

ABSTRACT

A CROSS-SECTIONAL STUDY ON PSYCHIATRIC MORBIDITY AND QUALITY OF LIFE IN POST-STROKE PATIENTS IN A TERTIARY CARE CENTRE

AIM

To estimate the prevalence of psychiatric illness in post-stroke patients in a tertiary care centre.

OBJECTIVES

- To find out the variation in the sociodemographic profile in the post-stroke patients.
- To find the association of psychiatric illness with the side, site and type of lesion.
- To find the association of psychiatric illness with duration of illness and the number of episodes of stroke.
- To find the relationship of psychiatric illness with quality of life.

MATERIALS AND METHODOLOGY

SETTINGS:

This study was conducted in Department of Neurology at Chengalpattu Medical College and Hospital, Chengalpattu for a period of six months from March 2017 to August 2017. Out-patients, who were getting treatment from the Neurology Out-patient Department, were selected for the study. The study was approved by the Ethical Committee of this college.

SAMPLE:

Hundred consecutive patients, who fulfilled the inclusion and exclusion criteria, were selected for this study.

STUDY DESIGN:

Cross-sectional study

INCLUSION CRITERIA:

- Out-patients attending Neurology Out-patient Department with a diagnosis of stroke.
- Age above 18 years.
- Patients willing to provide consent.
- Diabetes and Hypertension.

EXCLUSION CRITERIA:

- Patients not willing to provide consent.
- Terminally ill patients.
- Patients with history of psychiatric illness and substance use disorders.
- Other neurological and neurodevelopmental disorders.
- Other chronic medical and surgical illnesses.

INTERVIEW:

All participants were selected consecutively, who attended Neurology Out-patient Department. Written informed consent was obtained from all the participants. All the participants were interviewed, along with their attenders. Sociodemographic profile and the history of the illness was obtained. Family history of psychiatric illness, substance use and stroke were enquired. Quality of life and presence of psychiatric illness was also assessed using the appropriate questionnaire.

INSTRUMENTS USED:

- Semi-structured proforma
- ICD-10
- MINI International Neuropsychiatric Interview(MINI)
- World Health Organisation Quality of Life Inventory (WHO-QOL BREF)

SUMMARY AND CONCLUSION

In our study, where 100 patients participated, male represented 59% and the total prevalence was 38%. Among the psychiatric illnesses, depression was found to be the commonest with a prevalence of 18% and the second is generalized anxiety disorder with a prevalence of 8%. Next in order are mixed anxiety disorder 5%, dementia 3% and psychosis 2%.

Age group between 50 years to 70 years were affected the most with 76%. Male gender represented 57.89% of the total psychiatric morbidity. Patients hailing from the rural areas contributed towards 64.31% prevalence. Patients belonging to lower socio-economic status contributed to 65.78%. Patients who had no or little education had a representation of 73.68%. In our study, three-fourth of the patients (73.68%) were unemployed which reflects the devastating effects of the stroke.

Regarding the side of lesion, 57% had right side lesion. Depression is common in the left hemisphere lesions. Anxiety disorder is common in right hemisphere lesions. 71.05% had ischemic type of lesions. Almost all disorders are common in ischemic strokes, except for psychosis which is common in hemorrhagic strokes. Patients who had long duration of illness and more number of episodes of stroke are prone to get psychiatric illness. Quality of life is poor in all the four domains namely physical health, psychological health, social relationships and environmental domains.

To conclude, this study reveals that psychiatric disorders are highly prevalent in patients with stroke, with depression being the most common psychiatric disorders among them. The quality of life is poor in post-stroke patients. Early recognition and treatment of psychiatric illnesses may decrease the economic burden on the patients and their families. Emotional issues which

were largely neglected in the post-stroke patients has to be addressed. Further studies have to be done to know about the longitudinal course of the illness and the characteristics of psychiatric illnesses.