



Original Article

DELAY FACED BY PSYCHIATRIC PATIENTS

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ABSTRACT

Objective To measure the time lapse faced by psychiatric patients before they get referred to psychiatry. **Study design:** A cross-sectional study design. **Place:** Liaquat National Hospital and Medical College Karachi. **Methodology:** A total number of 88 patients who were either referred or seen by other specialist before coming to Psychiatrist were enrolled in the study after they met the inclusion and exclusion criteria of the study. These patients were examined by trained doctors under the direct supervision of Consultant Psychiatrist to establish diagnosis. The data was then analyzed using SPSS version 15. **Results:** According to calculations, the mean time lapse faced by psychiatric patients before seeing a Psychiatrist was 422.7 (around 14 months). The most common presenting symptom in the psychiatric OPD Wasghabrahat in 25.0% followed by body aches in 17.0%. **Conclusion** This study shows that psychiatric patients face a significant delay before they see Psychiatrist which puts extra burden on economy of the nation. There are variety of reasons which could be contributing towards this delay. The main reasons include lack of awareness of health professionals about early recognition and intervention of symptoms which are psychiatric in origin, and stigma attached with referral to psychiatry. This system can be improved by increasing awareness of health professionals about early recognition of psychiatric symptoms to avoid further delay in referral to Psychiatrist. There is also need of similar studies be conducted in other areas to make sample more representative.

Keywords: Delay, Psychiatric patients, Referral
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INTRODUCTION

It has been observed quite frequently that many patients who were reporting to psychiatrist for the first time were presenting with symptoms which were persisting for the last about a year or so. For the same very symptoms they were continuously consulting various specialties and were investigated

and treated too. Later, when there was no relief they either were referred or came on their own to psychiatrist. It was found that those patients have primary psychiatric morbidity which went un-diagnosed. At that stage it is found that their initial symptoms are equally well explainable for psychiatric morbidity. This results in a considerable lapse of time between onset of illness and commencement of treatment ⁽¹⁾⁽²⁾. Such patients get referred from one physician to another physician or specialist for treatment and investigations. This holds more true when it comes to “ pain” as primary or associated symptom.⁽³⁾ One of the reason of the time lapse is that many physicians and general practitioners are not much aware about the variety of complaints a psychiatric patient can present with.⁽⁴⁾ Even otherwise the trend to refer to psychiatrist is quite low as compared to other disciplines.⁽⁵⁾⁽⁶⁾. This delay not only prolongs the duration of sufferings but also disability period or “absence from work” period. So, there is need of research about the variety of presenting symptoms in psychiatry and to have an idea of time lapse faced by patients. This research has been done to improve the health care delivery and referral system and to overcome problems faced by psychiatric patients for their proper treatment. This will create more awareness of wide spectrum of psychiatric symptoms by primary and secondary care doctors This is likely to minimize economical burden on health care system and also to minimize the time period patient stay untreated inappropriately treated.

METHODOLOGY

STUDY DESIGN: It is a cross-sectional study in which we only interviewed those patients who finally reported to psychiatry out patient

SETTING: Study conducted at psychiatry out patient, Liaquat National Hospital and Medical College, Karachi and were examined by under training psychiatrist under direct supervision of Consultant.

DURATION: One year (Jan 2012 - Mar 2013)

SAMPLING METHOD: Convenient sampling. All the subjects of both genders in range of 17 to 65 years of age are enrolled. Those with secondary depression are excluded. Similarly those who had earlier visited some other psychiatrist for same complaints are also not enrolled. A total number of eighty eight (88) patients are enrolled.

All patients who are registered are either referred by some other doctor or reported on their own after spending a good time with other specialists. A proper informed consent is taken and confidentiality is assured. Demographic details are taken on a prescribed form. A relevant histories taken with especial reference to onset of symptoms. These patients are examined by trained doctors to establish psychiatric diagnosis. Criterion used is ICD10. The data is analyzed using SPSS version 15.

RESULTS

According to the results, 65.9% of patients in study were males and 34.1% were females. The mean age was 32.5 years with 10.8 years standard deviation.

Demographic Data:

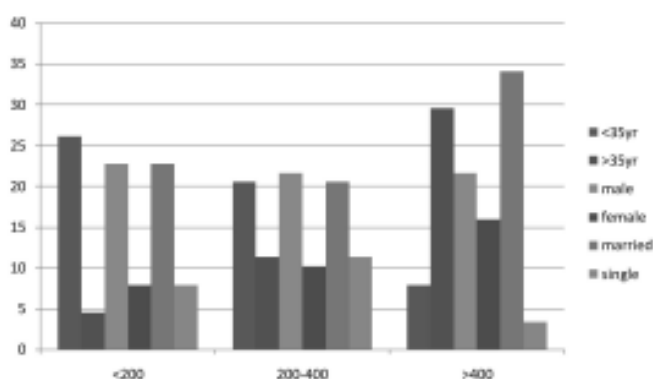
Sample characteristics.

Profile		No. of Patients	Percentage %
Gender	Male	58	65.9
	Female	30	34.1
Age	<35	54	61.4
	>35	34	38.6
Civil status	Married	68	77.3
	Single	20	22.7

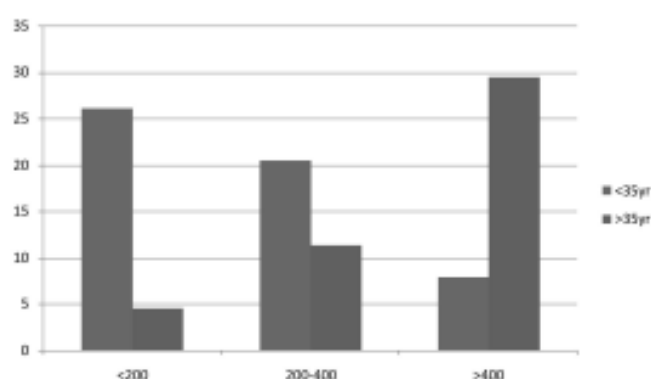
Among 88 Patients 58 were male and 30 were females
More than 33 years of age were 54 and Less then 33 were 34
68 were married while 20 were single.

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Association of variables with delay:



Association of delay with age:



Delay of <200 days

< 35yr of age :delay was observed in 26.1 % people

>35 yr of age : delay was observed in 4% people

Delay of 200-400 days

<35yrs of age :delaywas observed in 20.5%people

>35 yr of age : delay was observed in 11.3%people

Delay of >400 days

< 35yr of age: delay was observed in 7.9%people

>35yr of age :delaywas observed in 29.5%people

Group Statistics

	AgeGrp2	N	Mean	Std. Deviation	Std. Error Mean
DELAY	Less than 35	54	275.0000	120.43553	16.38920
	More than 35	34	452.9412	87.85420	15.06687

Independent Samples Test

	Levene's Test for Equality of Variances				t-test for Equality of Means				
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
DELAY	10.833	.001	-7.993	84.037	.000	-177.94118	22.26245	-222.21220	-133.67015

77.3% of the patients were married and 22.7% were single. The mean time delay faced by psychiatric patients before seeing psychiatrist came out to be 422.7 days. The most common presenting symptom in psychiatry OPD was ghabrahat in 25.0% (n=22) of patients followed by body aches in 17.0% (n=15), headache in 13.6% (n=12), hopelessness in 18.2% (n=16), increased anger in 10.2% (n=9), and other complaints in 15.9% (n=14)

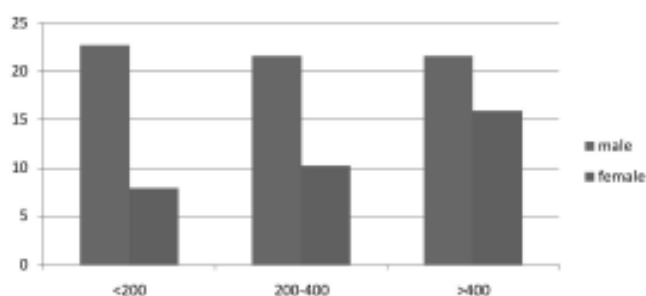
of patients.

DISCUSSION

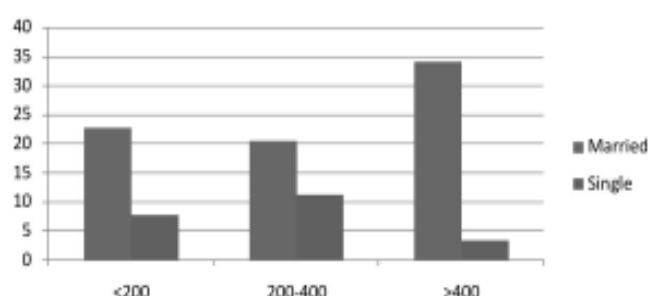
Through our study it is established that there is a significant delay between the onset of illness and reporting to mental health services. This result is consistent to various other international studies. There is a worldwide delay in coming in contact with

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Association with Gender



Association with marital status



Delay of <200 days
 delay was observed in 22.7 % Males
 delay was observed in 7.9% Females
 Delay of 200-400 days
 delay was observed in 21.9% Males
 delay was observed in 10.2% Females
 Delay of >400 days
 delay was observed in 21.9% Males
 delay was observed in 15.9% Females

Group Statistics:

	GENDER	N	Mean	Std. Deviation	Std. Error Mean
DELAY	Male	58	334.4828	145.45962	19.09978
	Female	30	361.6667	126.41157	23.07949

Independent Samples Test

	Levene's Test for Equality of Variances				t-test for Equality of Means				
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
DELAY	.981	.325	-.868	86	.388	-27.18391	31.33317	-89.47219	35.10437

psychiatric services after the onset of illness⁽⁷⁾ Reasons are be very many, ranging from procurement of money, stigma⁽⁸⁾, awareness, and overall attitude of societies towards mental illnesses.⁽⁹⁾ Different studies quote highly variable time lapse between onset of illness and contacting mental health experts, even it is upto six to eight years⁽¹⁰⁾. Mood disorders are more commonly and quickly reported as compared to anxiety disorders. Educational levels matters little.⁽¹¹⁾ In generalized anxiety disorder the treatment delay is for one year where as in other variety of anxiety spectrum disorders

delay is even much higher.⁽¹²⁾ This delay is not only in reporting to psychiatrist for the first time in illnesses like anxiety and mood disorders. Delays also observed for continuation of prolonged treatments in cases of illnesses such as bipolar and schizophrenia. Our focus is mainly on somatoform, mood and anxiety disorders since we found it more prevailing issue in terms of frequency and time delay. We were expecting that our delay would be more than the delay in developing countries but surprisingly our delay was less as shown in many of studies across the world. The delay in

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Delay of <200 days

delay was observed by 22.7% Married

delay was observed by 7.9% Single

Delay of 200-400 days

delay was observed by 20.5% Married

delay was observed by 11.3% Single

Delay of >400 days

delay was observed by 34.1% Married

delay was observed by 3.4% Single

Group Statistics

	MARITAL	N	Mean	Std. Deviation	Std. Error Mean
DELAY	Married	68	362.5000	141.78368	17.19380
	Single	20	280.0000	110.50125	24.70883

Independent Samples Test

	Levene's Test for Equality of Variances				t-test for Equality of Means				
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
DELAY	3.697	.058	2.394	86	.019	82.50000	34.46645	13.98297	151.01703

some of developed countries is up to 30 years with a median of 3 years.⁽¹³⁾ In one study conducted in Ethiopia results show a delay of 52.1 weeks which is closest to our result.⁽¹⁴⁾ Still closer is the study in Arab and Israeli population shows a median figure of 4.7 years⁽¹⁵⁾ One of the reason of this wide difference could be that our study based on sample collection from a tertiary care teaching hospital. Here disciplines other than psychiatry are more aware to psychiatric symptoms because of continuous teaching programmes. Another reason is ready availability of psychiatrist and patients are more promptly referred and more easily can see psychiatrist under the same roof. There is evidence that there is more recognition of depression in masses and better results of antidepressants are also contributing to reduction in delay.⁽¹⁶⁾ One of the problems which is faced by nearly all cultures is that psychiatric illnesses are thought of only "reactions" either to primary conditions or life stresses. As a result patients feel

that these morbidities don't qualify special and specialist treatment. One of the weakness of study that sample may not be representative due to a particular catchment area of the hospital. It has been shown through certain studies that forceful awareness campaigns can bring better results.

CONCLUSION

This study shows that a patient faces a significant delay of 422.7 days (around 14 months) before he / she comes under care of a psychiatrist. This study also shows a list of symptoms a patient can present to a physician if the underlying cause is psychiatric in origin. This delay does not only affect the health of individual but also puts extra burden on economy of nation. It has been shown that early interventions can not only save money but also amount of disability in patients⁽¹⁷⁾. The majority of people especially in the developing countries are not covered by health insurance

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so they pay heavy amount for long list of unnecessary investigations. The main reason of this delay in referral system is due to lack of awareness of health professionals about diagnosing psychiatric disorders which is due to insufficient psychiatric training in medical schools and lack of psychiatrists especially in developing countries. The system can be improved by making health professionals aware about early recognition and diagnosis of psychiatric disorders so that they can refer the patient to psychiatrist without further delay. It is recommended that more and similar studies be conducted in other areas to make sample more representative. More educational programmes for doctors as well as for general population are likely to minimize the time lapse. It is also recommended that authorities with collaboration of experts can take measures to minimize stigma and to establish “help lines”⁽¹⁸⁾. This will help in facilitating patients to communicate and seek help and gradually overcome their hesitation. Not unexpectedly, it was also found that traditional healers and allied methods are also contributing towards this delay quite significantly. Upto fifty percent patients first come in their contact. A better liaison to these allied healers and making some legislation for them can also help in making things better.⁽¹⁹⁾.

AUTHORS INPUT

AM, Principal author IT, Citation and references MS, Data Collection AJ Compilation of manuscript

Conflict of Interest

Authors declare that there is no conflict of interest .

Ethical Issues:

There were no ethical conflicts in survey .Confidentiality of pts is maintained .All patients provided informed written consent.

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