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Psychiatric Morbidity among Attenders of Emergency Room in Ismailia General Hospital

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Abstract

Two hundred and fifty patients presenting to the emergency room in Ismailia General Hospital ,were screened in a two-step procedure for the presence of psychiatric symptoms. In the first step, the General Health Questionnaire (GHQ, 30) was used and in the second step, the Psychiatric Assessment Schedule (PAs) was used in a semistructured interview. Diagnoses were assigned according to DSM-III-R criteria. Results showed that 35.2% of the sample were positive on the GHQ and that all of them exhibited psychiatric symptoms and disorders. The most common major complaints were headaches 27.3%, breathlessness 21.6%, inability to walk 15.9%, chest pain 14.8%, sleep problems 9.1%, palpitation 7.9%, fatigability 7.9%. The most common psychiatric diagnoses were mood disorders 33%, somatoform disorders 30.7%, adjustment disorders 29.5%, anxiety disorders 3.4%, organic mental disorders 2.3%, and factitious disorders 1.1%. It is suggested that the use of a simple psychiatric rating scale in emergency room could be of help to general practitioners and that educational curriculum for non psychiatrists should emphasize acute psychiatric conditions. It is also advisable to implement a consultation liaison subspeciality in general hospitals.

Introduction Psychiatric disturbances in accident and emergency departments have attracted little attention from psychiatric services, although they constitute an area of interest in the epidemiological studies. Such studies proved that, there is a large number of psychologically determined attendances that impair the efficiency of accident and emergency department (*Salkovskis et al., 1990*).

Mayou and Hawton (1986) reviewed studies concerning the psychiatric presentation and morbidity of patients consulting emergency room and found that, there are high rates of psychiatric disturbances in patients seen in accident and emergency departments consistent with those observed in other medical settings.

Similarly, Bell et al., (1991) in a study of medical and surgical patients admitted to accident and emergency department in Middle Sex Hospital, London revealed that, (37%) were suffering from psychiatric disorders.

It is worth mentioning that, medical conditions may coexist with recognized psychiatric problems. Studies have shown that, (5 - 30%) of patients presenting to emergency room with self referred psychiatric complaints and already screened by staff members and referred for psychiatric evaluation have physical problems serious enough to affect the clinical picture and require treatment. The failure to consider those possibility in making differential diagnosis may lead to unnecessary delay in appropriate treatment, unacceptable patient suffering or even death (*Kaplan, 1993*).

Patients and Methods The prevelance of psychiatric disorders determined in this study were patients with cut-off point 7 and above in General Health Questionnaire, and the total psychiatric morbidity refers to all the GHQ positives.

A consecutive sample was taken (all patients attending the Accident and Emergency

department in the same chosen time and who fulfilled the selection criteria were screened).

A two-step procedure was applied in this study using two different psychiatric instruments. In the first-step, all patients were screened by the 30-item version of General Health questionnaire (GHQ-30) prepared and translated into Arabic by Prof.Dr. El-Akabawy.(1983).

In the second-step, positive patients were interviewed, using the semi-structured Psychiatric Assessment Schedule, (*El-Akabawy, 1983*) and diagnoses were assigned according to the revised third edition of the Diagnostic and Statistical Manual of Psychiatric Disorders (*DSM III R 1987*).

The two instruments were examined previously in several studies in Egypt and their validity was documented (*El-Akabawy, 1983*). In addition, there is growing evidence that GHQ can be used as a measure of severity that fairly accurately reflects changes in the severity of psychopathological states (*Ormel et al, 1990*).

Results In a total sample of 250 patients presenting to the A&E department of Ismailia General Hospital, 88 patients had a score of 7 or more in the General Health questionnare (GHQ) screening test, which represent 35.2% of the total sample.

Table (1) shows the different psychiatric diagnostic categories among GHQ positive patients. It is obvious that psychiatric disorders were presented as follows: Mood disorders 29 (33%), Somatoform disorders 27 (30.7%), Adjustment disordes 26 (29.5%), Anxiety disorders 3 (3.4%), Organic mental disorders 2 (2.3%) and lastly Facticious disorder 1 (1.1%).

Patients diagnosed as mood disorders (n-29), the majority 25 (86.2%) were suffering from neurotic depression or dysthymia, however, 3 (10.4%) fullfilled the criteria of major depression and only one (3.4%) was suffering from a depressive episode of bipolar disorder.

Patients diagnosed as Somatoform disorder (n-27) about two thirds of them 18 (66.7%) were diagnosed as Conversion disorder, Somatization disorders 6 (22.2%), Hypochondriasis 2 (7.4%) and lastly somatoform disorder 1 (3.7%).

Patients diagnosed as Adjustment disorders, (n-26), most of them 12 (46.1) showed mixed emotional features, with depressed mood 9 (34.6%), anxious mood 3 (11.6%) and lastly those who were diagnosed as Adjustment with physical complaints 2 (7.7%).

As regards patients with anxiety disorders (n-3), it was found that, those attending with panic disorder constituted the majority 2 (66.3 %), followed by Generalized anxiety disorder 1 (33.3 %)

As to the frequency of the major presenting complaints for GHQ positive group Table (2) shows that, the majority of positive patients 24 (27.3%) were presented with Headache, 19 (21.6%) were presented with breathlessness, 14 (15.9%) with inability to walk, 13 (14.8%) with chest pain, 8 (9.1%) with sleep difficulty, and 7 (7.9%) with palpitation.

Table (1): Psychiatric Diagnostic Categories among GHQ Positive Patients according to DSM-III-R

Psychiatric Disorders	No. of Patients	% of total No. of GHQ positive Patients	% of total No. of Sample
Mood Disorders	29	33.0	11.6
Anxiety Disorders	3	3.4	1.2
Adjustment Disorders	26	29.5	10.4
Somatoform Disorders	27	30.7	10.8
Factitious Disorders	1	1.1	0.4
Organic Mental Disorders	2	2.3	0.8
Total	**88**	**100**	**35.2**

Table (2): Frequency Distribution of Major Presenting Complaints in GHQ Positive Group (n = 88)

Complaint	No. of Patients	% of the total No. of GHQ Positive patients
Headache	24	27.3
Breathlessness	19	21.6
Inability to walk	14	15.9
Chest pain	13	14.8
Sleep Difficulty	8	9.1
Palpitation	7	7.9
Fatigability	7	7.9
Suicidal attempts	7	7.9
Fits	6	6.5
Abdominal pain	5	5.7
Fainting	4	4.5
Loss of speech	4	4.5
Numbness	4	4.5
Loss of vision	3	3.4
Dizziness	3	3.4
Back pain	2	2.3
Hiccough	1	1.1
Loss of appetite	1	101

Discussion The present study for psychiatric diagnostic categories among GHQ positive patients yielded that Mood disorders were (33%), Somatoform disorders (30.7%), Adjustment

disorders (29.5%), Anxiety disorders (3.4%) Organic mental disorders (2.3%) and factitious disorders (1.1%)

This pattern of psychiatric morbidity confirms the findings of other studies, e.g. El-Akabawy and Fekri (1985) found that, minor psychiatric disorders accounted for high prevalence rate and the major psychiatric disorders represented a low prevalence in his study of family practice settings of industrial community. Similar findings were also reported by Awad (1990) in general practice .settings in Ismailia governorate and Tantawy (1992) in Internal Medicine outpatient clinic of Ismailia GeneralHospital. This is also consistent with Okasha (1990) who mentiened that, mild depression is the most prevailing type of depression as regards the severity of depressive symptoms in community and medical settings surveys.

Analysis of the presenting major complaints for GHQ positive patients showed that, most of them attended the A&E department for somatic complaints as headache breathlessness and chest pain which constitute the most prevailent complaints.

It is obvious that, the process of ignoring or denying psychological symptoms while emphasizing the somatic concomitants of psychiatric disorders a discription applied for the term somatization as Lipowski (1988) mentiened is so much common in A&E department, a matter which is consistent with most of other studies in various medical settings. Awad (1990), Tantawy (1992) also, Chaleby (1984, 1986).

The relationship of psychiatric disorders and physical complaints are stressed by Goldberg and Huxley (1992) who confirmed that, there is a tendency for many patients to mask depression or anxiety with somatic symptoms. Moreover, several previous studies (*Goldberg, 1985; Ormel et al., 1990 ; Kirmayer, 1991*) reported that, about 80% of depressed or anxious patients present with exclusively somatic symptoms. Kirmayer et al., (1993) pointed out that, somatization is common in primary care and has been presumed to contribute to the diagnostic under-recognition of depression and anxiety.

Our findings revealed the importance of liaison and consultation aspect of psychiatric practice in medical settings this is particularly important in developing countries like Egypt and in rapidly urbanizing society like Ismailia where life stressors are enormously growing.

Basic elements of the psychological and psychiatric aspects of physical disorders, complaints and presentations are significantly important for the medical curriculum of undergraduates, postgraduates and residency training in other medical fields

Also, consultation psychiatry should be emphasized as part of psychiatric residency training. Moreover, psychiatric follow up services should be recommended for patients consulting A&E department frequently particularly when there is no organic basis for their complaints.

It would be helpful if a simple, easy to apply rating scale, is used to screen psychopathology and possible psychological disturbances.

The implication of our findings is that A&E department services could be abused by inappropriate referral, at the same time it can play a major role in providing quick and therapeutic treatment by reassurance offering appropriate services, therefore, psychiatric

service should collaborate with A&E staff to provide integrated health services.

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درجة الإضطراب النفسى بين المترددين على قسم الطوارئ بمستشفى الإسماعيلية العام

تم فحص ٢٥٠ مريضا من المرضى المتقدمين إلى غرفة الطوارئ بمستشفى الإسماعيلية العام على مرحلتين لإكتشاف وجود أعراض نفسية لديهم. إستخدم الباحثون أولا إستبيان الصحة العامة (GHQ 30) وفى الخطوة الثانية مقياس التقييم السيكياترى (PAS) فى سياق مقابلة شبه مقننة. وتم التشخيص وفقا لمحكات DSM-III-R.

بينت النتائج أن نسبة ٣٢,٥٪ من العينة حصلت على درجات إيجابية فى مقياس الصحة العامة. كما وجد أن كافة أفراد العينة لديهم أعراض وإضطرابات نفسية. وكانت أكثر الأعراض شيوعا هى الصداع (٢٧,٣٪) وضيق التنفس (٢١,٦٪) وعدم القدرة على المشى (١٥,٩٪) والآم الصدر (١٤,٨٪) وإضطرابات النوم (٩,١٪) وخفقان القلب (٧,٩٪) والإجهاد (٧,٩٪). أما أكثر الإضطرابات النفسية شيوعا فكانت إضطرابات المزاج (٣٣٪) والإضطرابات النفسية الجسمية (٣٠,٧٪) وإضطرابات التكيف (٢٩,٥٪) وإضطرابات القلق (٣,٤٪) والإضطرابات العقلية العضوية (٢,٣٪) وإضطرابات التصنع Factitious (١,١٪).

وتقترح الدراسة إستخدام مقياس نفسى مبسط فى غرفة الطوارئ ليساعد الممارس العام، وأن تركز المقرارات الدراسية للمهن الطبية المساعدة على إكتشاف الحالات النفسية الحادة. ومن المستحسن إقامة غرفة إستشارية نفسية فى المستشفيات العامة.