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Anxiety and Depressive Disorders among Users of a General Practice Clinic in an Industrial Community in Cairo

By : A.S. El-Akabawi and I. Fekri.

ABSTRACT

A random sample (N = 326) of a general practice clinic in a nationalized industrial organization in Cairo was studied. Patients diagnosed to have Anxiety or Depressive illness were screened for age, sex, marital, status, religious affilliation and type of job. Diagnosis relied on the descriptive criteria of the Egyptian Diagnostic Manual for Psychiatric Disorders, 1979. 68 'cases' were found to have either Anxiety Neurosis, (N =27), Depressive Neurosis (N = 38) or Involutional Melancholia (N = 3).

Rate of morbidity for the three diagnoses together was 21.4% for that community; for Neurotic Depression = 11.6%, for Anxiety Neurosis = 8.8% and for Involutional Melancholia = 0.9%. 82% of patients (N = 56) were in age group 26 – 55. Males (N = 60) outnumbered females (N = 8). 88% of cases were married (N = 60) while 12% were currently unmarried, (N = 8). 69% of them (N= 47) were in production jobs and 31% (N = 21) were in others. Differences in age and job were of statistical significance at $p < 0.05$, but sex and marital status differences were not.

In this paper, we present prevalance rates for anxiety and depressive disorders among users of a general health clinic in an industrial community, and socio-demographic profile of those patients.

METHOD :

Sampling :

The total number of workers in an industrial plant for dyes in Shubrah, Cairo was 1600. An on-site clinic offers daily medical services for all employees, backed up by a referral general hospital. The clinic is one of many similar industrial health clinics run by the Industrial Health Insurance Organization. The latter is a health delivery system that provides all levels of health care for the Nationalized Industrial Sector in Egypt. General practitioners are contracted on a sessional basis to provide primary care at the level of all factories.

A 20% random sample of the at risk population (N = 1600) served by the clinic, was drawn from attenders reporting sick, during a period of three months, April, May and June 1981. Randomization according to days of the week and numbers attending on selected days was done, using randomization tables (Kessel, 1962). 326 patient sample was thus selected.

Male preponderance was obvious, (M. = 266, F. = 60) with majority for both sexes in age group 26 – 55. 78% of population at risk were in production-type jobs (P.J.), the rest being in nonproduction supportive jobs (N. P. J.).

DIAGNOSIS :

A semi-structured psychiatric assessment schedule (Ps. A.S.) made of two parts-one in Arabic collecting complaints, other symptoms and historical data and a second in English being a check list for symptoms

and signs of psychiatric disorders – was used for each patient in the sample, (N=326). Description and validity of the Ps. A.S. is reported elsewhere, (El Akabawi et al., 1982).

One of the investigators (I.F.) interviewed all patients and collected diagnoses according to the Egyptian Diagnostic Manual for Psychiatric Disorders, 1979 (Egyptian Psychiatric Association).

Of the 326 case sheets, 68 patients were diagnosed either depressive neurosis, anxiety neurosis or involutional melancholia. All diagnosed cases were rated on either Hamilton Scales for depressed patients or Taylor Anxiety Scales for anxiety patients. This was done to confirm diagnosis and assess severity; it is reported elsewhere (El-Akabawi et al., 1982). Tests of statistical significance were done whenever plausible.

RESULTS

Diagnosed Cases :

68 Patients out of 326 sample were diagnosed; Depressive neurosis (N = 38), Anxiety neurosis (N=27) and Involutional melancholia (N=3).

Prevalence for the three diagnoses was 21.4%, for Depressive neurosis 11.6%, for Anxiety neurosis 8.8% and for Involutional melancholia 0.9%.

Age, Sex and Marital status :

– Neurotic depressive group : majority of patients (N=30 out of 38) were in age group 36–55, males (N=34) and married (N=35).

– Anxiety neurotic cases (N=27) : the trend in age distribution was slightly towards younger age, including 16 – 45 group. Married males were still the majority (N=22).

– For the three diagnoses, although the majority were males and married (N=60), it was not of statistical significance. Yet, differences in age distribution were significant at $P < 0.05$.

Type of job and Religion :

- In cases diagnosed Anxiety neurosis, numbers in production and non-production jobs were almost equal, 14 and 13 respectively.

- Of those who had depressions (N=41), the majority were production jobs (N=33). Only 8 patients were in non-production jobs and they were the Christians in the sample.

DISCUSSION :

This study as those done by Bremer (1951), Primrose (1962) and Kellner (1963) had the merit of establishing the denominator accurately. (A closed industrial population of 1600). Thus, a 20% random sample (N=326) made it possible to calculate the proportion of some psychiatric disorders among a population currently under care (Goldberg and Kessel, 1975).

Definition of the numerator (case) relied on clinical descriptions that were used by the first investigator to define caseness provisionally, thenceafter probable caseness was confirmed in a second stage by a consultant psychiatrist. The latter stage relied on use of descriptive diagnostic criteria to generate specific diagnoses.

Results of this study show a prevalence rate for minor depression in general practice similar to many studies in the West and Africa (Hankin and Oktay, 1979; Nadim and Younis, 1981). Prevalence in this study is close to prevalence from community surveys in African studies (Leighton et al., 1963 and El Akabawi et al., 1982). The demographic characteristics of the at risk population, being predominantly males, of age group 26–45 and in production jobs reflected on the diagnosed patient sample. But, statistically significant differences in age distribution confirmed findings of previous studies that depressions affect the older age group compared to anxiety (Roth and Slater, 1970).

The finding that type of job and religious affiliation are of significance in diagnostic distribution is probably due to :

1. Those in production jobs are under a specific stress of a tight time schedule and less interpersonal encounter than those in managerial and beaurocratic jobs in the same organization, to the effect that the sense of alienation in relation to work done is greater in them (Marcus, 1964).

2. Salary differences in the nationalized industrial sector are minimal between types of jobs, which might create feelings of degradation and low self esteem among those in production lines.

3. Cultural attitudes towards mechanization and relating to machines in an essentially peasant population turned into industrial workers might be responsible for a sense of estrangement in relation to the job.

4. Rapid rise of inflation rate and the influx of imported commodities during the 1970's in Egypt, reflected on the morale of those engaged in industry in the Nationalized Sector, to the effect that a sense of futility of what they are producing became a background mood. Added to that are the limited income in the public sector compared to what they could earn in a private workshop.

The interesting finding that none of the Christians in the sample had Anxiety neurosis is probably related to their being all in non-production supportive jobs. The latter compared to production ones, in the context of socio-economic changes in Egypt in the seventies, were the least to undergo turmoil of demand and role confusion.

Yet, because of notions in Christianity of the eternal sin and tendency to direct aggression inwardly, depression among Christians in the smaple is probably a sub-cultural mood reaction to social changes (Fromm, 1950). It is also probable that minority groups react to socio-economic and cultural stress more often with depression, as in Jews living in the West (Fernando, 1966).

CONCLUSION :

1. The sizeable proportion of psychiatric conditions (21.4%) among users of a general health clinic is a pointer for both planners of health services and educators to give more attention to training of general practitioners and provisions of psychiatric services to back up any primary health service.

2. The majority of patients being young males in production jobs necessitates a close liaison between top management in both industrial sector and the Health Insurance Organization.

3. In abesence of nation-wide community surveys which are expensive, one would hope to see more research in psychiatric morbidity in general practice, whether rural units, urban units or industrial health clinics. Such research endevours, which could be undertaken by postgraduate students in different universities, would build up a realistic estimate of mental health problems in Egypt.

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الموجـــــــز

القلق وامراض الاكتئاب عند رواد

عيادة عامة فى مجتمع صناعى بالقاهرة

تمت دراسة عينة عشوائية يبلغ قوامها ٣٢٦ شخصا من مرتادى العيادة الخارجية لمؤسســـــة صناعية مؤممة . وتم حصر المرضى الذين شخصت حالاتهم قلق أو مرض الاكتئاب من حيث العمر والنوع والحـــالة الاجتماعية والميول الدينية ونوع العمـــل . واعتمد التشـــــخيص على الخصائص الوصفية بدليل تشخيص الأمراض النفسية المصرى (١٩٧٩). وقد وجد أن ٦٨ حالة تعانى اما من القلق (٢٧ شـــخصا) أو العصاب الاكتئابى (٣٨ شخصا) أو السوداء الارتدادية (٣ اشخاص) .

وقد بلغ معدل الاصابة بالأمراض الثلاثة معـــا ٤ر٢١٪ فى هـذه الجماعة : ٦ر١١٪ للاكتئاب العصابى و ٨ر٨٪ لعصاب القلق ، و ٩ر٠٪ للسوداء الارتدادية . وكان متوسط العمر عند ٨٢٪ من المرضى (وعددهم ٥٦) بين ٣٦ و ٥٥ عاما . وزاد عدد الذكور (٦٠) عن الاناث (٨) .

وبلغت نسبة المتزوجين ٨٨٪ (ســتين مريضا) وغير المتزوجين حاليا ١٢٪ (٨ اشخاص) . وكانت نسبة من يقومون بأعمال منتجة ٦٩٪ (٤٧ شخصا) ويقوم ٣١٪ (٢٨ شخصا) منهم بأعمال اخرى . وقد وجد أن الاختلاف فى العمر والوظيفة ذو دلالة احصائية ب < ٥ر٠. أما الاختلافات فى النوع والحالة الاجتماعية فلم يكن لها دلالة احصائية .

ABSTRAIT

La Depression et l'Anxiété parmi les Malades Présentant à une Clinique de Pratique Général dans une Communauté Industrielle au Caire.

Un échantillon tiré au hazard (N=326) d'une clinique de pratique générale dans une organisation industrielle au Caire fut soumis a l'étude. Les malades diagnostiqués comme souffrant de dépression ou d'anxiété ont été examinés en ce qui concerne l'âge, le sex, l'état civil, la religion et le genre de travail. Les malades ont été diagnostiqués suivant le "Manuel Egyptien des Troubles Psychiatriques", (1979). 68 cas souffraient de neurose d'anxiété, (N = 27), Neurose dépressive, (N = 38), et mélancholie involutionelle (N = 3).

Le taux de morbidité pour les trois diagnostiques était 21.4% pour cette communauté; pour la neurose dépressive 11.6%, pour la neurose d'anxiété 8.8%, et pour la mélancholie involutionelle 0.9%. Les malades mâles (N = 60) étaient plus nombreux que les malades femelles (N = 8). 88% des cas étaient marriés (N = 60) et 12% non marriés (N = 8). 69% des cas (N = 47) occupés des postes de production. Les differences d'âge et de genre de travail étaient statistiquement significatifs 'P 0.05', tandis que les differences de sex et d'état civil ne l'étaient pas.

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Observation of Group Psychotherapy

By : Siham Rashed

ABSTRACT

The observer's role in group therapy is an important part in the training of the prospective group leader. Some of the important issues between leader and observer; patients and observer are discussed. Much flooded with feelings the observer needs post-group discussion with the leader and supervisor.

INTRODUCTION :

Observation of group psychotherapy is part of the training curriculum at the Postgraduate Center for Psychotherapy in New York and is considered a valuable learning experience for the prospective group therapist (Krasner **et al.**, 1964 and Levin and Kanter, 1964). The value of observers as aids in group therapy, lies chiefly in the fact that another person in addition to the therapist may notice events which the therapist missed (Nash and Stone, 1951). Limentati **et al.** (1960) agreed that, for both group, therapist and recorder, there is more provocation of anxiety, more resistance to continued involvement and greater difficulties in understanding issues and in dealing with them, than for individual therapist. The recorder, being flooded with feelings, must postpone his/her expressions until he meets the leader after the group session. Expressing these reactions to the leader is the essence of his function.

AIM OF THE WORK :

The aim of this paper is to discuss how the observer of group psychotherapy can be of benefit to the therapeutic process and how