

Psychiatric Morbidity Pattern in a Child and Adolescent Guidance clinic

Tulachan P^{1*}, Chapagain M², Kunwar AR³, Sharma VD⁴

Address: *1. Teaching Assistant, Department of Psychiatry and Mental Health, Institute of medicine 2. Lecturer, Department of Psychiatry and Mental Health, Institute of medicine 3. Associate Professor, Department of Psychiatry, Kathmandu Medical College & Teaching Hospital 4. Professor, Head of Department, Department of Psychiatry and Mental Health, Institute of medicine

Email *Corresponding author: prats38@gmail.com

Abstract

Introduction: There is a growing evidence of disabling mental illness among children and adolescents worldwide. The basic objective of the study was to study the socio-demographic characteristics and pattern of psychiatric disorders in children and adolescents attending the Child guidance Clinic of Tribhuvan University Teaching Hospital (TUTH) over a period of 11 months.

Material & Method: A retrospective study of the clinical profile of children and adolescent patients attending the Child and Adolescent Guidance Clinic of TUTH was done. Diagnoses were made according to the criteria given in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision.

Results: A total of 188 new cases were registered from 1st May, 2009 to 30th March, 2010. Significant (38.2%) number of them were in between 10-12 years with mean age of 9.79 ± 3.33 years and majority (n=113, 60.1%) were boys. Significant (25%) number of referral was from other out patient departments of TUTH, especially pediatric outpatient department (OPD). The commonest condition was mental retardation (26.4%), followed by somatoform disorders (20.5%) and attention deficit hyperactive disorder together with disruptive behavior disorder (14.5%).

Conclusion: The commonest psychiatric morbidity in patients attending a hospital based child and adolescent psychiatry OPD are mental retardation, somatoform disorders and attention deficit hyperactive disorder together with Disruptive Behavior disorder. This finding has to be taken with consideration that this is a retrospective study and study sample was limited to a hospital outpatient.

Key Words: Child Guidance Clinic, Psychiatry Morbidity, Mental Retardation

INTRODUCTION

All over the world, childhood and adolescent mental health has not received sufficient attention. Epidemiological studies have shown that there's growing evidence of disabling mental illness among children and adolescents worldwide. Prevalence of mental disorders among children has been reported to be 14-20%.¹ According to the World Health Report (2000), 20% of children and adolescents suffer from a disabling mental illness worldwide² and suicide is the third leading cause of death among adolescents.³ Recently, a literature search for epidemiological studies from 51 Asian countries has shown the general prevalence of childhood and adolescent mental health problems/disorders to be in the range of 10-20%.⁴

Studies reveal lack of attention to the mental health of children and adolescents may lead to mental disorders with lifelong consequences, undermines compliance with health regimens, reduces the capacity of societies to be safe and productive and even put an economic impact to the country.^{5-7,8} Therefore, it is imperative to develop an accessible and effective mental health service. However, lack of data on precise figures and pattern of diseases have made this task difficult.

Studies from neighbor country India have revealed the prevalence rates of 12.5% in 0-16 yrs community based sample from Bangalore, 9.4% in 8-12 yrs olds from a community sample in Kerala and 6.3% in 4-11 yrs old school children in Chandigarh.⁹⁻¹¹ Regarding pattern of psychiatry morbidity, studies in India have shown much variation. However, mental retardation, neurosis,

emotional and behavioral disorders and epilepsy formed the major groups of disorders.¹²⁻¹⁵ In Nepal, considering that under 18 populations constitute approximately 46.06% of the total projected population, we can imagine the magnitude of the problem in the country.¹⁶

Few surveys have been conducted in Nepal, the earliest study available is by Shrestha where he analyzed the data of a private clinic and found that children accounted for 8% (105) of his total patients.¹⁷ His study concluded that majority were suffering from mental retardation followed by neurosis and epilepsy.

Another study by Nepal et al found that majority of children attending the psychiatric OPD of TUTH were suffering from epilepsy.¹⁸ Regmi et al found children were 3.34% of the total outpatient population and more than half were suffering from mental retardation.¹⁹ Regmi et al found majority of children attending CGC (Child Guidance Clinic) were suffering from behavioral and emotional disorders (31.75%).²⁰ Similarly, another study by Pokharel et al found most of the patients were suffering from neurotic, stress related and somatoform disorders (26.74%).²¹

In developing countries like Nepal, child and adolescent psychiatric problems are very often neglected. There is a lack of specialized child psychiatric units and awareness regarding mental illness at community as well as at the level of medical practitioners and other health care providers. The objective of this study was to determine pattern of psychiatric morbidity among children and adolescent patients attending a Child Guidance Clinic of a tertiary care hospital.

MATERIAL AND METHOD

It was a retrospective analysis of case records. The case records included the history taken from the parents as well as the children. The detail demographics and diagnosis were obtained. Diagnoses were made according to the criteria given in the DSM-IV TR. Data analysis was done in SPSS (Version 11.5, SPSS Inc., and Chicago, USA) Results were presented as frequencies and percentages where required.

RESULTS

A total of 188 new cases comprising of 113 boys and 75 girls attended the child guidance clinic during the study period. Maximum children were in the age group 10-12 years (38.2%) and 7-9 years (24.4%), those under five years being comparatively less (16.9%). The mean age of the patients was 9.79 ± 3.33 years. The minimum age of the patient attending clinic was 2 years and maximum was 18 years. (Table. 1) The significant number of cases 47 (25%) were referred from Pediatric OPD of same hospital.

In the present study, 151 children and adolescents (80.3%) were suffering from psychiatric disorders and 19 (10.1%) were suffering from other disorders, while; no disorder

was detected in 18 (9.5%). Among the patients with psychiatric disorders, most of the patients were suffering from mental retardation (n= 40, 26.4%), followed by somatoform disorders (n= 31, 20.5%) and ADHD along with Disruptive behavior disorder (n= 22, 14.5%). Out of the patients suffering from disorders other than psychiatric disorders, majority 14 (73.6%) were suffering from epilepsy. (Table. 2)

Table I: Age Distribution of Children

Age Group(years)	MaleNo. (%)	FemaleNo. (%)	Total No. (%)
1-3	7 (6.1)	2 (2.6)	9 (4.7)
4-6	20(17.6)	3(4)	23(12.2)
7-9	29(25.6)	17(22.6)	46(24.4)
10-12	35(30.9)	37(49.3)	72 (38.2)
13-15	20(17.6)	15(20)	35(18.6)
16-18	2(1.7)	1(1.3)	3(1.5)
Total	113	75	188
Mean Age	9.79 ± 3.33		

Table II: Pattern of Psychiatric morbidity in Child Guidance Clinic

Classification		Disorder	No. (%)	% of Total
DSM IV-TR	Disorder usually first diagnose in infancy, childhood,or adolescence	MR	40(26.4)	21.2
		PDD	11(7)	5.8
		ADHD	19(12.5)	10.1
		CD/ODD	3(1.9)	1.5
		Tic Disorder	3(1.9)	1.5
		Separation Anxiety Disorder	1(0.6)	0.5
	Delirium	Delirium	1(0.6)	0.5
	Mental Disorders due to GMC	Mental Disorders due to GMC	1(0.6)	0.5
	Schizophrenia	Schizophrenia	1(0.6)	0.5
	Mood Disorders	MDD	6(3.9)	3.1
	Mania	1(0.6)	0.5	
Anxiety Disorders	OCD	1(0.6)	0.5	
	PTSD	2(1.3)	1.06	
	ASD	7(4.6)	3.7	
	Anxiety Dis. Nos	13(8.6)	6.9	
Somatoform Disorders	Somatoform Disorders	31(20.5)	16.4	
Sleep Disorders	Sleep Disorders	3(1.9)	1.5	
Adjustment Disorder	Adjustment Disorder	5(3.3)	2.6	
Other conditions that may be focus of clinical attention	Medication Induced Movement Disorder	1(0.6)	0.5	
	Bereavement	1(0.6)	0.5	
Total psychiatric disorders			151	80.3
Other	physical illness	OtherEpilepsy	14(73.6)	7.4
		CP	1(5.2)	0.5
		Migraine	3(15.7)	1.5
		Spasmodic Torticollis	1(5.2)	0.5
Total physical illness			19	10.1
None	No psychiatric or physical illness	No psychiatric or physical illness	18	9.5

DISCUSSION

Globally research literature on the childhood psychiatric disorders is scarce and there are only few studies in Nepal. In the present, there were no cases up to two years of age and under 5 years made 16.9% of cases only (Table 1), this is similar to what has been reported in other studies from Nepal.^{20, 21}

Predominance of males in our and other reports^{20, 21} could be due to gender based differential help seeking as more importance is given to boys in Nepal. Another reason for higher proportion of male registrations could be that boys have higher frequency of externalizing disorders which are more easily picked up. Significant number of the referrals had come from pediatric department which shows increasing awareness of pediatricians regarding child mental health.

The high prevalence (26.4%) of mental retardation in the present sample may be due to the need for issuing of medical certificates for disability benefit or the high prevalence of behavioral problems associated with mental retardation. Similar high prevalence has also been reported by Shrestha¹⁷ and Regmi et al.¹⁹ Mental retardation forming the commonest diagnosis is a good sign, considering the age group, at which the parents were able to recognize or suspect the abnormality (25% were within 6 years), and reached the psychiatrist. This reflects the increasing awareness about psychiatry. Such a healthy trend can go a long way in proper assessment, planning, training and future rehabilitation of the child depending on level of retardation. Also of note is lack of developmental pediatric services in Nepal for such children; who are often referred to psychiatrist for management.

Somatoform disorders made the second major group, was seen in 20.5% cases, an observation similar to that of Nepal et al and Pokharel et al.^{21, 18} There were more females than males. In our country, child rearing is more authoritative and free verbal expression of emotions in children, especially by girls is not encouraged which could lead to expression through conversion to bodily symptoms. It appears that there is a higher prevalence of dissociative (conversion) disorders in South Asian countries as compared to the west. Since the disorder has bodily manifestations, it is brought to medical attention more often.

The third major group comprised of ADHD and disruptive behavior disorder together (14.5%), high prevalence of behavioral and emotional disorder is in agreement with studies done by Regmi et al and Pokharel et al.^{20, 21} The significant proportion of children with epilepsy in a psychiatric clinic probably reflects the lay thinking that it is a psychological disorder and therefore, the parents take the child to the psychiatrist rather than the pediatrician. This also reflects the practice pattern of psychiatrist in Nepal, where traditionally seizure disorders have been managed by a psychiatrist due to lack of Neurologist.

CONCLUSION

The data presented and reviewed above gives us some estimates of the extent and the nature of psychiatric problems seen among children in Nepal. It is evident that there is considerable psychiatric morbidity which is likely to go up as the country is going through considerable changes (such as urbanization, impact of civil and worldwide crises involving children impacted by war, exploited for labor and sex, orphaned by AIDS, and forced to migrate for economic and political reasons). Therefore, this would call for much more attention to be given for creating awareness in public and health professionals and to augment the services for these patients. However one has to bear in mind that present study being exclusively hospital based and the data obtained is retrospective, provides only a window view to actual depth of the psychiatric problems in children in Nepal. Further prospective studies and community based studies are needed in this area.

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