Demographic and Clinical Profile of Psychiatry Patients of Rural Homoeopathic Hospital, Palghar, Maharashtra, India, from 2014 to 2018

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Abstract

Background Rural Homoeopathic Hospital has been serving the community in and around Palghar for the past 20 years. Through a Central Government Scheme of Centre of Excellence, it received funds for setting up an inpatient psychiatric unit in 2012 whereby it could serve the wider community by admitting the patients with mental illness in a secure ward. This is the first part of two papers which deals with demographic analysis of the patients admitted in the psychiatry ward between 2014 and 2018.

Objectives The case records were studied with a view to determine the demographic features, the clinical diagnosis and the duration of stay.

Methodology All case records were studied as per a predetermined format to establish the demographic features, the clinical diagnosis and the duration of stay in the ward.

Results Out of 1,015 patients seen, 35% were having alcohol withdrawal, 12.7% were having conversion, 9.8% were having suicidal attempt and 9.7% were suffering from anxiety. The duration of stay in the hospital was noticeably shorter than what has been reported from the allopathic admissions.

Conclusion Alcoholism followed by conversion disorders, suicidal attempts and anxiety-panic conditions was the most common psychiatric condition with which patients were admitted. Males were predominating mainly due to their alcoholic condition. The duration of stay was reasonably short. The reasons for this would need further exploration.

Keywords
- psychiatry inpatient
- homoeopathic treatment
- rural area
- demographic profile
- clinical profile

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Introduction

Dr. M. L Dhawale Trust's Rural Homoeopathic Hospital (RHH) was established in 2000 to cater to the demands of all sections of the community in Palghar, Maharashtra, India. It is the only hospital in the district that has secondary care facilities including an intensive care unit, new-born intensive care unit, geriatric care ward and a dialysis unit of 10 beds. The nearest similar health-care opportunity for the community is 100 km away. The hospital has 12 departments. It is the only hospital in the country accredited by the National Accreditation Board for Hospitals and Health Care Providers (NABH) at two levels viz. A full accreditation Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy (AYUSH) hospital of 50 beds with a pre-entry level NABH accredited allopathic unit of 50 beds. Four of its departments have been developed as Centres of Excellence in Homoeopathy since 2012, the Department of Psychiatry being one of them.

The population of Palghar district is ~3 million. It has eight talukas under its jurisdiction, 1008 villages with a literacy rate of ~66.65%. About 60% of the people are in the rural areas.[1]

Psychiatric patients were managed either in the general ward or in special rooms till October 2016. Under the scheme of the Centre of Excellence of the Ministry of AYUSH, a secure 15 bedded psychiatry ward was specially designed and built. It was named as '*Anukampa* Ward' to convey the spirit of 'compassion' from the original Sanskrit word. The term also serves to reduce social stigmatisation.

Functioning of Psychiatric Services at RHH

Through a series of outreach activities, camps, and awareness campaigns in schools and colleges, the community was made aware of the existence of psychiatric services in the RHH. Combating alcohol addiction was the main thrust, which required a sustained community campaign and demonstration of the results of treating alcohol intoxication and withdrawal through the homoeopathic approach as well as alcohol de-addiction. The humanism inherent in the patient centric approach of homoeopathy appealed to many and the psychiatric outpatient department (OPD) gradually picked up.

Standard operating procedure (SOP) was developed for care and treatment of psychiatric patients admitted either from the OPDs or casualty as mentioned in ►**Table 1**.

All the information is recorded in a specially structured homoeopathic inpatient department (IPD) case record for presenting associated complaints and in the Standardised Case Record© (SCR)[2] for chronic and constitutional data comprising of preliminary information, with chief and associated complaints, personal history, past treatment history and family history. Daily follow-up sheets are designed to record the progress made in the different parameters outlined.

The SCR comprises of a workout section which is completed by the residents and checked by the consultants. This enables the processing of data to be validated and to confirm the final homoeopathic prescription.

The medical records department stores all IPD records in a month-wise manner on open shelves and indexes them in the Excel sheet which allow ready retrieval. This retrospective analysis of the functioning of the psychiatry ward was conducted for the period 2014 to 2018 to identify the patients profile and treatment profile in the homoeopathic hospital.

Aim

The aim of this study is to demographically analyse patients admitted in the *Anukampa* ward over a 4-year period from 2014 to 2018.

Objectives

Following are the objectives of this study:

1. To study the spectrum of psychiatric conditions getting admitted to RHH.
2. To determine the demographic and clinical profile of the patients.
3. To observe the average duration of inpatient treatment needed.

Study Design

Observational descriptive study.

Inclusion Criteria

All patients admitted by the psychiatry department from 2014 to 2018.

Methodology

The data of the patients admitted in the ward were collated to provide the following information:

1. Demographic profile of the patient (name, age, gender).
2. Case diagnosis.
3. Date of admission and discharge.
4. Duration of complaints (in days, months or years).

Results

During 2014 to 2018, a total of 11,731 patients were admitted in the wards for medical reasons. Out of these, 1,015 (8.62%) were admitted in the psychiatry department.

►**Table 2** shows the gender ratio of the patients admitted.

Clinical Data

►**Table 3** shows the psychiatric conditions identified in the admitted patients.

Some notable additions to the above figures with respect to the number of patients as available in the clinical records are as follows:

1. Alcohol-related disorders were the largest fraction comprising 35% of all the cases and 3% of these were females. The lowest alcohol addiction admission was at age 17 and the oldest at 80 years.

Table 1 SOP for psychiatric patients to be admitted in Anukampa ward of RHH

	Screening OPD	Casualty/Psychiatry IPD
Step 1: Screening	All patients visit the screening OPD where preliminary screening and examination enable a provisional diagnosis. In a suspected psychiatric condition, confirmation is through reference to psychiatry MO or senior resident	Patient is evaluated by the casualty medical officer and if a psychiatric condition is suspected, opinion of the psychiatry medical officer or senior resident is sought
Step 2: Preliminary psychiatric evaluation	Psychiatry resident/MO conducts a brief psychiatric interview and MSE to establish psychiatric diagnosis as per ICD 10 and orient the patient/relative to the condition. Where admission is desired by the patient/relatives or considered essential for safety of the patient, the consultant is contacted and advice taken	Psychiatry resident/MO does a brief psychiatric examination and MMSE and consults the consultant for instituting acute treatment or for advice regarding admission. In cases of patients with substance abuse, a special alcohol proforma is filled to assess its severity
Step 3: Treatment decision	Where possible, the patient is requested to write the history. Appointment is given for detailed definition in the psychiatry OPD and the required investigation is simultaneously ordered	Patient is either given treatment and asked to follow up in the psychiatry OPD or admitted after consent from the patient or relative. Needed investigations are performed
Step 4: Case definition	Case is defined and recorded on the standardised case record; the consultant performs the diagnostic evaluation and formulates the treatment plan. If needed, admission may be advised	If admitted, the resident records the case in a special IPD psychiatry sheet and works up the patient. Psychiatry MO checks the working and contacts the consultant for instituting treatment. Where indicated, physical restraints are applied under a standard protocol and are reviewed every 6 hours. Medical consultant is involved in the assessment of patients with alcohol-related condition and the allopathic medication advised is adhered to. Change in this is as per the opinion of the medical consultant
Step 5: Confirmation		Consultant on his visit sees the patient, confirms the diagnosis and the details collected and confirms the plan of treatment which generally would include the indicated (acute) remedy where applicable and the constitutional in all cases. A possible antimiasmatic medicine is also worked out
Step 6: Follow-up treatment		Subsequent monitoring is performed twice a day where comprehensive assessment is performed and reported to the consultant for any change in treatment strategy. Discharge is worked out based on the assessment of the consultant and after advising the relatives of the post-discharge care and follow-up in the OPD

Abbreviations: ICD 10, International Classification of Diseases, 10th revision; IPD, inpatient department; MSE, Mental Status Examination; MO, medical officer; OPD, outpatient department; RHH, Rural Homoeopathic Hospital; SOP, standard operating procedure.

2. Conversion disorder was the next common disorder diagnosed in 129 patients (12.7%) of all the cases and 15% of these were males. The age of the youngest patient was 14 and oldest was 65 years.
3. Attempted suicides were generally referred by the in-house allopathic consultant after detoxification as the hospital has a SOP that no patients with a suicidal attempt were to be sent home without undergoing a psychiatric consultation. The psychiatrist saw them when they were found to be in a fit condition to withstand the psychiatric interview. The social stigma related to the act effectively prevented a follow-up of these patients; total 100 (9.8%) patients were seen, in which 66% patients were females. Their age ranged from 13 to 87 years of age.
4. Anxiety disorders were found in 98 patients (9.6%) in which 59% patients were females. The age group ranged from 12 to 80 years.
5. Schizophrenia was found to be in 65 (6.40%) of all the cases. Male to female prevalence was almost equal.
6. Epilepsy and seizure disorders were found in 5.2% patients in which 64% patients were females.
7. Thirty cases of all variants of acute psychosis that were treated were between the age group of 17 and 87 years.

Table 2 Number of patients as per gender

Patients	Total
Males	603 (59.40%)
Females	412 (40.59%)
Total	1015

8. Forty-five (4.4%) patients having depressive/mood disorders were admitted and 69% patients were females. The age group was between 13 and 84 years.
9. Somatoform disorders were diagnosed in 35 (3.4%) patients in which 60% patients were females and the age group was ranging from 18 to 62 years.
10. Panic attack, as a separate complaint, was found in 32 patients (3.1%) with prevalence of 56% in females. The age group ranged from 22 to 70 years.
11. Dementia was found in 29 (2.8%) patients with almost equal prevalence among the females. The age group ranged from a surprising low of 38 to 84 years.
12. Post-cerebrovascular accidents were referred usually from the medical consultant usually for behavioural or emotional complaints. This was found in 21 patients (2.06%) and 67% patients were males.
13. All patients of Alzheimer's disease were males and constituted just 0.78% of cases.
14. Seven patients (0.68%) were referred for parkinsonism and 71% patients were males. The age group ranged from 41 to 90 years.

►**Table 4** shows the average duration of stay of the patients in the psychiatric wards.

Table 4 Duration of ward stay

Clinical condition	Mean no of days of hospital stay
Schizophrenia	14.96
Depression	4.05
Post-cerebrovascular accident complaints	3.90
Acute psychosis	3.67
Alcohol dependence	2.99
Dementia	2.89
Suicide attempt	2.50
Epilepsy + seizure	2.22
Anxiety disorder	1.93
Panic disorder	1.81
Somatoform	1.69
Conversion disorder	1.55

Schizophrenia (14.96 days) followed by depression (4.05 days) needed the longest day in the hospital followed by post-cerebrovascular accident conditions and Acute psychosis. Conversion disorders appear to show the quickest response followed by anxiety disorders.

Discussion

Hospitals giving homoeopathic treatment are attached with all homoeopathic medical colleges in India, and there are a few stand-alone homoeopathic hospitals as well. We have not come across any standardised reporting on the

Table 3 Prevalence of various psychiatric conditions with gender ratio

Serial no.	Psychiatric conditions	Male	Female	Total
1.	Alcohol-related disorder	353 (34.77%)	10 (0.9%)	363 (35%)
2.	Conversion disorder	19 (1.8%)	110 (10.8%)	129 (12.7%)
3.	Suicide attempt	33 (3.2%)	67 (6.6%)	100 (9.8%)
4.	Anxiety disorders	40 (3.9%)	58 (5.7%)	98 (9.6%)
5.	Schizophrenia	32 (3.1%)	33 (3.3%)	65 (6.4%)
6.	Epilepsy	34 (3.3%)	19 (1.8%)	53 (5.2%)
7.	Depressive disorders	14 (1.3%)	31 (3%)	45 (4.4%)
8.	Somatoform disorder	14 (1.4%)	21 (2%)	35 (3.4%)
9.	Panic attack	14 (1.4%)	18 (1.8%)	32 (3.1%)
10.	Acute psychosis	7 (0.6%)	23 (2.3%)	30 (2.9%)
11.	Dementia	16 (1.6%)	13 (1.2%)	29 (2.8%)
12.	Post-cerebrovascular accident psychiatric problems	14 (1.4%)	7 (0.6%)	21 (2.1%)
13.	Alzheimer's disease	8 (0.8%)	0	8 (0.8%)
14.	Parkinsonism-associated psychiatric disability	5 (0.5%)	2 (0.2%)	7 (0.7%)
	Total	603 (59.40%)	410 (40.59%)	1015

functioning of homoeopathic hospitals. As such this is one of the first studies that identifies the functioning of the psychiatry ward in a homoeopathic hospital.

Demography and Clinical Syndromes

General hospital psychiatry has become a feature since the 1960s when academic psychiatry has been established in the teaching hospitals. This has helped to move patients out of mental homes (asylums) and enabled a better standard of care. However, the number of studies reporting on indoor psychiatric patients are scarce. Psychiatry inpatient, specifically in homoeopathy, is available only in the National Homoeopathy Research Institute in Mental Health at Kottayam, Kerala. Hence, studies to compare our findings would be rare.

Conditions in exclusive hospitals devoted to psychiatric conditions in allopathic treatment are very different from the one that we are reporting on. Not only they are larger, but they have a much higher patient–staff ratio and the nursing staff is likely to be much better trained and equipped to manage the large patient inflow.

In a study reported by a Jaipur-based 320-bedded psychiatry hospital with a 50-bedded acute psychiatric ward, data on a total of 489 patients was available. They were predominantly males (70.8%), while females constituted 29.2% of the study population. The age of patients ranged from 14 to 68 years with a mean of 25.5 years. Patients under the age of 16 constituted 0.7% of admissions, while those above 40 years of age constituted 20.2%. However, age group of the majority of patients (72.1%) was between 16 and 40 years. Schizophrenia was the most common diagnosis (40.7%) followed by bipolar disorder (37.0%) and acute transient psychiatric disorder and other psychotic disorders constituted 11.2% of admissions. Similarly, substance use disorder was not frequent (4.3%), although 55.4% of patients had abused substances, mostly tobacco. Only 12 patients (2.5%) had a diagnosis of panic disorder, conversion disorder, adjustment disorder, personality disorder, dementia and obsessive-compulsive disorder that have been included in others category.[3]

The sex ratio in our population was more evenly balanced with 41% being females. The distribution of clinical conditions was also sharply different with alcohol withdrawals topping the list (34.77%) and with all other disorders figuring below 3.5%. This preponderance of alcoholic conditions could be due to the tribal nature of the drainage area of the hospital where alcoholic consumption is known to be culturally acceptable and hence high. The reputation of a centre in managing certain conditions could also result in this high percentage. The department had started a campaign to promote alcohol deaddiction and that too may have resulted in more alcohol addicted patients being referred to the hospital.

Anxiety disorders, suicide and conversion disorders were also fairly high in our sample. The presence of the hospital in the rural–tribal area would also explain the higher incidence of conversion disorders that rank second in frequency of occurrence. The suicidal attempts were also pretty high, due to the policy of the hospital that all suspected suicidal victims must undergo psychiatric evaluation prior to discharge. It is significant that the above paper did not report any admissions due to suicidal attempts.

Duration of Stay

Studies reported in the 1970s have reported on the duration of stay of psychiatric patients and compared these between mental hospitals and medical colleges.[4] However, it would be difficult to compare the conditions prevalent around that time with the current as the average duration of stay in mental hospital was 5.4 weeks as compared with 2.7 weeks in the medical college hospital. Advancement in treatment regime has brought down the duration significantly over the past 50 years. Sharma et al have also reported the length of stay (LOS) of patients of different categories. Patients with schizophrenia had a mean LOS of 12.3 days and bipolar patients had mean LOS of 12.1 days.[3] The mean LOS of patients was 10.3 days and roughly half (54%) of the patients stayed in hospital for 7 to 14 days. In contrast, the LOS for our patients with schizophrenia was 14.96 days but for all other patients it was far less. Depressive patients were discharged in 4.05 days, while the mean stay of all patients was just 3.6 days. This is a significant difference. It could be attributed to the general reluctance of patients to stay in a private hospital probably due to economic factors. However, one may also have to look at the impact of homoeopathic medication in relieving the distressing symptoms thus enabling a quicker discharge that is the objective of the next part of the paper.

Vasudeva et al have also studied the duration of admission in psychiatry inpatient unit, though, with a view to determine the probability of readmission in those who had a shorter duration of inpatient stay.[5] The mean age of patients was between 33.62 and 36.06 years, indicating that a majority of them were in the early 30s. Male sex constituted the majority of the sample (69.2–85.8%). This, however, was a private hospital setup in a metropolis, where the number of schizophrenic patients were high. However, the study has not reported the percentage of patients as per the disease condition.

Certain types of patients may be found uniquely in a general hospital setting, for example, suicidal patients who had been referred from the medicine unit after detoxification. The psychiatric unit is ideally suited to take care of these distressed patients and give them a new lease of life.

As mentioned above, there is a paucity of studies reporting inpatient studies in homoeopathy.

There is a huge unmet need for psychiatric help in our country where 1 in 7 have been estimated to be needing help.[6] The community accepts homoeopathy as a legitimate medical treatment for a variety of mental illnesses as evidenced by the number and variety of patients reporting for help. A standard approach to diagnosis and treatment probably helps as shown in the results of considerably short duration of hospitalisation undergone by the patients.

Conclusions

A homoeopathic teaching hospital in the rural area catering to psychiatric patients is able to attract a variety of clinical

conditions, the most common being substance abuse (alcohol), conversion disorders, suicidal attempts, and anxiety–panic conditions. The preponderance of males is due to heavy representation of alcoholic patients. The duration of stay in the homoeopathic hospital appears to be relatively short, though the exact reasons for the same may need a greater and deeper analysis.

Conflict of Interest
None declared.

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