بسم الله الرحمن الرحيم

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سورة البقرة ايه 32

Psychometric Assessment of Prevalence of Psychiatric Disorders in Primary Health Care units in Shebin El-kom Districts

by

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Acknoledgment

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The goal

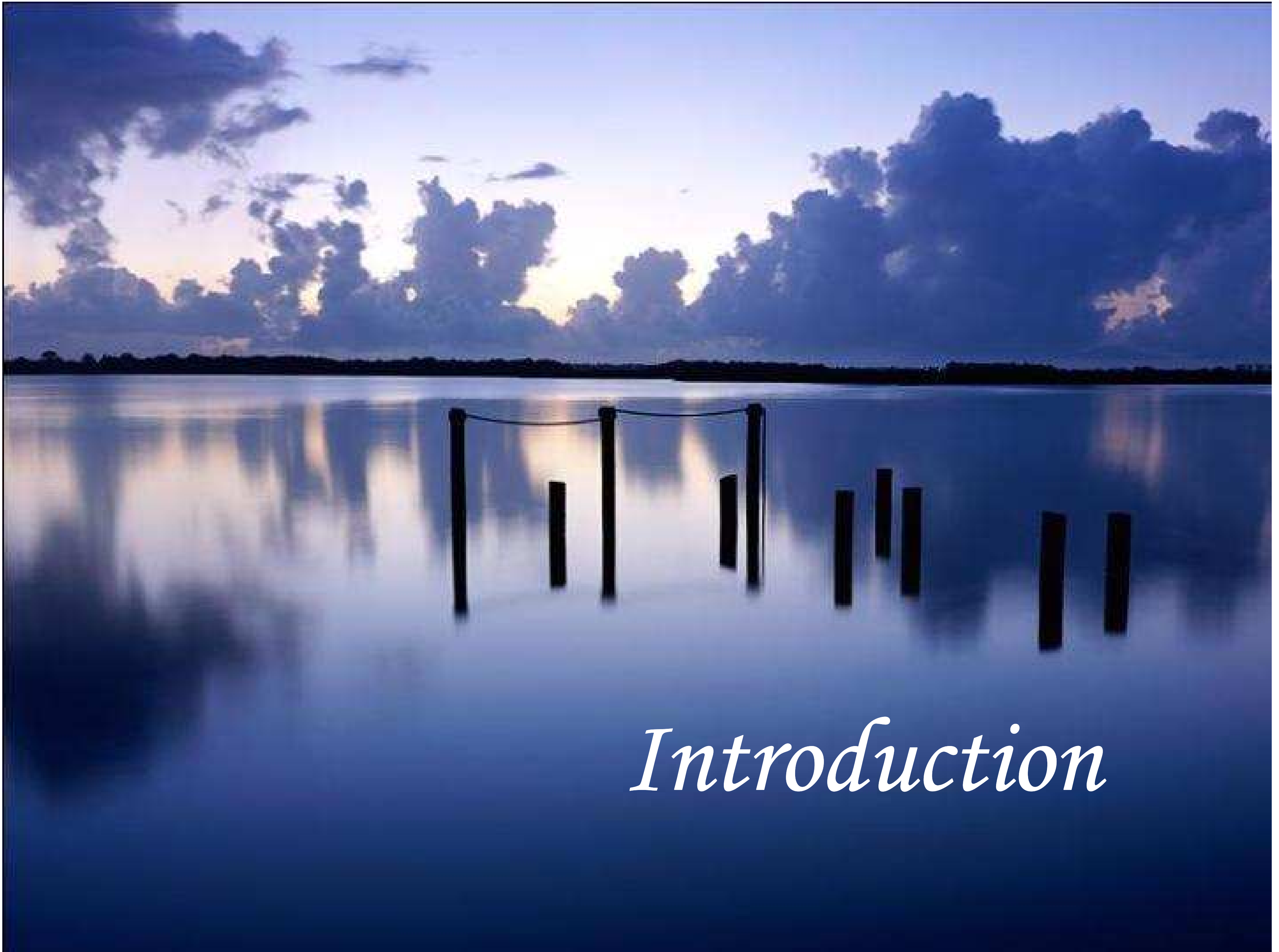
The goal

The main goal of the study is to shed the light on an important health problem affecting a large sector of population in a step to promote the health status.

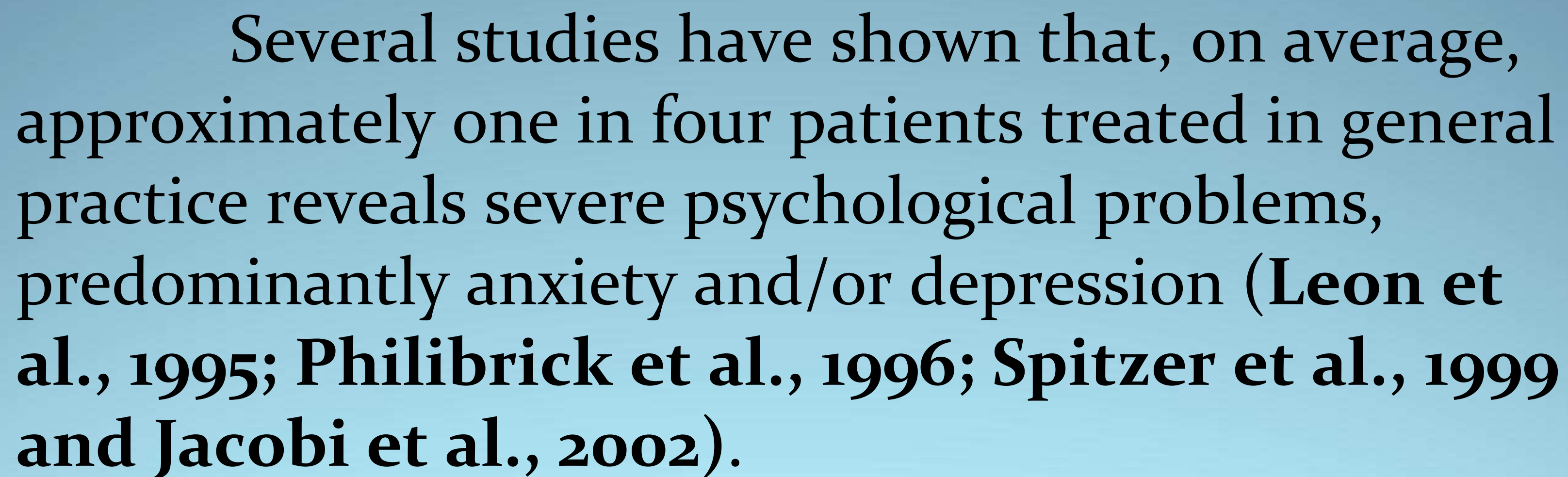
Aim of the work

Aims of the study:

- Identify the prevalence of psychiatric morbidity among the population attending the primary health care units (PHC).
- Identify the personality profile of the affected groups as regard: age, sex and socioeconomic status.
- Outline useful strategies for case-finding on primary health care level.
- Clarify the role of family physician in diagnosis and management.
- Put recommendations for control psychiatric morbidity.


Introduction

- Prevalence of psychological problems in general health care settings are frequent. Research shows that 24% of the patients who present them selves to primary care physicians suffer from a well defined ICD-1O mental disorder. The majority of these patients (69% across the world) usually present to physicians with physical symptoms and there is ample scientific evidence that many of those cases remain undetected ***(MOHP2005)***.


Several studies have shown that, on average, approximately one in four patients treated in general practice reveals severe psychological problems, predominantly anxiety and/or depression (**Leon et al., 1995; Philibrick et al., 1996; Spitzer et al., 1999 and Jacobi et al., 2002**).

Subjects & Methods

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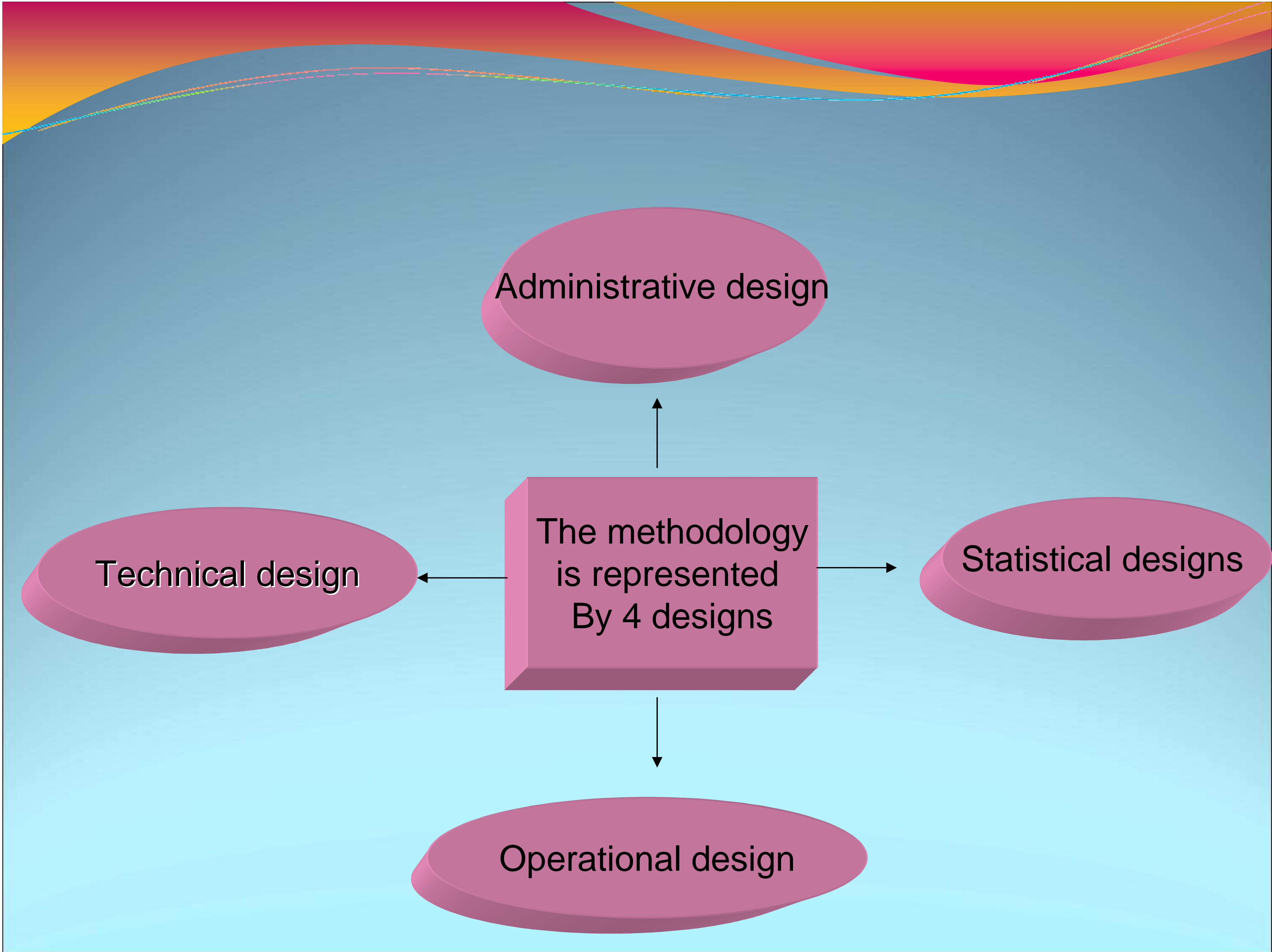

Administrative design
The methodology
is represented
By 4 designs
Technical design
Statistical designs
Operational design

The administrative design

Communication with the local authorities

Ethical consideration

Statistical analysis

- Place
  - FHC in rural& urban area
- Type
  - Cross sectional
- Studied group
  - According to inclusion &exclusion criteria

- ***Study setting:***

1. Kafr tanbedy family health center, Shebin el-kom distinct, Menoufiya governorate as a rural site.
2. Shebin El-Kom family health center, Shebin el-kom

distinct, Menoufiya governorate as an urban site.

- ***Type of the study:***

A cross section study.

- ***Time of study :-***

The study was conducted in from the 1st of March, 2008 till the end of May of 2008.

- ***Study sample:-***

There were 900 participants after exclusion of those who had one or more of the exclusion criteria.

Inclusion Criteria:

- Adults with an age from 18 to 45
- Both sexes
- Consent from the attendance to the family health center

Exclusion Criteria:

- Refusal.
- Pregnancy.
- Chronic illness e.g. bronchial asthma.
- Patients with known psychiatric disorder or taking anti psychiatric treatment.
- Cancer .
- Family history of psychiatric morbidity.

The participants under went:

1-Full detailed history through semi structured sheet to obtain:

- Name
- age
- sex
- occupation
- socioeconomic status
- special work, physical& psychiatric complaints
- past medical care, family history and chronic illness.

2- Complete comprehensive clinical examination

3-Psychorometric tools were performed for the participants including:

- ***Questionnaire I***

General health questionnaire (GHQ) (**Goldberg, 1972**)

- ***Questionnaire II:*** Ministry Of Health and Population (MOHP) check list for mental health. This check list is based on the international classification of diseases chapter V, primary care version (ICD 10-PC).

Results

Table (1): Characters of the studied group (no=900)

Studied variables	No(900)	%
Age in years (X ±SD) Rang	29.725 ±7.481 (18-45)	
Sex: Male Female	268 632	29.8 70.2
Residence: Rural Urban	400 500	44.4 55.6
Socioeconomic: High socioeconomic Mid socioeconomic and Low	222 678	24.7 75.3
Marital status: Single Married Widow Divorced	62 814 8 16	6.9 90.4 0.9 1.8
Education University graduate and more. Secondary school and its level. Didn't complete primary education or illiterate.	200 492 208	22.2 54.7 23.1
Occupation Government employees. Skilled laborers. Manual workers Not working	290 6 124 480	32.2 0.7 13.8 53.3

Table (2): The prevalence of psychiatric disorder among the studied group

Studied group	No	%
Negative cases	570	63.3
Positive cases: •Anxiety •Depression •Sleep disorder •Chronic tiredness •Un explained somatic disorder	330 232 241 7 2 4	36.7 70.6 73 2.1 0.6 1.2

Table (3): Depression among the studied group according to sex, residence, socioeconomic status, education, marital status and occupation.

Studied variables	Depression				Test of significant	p- value
	Positive		Negative			
	NO	%	NO	%		
Sex: -Male -Female	73 168	30.3 69.7	464 195	70.4 29.6	X^2=0.869	> 0.05
Residence: -Urban -Rural	171 70	71 29	329 330	23.1 76.9	X^2=31.608	< 0.01**
Socioeconomic: -High -Mid and low socioeconomic status	60 181	42.9 57.1	162 497	23.1 76.9	X^2=0.009	> 0.05
Marital status: -Single -Married -Widow -Divorced	6 233 1 1	2.5 96.7 0.4 0.4	56 581 7 15	8.5 88.2 1.1 2.3	X^2=14.9	< 0.05*
Education: -University graduate and more. -Secondary school and its level. -Didn't complete primary education or illiterate.	18 196 54	7.5 70.1 22.4	182 296 154	27.6 49 23.4	X^2=46	< 0.05*
Occupation: -Government employees. -Skilled laborers. -Manual workers -Not working	26 2 63 150	10.8 0.8 26.1 62.1	264 4 61 330	40.1 0.6 9.3 50.1	88.4	< 0.01**

Table (4) Distribution of age among the affected group with depression

Age	No	%
< 20	4	1.6
20-	93	38.6
30-	72	29.9
40-	72	29.9

Table (6): **Anxiety among the studied group according to sex, residence, socioeconomic status, occupation ,education and marital status.**

Studied variables	Anxiety				X^2 test	p- value
	Positive		Negative			
	N	%	N	%		
Sex						
-Male	79	24.1	189	28.3	X^2=2.713	> 0.05
-Female	153	65.9	479	71.7		
Residence						
-Urban	160	69	340	50.9	X^2=22.7	< 0.01**
-Rural	72	31	328	49.1		
Socioeconomic						
-High	68	29.3	154	23.1	X^2=3.63	> 0.05
-Mid &low	164	70.7	514	76.9		
Marital status:						
-Single	7	3.1	56	8.5	X^2=14.5	< 0.05*
-Married	224	96.5	581	88.2		
-Widow	1	0.4	7	1.1		
-Divorced	0	0	15	2.3		
Education						
-University graduate and more.	24	10.3	176	26.4	X^2=27	< 0.05*
-Secondary school and its level.	148	63.9	343	51.4		
-Didn't complete primary education or illiterate.	60	25.8	148	22.2		
Occupation						
-Government employees.	40	17.2	250	37.5	X^2=33.8	< 0.01**
-Skilled laborers.	2	0.9	4	0.6		
-Manual workers	44	18.9	80	12		
-Not working	147	63.1	333	49.9		

Table (18): Different types of anxiety among the studied group according to sex, residence, socioeconomic status, education, occupation and marital status.

Studied group	Anxiety											
	negative		positive									
			Generalized anxiety		Panic attack		Social phobia		Panic disorder and social phobia		X-test	P-value
	No	%	No	%	No	%	No	%	No	%		
Sex: Male Female	 189 479	 28.3 71.7	 76 115	 31.8 60.2	 2 29	 6.5 93.5	 0 4	 0 100	 2 5	 28.6 71.4	19.7	< 0.05*
Residence: Urban rural	 340 328	 50.9 49.1	 129 62	 67.5 32.5	 15 16	 48.4 51.6	 2 2	 50 50	 7 0	 100 0	27.5	< 0.01**
Socioeconomic High Mid &low	 154 514	 23.1 76.9	 50 141	 26.2 73,8	 15 16	 48.4 51.6	 2 2	 50 50	 1 6	 14.3 85.7	12.3	> 0.05

Studied group	Anxiety										X-test	P-value
	negative		positive									
			Generalized anxiety		Panic attack		Social phobia		Panic disorder and social phobia			
	No	%	No	%	No	%	No	%	No	%		
Marital status: Single Married Widow divorced	55 589 7 16	8.2 88.3 1 2.4	7 183 1 0	3.7 95.8 0.5 0	0 31 0 0	0 100 0 0	0 4 0 0	0 100 0 0	0 7 0 0	0 100 0 0	15.3	> 0.05
<u>Education</u> -University graduate of more. -Secondary school and its level. -Didn't complete 1ry education	176 343 148	26.4 51.4 22.2	22 122 47	11.5 63.9 24.6	1 21 9	3.2 67.7 29	1 1 2	25 25 50	0 5 2	0 71.4 28.6	30.1	< 0.05*
<u>Occupation</u> -Government employees. -Skilled laborers. -Manual workers -Not working	250 4 80 333	37.5 .6 12 49.9	33 2 371 19	17.3 1 19.4 62.3	6 0 3 22	19.4 0 9.7 71	1 0 1 2	25 0 25 50	0 0 3 4	0 0 42.9 57.1	40.7	< 0.01**

Table (19) Mean and SD among cases with different types of anxiety

Type of anxiety	Mean	SD	ANOVA	P value
Negative cases	29.2	7.12	6.069	< 0.01**
Generalized anxiety	31.9	7.2		
Panic disorder	28.5	8.1		
Social phobia	24	3.5		
Social phobia& panic attack	31.1	5.8		

Table (20) Mean difference of age among the studied cases (Pair wise comparison)

Studied group	Mean difference	P value
Negative vs generalized anxiety	-2.75950	< 0.01**
Negative vs panic attack	.66678	> 0.05
Negative vs social phobia	5.18291	> 0.05
Negative vs panic &social phobia	-2.24566	> 0.05
Generalized anxiety vs panic attack	3.42628	< 0.05*
Generalized anxiety vs social phobia	7.94241	> 0.05
Generalized anxiety vs panic& social phobia	.51384	> 0.05
Panic attack vs social phobia	4.51613	> 0.05
Panic attack vs panic& social phobia	-2.91244	> 0.05
Social phobia vs panic& social	-7.42857	> 0.05

Table(21) Mean age and SD among attendance with different psychiatric disorders

group	Mean	SD	ANOVA	P value
Anxiety	31.3	8.2	2.550	< 0.05*
Depression	33.2	8.2		
Sleep disorder	28.9	8.3		
Chronic tiredness	30.3	9.9		
Un explained somatic disorder	25	0		

Table (22): Mean difference of age among the studied cases (Pair wise comparison)

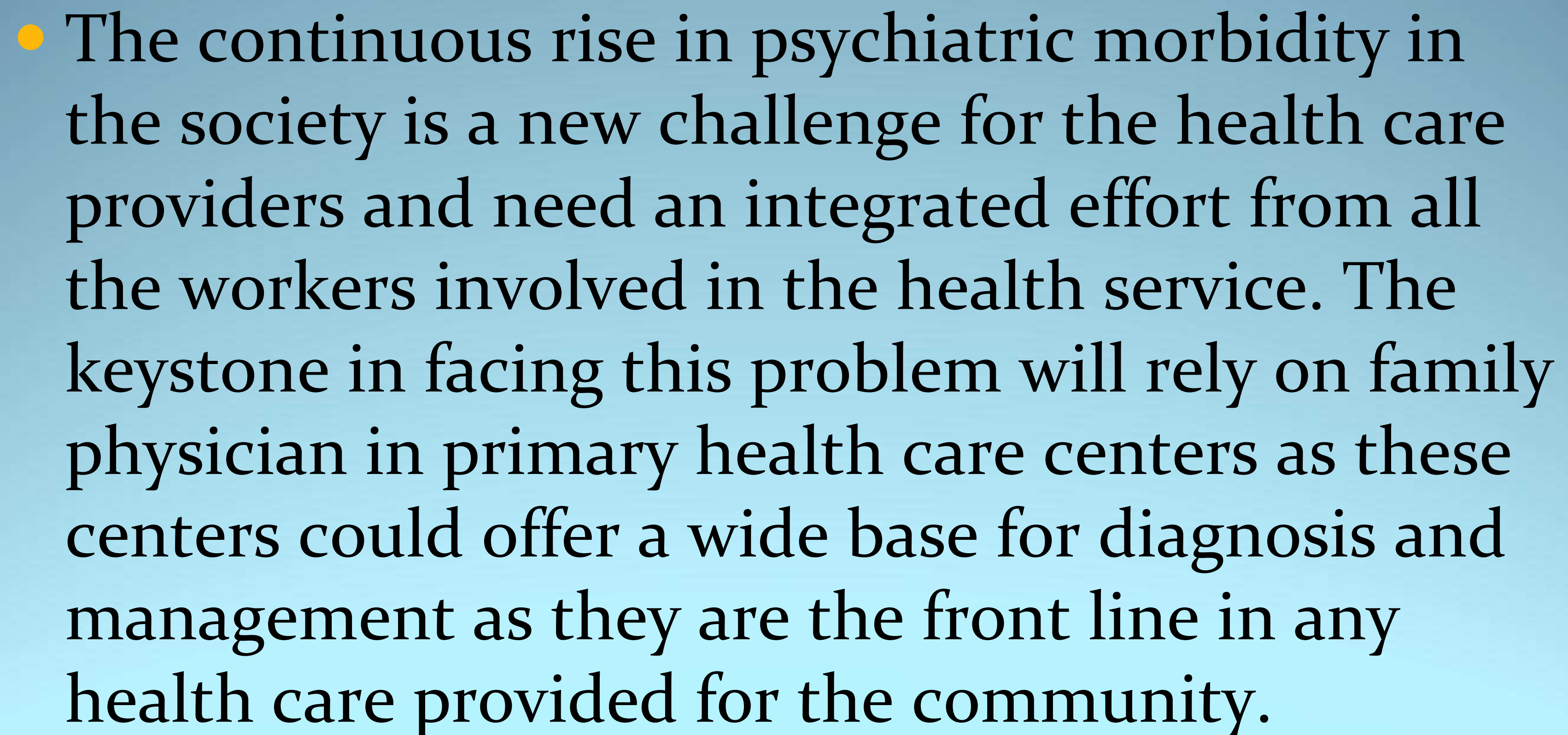
	Mean difference	P value
Anxiety vs depression	-1.90175	< 0.05*
Anxiety vs sleep disorder	3.47762	> 0.05
Anxiety vs chronic tiredness	1.08476	> 0.05
Anxiety vs unexplained somatic disorder	6.33476	> 0.05
Depression vs sleep disorder	5.37937	> 0.05
Depression vs chronic tiredness	2.98651	> 0.05
Depression vs unexplained somatic disorder	8.23651	> 0.05
Sleep disorder vs chronic tiredness	-2.39286	> 0.05
Sleep disorder vs unexplained somatic disorder	2.85714	> 0.05
Chronic tiredness vs unexplained somatic disorder	5.25000	> 0.05

Summary

The study revealed the following :

- High prevalence of psychiatric disorders in the primary health care.
- Anxiety and depression were the most common psychiatric disorders in primary health care.
- Females have an increased vulnerability to develop psychiatric disorders than males.
- Depression increases in the rural area more than the urban area.

Conclusion


The continuous rise in psychiatric morbidity in the society is a new challenge for the health care providers and need an integrated effort from all the workers involved in the health service. The keystone in facing this problem will rely on family physician in primary health care centers as these centers could offer a wide base for diagnosis and management as they are the front line in any health care provided for the community.

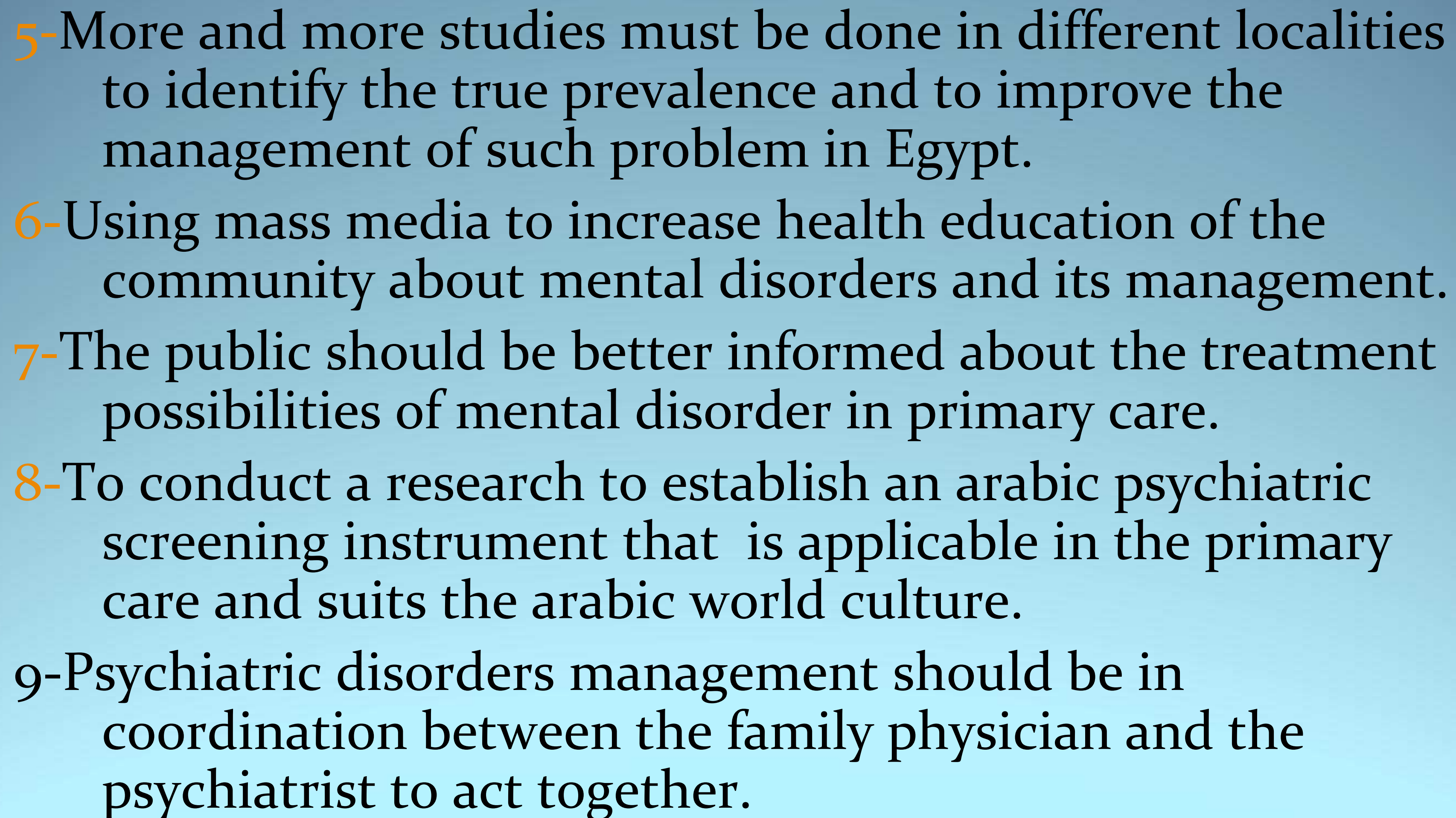
Recommendations

1. Family physician in primary care should be alert to the physical, psychological and social health problems of the patients, a holistic approach in dealing with patients' conditions should be a core item in dealing with them.

2. Family physicians should be aware of the fact that patients with a psychiatric disorder are not likely to ask explicitly for help for their psychological problems.

3. Proper training and in-service refreshment courses for family physicians to identify the psychiatric disorders and to cope with the recent advances and guidelines in dealing with them.

4. Family physicians should be trained in all PHC centers on the MOHP questionnaire and it should be applied on the attendances.


5-More and more studies must be done in different localities to identify the true prevalence and to improve the management of such problem in Egypt.
6-Using mass media to increase health education of the community about mental disorders and its management.
7-The public should be better informed about the treatment possibilities of mental disorder in primary care.
8-To conduct a research to establish an arabic psychiatric screening instrument that is applicable in the primary care and suits the arabic world culture.
9-Psychiatric disorders management should be in coordination between the family physician and the psychiatrist to act together.

Thank You