

A STUDY OF DISABILITY IN MAJOR MENTAL ILLNESS IN IN-PATIENTS AND OUT-PATIENTS IN A PSYCHIATRIC HOSPITAL

ABSTRACT

INTRODUCTION:

Disability is complex, multidimensional and dynamic, so defining disability is difficult. According to World Report on Disability 2011, Schizophrenia and BPAD feature in the top twenty causes of moderate to severe disability worldwide. Mental illness accounts for the 2.7% of the disabled population by type of Disability in India.

Only few well-documented studies are there to determine the prevalence and pattern of mental disability. There are no community-based studies using 'Indian Disability Evaluation and Assessment Scale' (IDEAS) for assessment of mental disability, but there are some hospital-based studies among mental illness patients to assess mental disability using IDEAS. Information on disability is an important component of health information and has become important in measuring disease burden, in evaluating the effectiveness of health interventions and in planning health policy.

AIM:

To evaluate the nature of disability in the study groups using IDEAS and to compare the degree of disability with the severity of the disorder. Secondly, to evaluate the quality of life and correlate with disability.

MATERIALS AND METHODS:

The study was conducted in Institute of Mental Health, Chennai, a tertiary care psychiatric hospital. It was a cross-sectional study, conducted for a total duration of 6 months from March 2017 to August 2017. A total of 100 subjects were taken using consecutive sampling, including 25 Schizophrenia out-patients and 25 in-patients and similarly 25 BPAD out-patients and 25 in-patients. Subjects above 18 yrs of age meeting the ICD 10 diagnostic criteria for Schizophrenia or Bipolar Affective Disorder were included. Subjects with chronic disease, mental retardation, organic brain disease, substance dependence or any other psychiatric comorbidity were excluded. Data collected and diagnosis was confirmed using scan. PANSS or YMRS used to assess disease severity for schizophrenia and BPAD respectively. Disability was evaluated using IDEAS. WHOQOL-Bref used to evaluate quality of life.

STATISTICAL ANALYSIS:

The results were tabulated and analyzed using the IBM SPSS Software version 20. Pearson correlation coefficients, ANOVA, Post-Hoc Test Bonferroni for Individual correlations.

RESULTS:

The majority of subjects were clustered in the 21-40 year age group in all the four study groups. Most of the patients in all groups were from urban background and 66% overall. In the Schizophrenia IP group 36% subjects were unemployed, 20% were unskilled workers. In Schizophrenia IP group 36% were unmarried and 8% were separated. 67% of subjects belonged to the Upper Lower Socio-Economic Status

(SES) overall. ANOVA showed that difference among groups of Global Disability score and all component domains were highly significant. Statistically significant correlations between IDEAS global score and PANSS-N and also with PANSS-G were noted. There was significant correlation between IDEAS-S scale and PANSS-N. Considering the BPAD patients, YMRS was significantly higher in in-patients compared to out-patients showing that disease was more severe in in-patients. Social and environmental quality of life has direct negative correlation to disability but physical and psychological quality of life was not significantly related to disability.

CONCLUSION:

Patients of Schizophrenia and BPAD are mostly young. The global disability due to Schizophrenia is more than in BPAD and more so in in-patients. IDEAS is a reliable scale to measure disability as it correlates with disease severity measured by validated disease severity scales. Disability in Self care is more when negative symptoms are prominent in schizophrenia. WHO QOL-BREF scale for quality of life is sensitive. Social and environmental quality of life is affected more with increasing disability due to mental illnesses.

KEY WORDS:

Disability, IDEAS, Schizophrenia, Bipolar Affective Disorder, Disease Severity.