

Original Article

Retrospective evaluation of 30,000 patients admitted to a psychiatry clinic of a state hospital in Turkey

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Abstract: Aim: Epidemiological studies are needed to maintain clues about etiology and pathogenesis of psychiatric disorders and to determine the risk groups. In this study, it was aimed to determine the prevalence of psychiatric disorders, divergence according to age and gender among 30000 patients. Methods: This study population included 30000 patients that had admitted to psychiatry clinic of Şanlıurfa Balıklıgöl State Hospital between 2008 and 2012. Patients were evaluated about prevalence of psychiatric disorders, divergence according to age and gender and their relationship statistically. Results: The most prevalent psychiatric disorder was anxiety disorder with 52.8%. The other prevalent disorders were as followed; mood disorders 30.1%, dissociative disorders 7.3%, schizophrenia and other psychotic disorders 4.4%. Discussion: The results of this descriptive study will be useful for comparing the regional factors with the studies that will be done in different regions. In order to achieve more accurate data about determination of risk factors for psychiatric disorders, studies with comprehensive sociodemographic properties are needed to be done.

Keywords: Epidemiological study, psychiatric disorders, descriptive study

Introduction

Epidemiological studies are needed to maintain clues about etiology and pathogenesis of psychiatric disorders and to determine the risk groups [1]. The studies have shown that there is a relationship between people with certain sociodemographic properties and admission to psychiatry clinics [2]. Field researches about psychiatry services help us in the aspect of factors that may affect the usefulness of these services and progression of future projects [1].

In our country, number of epidemiological studies about psychiatric disorders has been increased in the recent years. It has been emphasized in these studies that the incidence of psychiatric disorders in our country is more than 20% by virtue of diagnostic scales [3-5]. It was determined that 18% of Turkish population had a psychiatric disorder along life time in

“Psychiatric Profile Study of Turkey” which is one of the largest epidemiological studies in our country [6]. Women have higher risk about depression and anxiety disorders. On the contrary, men have higher risk about substance abuse and antisocial personality disorder. Men and women have almost the same rates of schizophrenia which affects 1% of the population [4, 7].

According to the recent studies, men admit to the clinic less than women with psychiatric complaints. The reasons for this behavior are; tendency of men seeking for physical complaints more than psychiatric ones, less mentioning about psychosocial problems and stress, position of men in the population, career, life style, being more self confident than women and being optimistic [8-11]. Besides, women admit to the health services with other reasons as family planning, pregnancy, post-

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Table 1. Prevalence of psychiatric disorders

Psychiatric diagnostic groups	Number	%
1-ANXIETY DISORDERS	9404	52.8
1.1-PHOBIC DISORDER	1	-
1.2-PANIC DISORDER	526	2.9
1.3-GENERALIZED ANXIETY DISORDER	1045	5.9
1.4-NOT OTHERWISE SPECIFIED	7352	41.2
1.5-OBSESSIVE COMPULSIVE DISORDER	407	2.3
1.6-POSTTRAUMATIC STRESS DISORDER	73	0.4
2-SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS	768	4.4
2.1-SCHIZOPHRENIA	560	3.2
2.2-DELUSIONAL DISORDER	50	0.3
2.3-BRIEF PSYCHOTIC DISORDER	71	0.4
2.4-SCHIZOAFFECTIVE DISORDER	87	0.5
3-MOOD DISORDERS	5348	30.1
3.1-BIPOLAR DISORDER	841	4.7
3.2-DEPRESSIVE DISORDER	4478	25.2
3.3-DYSTHYMIC DISORDER	29	0.2
4-DISSOCIATIVE DISORDERS	1300	7.3
5-DELIRIUM, DEMENTIA AND OTHER AMNESTIC DISORDERS	119	0.7
6-SOMATOFORM DISORDERS	324	1.8
7-SUBSTANCE-RELATED DISORDERS	149	0.8
8-ADJUSTMENT DISORDERS	7	
9-SEXUAL AND GENDER IDENTITY DISORDERS	31	0.2
10-PERSONALITY DISORDERS	28	0.2
11-EATING DISORDERS	14	0.1
12-DISORDERS USUALLY FIRST DIAGNOSED IN INFANCY, CHILDHOOD OR ADOLESCENCE	248	1.5
12.1-MENTAL RETARDATION	151	0.9
12.2-COMMUNICATION DISORDERS	12	0.1
12.3-PERVASIVE DEVELOPMENTAL DISORDERS	1	
12.4-ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOUR DISORDERS	81	0.5
12.5-TIC DISORDERS	3	
13-SLEEP DISORDERS	17	0.1
TOTAL	17757	100

partum period, pediatric follow up and diseases that these ease the seeking of medical help [9].

The rate of admission with psychiatric complaints to psychiatrists or other clinicians in our country is about 32-56% [12, 13]. Some of the patients choose paramedical treatments as traditional-religious methods [12, 13].

In our study, it was aimed to determine the prevalence of psychiatric disorders, divergence according to age and gender among 30000 patients that had admitted to Şanlıurfa Balıklıgöl State Hospital between 2008 and 2012.

Method

This study population included 30000 patients that had admitted to psychiatry clinic of Şanlıurfa Balıklıgöl State Hospital between 2008 and 2012. Patients under 18 years and undiagnosed were excluded and the remaining 17757 patients were evaluated about prevalence of psychiatric disorders, divergence according to age and gender and their relationship statistically.

Results

30000 patients had admitted to the clinic during the study period. Patients under 18 years

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Table 2. Distribution of psychiatric diagnosis groups according to gender

Psychiatric diagnosis groups	Male		Female		Total	
	Number	%	Number	%	Number	%
ANXIETY DISORDERS	2694	28.6	6710	71.4	9404	100
SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS	536	69.8	232	30.2	768	100
MOOD DISORDERS	2019	37.8	3329	62.2	5348	100
DISSOCIATIVE DISORDERS	415	31.9	885	68.1	1300	100
DELIRIUM, DEMENTIA AND AMNESTIC AND OTHER COGNITIVE DISORDERS	51	42.9	68	57.1	119	100
SOMATOFORM DISORDERS	92	28.4	232	71.6	324	100
SUBSTANCE RELATED DISORDERS	145	97.3	4	2.7	149	100
ADJUSTMENT DISORDERS	4	57.1	3	42.9	7	100
SEXUAL AND GENDER IDENTITY DISORDERS	21	67.7	10	32.3	31	100
PERSONALITY DISORDERS	17	60.7	11	39.3	28	100
EATING DISORDERS	7	50	7	50	14	100
DISORDERS USUALLY FIRST DIAGNOSED IN INFANCY CHILDHOOD AND ADOLESCENCE	171	68.9	77	31.1	248	100
SLEEP DISORDERS	6	35.3	11	64.7	17	100
TOTAL	6178	34.8	11579	65.2	17757	100

and undiagnosed were excluded and the remaining 17757 patients were evaluated. 65.2% of patients were female (n=11579) and 34.8% (n=6178) were male. The average age of patients was 37.9 ± 14.3 .

The most prevalent psychiatric disorder was anxiety disorder with 52.8% (n=9404). The other prevalent disorders were as followed; mood disorders 30.1% (n=5348), dissociative disorders 7.3% (n=1300), schizophrenia and other psychotic disorders 4.4% (n=768), somatoform disorders 1.8% (n=324), disorders that are usually first diagnosed in infancy, childhood or puberty 1.5% (n=248), substance related disorders 0.8% (n=149), delirium, dementia or other amnestic disorders 0.7% (n=119), sexual and gender identity disorders 0.2% (n=31), personality disorders 0.2% (n=28), sleep disorders 0.1% (n=17), eating disorders 0.1% (n=14) and adjustment disorders (n=7) as the least prevalent one (Table 1).

The most prevalent subgroups were anxiety disorder not otherwise specified with 41.2% (n=7352) and generalized anxiety disorder with 5.9% (n=1045) in the anxiety disorders group, depressive disorders with 25.2% (n=4478) and bipolar disorder with 4.7% (n=841) in the mood disorders group, schizophrenia with 3.2% (n=560) and schizoaffective disorder with 0.5% (n=87) in the schizophrenia and other psychotic disorders group, mental retardation with 0.9% (n=151) and attention deficit and hyperactivity disorder with 0.5% (n=81) in the usually first

diagnosed in infancy, childhood or puberty group (Table 1).

When the psychiatric disorder groups were evaluated in the aspect of gender; adjustment disorders were seen equally in men and women, schizophrenia and other psychotic disorders, substance related disorders, sexual and gender identity disorders, personality disorders and disorders that are usually first diagnosed in infancy, childhood or puberty were seen higher in males. The highest difference was in prevalence of substance related disorders group between men and women (Table 2).

The relationship between the diagnosis and age groups was evaluated. The most common age group was 21-50 ages. It was determined that the dissociative disorders were seen most commonly in the patients at the ages of 18-30. Psychotic disorders, anxiety disorders and mood disorders were seen most commonly in the patients at the ages of 21-40; delirium, dementia and other amnestic disorders were in the patients older than 50 years. Somatoform disorders were seen in patients older than 30 years. Substance related disorders were seen in patients between the ages of 18-30 (Table 3).

The average age group of psychiatric disorders was 37.9 ± 14.3 . When the average age was evaluated according to diagnostic groups; it was determined as 39.3 for anxiety disorders, 37.8 for schizophrenia and other psychotic disorders, 37.2 for mood disorders, 30 for disso-

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Table 3. Age distribution of psychiatric diagnosis groups

Psychiatric diagnosis groups	18-20 (Number/%)	21-30 (Number/%)	31-40 (Number/%)	41-50 (Number/%)	51< (Number/%)	Total
1-ANXIETY DISORDERS	597/6.4	2502/26.6	2426/25.8	1825/19.4	2054/21.8	9404/100
2-SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS	53/6.9	179/23.3	248/32.3	176/22.9	176/22.9	768/100
3-MOOD DISORDERS	399/7.5	1564/29.2	1453/27.2	1082/20.2	850/15.9	5348/100
4-DISSOCIATIVE DISORDERS	246/18.9	550/42.3	315/24.2	147/11.3	42/3.3	1300/100
5-DELIRIUM, DEMENTIA AND AMNESTIC AND OTHER COGNITIVE DISORDERS	2/1.7	2/1.7	4/3.4	8/6.7	103/86.5	119/100
6-SOMATOFORM DISORDERS	9/2.8	67/20.7	77/23.8	83/25.6	88/27.1	324/100
7-SUBSTANCE RELATED DISORDERS	12/8	90/60.4	24/16.1	12/8	11/7.5	149/100
8-ADJUSTMENT DISORDERS	–	–	1/14.4	3/42.8	3/42.8	7/100
9-SEXUAL AND GENDER IDENTITY DISORDERS	4/12.9	16/51.6	9/29	2/6.5	–	31/100
10-PERSONALITY DISORDERS	6/21.4	13/46.4	8/28.6	1/3.6	–	28/100
11-EATING DISORDERS	–	7/50	2/14.3	2/14.3	3/21.4	14/100
12-DISORDERS USUALLY FIRST DIAGNOSED IN INFANCY, CHILDHOOD AND ADOLESCENCE	64/25.9	102/41.2	58/23.3	15/6	9/3.6	248/100
13-SLEEP DISORDERS	2/11.7	1/5.9	1/5.9	9/52.9	4/23.6	17/100

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Table 4. Mean age of psychiatric diagnosis groups

Psychiatric diagnosis groups	Age (years)
1-ANXIETY DISORDERS	39.3
1.1-PHOBIC DISORDER	49
1.2-PANIC DISORDER	36
1.3-GENERALIZED ANXIETY DISORDER	39
1.4-ANXIETY DISORDER NOT OTHERWISE SPECIFIED	40
1.5-OBSESSIVE-COMPULSIVE DISORDER	33
1.6-POSTTRAUMATIC STRESS DISORDER	35
2-SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS	37.8
2.1-SCHIZOPHRENIA	37
2.2-DELUSIONAL DISORDER	46
2.3-BRIEF PSYCHOTIC DISORDER	40
2.4-SCHIZOAFFECTIVE DISORDER	37
3-MOOD DISORDERS	37.2
3.1-BIPOLAR DISORDER	38
3.2-DEPRESSIVE DISORDER	37
3.3-DYSTHIMIC DISORDER	47
4-DISSOCIATIVE DISORDERS	30
5-DELIRIUM, DEMENTIA AND AMNESTIC AND OTHER COGNITIVE DISORDERS	69
6-SOMATOFORM DISORDERS	42
7-SUBSTANCE RELATED DISORDERS	31
8-ADJUSTMENT DISORDERS	52
9-SEXUAL AND GENDER IDENTITY DISORDERS	29
10-PERSONALITY DISORDERS	26
11-EATING DISORDERS	37
12-DISORDERS USUALLY FIRST DIAGNOSED IN INFANCY, CHILDHOOD AND ADOLESCENCE	27.6
12.1-MENTAL RETARDATION	26
12.2-COMMUNICATION DISORDERS	32
12.3-PERVASIVE DEVELOPMENTAL DISORDERS	22
12.4-ATTENTION DEFICIT AND DISRUPTIVE BEHAVIOUR DISORDER	30
12.5-TIC DISORDERS	33
13-SLEEP DISORDERS	45
MEAN AGE	37.9±14.3

ciative disorders, 69 for delirium, dementia and other amnestic disorders, 42 for somatoform disorders, 31 for substance related disorders, 52 for adjustment disorders, 29 for sexual and gender identity disorders, 26 for personality disorders, 37 for eating disorders and 45 for sleep disorders (**Table 4**).

Discussion

Most of patients that had admitted to the psychiatry clinic were women in this study. It has been emphasized that female gender and younger age groups were important variables about admission to psychiatric health services

[2, 14, 15]. The high admission rates of women can be explained by their tendency to seek help for psychiatric disorders. The lack of social participation of women in this region and their easy access to health facilities may be the reasons for higher admission rates of women in our study [16].

Mood disorders and anxiety disorders were the most prevalent diagnosis. Many studies have shown that these disorders are common both in basic health services and clinical trials [17]. Similar studies in USA have determined that 1/3 of population have mental disorders or the possibility of mental disorder at least once in

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their life time. The most common diagnosis in these individuals is anxiety disorders, depressive disorders and alcohol/substance abuse disorders [18, 19]. The most common diagnosis in our study were anxiety disorders, mood disorders and dissociative disorders.

Mood disorders and especially manic depressive bipolar disorder are the most common

psychiatric disorders in epidemiological studies among the world and our country [4, 18, 20-22]. The prevalence of depression in our society was 10% in a study [23]. In Belgium, the prevalence of psychiatric disorders was determined as 42.5% with PRIME MD scale and the most common diagnosis were mood disorders [24]. In contrary, we determined the most common disorders as anxiety disorders (52.8%), mood disorders (30.1%), dissociative disorders (7.3%), schizophrenia and other psychotic disorders (4.4%) and somatoform disorders (1.8%) in our study.

In our study all the anxiety disorders are seen most common in women and female gender is a risk factor for anxiety disorders. This data was compatible with literature [4, 18, 22, 24]. Women are exposed to social stressors more common than men and this group may have difficulties for access to health services because of low educational level and low income. Thus, these reasons may cause the high rates of anxiety disorders in women [25-27]. The prevalence of anxiety disorders was 71.4% in women which is higher than the prevalence (28.4%) in men.

There are many studies about the high prevalence of mood disorders in women [18, 28-30]. In these studies, neuroendocrine factors and male dominance in the societies are discussed most [31, 32]. It is emphasized that neuroendocrine factors and menopause are women more susceptible [31]. Besides, the higher incidence of traumatic events for women, male dominance in society and imbalance of power in favor of men make the women vulnerable to psychiatric disorders especially mood disorders [32]. The prevalence of mood disorders was 62.2% in women and 37.8% in men as a result of our study.

When our study was evaluated in the aspect of gender; anxiety disorders, somatoform disor-

ders, dissociative disorders and mood disorders were higher in women. The reason could be the high admission rates of women. Low educational level can cause disability in coping with problems. This could be a risk factor for the above mentioned situation. The rates of dissociative disorders were 7.3% in our study and it is compatible with the literature [36]. Generalized anxiety disorders, depressive disorders and somatoform disorders were shown to be higher in women in previous studied [14, 17]. There are studies that mention the high prevalence of somatoform disorders in societies where emotional expression is prevented [33]. The high prevalence of somatoform disorders and dissociative disorders in women is inevitable when there is prevention of emotional expression of women in our study.

The prevalence of schizophrenia and other psychotic disorders was detected as 69.8% in men and 30.2% in women in our study. In an epidemiological field surveillance of USA, the rate of schizophrenia (point prevalence for a month) was equal for men and women [34]. Özerdem et al. notified the prevalence of schizophrenic disorders was higher in women at a university hospital [14]. In other studies, psychotic disorders especially schizophrenia are seen more prevalent in men [2, 7, 18, 19]. There might be incongruity between the results of psychiatric clinical studies and field researches.

When the age distribution in our study was evaluated according to diagnostic groups; the most common age range was 21-50 except delirium, dementia and other amnesic disorders. Delirium, dementia and other amnesic disorders are most common in elderly. Mood disorders, anxiety disorders, somatoform disorders, schizophrenia and other psychotic disorders are most common in older age group. Mezzich et al. determined that mood disorders were seen more common in older age group [35]. In another study of Dokuz Eylül University, depressive disorders were detected to be higher in older age group in our country [14].

As a result, our study included the patients that had admitted to a state hospital. The results of this descriptive study will be useful for comparing the regional factors with the studies that will be done in different regions. In order to achieve more accurate data about determination of risk factors for psychiatric disorders,

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studies with comprehensive sociodemographic properties are needed to be done. However, our results are important in the aspect of being instructive for first evaluation of Şanlıurfa population and determination of risk factors.

Disclosure of conflict of interest

None.

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