

EPIDEMIOLOGIC STUDY OF DIFFERENT PSYCHIATRIC SYMPTOMS AND DISORDERS IN PSYCHIATRY OUTPATIENT CLINICS AT ALEXANDRIA MAIN UNIVERSITY HOSPITAL

Mostafa Kamal Al Saadani , Hesham Adel Sheshtawy, Hossam Mohieddin Mostafa Ghorab ,Salim Said Mohamed Salim

Department of Neurology and Psychiatry, Faculty of Medicine , Alexandria University

Introduction

The World Health Organization (WHO) argues that mental health issues are one of the main global causes of disability. Mental disorders account for three of the top 10 causes of impairment in people between the ages of 15 and 44, and the remaining causes are frequently associated to mental disorders. Traditional psychiatric practice and research has centered on knowing the causes of mental diseases, developing and utilizing safe treatments, and minimizing the accompanying suffering and incapacity.

Aim of the work

The aim of the work is to determine the epidemiology of different psychiatric symptoms and disorders in psychiatry out patient clinics at Alexandria Main University Hospitals

SUBJECTS

The study includes new and follow up patients in the psychiatry outpatient clinics at Alexandria Main University Hospitals.

Methods

This study was conducted over a period of 12 months, from November 2021 to October 2022 during which data from 322 patients was collected. All participants were subjected to the following: 1. Identification of psychiatric symptoms from the history of the patient. 2. Corroboration of history from informant. 3.Complete Mental State Examination. 4. Formulation of a diagnosis and management plan. 5. Filling the check list of symptoms for each patient shown in Appendix 1 Statistical Analysis Data were fed to the computer and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp) Qualitative data were described using number and percent. The Kolmogorov-Smirnov test was used to verify the normality of distribution Quantitative data were described using range (minimum and maximum), mean, standard deviation, median and interquartile range (IQR). Significance of the obtained results was judged at the 5% level. The tests used were:- 1- Chi-square test

Results

Table (1): Distribution of the cases in relation to symptoms (n = 322)

Symptoms	No.	%
Sadness	91	28.3
Reduced Interest	79	24.5
Delusions	71	22.0
Fatigue	71	22.0
Worthlessness	70	21.7
Hallucinations	64	19.9
Anxiety	59	18.3
Sweating	49	15.2
Agitation	43	13.4
Disorganized speech	42	13.0
Insomnia	42	13.0
Chest pain	35	10.9
Shaking tremors	34	10.6
Guilt	32	9.9
Talkativeness	31	9.6
Disturbed memory	29	9.0
Grandiosity	28	8.7
Reduced concentration	28	8.7
Negative symptoms	26	8.1
Impaired attention	26	8.1
Motor deficit	25	7.8
Increased muscle tension	25	7.8
Hypersomnia	24	7.5
Decreased weight	23	7.1
Dizziness	21	6.5
Shortness of breath	20	6.2
Flight of ideas	20	6.2
Irritability	20	6.2
Distractibility	20	6.2
Seizures/convulsions	19	5.9
Disturbed judgment	19	5.9
Fear losing control/ crazy	17	5.3
Abdominal pain	17	5.3
Disorientation	15	4.7
Nausea	15	4.7
Obsessions	15	4.7
Compulsions	15	4.7
Thought of death/suicide	12	3.7
Sensory deficit	11	3.4
Rituals	11	3.4
Depersonalization	7	2.2
Disturbed speech	5	1.6
Loss of insight	5	1.6
Hypervigilance	4	1.2
Flashbacks	4	1.2
Fear of dying	3	0.9
Clouding of consciousness	2	0.6
Disturbed thinking	1	0.03
Increased pleasurable activity	0	0.0
Disturbed perception	0	0.0
Fluctuation	0	0.0

Table (2): Distribution of the cases according to diagnosis (n = 322)

Provisional Diagnosis	No.	%
Major Depressive Disorder	82	25.5
Generalized Anxiety Disorder	52	16.1
Schizophrenia	30	9.3
Dementia of Alzheimer’s type	28	8.7
Bipolar Disorder: Manic Episode	25	7.8
Conversion Disorder	23	7.1
Brief Psychotic Episode	17	5.3
Obsessive Compulsive Disorder	11	3.4
Substance Induced Psychosis	10	3.1
Schizophreniform	7	2.2
Bereavement	7	2.2
Social Anxiety Disorder	6	1.9
ADHD Inattention type	5	1.6
Substance Induced Mood Disorder	5	1.6
Post-traumatic stress disorder	4	1.2
Delirium Secondary to Sepsis	2	0.6
Delusional Disorder	2	0.6
Panic Disorder	2	0.6
Psychotic Disorder Secondary to Other Medical Condition (Epilepsy)	1	0.3
Somatic symptom Disorder	1	0.3
Persistent Depressive Disorder	1	0.3
Bipolar Disorder: Depressive Episode	1	0.3

Conclusion

The most prevalent symptoms were sadness, reduced interest, delusion, fatigue, worthlessness, hallucinations, Anxiety, Sweating, Agitation and Disorganized Speech while the least prevalent symptoms were Sensory deficit, Rituals, Depersonalization, Disturbed Speech, Loss of insight, hypervigilance, flashbacks, fear of dying, clouding of consciousness and disturbed thinking. The most prevalent diagnoses were Major Depressive Disorder, Generalized Anxiety Disorder, Schizophrenia, Dementia of Alzheimer's type, Bipolar Disorder: Manic Episode and Conversion Disorder while the least frequent diagnoses were Psychotic Disorder Secondary to Other Medical Condition (Epilepsy), Somatic Symptom Disorder, Persistent Depressive Disorder and Bipolar Disorder: Depressive Episode.