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Out-Patients in Canada and Saudi Arabia : A Comparison of Two Clinic Samples

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ABSTRACT

Two outpatient clinic samples, in Canada and in Saudi Arabia, were compared. Each sample consists of 141 consecutive cases. It was shown that cultural differences, as well as differences in the availability and nature of medical and psychiatric services in the two countries have their effects on the demographical and the clinical data of the two samples. The two samples were found comparable in relation to major psychiatric disorders. Marital problems in the two samples are quite common. Somatization is more common in the Saudi sample. The physically sick role is more recognized than psychiatric illness in the Saudi culture. Alcoholism and posttraumatic neurosis are more common in the Canadian sample.

Many people live in extended families in Saudi Arabia.

INTRODUCTION :

Psychiatry acknowledges for most disorders a multifactorial origin, which must surely include aspects of the environment. It has been pointed out that crosscultural comparisons have a great potential for determining the relative significance of environmental factors. Nandi (1980) in a study of tribal and caste groups in India showed that

groups having different cultural patterns differed significantly in their rates of psychiatric morbidity, while those having similar cultural patterns showed no significant differences in their rates of psychiatric morbidity.

There are obvious cultural differences between Canada and Saudi Arabia. These are clearly seen in differences in family environment, social life, beliefs and traditions. In Saudi Arabia, family ties are stronger, and many people still live in extended families. The male and Father's roles are more recognized in Saudi Arabia. The woman's role is more passive and less independent in the Saudi culture, compared with the Canadian one. The two cultures differ in their group value systems and leisure time activities. There are differences in the availability and nature of psychiatric services between Canada and Saudi Arabia. The psychiatric services are significantly fewer in Saudi Arabia, compared with Canada. Until recently, there has been one large mental hospital in the city of Taif, which almost constituted the entire psychiatric inpatient services in the country. There are emerging inpatient psychiatric units in the main general hospitals in the capital city of Riyad.

METHOD :

In this study, two outpatient clinic samples were compared. The first in Brampton, Canada, and the second in Riyad, Saudi Arabia. The city of Brampton is the extension of the big city of Toronto, Ontario, Canada while Riyad is the capital city of Saudi Arabia. Each sample consists of 114 consecutive cases :

1. The first from outpatients and treated by the author in Brampton, Canada, in 1979.
2. The second from the outpatients seen and treated by the author in Riyad, Saudi Arabia, in 1981.

The comparison includes demographical and clinical data.

RESULTS & DISCUSSION :

TABLE I

Comparison of the Two Samples in Relation to Sex

Sex	Canada	Saudi Arabia
Male	49	64
Female	65	50
Total	114	114

TABLE II

Comparison of the Two Samples in Relation to Age

Age	Canada	Saudi Arabia
Less than 16	3	10
16 – 24	25	36
25 – 34	49	30
35 – 44	25	22
45 – 54	8	12
55 – 64	2	4
Over 64	2	0
Total	114	114

TABLE III

Comparison of the Two Samples in Relation to Marital Status

Marital Status	Canada	Saudi Arabia
Married	64	62
Single	26	45
Divorced or separated	5	5
Widowed	15	2
Common Law	4	0
Total	114	114

TABLE IV

Comparison of the Two Samples in Relation to Occupation

	Canade		Saudi Arabia	
Occupation	Male	Female	Male	Female
Executive	4	2	13	–
Clerical	9	18	15	5
Tech. worker	13	3	3	–
Worker	12	11	11	–
Student	3	2	17	8
Housewife		16		36
Retired	1	1	–	–
Unemployed	7	12	5	1
Total	49	65	64	50

TABLE V – a

Comparison of the Two Samples in Relation to Diagnosis

Diagnosis	Canada	Saudi Arabia
Senile Dementia	–	1
Mental retardation	2	1
Epilepsy	–	5
Physical disease	–	4
Psychotic depression	3	4
Schizophrenia	8	6
Total	13	21

TABLE V – b

Comparison of the Two Samples in Relation to Diagnosis

Diagnosis	Canada	Saudi Arabia
Neurotic depression	21	27
Anxiety state	13	18
Obsessional Neurosis	–	2
Post-traumatic neurosis	5	1
Somatization	4	22
Marital problems	23	13
Total	66	83

TABLE V – c

Comparison of the Two Samples in Relation to Diagnosis

Diagnosis	Canada	Saudi Arabia
Personality disorders	13	2
Alcoholism	16	–
Drug dependence	3	–
Sexual problems	2	3
Stammering	1	4
Hyperkinetic syndrome	–	1
Total	35	10

Each representative outpatient clinic sample in Canada and Saudi Arabia is composed of 114 consecutive patients. In relation to sex, there are more males than females in the Saudi sample compared with the Canadian sample. This may reflect the populations served, as there are many single students and foreign male workers without their families in the capital city of Riyad. In relation to age, there are more children under the age of 16 in the Saudi sample. This is attributed to the lack of child psychiatric services in Riyad.

In relation to marital status, there are more single people in the Saudi sample compared with the Canadian one. This would reflect the populations served in the two cities. Riyad is the capital city of Saudi Arabia with many workers and single students living in; while Brampton is a residential suburb of Toronto. There are more widowed people in the Canadian sample compared with the Saudi one. The state of widowhood is more psychologically traumatic, it appears, in Canada, because of the presence of extended families in Saudi Arabia, on which the widow or widower fall back on. A difference between the two samples, is the fact that the majority of females in the Saudi

sample are housewives. A few are students or doing clerical jobs. Most of the females in the Canadian sample are working. This is due to cultural differences. Females have only recently joined the working force in Saudi Arabia and only in certain areas.

Table V – a shows that 5 cases of epilepsy, and 4 cases of physical disease were included in the Saudi sample compared with none in the Canadian sample. The explanation is that there are inadequate neurological services in Riyad with cases of epilepsy frequently presenting to the psychiatrist. Table V – a shows the 2 samples to be more or less comparable with regards major psychiatric disorders, particularly in psychotic depression and schizophrenia.

There are significantly more cases of somatization in the Saudi sample, compared with the Canadian one 22/4 (Table V–b). Somatization includes hypochondriasis, conversion symptoms, and somatic symptoms as a coded message indicating frustration. The physically sick role is more recognized than psychiatric illness in the Saudi and developing countries cultures. Perhaps, also, frustration and unhappiness have been associated with pain during upbringing. Further many passive and dependent people find it difficult to talk and confront others in their frustrations in their interpersonal relationship; somatic symptoms therefore act as a coded message. This is seen more often in the females.

The higher incidence of posttraumatic neurosis cases in the Canadian sample compared with the Saudi one : 5/1 could be attributed to the more lengthy court proceedings in compensation claims in Canada than in Saudi Arabia, also psychiatric illness is more recognized as grounds for claims in Canada.

Marital problems constitute an important cause of unhappiness and referral to the psychiatrist in both samples, more so in the Canadian sample 23/13. The 13 Saudi cases are all women, while the 23 canadian cases are 15 women and 8 men. There are more persona-

lity disorder cases in the Canadian sample compared with the Saudi sample 13/2. This could be attributed to the buffer effect and tolerance of the extended families (Table V-c).

There are 16 cases of alcoholism in the Canadian sample compared with none in the Saudi sample. Alcohol drinking is prohibited by the Law of the land of Saudi Arabia. Alcoholics would obtain alcohol through illegal channels. Alcoholics wishing treatment may find it difficult to seek psychiatric treatment or to persist in it.

In both groups the majority of patients were referred by physicians; a few in each sample came by themselves, or were referred by other agencies.

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الموجـــــــز

مرضى العيادة الخارجية فى كل من كندا والمملكة العربية الســـــعودية
دراســـة مقـــارنة

أجريت مقارنة بين عينتين من مرضى العيادة الخارجية فى كل من كندا والمملكة العربية السعودية ، حيث تكونت كل عينة من ١١٤ حالة متعاقبة . وقد كشفت الدراســـة عن وجود اختلافات حضـــارية وكذلك اختلافات فى طبيعة ومدى اتاحة الخدمات الطبية والنفسية فى كل من البلدين مما ينعكس على البيانات الديموجرافية والاكلينيكية لكل من العينتين . وقد أمكن مقارنة العينتين فى الأمراض النفسية العظمى . ووجد أن المشاكل الزوجية متواجدة

بكثرة فى كل من العينتين ، اما الاعراض الجسمية فتكثر بين افراد المجموعة السعودية ، حيث يعترف فى المملكة العربية السعودية بدور المريض الجسمى اكثر من دور المريض النفسى . ويكثر ادمان الكحول وعصاب ما بعد الاصابة بين افراد المجموعة الكندية .

ABSTRAIT

Comparaison Entre Deux Groupes de Patients au Canada et en Arabie Seoudite.

Deux groupes de patients, presentant à la clinique, au Canada et en Arabie Seoudite ont été comparés. Chaque groupe était formé de 114 cas consécutifs. Nous avons trouvé que les différences culturelles ainsi que les différences dans la disponibilité et la nature des services psychiatriques et medicaux dans les deux pays éxercent leurs effets sur les données demographiques et cliniques des deux groupes.

Les deux groupes étaient comparable en ce qui concerne les troubles psychiatriques majeurs. Les problèmes maritaux étaient communs dans les deux groupes. La somatization était plus répandue dans le groupe Seoudite. La cluture Seoudite tend à reconnaitre plus la maladie physique plutôt que al maladie psychiatrique. L'alcoolisme et les neurose posttraumatique étaient plus répandus dans le groupe Canadien.