



CODEN [USA]: IAJ PBB

ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

<http://doi.org/10.5281/zenodo.3554398>

Available online at: <http://www.iajps.com>

Research Article

**ASSESSMENT OF SOCIAL AND DEMOGRAPHIC TRAITS AND
DETERMINANTS OF DISEASE PATTERN AMONG
HOSPITALIZED PATIENTS**

¹Dr Hafiz Muhammad Umar Amin, ²Dr Farhana Rashid, ²Dr Farhat Ullah Khan,

¹Mayo Hospital Lahore

²Lady Reading Hospital, Peshawar

Abstract:

Background and Objective: There is an important role of the Inpatient therapy of the psychiatric patients for their better administration. There is very low amount of the beds available for the patients suffering from mental abnormalities in our country Pakistan. Some of the patients are in need of long stay in the hospital. The medical institutes are try to meet this need in our country. This research work aimed to assess the social and economic traits as well as to determine the pattern of disease with the therapeutic procedures in the hospitalized patients.

Methodology: The data about the DSM-IV identification, social and economic identification, whether they obtained pharmacotherapy or ECT, total period of the stay of the patients during hospitalization at the Psychiatry Department of the Mayo Hospital Lahore from January 2015 to November 2018 retrieved retroactively. All the information transferred to the collection form for data of the patients. Microsoft excel software was in use for the assessment of the collected information.

Results: In the duration of this research work, a sum of total sixteen hundred patients, 49.0% (n: 294) females and 51.0% (n: 306) males got admission to receive the treatment. Average age of the patients was 36.45 ± 12.74 . Regarding marital status, the patients with marriage and regarding the distribution of the occupation, there was dominancy of the housewives. Average period of the hospitalized stay of the patients in the clinic was 31.90 ± 27.30 days. In terms of diagnosis by the DSM-IV-R of patients, the major frequent diagnosis was disorder of mood in 33.0% (n: 198) patients, psychotic disorder present in 25.60% (n: 154) patients and disorder of anxiety in 19.0% (n: 114).

Conclusion: To evaluate the health institution's functionality and effectiveness of the provided services, it is necessary to collect, assess and interpret the data constantly and thoroughly. It supports to display the condition of the institution of the health care and it is also beneficial for the formulation of the policies in the healthcare field in whole country.

KEY WORDS: Psychiatric Patients, Health Care, Pharmacotherapy, Traits, Therapeutic, Disorder.

Corresponding author:

Dr. Hafiz Muhammad Umar Amin,

Mayo Hospital Lahore

QR code



Please cite this article in press Hafiz Muhammad Umar Amin et al., *Assessment Of Social And Demographic Traits And Determinants Of Disease Pattern Among Hospitalized Patients.*, Indo Am. J. P. Sci, 2019; 06(11).

INTRODUCTION:

Impatient treatment is the best option of the treatment of psychiatric patients. There are very less number of the psychiatry units in our country Pakistan who need long stay in the hospital. Now, many institutes are trying to meet this requirement. Therefore, health care services are providing the facilities to the flexible condition. The information of the social and demography, timely identification and therapeutic procedures of patients who are getting treatment are necessary to check the functionality of these institutes. This research work carried out in Psychiatry Department of Mayo Hospital Lahore. Patients present with all types of mental complications are getting admission in this institute for treatment. This research work aimed to assess the social and demographic traits, incidence of various types of mental disorders and therapeutic procedures of the patients who are getting treatment during their hospitalized stay in the psychiatry department.

METHODOLOGY:

We collected the data about the DSM-IV identification, social and demographic traits, whether they obtained pharmacotherapy or the ECT, total duration of the stay of the patients at the Psychiatry Department of Mayo Hospital Lahore from January 2015 to November 2018 retroactively. We reviewed all the medical files of the patients completely. We transferred all the collected information to the data collection form designed for this purpose by our investigator. SPSS software was in use for the assessment of the collected information.

RESULTS:

In the duration of this research work, a sum of six hundred patients got hospital admission to receive the treatment. The whole distribution of the stay in hospital by the years is present in the Table-1. This research work contained 49.0% (n: 294) females and 51.0% (n: 306) male patients.

| Year | Number Of Patients |
|-------|--------------------|
| 2015 | 152.0 |
| 2016 | 253.0 |
| 2017 | 122.0 |
| 2018 | 73.0 |
| Total | 600.0 |

The average age of the patients was 36.45 ± 12.74 . The average age of the males was 35.340 ± 12.7 and average age of the females was 37.230 ± 12.68 . There was dominancy of the married participants and housewives. The average stay of the hospitalization of the patients was 31.90 ± 27.30 days. Table-2 shows the distribution of social and demographic traits of the patients under hospitalization.

| Characteristics | | No | Percent |
|-----------------|--------------------|-------|---------|
| Gender | Female | 294.0 | 49.00 |
| | Male | 306.0 | 51.00 |
| Marital status | Married | 378.0 | 63.10 |
| | Single | 125.0 | 20.80 |
| | Widow | 97.0 | 16.10 |
| Occupation | Housewife | 198.0 | 33.10 |
| | Official | 132.0 | 22.00 |
| | Self-employed | 119.0 | 19.80 |
| | Blue-collar worker | 93.0 | 15.50 |
| | Other | 58.0 | 9.60 |
| Education | Illiterate | 73.0 | 12.20 |
| | Literate | 116.0 | 19.30 |
| | Primary school | 253.0 | 42.20 |
| | Secondary school | 121.0 | 20.10 |
| | University | 37.0 | 6.20 |

The major frequent diagnoses were disorder of mood in 33.0% (n: 154) patients, psychotic abnormality in 25.60% (n: 154) and disorder of anxiety in 19.0% (n: 114) patients in term of the diagnosis of the DSM-IV-R. Disorder of depression was present in 123 patients and disorder of bipolar affective constituted 38.0% (n: 75) patients made the most disorder of the mood.

| Diagnoses of the patients | No | Percent |
|----------------------------|-------|---------|
| Mood Disorder | 198.0 | 33.00 |
| Psychotic Disorder | 154.0 | 25.70 |
| Anxiety Disorder | 114.0 | 19.00 |
| Somatoform disorder | 69.0 | 11.50 |
| Personality disorder | 25.0 | 4.20 |
| Dissociative disorder | 18.0 | 3.10 |
| Organic mental disorder | 8.0 | 1.30 |
| Psychoactive substance use | 6.0 | 1.00 |
| Eating Disorder | 5.0 | 0.90 |
| Normal findings | 3.0 | 0.30 |

Among the psychotic disorders, 53.20% patients were schizophrenics, 18.70% patients were suffering from the disorder of the schizoaffective and 14.70% were suffering from delusional abnormality, 13.40% were from schizophrenia disorder. Total 96.80% (n: 581) patients obtained pharmacotherapy, 2.60% (n: 16) obtained ECT and 0.60% (n: 3) patients did not obtain any treatment. Regarding the pharmacotherapies, 50.20% (n: 354) obtained anti-depressants, 17.50% (n: 124) patients obtained anti-psychotics, 16.50% (n: 117) patients were on mood regulators, 12.30% (n: 87) patients got anxiolytics and 3.20% (n: 23) patients obtained anti-dementia medicines. Among the anti-depressants, Selective Serotonin Reuptake Inhibitors were 72.80%, atypical antipsychotics was responsible for 68.0%, among the patients on mood regulators, we gave lithium to 49.0%, benzodiazepines anxiolytics to 86.0% whereas 73.0% were getting anti-dementia medicines. Total 21.30% (n: 124) patients were present with combination treatment.

| Disorder | No | Percent |
|-----------------------------|------|---------|
| schizophrenia | 82.0 | 53.20 |
| schizoaffective disorder, | 29.0 | 18.70 |
| delusional disorder | 23.0 | 14.70 |
| schizophrenia form disorder | 20.0 | 13.40 |

DISCUSSION:

The inpatient treatment of the patient during their hospitalized stay suffering from mental complications is very important for the techniques of the psychiatric treatment. So, it is very useful to understand the condition of the patients. When we reviewed the associated research works, it displayed that the proportion of the hospitalized patients of female gender were from 39.10% to 52.70%. In this current research work, forty-nine percent patients were from female gender. In other research works, most of the patients were in the age group of 20 to 39 years of age. The reason of this matter may be that early sign of the

mental disorder appears in this span of age and psychosocial stresses are much dominant in this period of age. According to many other research works, most of the patients were married. This finding showed that being married does not give surety of no occurrence of mental complications. The profession's distribution of the patients getting treatment in the hospital showed the same results in various research works. We examined that the average stay of the patients in the hospital was much close to some other research works but greater than nine to eleven days as proposed in some case works. Up till now, the minimum duration of the hospital as stated in our country is 18.80 days.

In some other research works conducted in our country, average duration of the stay in normally between 20 to 30 days. There is report about the association between the reduced stay durations and high rate of incidence of re-hospitalization, especially for those patients who are suffering from schizophrenia. The main aim of the hospitalization of the mental patients are that there should be a detection of the most precise disorder or etiology, must be start of most suitable treatment and to support the patients to continue their functioning in the society in a better manner. There should be an avoidance to escape from the economical charges and proper treatment and long hospitalization stay is necessary to meet needs of the treatment. When we reviewed the diagnoses of patients under hospitalization, the findings were same with the other research works carried out in our country, Pakistan.

Pharmacotherapy is the 1st among all types of the treatments which are in application in our institute can be elaborated by current modifications in the biological psychiatry and its expediency for both physician and the patient. When we reviewed the obtained medication of the patients, concordant with data about this topic, whereas SSRIs and atypical anti-psychotics which are highly in use in current years take the 1st place, TCA's Tri-cyclic Anti-depressant and classical anti-psychotics are less frequently in use. Among the stabilizers of the mood, same to the medical practice of our country, there was 1st place of the lithium. This is the observation that new stabilizers of the mood are not able to take their place in our recent medical practice. We also discovered that among the options of treatment in our institute, there is no enough data about the psychotherapy practices in the available records in the files.

CONCLUSION:

The findings of this research work conclude that to evaluate the health care institution's functionality as well as effectiveness of the health care services, it is necessary to collect, evaluate and interpret the data regularly and completely. The gathering of the data from whole country regarding this matter may be very beneficial for the formulation of the policies of the health care field in the whole country.

REFERENCES:

1. Mulu, H., Hamza, L., & Alemseged, F. (2016). Prevalence of malnutrition and associated factors among hospitalized patients with acquired immunodeficiency syndrome in Jimma University Specialized Hospital,

Ethiopia. *Ethiopian journal of health sciences*, 26(3), 217-226.

2. Iftikhar, S., Sarwar, M. R., Saqib, A., & Sarfraz, M. (2018). Causality and preventability assessment of adverse drug reactions and adverse drug events of antibiotics among hospitalized patients: A multicenter, cross-sectional study in Lahore, Pakistan. *PloS one*, 13(6), e0199456.
3. Mohammed, A., Sheikh, T. L., Gidado, S., Poggensee, G., Nguku, P., Olayinka, A., ... & Uzoma, O. (2015). An evaluation of psychological distress and social support of survivors and contacts of Ebola virus disease infection and their relatives in Lagos, Nigeria: a cross sectional study— 2014. *BMC Public Health*, 15(1), 824.
4. Gedefa, B., Menna, T., Berhe, T., & Abera, H. (2017). Assessment of Risk Factors and Treatment Outcome of Stroke Admissions at St. Paul's Teaching Hospital, Addis Ababa, Ethiopia. *Journal of Neurology & Neurophysiology*, 8(03).
5. Yilmaz, A., & Dedeli, O. (2016). Assessment of anxiety, depression, loneliness and stigmatization in patients with tuberculosis. *Acta Paulista de Enfermagem*, 29(5), 549-557.
6. Herdman, M. T., Maude, R. J., Chowdhury, M. S., Kingston, H. W., Jeeyapant, A., Samad, R., ... & Hossain, M. A. (2016). The relationship between poverty and healthcare seeking among patients hospitalized with acute febrile illnesses in Chittagong, Bangladesh. *PloS one*, 11(4), e0152965.
7. Kashani, K., Macedo, E., Burdmann, E. A., Hooi, L. S., Khullar, D., Bagga, A., ... & Acute Disease Quality Initiative. (2017). Acute kidney injury risk assessment: differences and similarities between resource-limited and resource-rich countries. *Kidney international reports*, 2(4), 519-529.
8. Bearnot, B., Mitton, J. A., Hayden, M., & Park, E. R. (2019). Experiences of care among individuals with opioid use disorder-associated endocarditis and their healthcare providers: Results from a qualitative study. *Journal of substance abuse treatment*, 102, 16-22.
9. Sonda, T., Kumburu, H., van Zwetselaar, M., Alifrangis, M., Mmbaga, B. T., Lund, O., ... & Kibiki, G. (2018). Prevalence and risk factors for CTX-M gram-negative bacteria in hospitalized patients at a tertiary care hospital in Kilimanjaro, Tanzania. *European Journal of Clinical Microbiology & Infectious Diseases*, 37(5), 897-906.

10. Krumholz, H. M., Nuti, S. V., Downing, N. S., Normand, S. L. T., & Wang, Y. (2015). Mortality, hospitalizations, and expenditures for the Medicare population aged 65 years or older, 1999-2013. *Jama*, 314(4), 355-365.
11. Zacharias, M., Joffe, S., Konadu, E., Meyer, T., Kiernan, M., Lessard, D., & Goldberg, R. J. (2016). Clinical epidemiology of heart failure with preserved ejection fraction (HFpEF) in comparatively young hospitalized patients. *International journal of cardiology*, 202, 918-921.
12. Cheneke, W., Suleman, S., Yemane, T., & Abebe, G. (2016). Assessment of glycemic control using glycated hemoglobin among diabetic patients in Jimma University specialized hospital, Ethiopia. *BMC research notes*, 9(1), 96.
13. El-Sherbiny, N. A., Younis, A., & Masoud, M. (2016). A comprehensive assessment of the physical, nutritional, and psychological health status of the elderly populace in the Fayoum Governorate (Egypt). *Archives of gerontology and geriatrics*, 66, 119-126.
14. Tran, J., Norton, R., Conrad, N., Rahimian, F., Canoy, D., Nazarzadeh, M., & Rahimi, K. (2018). Patterns and temporal trends of comorbidity among adult patients with incident cardiovascular disease in the UK between 2000 and 2014: A population-based cohort study. *PLoS medicine*, 15(3), e1002513.
15. Karabulutlu, E. Y., Yarali, S., & Karaman, S. (2019). Evaluation of distress and religious coping among cancer patients in Turkey. *Journal of Religion and Health*, 58(3), 881-890.
16. Koller K, Hantikainen V. Privacy of patients in the forensic department of a psychiatric clinic: a phenomenological study. *Nurs Ethics* 2002; 9(4):347-60.
17. Pinals DA, Packer IK, Fisher W, Roy-Bujnowski K. Relationship between race and ethnicity and forensic clinical triage dispositions. *Psychiatr Serv* 2004; 55(8):873-8.
18. Mates JA. The optimal length of hospitalization for psychiatric patients: a review of the literature. *Hospital and Community Psychiatry* 1982; 33:824-8.
19. Allen JG, Tarnof G, Coyne L, Spohn HE. An innovative approach to assessing outcome of long term psychiatric hospitalization. *Hospital and Community Psychiatry* 1986; 37:376-80.
20. Liebermann PB, Strauss JS. Brief psychiatric hospitalization: what are its effects? *Am J Psychiatry* 1986; 143: 1557-62.
21. Heggstad T. Operating conditions of psychiatric hospitals effects of high patient turnover. *Acta Psyhiatr Scand* 2001; 103:196-202.
22. Shayo, F. K., & Lutale, J. (2018). Albuminuria in patients with chronic obstructive pulmonary disease: a cross-sectional study in an African patient cohort. *BMC pulmonary medicine*, 18(1), 125.
23. J Wams, E., K Wilcock, G., G Foster, R., & Wulff, K. (2017). Sleep-wake patterns and cognition of older adults with amnesic mild cognitive impairment (aMCI): a comparison with cognitively healthy adults and moderate Alzheimer's disease patients. *Current Alzheimer Research*, 14(10), 1030-1041.
24. Chase, J. A. D., Lozano, A., Hanlon, A., & Bowles, K. H. (2018). Identifying Factors Associated with Mobility Decline Among Hospitalized Older Adults. *Clinical nursing research*, 27(1), 81-104.
25. Akande-Sholabi, W., Adebuseye, L., & Olowookere, O. (2018). Potentially inappropriate medication uses among older patients attending a geriatric centre in south-west Nigeria. *Pharmacy Practice (Granada)*, 16(3).
26. Curtis, J. R., Sathitratanaheewin, S., Starks, H., Lee, R. Y., Kross, E. K., Downey, L., ... & Lindvall, C. (2018). Using electronic health records for quality measurement and accountability in care of the seriously ill: opportunities and challenges. *Journal of palliative medicine*, 21(S2), S-52.