

Presentations and Psychiatric Diagnosis in A Psychiatric Out-Patient Clinic of Tertiary Care Hospital in Eastern Nepal

Dhan Ratna Shakya¹, Sujan Kafle², Suyash Dawadi², Arun Khatri², Mithun Sah²

1. Professor, Department of Psychiatry, B.P. Koirala Institute of Health Sciences (BPKIHS), Dharan, Nepal.
2. MBBS, BPKIHS, Dharan.

Abstract

INTRODUCTION

This study aimed to see common presenting complaints and psychiatric diagnoses among the patients visiting for the first time to the Psychiatric Out-patient Department (OPD) of a tertiary care hospital in Eastern Nepal.

METHODOLOGY

A cross-sectional study was conducted in the OPD of B.P. Koirala Institute of Health Sciences (BPKIHS), Dharan, Nepal during the study period of 3 weeks after the institute ethical approval. Patients were selected via convenience sampling technique. Face to face interview was conducted to collect socio-demographic data and the presenting complains (up to 5) according to the patients and their attendants. Psychiatric diagnoses were recorded as per the clinician.

RESULT

Among the first contact psychiatry out-patients; various physical/ somatic, anxiety and mood related symptoms were the commonest presenting complaints, as per the patients, attendants and clinicians. Behavioural symptoms were others mostly observed and reported. The commonest diagnoses were: Depression, Recurrent Depressive Disorder, Dysthymia (18.6%); Phobia, Other

Anxiety and Obsessive Compulsive Disorder (17.9%); Schizophrenia, schizotypal and delusional disorders (13.8%) and Mental and Behavioural disorders due to Substance use (8.3%). Deliberate self harm and seizures were present in 7% each.

CONCLUSION

The commonest presenting complaint in psychiatry out-patient clinic was related to physical and somatic symptoms, followed by anxiety and mood related ones. Common diagnoses were Depression, Anxiety, Schizophrenia and Substance use/ related disorders.

KEYWORDS

Presenting complaints; psychiatric; diagnosis, psychiatric out-patient, Nepal

INTRODUCTION

Mental and behavioural disorders are common, affecting more than 25% of all people at sometime during their lives.¹ The prevalence and presentations of various mental disorders vary with settings. Disturbed behaviour was reported as the most common presenting complaint among psychiatry emergency cases followed by altered consciousness and disorientation in time, place and person.²

The distribution of diagnoses varies across settings and facilities: neurotic disorders and mood disorders are most common in community based in-patient units as well as in out-patient facilities, and schizophrenia, mood disorders and acute and transient psychosis and "other" diagnoses are most frequent in mental hospitals.³

This study aims at recognizing the common presenting complaints and common psychiatric diagnoses among the patients attending the Psychiatric out-patient clinic of a tertiary care hospital in Eastern Nepal. It is expected to provide an insight into the common presentations and common mental disorders and help the hospitals prepare for providing effective treatment for the mentally challenged patients.

*Corresponding Author

Dr. Dhana Ratna Shakya
Professor
Department of Psychiatry,
Email: drdhanashakya@yahoo.com

MATERIALS AND METHODS

A cross sectional study was conducted in the out-patient department (OPD) of the Department of Psychiatry, B.P. Koirala Institute of Health Sciences (BPKIHS). The study period was of 3 weeks from 17th April to 14th May 2016. The ethical approval was received from BPKIHS.

Patients were selected via convenience sampling technique. All the subjects were new cases coming to psychiatric out-patient clinic, BPKIHS who gave informed written consent for the study. The patients who did not give the consent for the study and the patients who came for follow up were excluded from the study.

A semi-structured proforma was developed to record all relevant data. Face to face interview was conducted with the patients and their attendants to collect socio-demographic data and the most important presenting complains (up to 5 symptoms in order) of the patients according to them and their attendants. The presenting psychopathology/ complaints and data on psychiatric diagnoses were recorded as per the clinician or from the out-patient department (OPD) card of the patient. The presenting complaints were sorted out into the most relevant symptom categories.

The data was collected, tabulated and statistically analyzed using Statistical Package for Social Sciences version 16.

RESULTS

Out of 145 psychiatry out-patients that were enrolled in the study, 82 (57%) were females and 63 (43%) were males. The average age of the subjects was 30 (Mini - Max= 7 - 82) years, 25th and 75th percentile being 22 years and 45 years respectively. Most number of the patients (26.9%) belonged to the age group (20 - 29) years. Majority (63.4%) of the patients were married, 35.2% were unmarried and 1.4% widowed. Three fourths of the patients were educated to various levels. (Table 1)

Table 1: Socio-demographic profiles of 1st contact Psychiatric out-patients

Characteristics	Categories	No. (%)
Sex	Female	82 (56.6)
	Male	63 (43.4)
Age (in years)	< 20	30 (20.7)
	20- 29	39 (26.9)
	30- 39	27 (18.6)
	40- 49	23 (15.9)
	50- 59	12 (8.3)
	≥ 60	14 (9.6)
Marital status	Married	92 (63.4)
	Single	51 (35.2)
	Widow	2 (1.4)
Education	Illiterate	37 (25.5)
	Primary	17(11.7)
	Lower secondary	24(16.6)
	Secondary	38 (26.2)
	Higher secondary	18 (12.4)
	Higher	11 (7.6)
Total		145 (100)

In this study, there were clients of various caste/ethnic groups which included: Janajati (35.2%), Brahmin/ Chhetri (30.3%), Madhesi (22.1%), Dalit (8.3%), Muslim (3.4%) and Others (0.7%) following different religions like: Hindu (80.7%), Kirat (11%), Muslim (3.4%), Buddhist (3.4%) and Christian (1.4%). They were from different districts of Nepal and also from neighbouring borders of India. They belonged mainly to Sunsari and nearby districts which were also the teaching districts of this institute though we had some patients from far away. Majority (42.8%) of the patients were from Sunsari district; followed by Saptari (11.0%), Jhapa (9.7%), Morang (7.6%), Siraha (4.1%), Dhankuta (4.1%), and 6.2% were from India, Bihar.

Majority of the patients came to the clinic with their father (15.5%); followed by their husband (14.7%), brother (10.9%) and sister (10.9%). The average age of the attendants was 35 (Min - Max= 16 - 71) years, 25th and 75th percentile being 27 years and 46 years respectively. Most number of the patients' attendants (28.7%) belonged to the age group (20 - 29) years. (Table 2)

Table 2: Socio-demographic profiles of Attendants of Psychiatric out-patients

Characteristics	Categories	No. (%)
Relationship to patients	<i>Came alone</i>	16 (11.0)
	Father	23 (15.9%)
	Husband	21 (14.5%)
	Brother	15 (10.3%)
	Sister	15 (10.3%)
	Mother	12 (8.3)
	Son	11 (7.6)
	Wife	7 (4.8)
	Daughter	7 (4.8)
	Others	18 (12.4)
Total		145 (100)
Sex	Female	49 (38.0)
	Male	80 (62.0)
Age (in years)	< 20	7 (5.4)
	20- 29	36 (27.9)
	30- 39	31 (24.0)
	40- 49	28 (21.7)
	50- 59	14 (10.9)
	≥ 60	13 (10.1)
Education	Illiterate	33 (25.6)
	Primary (1- 5)	15 (11.6)
	Lower secondary (6-8)	21 (16.3)
	Secondary (9, 10)	34 (26.4)
	Higher secondary (11, 12)	16 (12.4)
	Higher (> 12)	10 (7.8)
Total		129 (100)

More male figures accompanied with the patients in OPD (M: F: 62%: 38%). Majority (78.3%) of the attendants were educated to various levels: secondary (26.4%), higher

Table 3.1. Presenting Complaints of the Psychiatry out-patients (Overall out of responses of 145)

Symptoms related	Category	No. (%)
Other Physical Symptoms (dizziness, palpitations, weakness, movement related, injury, eye symptoms)	Other Physical	75 (51.7)
Anxiety (fearfulness, restlessness)	Anxiety	50 (34.5)
Aches (Except headache) and Bodily sensations	Bodily Aches	47 (32.4)
Sleep, Appetite and Other Somatic complaints (menses, libido)	Somatic	40 (27.6)
Headache	Headache	33 (22.8)
Mood related (sad, elevated, irritable, labile)	Mood	24 (16.6)
Impaired insight/ Denial of Symptoms	Insight	16 (11.0)
Consciousness and other cognition related	Cognitive	11 (7.6)
Memory and intelligence related	Memory and intelligence	10 (6.9)
Others (Decreased Energy, Orientation, Decreased Interest/ Enjoyment, Decreased Social Interaction and Decreased Function)	Others	10 (6.9)
Hallucinations	Hallucination	9 (6.2)
Suicidality/ Poisoning	Self harm	9 (6.2)
Substance Use	Substance Use	5 (3.5)
Thought, language and communication related problems	Thought	5 (3.5)
No response	No response	4 (2.8)

Table 4.1 Presenting Complaints according to the Attendants of Psychiatry out-patients (Overall out of responses of 129)

Symptoms related	Category	No. (%)
Other Physical Symptoms (eye symptoms, dizziness, injury, palpitations, weakness, movement related)	Other Physical	63 (43.4)
Anxiety (fearfulness, restlessness)	Anxiety	37 (25.5)
Sleep, Appetite and Other Somatic complaints (menses, libido)	Somatic	34 (23.4)
Behaviour related	Behaviour	32 (22.1)
Mood related	Mood	26 (17.9)
Thought, language and communication related problems	Thought	25 (17.2)
Aches (Except headache) and Bodily sensations	Bodily Aches	24 (16.6)
Headache	Headache	23 (15.9)
Suicidality/ Poisoning	Self harm	15 (10.3)
Memory and intelligence related	Memory and intelligence	12 (8.3)
Others (Decreased Energy, Orientation, Decreased Interest/ Enjoyment, Decreased Social Interaction and Decreased Function)	Others	12 (8.3)
Consciousness and cognition related symptoms	Cognitive	11 (7.6)
Hallucinations	Hallucination	11 (7.6)
Substance Use	Substance	9 (6.2)
Delusion and thought content related symptoms	Delusion	3 (2.1)
Impaired insight/ Denial of Symptoms	Insight	1 (0.7)

Table 3.2: Five rank Presenting Complaints of Psychiatry out-patients according to frequency.

Symptoms	1 st Symptom No. (%) / N=145	2 nd Symptom No. (%) / n=102	3 rd Symptom No. (%) / n=65	4 th symptom No. (%) / n=29	5 th symptom No. (%) / n=7
Other Physical	18 (12.4)	30 (20.7)	18 (12.4)	8 (5.5)	1 (0.7)
Anxiety	25 (17.2)	13 (9.0)	7 (4.8)	3 (2.1)	2 (1.4)
Bodily Aches	25 (17.2)	11 (7.6)	8 (5.5)	2 (1.4)	1 (0.7)
Somatic	13 (9.0)	16 (11.0)	6 (4.1)	4 (2.8)	1 (0.7)
Headache	20 (13.8)	8 (5.5)	5 (3.4)	0	0
Mood	3 (2.1)	8 (5.5)	6 (4.1)	7 (4.8)	0
Insight	16 (11.0)		0	0	0
Cognitive	4 (2.8)	5 (3.4)	2 (1.4)	0	0
Memory and Intelligence	2 (1.4)	3 (2.1)	4 (2.8)	1 (0.7)	0
Others	1 (0.7)	2 (1.4)	4 (2.8)	2 (1.4)	1 (0.7)
Hallucination	3 (2.1)	3 (2.1)	1 (0.7)	1 (0.7)	1 (0.7)
Self harm	8 (5.5)	1 (0.7)	0	0	0
Substance Use	1 (0.7)	1 (0.7)	3 (2.1)	0	0
Thought	2 (1.4)	1 (0.7)	1 (0.7)	1 (0.7)	0
No response	4 (2.8)	43 (29.7)	80 (55.2)	116 (80.0)	138 (95.2)

secondary (19.4%), higher (12.4%), lower secondary (11.6%) and primary (8.5%).

Most of the patients complained of Other physical symptoms (eye symptoms, dizziness, injury, palpitations, weakness, movement related) (51.7%). (Table 3)

The most common complaint according to the attendants was Other physical symptoms (eye symptoms, dizziness, injury, palpitations, weakness, movement related) (43.4%). Following Somatic, Anxiety and Bodily aches, Behavior related complaints were others as per the attendants. (Table 4)

Table 4.2. Five rank Presenting Complaints of Psychiatry out-patients' Attendants according to frequency.

Symptoms	1 st Symptom No. (%) / N=129	2 nd Symptom No. (%) / n=100	3 rd Symptom No. (%) / n=66	4 th symptom No. (%) / n=30	5 th symptom No. (%) / n=13
Other Physical	21 (16.3)	22 (17.0)	14 (10.9)	3 (2.3)	3 (2.3)
Anxiety	18 (14.0)	10 (7.8)	6 (4.7)	2 (1.6)	1 (0.8)
Somatic	11 (8.5)	12 (9.3)	6 (4.7)	5 (3.9)	0
Behaviour	9 (7.0)	5 (3.9)	8 (6.2)	6 (4.7)	4 (3.1)
Mood	11 (8.5)	6 (4.7)	6 (4.7)	3 (2.3)	0
Thought	6 (4.7)	10 (7.8)	5 (3.9)	4 (3.1)	0
Bodily Aches	9 (7.0)	7 (5.4)	4 (3.1)	3 (2.3)	1 (0.8)
Headache	14 (10.9)	8 (6.2)	0	1 (0.8)	0
Self harm	12 (9.3)	1 (0.8)	1 (0.8)	1 (0.8)	0
Memory and intelligence	4 (3.1)	4 (3.1)	2 (1.6)	1 (0.8)	1 (0.8)
Others	2 (1.6)	6 (4.7)	4 (3.1)	0	0
Cognitive	6 (4.7)	1 (0.8)	4 (3.1)	0	0
Hallucination	2 (1.6)	4 (3.1)	3 (2.3)	1 (0.8)	1 (0.8)
Substance	3 (2.3)	3 (2.3)	3 (2.3)	0	0
Thought content	0	1 (0.8)	0	0	2 (1.6)
Insight	1 (0.8)	0	0	0	0
No complaint	0	29 (22.5)	63 (48.8)	99 (76.7)	116 (89.9)

Table 5.1. Presenting Complaints among Psychiatry out-patients according to Clinician (Overall out of reports for 145)

Symptoms related	Category	No. (%)
Other Physical Symptoms (eye symptoms, dizziness, injury, palpitations, weakness, movement related)	Other Physical	63 (43.4)
Sleep, Appetite and Other Somatic complaints (menses, libido)	Somatic	60 (41.4)
Anxiety (fearfulness, restlessness)	Anxiety	43 (29.7)
Mood related	Mood	26 (17.9)
Others (Decreased Energy, Orientation, Decreased Interest/ Enjoyment, Decreased Social Interaction and Decreased Function)	Others	22 (15.2)
Aches (Except headache) and Bodily sensations	Bodily Aches	21 (14.5)
Behaviour related	Behaviour	21 (14.5)
Consciousness and cognition related symptoms	Cognitive	17 (11.7)
Delusion and thought content related symptoms	Thought content	17 (11.7)
Headache	Headache	14 (9.7)
Memory and intelligence related	Memory and intelligence	13 (9.0)
Substance Use	Substance	13 (9.0)
Thought, language and communication related problems	Thought	13 (9.0)
Suicidality/ Poisoning	Self harm	13 (9.0)
Hallucinations	Hallucination	9 (6.2)
Impaired insight/ Denial of Symptoms	Insight	2 (1.4)

Table 5.2: Five rank Presenting Complaints of Psychiatry out-patients as noted by Clinicians

Symptoms	1 st Symptom No. (%) / N=145	2 nd Symptom No. (%) / n=109	3 rd Symptom No. (%) / n=63	4 th symptom No. (%) / n=34	5 th symptom No. (%) / n=13
Other Physical	25 (17.2)	21 (14.5)	8 (5.5)	8 (5.5)	1 (0.7)
Somatic	14 (9.7)	15 (10.3)	16 (11.0)	11 (7.6)	4 (2.8)
Anxiety	21 (14.5)	12 (8.3)	6 (4.1)	3 (2.1)	1 (0.7)
Mood	5 (3.4)	14 (9.7)	6 (4.1)	1 (0.7)	0
Others	5 (3.4)	5 (3.4)	7 (4.8)	1 (0.7)	4 (2.8)
Bodily Aches	7 (4.8)	9 (6.2)	5 (3.4)	0	0
Behaviour	3 (2.1)	8 (5.5)	6 (4.1)	2 (1.4)	2 (1.4)
Cognitive	9 (6.2)	5 (3.4)	0	2 (1.4)	1 (0.7)
Thought content	6 (4.1)	3 (2.1)	3 (2.1)	4 (2.8)	1 (0.7)
Headache	14 (9.7)	4 (3.1)	0	0	0
Memory and intelligence	6 (4.1)	5 (3.4)	1 (0.7)	0	1 (0.7)
Substance	7 (4.8)	4 (2.8)	2 (1.4)	0	0
Thought/ Language	8 (5.5)	1 (0.7)	2 (1.4)	1 (0.7)	1 (0.7)
Self harm	11 (7.6)	2 (1.4)	0	0	0
Hallucination	2 (1.4)	5 (3.4)	1 (0.7)	1 (0.7)	0
Insight	2 (1.4)	0	0	0	0
No complaint	0	36 (24.8)	82 (56.6)	111 (76.6)	129 (89.0)

ICD-10 Code	Diagnosis	No. (%)
F34, 38, 39	Depression, Recurrent Depressive Disorder, Dysthymia	27 (18.6)
F40-42	Phobia, Other Anxiety and Obsessive Compulsive Disorder	26 (17.9)
F20-29	Schizophrenia, schizotypal and delusional disorders	20 (13.8)
F10-19	Mental and Behavioural Disorders due to Psychoactive Substance Use	12 (8.3)
X60-X84	Deliberate Self Harm/ Suicide Attempts	10 (6.9)
	Seizure Disorder	10 (6.9)
F45	Somatoform Disorders	9 (6.2)
	No Diagnosis	9 (6.2)
F30-33	Mania, Bipolar Affective Disorder, Mixed	7 (4.8)
F43	Reaction to Severe Stress, and Adjustment Disorders	5 (3.4)
F44	Dissociative (Conversion) Disorders	4 (2.8)
F50-59	Behavioural Syndromes associated with Physiological Disturbances and Physical Factors	3 (2.1)
F70-79	Mental Retardation	2 (1.4)
F0-09	Organic, including symptomatic, mental disorders	1 (0.7)

The most common presenting complaints recorded by the clinician was Other physical symptoms (eye symptoms, dizziness, injury, palpitations, weakness, movement related) (43.4%). Somatic, Anxiety, Mood, Others, Bodily Aches, Behaviour, Cognitive and Thought content (e.g. delusion) related complaints were others as per clinicians. (Table 5)

The most common diagnosis made was Depression and recurrent depressive disorder (18.6%); followed by Phobia, anxiety and obsessive compulsive disorder (17.9%), and Schizophrenia, schizotypal and delusional disorders (13.8%). (Table 6)

DISCUSSION

B.P. Korala Institute of Health Sciences (BPKIHS) is a tertiary care teaching institute in eastern Nepal with daily OPD loads of 3500-4000 cases and bed capacity of 850, and is currently serving 10 districts as teaching districts.^{4,5} It has various psychiatric services including out-patient clinics with average daily loads of 80-120.⁶ Its psychiatry OPD has been the setting for the study of many aspects of mental health and disorders⁷⁻¹³ and this study focuses on the presenting complaints and diagnoses.

This hospital based study incorporated 145 consecutive cases in psychiatric out-patient setting who had visited the department first time and came in contact with investigators during study period.

In this study, age distribution showed mainly middle and young age group (21-40) which is similar to the studies done in same hospital by Shakya DR et al.,¹⁴ in India by Dhavale et al.¹⁵ and in UK by Kollen et al.¹⁶ Slight female preponderance among the psychiatry out-patients in present study is comparable with the finding of a previous study by Shakya et al. in same hospital.¹⁴ It might be because of larger female population, most of them staying home and more males working abroad. We have more married subjects than the unmarried. It might be because of better family support which led to help seeking.

In our study, most patients came with father and husband. This finding is consistent with a recent paper about psychiatry helpline service of the same institute.¹⁷ The mean age of the attendant was 35 years which is similar to the mean age of the patient. Male preponderance was seen among the attendants reflecting our patriarchal society; males mainly looking after outside activities.

In present study, we made an attempt to collect the presenting complaints, up to five in number, from all the subjects (as far as possible) and they were sorted out to the most relevant symptom or psychopathology category. We found that the physical and somatic symptoms are the most common presenting complaints among the psychiatric out-patients (despite of the fact that they had mental illness and they were seeking help in psychiatric out-patient clinic) according to patients, attendants and clinicians. This is seen in almost all five ranks and as per all the three sources of information, i.e. patients, attendants and clinicians. It is even more conspicuous if we combine all symptom categories of bodily origins, like: Other physical, Somatic, Bodily aches and Headache.

This is in concordance with the study done in the same setting by Shakya et al.¹⁴ Aches and bodily sensations, and anxiety symptoms were the first reported among the five symptoms overall. The attendants and clinicians, however, noticed the other physical symptoms like palpitations, dizziness, injury, weakness, eye symptoms and movement related symptoms to be among the first of the five; followed by the anxiety symptoms. As expected, the patients hardly complained of any behavioral symptoms, but the behavioral

changes were noticed by the attendants (22.1%) and clinicians (14.5%). This figure is large in comparison to the study done in the same setting by Shakya et al. among the referred patients, where abnormal behaviour was seen in only 8% patients.¹⁴ This might be because the previous study did not analyse the complaints in 3 subject groups as we did in this study. The somatic complaints like problems in sleep, appetite, menses and libido were common according to the patients, attendants and clinicians in the lower orders/ranks.

The diagnostic profile of the patients showed that most of them were suffering from depression and recurrent depressive disorder (18.6%), followed by phobia, other anxiety and obsessive compulsive disorder (17.9%). This finding is in concordance with the findings in the same hospital in a study done by Shakya et al.¹⁴ and in UK by Kollen et al.¹⁶ The preponderance of mood, mainly depression is also consistent with a large 1 year data of General hospital psychiatry out-patients from Addis Ababa.¹⁸ While arranged as per the ICD-10, the picture is similar to other studies of psychiatry out-patient clinic from western Nepal,¹⁹ eastern Nepal,²⁰ and also other SAARC countries like Pakistan.²¹ This study has 13.8% of the patients with the diagnosis of schizophrenia, schizotypal and delusional disorders, comparable to other studies,¹⁸⁻²². Substance use disorders, Seizure disorders and suicide problems made their remarkable presence in this psychiatry OPD study keeping with the previous studies.^{9,11-13}

Despite of short study period with small sample size, current study offers us good idea about how and with what sorts of symptom and diagnostic profile; people present in the setting of psychiatry out-patient department of a general hospital. Collaborative and longer period study is warranted for better picture.

CONCLUSIONS

Bodily, i.e. physical/somatic symptoms are the most common complaints among psychiatric out-patients according to the patient, their attendants and the clinicians. Common diagnoses in psychiatric out-patients are depression, recurrent depressive disorder, anxiety disorders and Substance use disorders. The proportion of patients with Schizophrenia, schizotypal and delusional disorders was also remarkable. There is a need to increase the awareness regarding the manifestation of presenting symptomatology of mental illnesses. It is lucid from current finding that bodily, i.e. physical/ somatic symptoms are quite common even among psychiatric patients. This deceptive nature/ manifestation of psychiatric disorders should be made clear to all, including public and health professionals.

CONFLICT OF INTEREST

None

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