34.86% of all the patients presenting in those two months alone. Similarly, a second surge occurred between August and September when 12.03% and 15.35% present respectively, amounting to a total of 27.38% of the patients presenting within the two months.

Table III: Distribution of patients by month of presentation (N= 241)

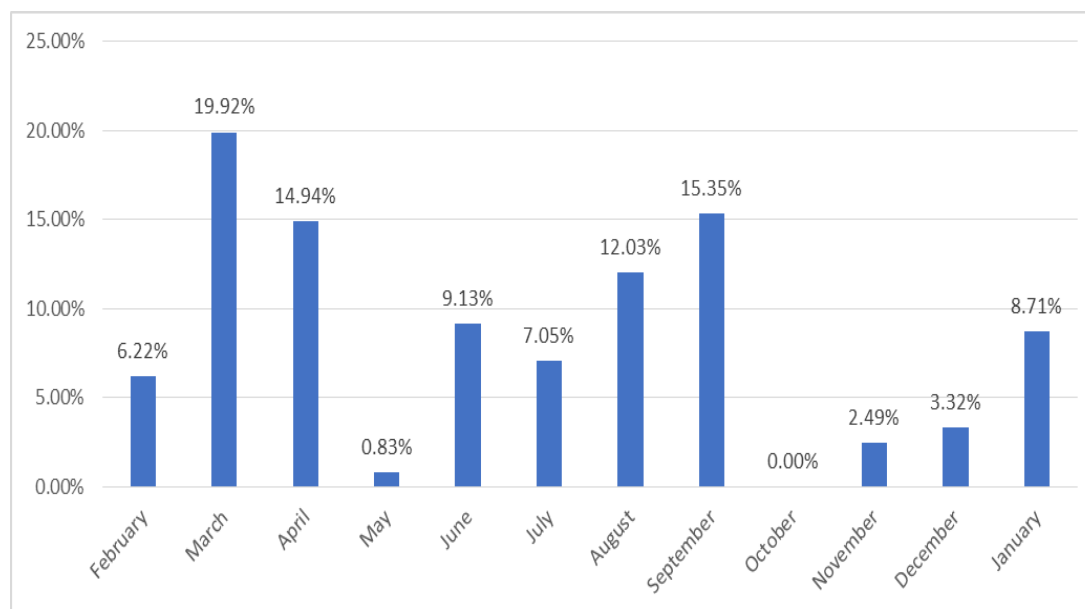| Months of presentation	Frequency (n)	Percentage (%)
February	15	6.22
March	48	19.92
April	36	14.94
May	2	0.83
June	22	9.13
July	17	7.05
August	29	12.03
September	37	15.35
October	0	0.00
November	6	2.49
December	8	3.32
January	21	8.71
Total	**241**	**100.00**

Figure 1: Bar chart showing the distribution of patient by month of first presentation.

4. DISCUSSION

The study revealed that over two-third of the respondents fell within the age range 21-50 years. This agrees with findings from the mental health survey in India[6] as well as a study conducted in Osogbo, Nigeria.[13] The implication is that individuals within the productive age group are more affected with mental illness which in turn can affect productivity and the economy of the society. Also, over three-quarter of respondent were employed which indicates that financial capability plays significant role in patient's presentation.

The study revealed that Schizophrenia and Depressive disorders are the most frequently presenting disorders and that schizophrenia present slightly more than Depression. This reflect the fact that schizophrenia is a more debilitating illness and is more difficult to treat and it is consistent with other studies conducted in both the north-eastern part as well as the study conducted in Oshogbo south-west Nigeria.[12,13] Report of another study from Saudi Arabia also agreed that Schizophrenia and Depressive disorders are the most frequently presenting disorders but in contrast to the finding of this study, it reported that patients with Depression presented slightly more than patients with Schizophrenia.[15] The contrast can be explained by the result of a meta-analysis which revealed that the Middle East and North Africa suffers the highest depression rates in the world.[16]

The present study also showed that presentation for mental illness followed a seasonal pattern in relation to the climate of the area of study. There were surges in the rate of presentation as over one-third of all the patients presented between March and April with the second surge between August and September when over one-quarter of all the patients presented. This is similar to studies conducted locally in Nigeria as well as other parts of the world all of which reported that more patients present during the hot seasons of the year.[14,17,18] March is the hottest month of the year in Benue state with the highest average monthly temperature which declines in subsequent months.[19] This explains the surge of patient presentation in March and April of the year under review. The second surge of patient presentation occurs during the beginning of harvest of yam which makes money available for people to present to the hospital as well as bring sick relatives in August and September as the raining season gradually wind down and heat gradually returns. Benue is predominantly an agricultural state with an estimated 75% of the population engaged in rain-fed subsistence agriculture which is why the state is called the "food basket" of the nation and the most important agricultural product the state is known for is yam. Nigeria is the largest producer of yam in the world, producing about 75% of the world's total output[20] and Benue is the largest producing state in Nigeria. The harvest of yam in Benue between the months of August and September thus, make funds available such that more cases present to the hospital and more people also attend their follow up treatment in the outpatient unit of the hospital.

Patients' satisfaction is an essential ingredient to a good health care system. Studies have shown that patients dissatisfaction can lead to poor compliance with treatment as well as discouraging previous patients and others from seeking health care.[21,22] Some of the factors influencing patients satisfaction include shortage of medical personnel which is a major problem in Nigeria as reflected in the Nigeria data portal which state that Nigeria has a doctor-patient ratio of 0.4:1000 population,[23] one other important factor is the performance of the physician and research have documented that the performance of physician is largely affected by the practice load which is indicated by the number of patient seen per week.[24]

LIMITATION

The information on the hospital register is not comprehensive and therefore limit the scope of the study.

CONCLUSION

The study showed that schizophrenia is the most common presentation, closely followed by depression. It also revealed that patient presentation followed a seasonal pattern which can be explained by climatic and economic factors.

RECOMMENDATIONS

1. The design of the hospital register should be reviewed so as to include enough information about patients and their condition that will enable better research in the future.
2. There is the need for enlightenment programs to educate the farmers about crop rotation so that they can have other crops to harvest at other periods of the year
3. There is need for government to provide more support in terms of funds and equipment to the farmers which will enable them practice large scale farming.

SOURCE OF SUPPORT / CONFLICT OF INTEREST

This study had no external source of support and there is no conflict of interest by any of the researchers

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