

Original Research Article

Morbidity patterns of psychiatric disorders among patients attending psychiatry OPD in a tertiary care hospital of upper Assam: a retrospective study

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ABSTRACT

Background: Understanding the burden of psychiatric disorders in a tertiary care hospital is crucial for healthcare planning and resource allocation. Identifying common diagnoses helps to tailor outpatient services to address patient needs and ensure optimal management of psychiatric illnesses. The present study aims to assess the morbidity pattern and distribution of cases attending the Psychiatry OPD at Jorhat Medical College, Assam, and also study the referral patterns from other departments.

Methods: The study was a retrospective cross-sectional study, where data was collected from OPD register of the Psychiatric Department of Jorhat Medical College. Data on age, gender, religion, department-wise referral, and diagnosis (as per ICD-10 criteria) were obtained. Data analysis was performed using SPSS Version 21.0.

Results: A total of 4,350 patients were included in the study. Substance use disorders were the most prevalent diagnosis (26%), with alcohol use disorder being the most common among them (20%). Schizophrenia, schizotypal, and delusional disorders accounted for 15.8%, with schizophrenia being the most frequent (8.9%). Mood disorders and neurotic, stress-related disorders were diagnosed in 5.8% and 25.3% of patients, respectively. The majority of patients (77.4%) were self-referred, while 22.6% were referred from other departments.

Conclusions: The study highlights the significant burden of substance use disorders and schizophrenia among psychiatric OPD attendees. The high rate of self-referrals indicates a considerable level of awareness among the patients. The referrals from other departments underscore the interrelationship between physical and mental health, emphasizing the need for integrated care.

Keywords: Morbidity patterns, Psychiatric disorders, Referral, Schizophrenia

INTRODUCTION

The World Health Organization (WHO) defines mental health as a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community”.¹ Mental and behavioral disorders are thought to be clinically significant issues that are linked to a person's

emotional suffering and/or reduced functioning and are characterized by changes in behavior, mood, thinking, or feeling.²

Psychiatric disorders are the second most common cause of years lived with disability (YLDs) globally and account for a substantial portion of the global burden of disease, approximately 10%. Anxiety disorders, depression, organic illnesses, substance use disorders, and

purposeful self-harm are among the most common mental health conditions worldwide.³ The weighted lifetime and current prevalence of any mental morbidity in the state of Assam were 8.01% and 5.85%, respectively.⁴

The widespread occurrence of mental health issues significantly affects individuals, families, and communities. However, the lack of epidemiological data and understanding about the prevalence of mental health problems and the resources available to tackle them creates a major obstacle to implementing policies and initiatives effectively.

Jorhat Medical College and Hospital is the sole medical college in the Jorhat District. This tertiary care facility caters to both urban and rural residents in the region, as well as its surrounding districts. Determining the morbidity pattern of mental illnesses among patients who visited this tertiary care hospital's psychiatry outpatient department (OPD) was the aim of this study, as published data on the current topic in the study area is not available.

METHODS

Study design and study setting

This was a retrospective record-based cross-sectional study conducted at Psychiatry OPD of Jorhat Medical College and Hospital, Jorhat, Assam.

Data collection procedure

Data were collected from the OPD register of the Psychiatry department from 1st April 2023 to 31st March 2024.

Inclusion criteria

All the newly registered patients attending Psychiatry OPD of JMCH between 1st April, 2023 to 31st March, 2024

Exclusion criteria

Any case record with incomplete information on demographic and diagnosis.

Diagnostic criteria/ classification

ICD-10 classification was used to classify the psychiatric morbidities.⁵

Data analysis

Data analysis was done by computing frequencies and percentages using IBM SPSS Version 21.0

Ethical consideration

The requirement for Institutional Ethics Committee approval was waived by the Institutional Ethics Committee (H), Jorhat Medical College and Hospital, as the study involved the review of already existing/stored retrospective data.

RESULTS

A total of 4350 patients were included in the study. The mean age of attending patients was (35.79±16.93) years. The majority belonged to the age group of 15-30 years, followed by 31-45 years. The majority were males (64.2%), practiced the Hindu religion (94.7%), and most of the patients were from urban areas (60.98%) as per Table 1.

Table 1: Socio-demographic characteristics of patients.

Variables	Frequency	Percentage
Age (in years)		
0-15	393	9.0
15-30	1520	34.9
31-45	1318	30.3
46-60	675	15.5
>60	444	10.2
Sex		
Male	27945	64.2
Female	1555	35.8
Religion		
Christian	14	0.3
Hindu	4121	94.7
Muslim	215	5.0
Residence		
Urban	2653	60.98
Rural	1697	39.01

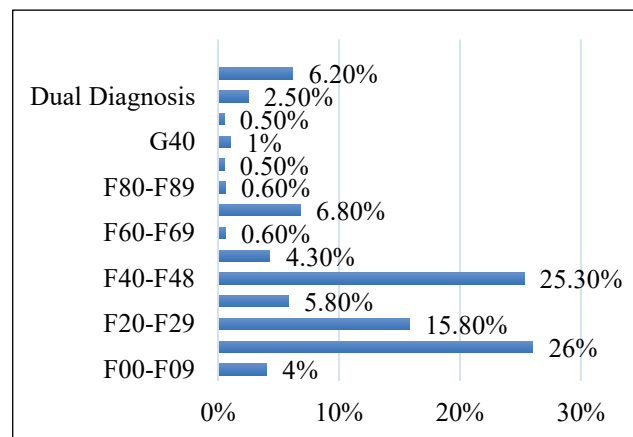


Figure 1: Distribution of cases as per ICD-10.

Figure 1 and Table 2 show that the majority of the patients (26%) were diagnosed with substance use

disorder, followed by neurotic and stress-related disorders. Alcohol use disorder was the most common (20%) among substance use disorders. As per Table 3, 22.6% cases were referred from other departments to the psychiatry OPD for consultations, out of which the

majority were from the medicine department. Among the referred patients 65% of them did not have any form of comorbidities, while those having comorbid conditions majority of them reported of diabetes, followed by hypertension and respiratory illnesses.

Table 2: Psychiatric diagnosis of the patients as per ICD-10.

ICD 10 diagnostic categories	ICD-10 code	Frequency	Percentage
F00-F09	Organic, including symptomatic, mental disorders	174	4
F10-F19	Mental and behavioural disorders due to use of psychoactive substance	1133	26
F10	Alcohol	870	20
F11	Opioid	209	4.8
F12	cannabinoids	17	0.4
F13	Sedatives and hypnotics	2	0.04
F17	Tobacco	12	0.3
F19		23	0.5
F20-F29	Schizophrenia, schizotypal, and delusional disorders	686	15.8
F20	Schizophrenia	388	8.9
F22	Delusional disorder	24	0.6
F23	Acute and transient psychosis	161	3.7
F25	Schizoaffective disorder	3	0.1
F29	Psychosis NOS	110	2.5
F30-39	Mood disorders	252	5.8
F30	Manic episode	12	0.3
F31	BPAD	36	0.8
F32	Depression	204	4.7
F40-48	Neurotic, stress-related, and somatoform disorder	1100	25.3
F40	Phobic anxiety disorder	2	0.04
F41	Other anxiety disorder	725	16.6
F42	Obsessive compulsive disorder	47	1.1
F43	Reaction to severe stress and adjustment disorder	51	1.2
F44	Dissociative disorder	214	4.9
F45	Somatoform disorder	52	1.2
F48	Other neurotic disorder	9	0.2
F50-F59	Behavioural syndromes associated with physiological disturbances and physical factors	189	4.3
F50	Eating disorders	1	0.02
F51	Non-organic sleep disorder	149	3.4
F52	Sexual dysfunction	35	0.8
F53	Mental and behavioural disorders (puerperium)	4	0.1
F60-69	Disorders of adult personality and behaviour	26	0.6
F60	Specific personality disorder	11	0.3
F63	Habit and impulse control disorder	14	0.3
F64	Gender identity disorder	1	0.02
F70	Mental retardation	294	6.8
F80-89	Autism	28	0.6
F90-98	Hyperkinetic disorder	20	0.5
F90	Attention-deficit hyperactivity disorder	4	0.1
F91	Conduct disorder	11	0.3
F95	Motor tics	3	0.1
F98	Behavioural and emotional	2	0.04
G40	Epilepsy	42	1%
G43	Migraine	23	0.5
Dual Diagnosis	Dual diagnosis	107	2.5
Others	other	269	6.2

Table 3: Department-wise referral.

Department	Frequency	Percent
Cardiology	62	1.4
Dental	6	0.1
Dermatology	36	0.8
ENT	33	0.8
Ophthalmology	10	0.2
Obstetrics and Gynaecology	3	0.1
Medicine	669	15.4
Neurosurgery	2	0.0
Orthopaedics	38	0.9
Paediatrics	60	1.4
Pulmonary Medicine	9	0.2
Surgery	57	1.3

DISCUSSION

The present study was undertaken to assess the morbidity profiles of the patients with mental health problems visiting the psychiatric OPD of JMCH, in addition to their referral patterns. The study provides an insightful overview of the psychiatric case patterns, revealing key trends and socio-demographic characteristics. The majority of patients belonged to 15-30 years of age group, reflecting a critical period for the onset of many psychiatric disorders. This highlights the importance of focused medical therapies for this productive age group and takes into account several factors that contribute to mental health problems. The higher male prevalence (64.2%) could be suggestive of gender-specific factors influencing mental health or help-seeking behaviour, similar to a study done by Bora et al.⁶ A major chunk of the patients attending were from the urban areas, which is also highlighted by the study conducted by Rajiv Gupta, which reports that there is a significant gap in psychiatric care utilization in urban-rural areas.⁷

The findings of the current study show that mental and behavioural disorders due to psychoactive substance use (26%) and neurotic, stress-related disorders (25.3%) are the most prevalent categories among the patients attending the Psychiatry OPD of JMCH, which is consistent with global and national trends reported in previous studies.⁸ A study conducted by Deka et al in the Psychiatry department of JMCH reported a prevalence of 12.68% for alcohol dependence syndrome.⁹ The finding is in contrast to the current findings, where the prevalence of alcohol use disorder was higher. This discrepancy may be due to increased awareness with a different time frame and increased health-seeking behaviour among the patients due to the establishment of an addiction treatment facility at JMCH. Substance use disorders were the most common diagnoses, highlighting a significant public health issue in the region. Anxiety disorders and other stress-related disorders form a significant portion of the neurotic category, consistent with studies by Prasad et

al.¹⁰ This highlighted the high burden of anxiety and stress disorders in India and points to the need for stress management and mental resilience programs at institutions as well as at the community level. Schizophrenia was the most common diagnosis among psychotic disorders, consistent with global epidemiological data.¹¹

A significant percentage of patients (22.6%) were referred from other departments, with the highest number of referrals coming from the medicine department (15.4%). This aligns with the findings by Keertish et al, the data show that patients with other physical illnesses presenting to different departments also have underlying mental health conditions, highlighting the strong connection between physical and psychological health and the need for integrated care models in tertiary care settings.¹² The high number of self-referred patients (77.4%) indicates increasing awareness and recognition of mental health issues among the general population.

The limitation of the current study was that it was a retrospective and single-institution study, which introduces potential biases and limits the generalizability of the findings. The reliance on hospital records constrained the ability to gather comprehensive information on socio-economic status, medical comorbidities, and treatment outcomes. Future research should aim to incorporate a broader population base and prospective data collection to enhance the depth and applicability of findings. Exclusion of incomplete records may have led to the omission of relevant cases.

CONCLUSION

The study highlights the urgent need for targeted mental health interventions, especially regarding substance use disorders among younger adults. The data indicate that while self-reporting is common, there is also significant interdepartmental referral, showing that psychiatric symptoms often overlap with other medical conditions. The findings stress the need for stronger integration of mental health services within the general healthcare delivery system. From a policy perspective, the results support strengthening consultation-liaison psychiatry, capacity building of healthcare providers, and prioritization of substance use prevention in existing public health programs. Such evidence can guide policymakers in resource allocation and planning of comprehensive mental health services.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee of Jorhat Medical College and Hospital, Jorhat, Assam (No. EC/NEW/INST/2024/AS/0552)

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