

Sociodemographic factors, diagnoses and maintenance rate of outpatients in the psychiatry polyclinic of Firat University

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The purpose of this study is to determine sociodemographic factors, diagnosis and treatment maintenance rate and process after first admittance of outpatients in the psychiatry polyclinic of Firat University. Polyclinical records of 948 outpatients who were admitted between September 1990 and february 1992, were evaluated retrospectively. Of 948, 541 patients applied willingly. Most of patients were older than 30 (46.73%). 58.01% were women, 58.01% were married, 32.48% had primary or high school degree education and 84.91% were from east-southeast anatolia region. 616 patients (64.97%) did not come after first admittance. Internal clinics takes first place in requiring psychiatric consultation (10.75 %). On the basis of DSM-III-R diagnosis criteria, anxiety disorders have been diagnosed on 176 patients (18.56%); somatoform disorders on 143(15.08%); mood disorders on 110(11.60%). 131 patients were valuated to have childhood mental disorders. Psychotic and anxiety disorders group patients have readmitted more regularly. [Turk J Med Res 1993; 11(3): 155-159]

Key Words: Mental disorders, Epidemiology

The epidemiologic studies in recent years are focused on the rates of psychiatric disorders seen in some distinct areas of the society. These studies stress the relation between the sociodemographic factors and distribution of the diagnosis. The epidemiological studies inform us not only about the precipating factors but the prognoses as well (1-7). The result of these studies direct us in preventive psychiatry (Preventive programs are based on these data).

The epidemiological studies can not be restricted with treatment methods. It is known that most of the individual does not attend to the clinics for treatment. Most of the individuals attend to the hospitals as if they have organic disorder although they have psychiatric disorder (8-12). These kind of researches are important interms of paying attention to the above mentioned group.

Omel et al has pointed out that; the patients should be well understood before the treatment and this may help both for the rapid recovery and gain their social capacities (13).

Received: Dec. 14, 1992

Accepted: Jan. 12, 1993

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•Presented in the 28th National Psychiatry Congress (Ankara).

Turk J Med Res 1993; 11 (3)

The purpose of this study is to determine sociodemographic factors, diagnosis and treatment maintenance rate after first admittance of outpatients in the psychiatry polyclinic of Firat University.

MATERIALS AND METHODS

The study population was consisted of 948 outpatients who admitted to psychiatry polyclinic of Firat University Medical School, between September 1990 and February 1992. The polyclinic records were evaluated retrospectively and sociodemographic variables, way admittance, distribution the clinics according to consultation request and visiting scheduals and their diagnosis which were based on DSM MIR were analysed in regard to their sociodemographic factors.

RESULTS

The age distribution of admitted patients are presented in Table 1. Most of the patients were over 30 years old. 550 female (58.01%) and 398 male (41.98%) patients were admitted from East and Southeast Anatolia.

Table 2 indicates the educational status distribution. 62 patients were not included in this table because they were either younger than 6 years old or in the primary school. The first raw in Table 2 was occupied by the patients graduated from junior high school or primary school.

Table 1. Age distribution of admitted patients

age	n	%
16<	136	14.34%
16-29	369	38.92%
30>	443	46.7%

Table 2. Distribution of educational status

Ed.	n	%
Uneducated	150	15.82%
Primary ed. Junior high-	282	29.74%
Hihg school	281	29.64%
Higher ed.	163	17.19%

Table 3. Professional distribution of the patients

Career	n	%
Housewife	400	42.19%
Official	252	26.52%
Student	201	21.15%
Independent business	42	4.41 %
Unemployed	29	3.05%
Other	24	2.52%

In the case of professional distribution; housewives were in the first row and followed by the officials (Table 3).

The marital status of the patients were as follow; 550 (58.1) married, 233 (24.57%) single and 33(3.48%) widow, the rest were in childhood age.

The patient doseries were not satisfactorily field in terms of psychiatric or physiological disorders (829, 87.44%).

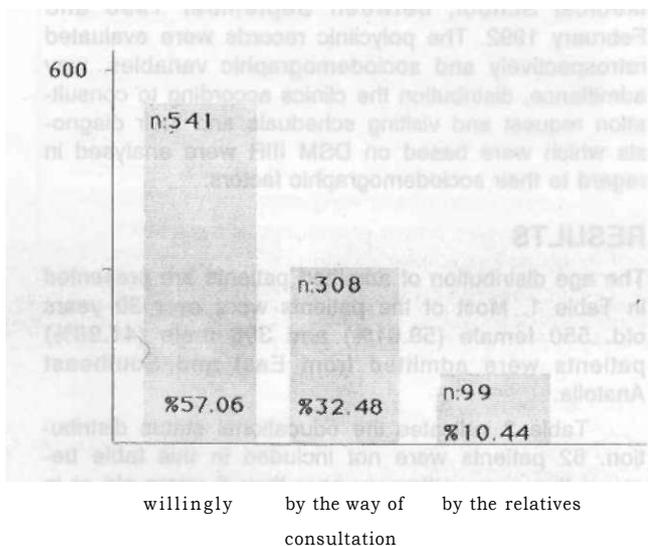


Figure 1. Admittance way to the polyclinic

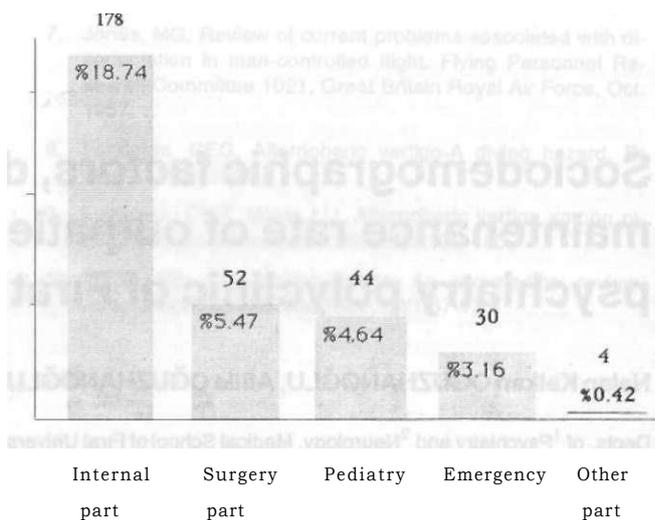


Figure 2. Distribution of departments requiring consultation

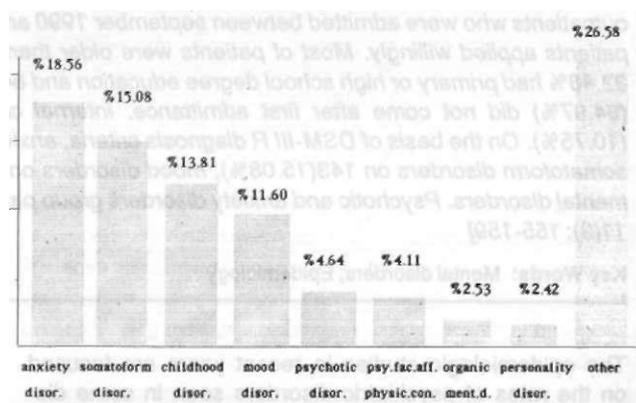


Figure 3. Distribution of diagnoses

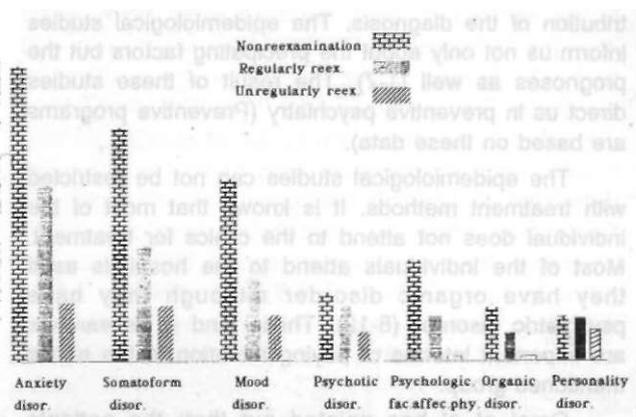


Figure 4. The state of reexamination of diagnosis groups

541 patients have applied willingly to polyclinic However 308 patients were referred from other departments by requiring consultation. Figure 2 shows the distribution of departments which require consultation. From this group 92.51% of the patints were followed as outpatients and the rest were in-patients group.

Tablo4. The properties of diagnosis groups in relation to socio-demographic characteristics, reexamination characteristics and admission ways

	Anxiety disorder		Somatoform disorder		Mood disorder		Psychotic disorder		*P.F.A.P.C		Organic mental dis.		Personality disorder	
	s	%	s	%	s	%	s	%	s	%	s	%	s	%
Age <16	-		1		-		-		-		1	4.16	-	
Age 17-29	15	46.02	55	38.46	42	38,18	18	40.90.	14	35.89	5	20,83	14	60.86
Age 30>	95	86,36	87	60,83	68	61.81	26	59.09	25	64,10	18	75	9	39.13
Sex m	72	40,90	36	25.17	43	39.0«	23	52,27	15	38,46	10	41,66	8	34.78
Sex f	104	59.09	107	74.82	67	60,9)	21	47,72	24	61,53	14	58.33	15	65.21
	15	8.52	34	23.77	21	19.09	5	11.36	6	15.38	11	45.83	3	13,04
Educa-	57	32.38	49	34,26	37	33,63	13	29.54	11	28.20	9	37.5	6	26,08
tion	71	40.34	38	26.57	27	24.54	13	29.54	15	38.46	4	16,66	8	34.78
	33	18.75	22	15.38	25	22,72	13	29.54	7	17,94	-		6	26,08
**	2	1,13	3	2.09	1	0,90	2	4,54	2	5,12	1	4,16	-	
**	87	49,43	85	59.44	58	52.72	21	47,72	16	41,02	12	50	7	30,43
**	60	34,09	35	24,47	35	31,81	13	29,54	18	46,15	3	12.5	11	47,82
Career ***	11	6,25	5	3.49	6	5,45	2	4,54	-		3	12.5	2	8,69
**	3	1.70	-		-		-		-		4	16.66	-	
***	13	7,38	13	9,09	10	9.09	6	13,63	3	7,69	1	4,16	3	13,04
x	120	68,18	113	79.02	83	75.45	22	50	28	71,79	18	75	12	52,17
S.of M xx	49	27,84	26	18,18	22	20	10	22,72	9	23,07	3	12.5	9	39,13
xxx	7	3,97	4	2,79	5	4.54	12	27.27	2	5.12	3	12,5	2	8,69
	98	55.98	89	62,23	68	61,81	20	45.45	29	74,35	14	58,33	10	43,47
Reex.	62	35.22	39	27.27	32	29,09	18	40,90	8	20,51	8	33.33	9	39.13
	16	9,09	15	10,48	10	9,0«	6	13,63	2	5.12	2	8,33	4	17,39
Admis- I	143	81,25	70	48,95	77	70	19	43,18	14	35.89	9	37,5	18	78.26
sion II	33	18,75	72	50,34	29	26,3<	4	9,09	25	64,10	10	8,69	2	8.69
III	-		1	0,69	4	3,63	21	47,72	-		5	20,83	3	13,04

*Psychological factors affecting physical condition

Uneducated Primary ed. "Junior high-High school "Higher ed.

•Unemployed *Housewife **Official ^Independent * "Other business ***Student

Status of marriage xMarried xxSingle xxxDivorced

Reexamination . Nonreexamined .. Regularly re. ... Unregularly re.

! Willingly !! By the way of consultation !!! By the relatives

Figure 3 predicts the distribution of diagnosis. Neurotic disorders as anxiety (18.56%) or somatoform (15.08%) disorders were the most common problems. 26.58% of the patients had somatoform and anxiety disorders but could not be classified on the basis of DSM MIR; were named as "other" by having some sexual dysfunction and eating disorders.

When the state of reexamination is concerned; 64.97% of the patients did not apply for reexamination, only 25.73% applied regularly and the rest were among irregular applicants. Figure 4 points out the state of reexamination of diagnostic groups and states that the patients diagnosed as anxiety, psychotic or personality disordered were regularly attended to the visits.

The properties of diagnosis groups in relation to sociodemographic, reexamination characteristics and admission ways were shown in Table 4.

DISCUSSION

Most of the patients applied to our polyclinic were married females (58.01%) from East or Southeast Anatolia (84.91%) over 30 years old (46.73%) graduated from primary school (29.74%) and occupied as housewives (42.19%). These results are in accordance with the results of Doganer and Özerdem (14,15). We believe that the number of working women is low in this district so the housewives had free time for application.

Since the family histories of the patients were not fully filled in records so we could not get enough information about the genetic and precipitating factors and duration of the disorders. The event has to direct us to pay attention in fully filling the family histories.

The neurotic disorders formed the highest disorders as in Greist et al and Doganer et al (14,16). Affective disorders were in 11.60% and major depression and distimia formed the 80% of the affective disorders. The somatoform disorders; conversion, anxiety disorders, generalized anxiety disorder and distimia were widely observed among women. The distribution of the diagnoses was mostly affected because of the female applicants. For this reason further studies are required. In the distribution of diagnosis there is a group named as others (26.58%). The symptoms of anxiety and especially the somatic ones were frequently observed but could not be classified. We believe that these people can not show their feelings properly. So they show their frustrated needs by using their bodies (17).

The results indicated that, the willingness of the patients had vital effect on the outpatient treatment service (92.51%). Moreover this preference was suitable for our team because of the restricted ward possibilities.

Admittance to the outpatient clinic were also caused due to the requested consultation by other

departments especially, internal medicine (32.48%). Somatoform, anxiety disorders and depression were mostly observed. The results are in accordance with the literature dealing about the relations between physical and psychiatric disorders (8). This event shows the tendency of this kind of patient to visit other doctors than psychiatrists.

Admittance to the hospital by the decision of their relatives were diagnosed psychotic, male and divorced (47.72%). Since these patients can not test the reality and cause to this result. However they came to the visits regularly. The high educational status, force of their relatives on the patient and good relation with the therapist cause their regular application.

The drop-out rate of the willing patients were high. These drop-outs can be due to the cultural factors such as expectancy of rapid recovery. Long term therapies cause the patients to search new ways (Religious ways, new doctors and hospitals).

This study informs us about the points that we should pay attention for further studies.

Fırat Üniversitesi psikiyatri polikliniğine başvuran hastaların sosyodemografik özellikleri, tanı dağılımları

Bu çalışmada yeni hizmet vermeye başlayan Fırat Üniversitesi Tıp Fakültesi Psikiyatri polikliniğine başvuran hastaların tanı dağılımları, sosyodemografik özellikleri ve bir anlamda verilen hizmetin geri bildirim olarak kabul edilebilecek olan ilk başvuru sonrası süreci değerlendirilmesi amaçlandı. Eylül 1990-Şubat 1992 tarihleri arasında psikiyatri polikliniğine başvurmuş olan toplam 948 hastanın poliklinik kartları geriye dönük olarak incelenmiştir. Sonuçlar % dağılımlarına göre değerlendirilmiştir. 948 başvurunun 541'i (%57.06) kendi isteği ile gelmişlerdir. Konsültasyon isteyen klinikler içinde dahiliye ilk sırayı almıştır (% 10.75). Sosyodemografik özelliklerinin dağılımı şöyle özetlenebilir; Hastaların %46.73'ü 30 yaşın üstünde, %58.01'i kadın, %58.01'i evli, %29.7'i ilk ya da orta eğitim düzeyine sahip ve %84.91'i Doğu ve Güneydoğu Anadolu bölgesindeydi. Başvuru sonrası 616 (%64.97) birey tekrar kontrole gelmiştir. DSM III R tanı kriterlerine göre yapılan değerlendirmede 176'sı (% 18.56) anksiyete bozukluğu, 143'ü (% 15.08) somatoform bozukluk, 110 hasta (% 11.60) duygu-durum bozukluğu tanısı almıştır. 131'i ise (% 13.81) çocukluk dönemi bozukluğu olarak değerlendirilmiştir. Kontrollerde psikotik ve anksiyete bozukluğu grubu daha düzenli olarak polikliniğe gelmişlerdir.

[Turk J Med Res 1993; 11(3): 155-159]