Pattern of Psycho Geriatric Disorders In A Nigerian Outpatient Psychiatric Clinic.

P.O. Ajiboye and A.D. Yusuf

Dept. of Behavioural Sciences, College of Health Sciences, University of Ilorin, Ilorin, Nigeria.

Abstract:

Background: - Untreated mental illness among older adults has a significant impact on health, functioning and health service use and costs. For instance, late- life mental illness has been associated with impaired independent and community- based functioning, impaired cognition, poor medical and health outcome, high medical co-morbidity, increased disability and mortality, and compromised quality of life. Despite this, specialized psycho-geriatric services appear non-existent in Nigeria. The aim of this study was to determine the types of psychiatric disorders seen in elderly patients attending University of Ilorin Teaching Hospital (UITH), Ilorin Nigeria, psychiatric outpatient clinic over a five year period.

Method: A retrospective case note review of all patients aged 65 years and above who presented at the psychiatric outpatient clinic of University of Ilorin Teaching Hospital between January 2000 and December 2004 was carried out. Data collected included the clinical features of the patients at presentation, ICD-10 diagnoses, co-morbid medical disorders, type of treatment received, and outcome of treatment and socio demographic characteristics. Information on their caregivers was also extracted.

Results: - The total number of patients studied was 38 which accounted for about 6% of the total number of referrals to the outpatient psychiatric clinic during the study period. The mean age ± (S.D.) of the patients was 70.5(± 6) years. Four common diagnoses recorded were dementia (34.2%), schizophrenia (26.3%), delirium (10.5%) and paranoid psychosis (10.5%). Forty-two percent of the patients had co-morbid physical illness such as hypertension, Cerebrovascular accident and diabetes mellitus. Majority of the patients, 35 (92%) had pharmacotherapy as the main treatment. Fifteen (39.5%) became stable from the treatment received while treatment was not conclusive in 19 (50%) of the patients. Majority (39%) of the female patients had no formal education compared to (23.7%) of male patients. Patients' adult children (68%) and relatives (23%) were the main caregivers.

Conclusion: - This study recognises the need for the proper integration of mental health into primary health care system of the country and the need to train mental health care providers at that level of care to identify, provide basic intervention measures and refer when necessary, elderly patients with mental health problems to the tertiary level of care .Attitudes and beliefs of people toward mental disorders in the elderly also deserve investigation with appropriate public health education programme in place to increase awareness and knowledge of mental disorders in the elderly and the care of the disorders. It is also recommended that community- based and outreach services be established to facilitate a better monitoring and follow- up of patients that default outpatient clinic management. Identifying the psychological need of the caregivers for the elderly and rendering appropriate health services is equally advocated.

Keywords: Psycho geriatric disorders, Out-patient clinic, Caregivers, Pattern, Nigerian.

Introduction

Untreated mental illness among older adults has significant impact on health, functioning and health service use and costs [1] For instance, late-life mental illness has been associated with impaired independent and community- based functioning, impaired cognition, poor medical and health outcome, high medical co-morbidity, increased disability and mortality, and compromised quality of life. Projections in the developed countries is that the members of older adults with mental illness will more than double from 7 million in the year 2000 to 15 million in the year 2030 [2]. WHO document [3] reported that the developing countries are not left out of the explosion in the number of older adults. It stated that there were 580 million people in the world who are aged 60 years or older, with 355 million in developing countries and by the year 2020, there would be 1000 million elderly people with over

Corresponding Author

Dr P.O. Ajiboye
Department of Behavioural Sciences
College of Health Sciences
University of Ilorin, Ilorin.
Nigeria.
E- mail: poboye203@yahoo.com

700 million in developing world.

The elderly in our society are more susceptible to psychiatric disorders because of their vulnerability to major life event [4]. Also the pattern of illness in the elderly may be affected by functional, social, psychological and financial factors and may require the specific expertise of a geriatric department [5].

In Nigeria, information on the prevalence of psychiatric disorder in the elderly is limited and specialised psycho-geriatric services appear non-existent [6]. Also earlier works in this environment [4,6,7,8] had used 60 years as the cut- off point probably because of the notion that adverse socioeconomic factors coupled with high mortality limit the life-span of people in the developing countries [6] and because 60 years was the statutory pensionable age in the country where one of the studies was carried out[4]. Turkson et al in a retrospective case note review of patients aged 60 years and above, over a 5 year period, studied a total of 35 patients[4] and Mafullul et al also studied a total of 79 cases in a retrospective case note review over a 4 year period[6]. The remaining two other studies were prospective hospital based psychiatric morbidity study of elderly patients, aged 60 years and above admitted into non- psychiatric wards of a Nigerian Teaching hospital [7] and community based cross sectional study of elderly patients, aged 60 years and above [8]. The authors of these studies [7,8] did not state in clear terms why they chose a cut- off age of 60 years and are methodologically different from [4,6]. Based on the assumption that with improved nutrition, socio- economic conditions and advances in medical science, there is reduction in morbidity and mortality and more people in the developing countries could live to the age of 65 years, and with the WHO report [3] that the developing countries are not left out of the explosion in the number of older adults a cut- off age of 65 years was used in this study. The aim of this study was to determine the pattern of psychiatric disorders seen in elderly patients aged 65 years and above attending a psychiatric outpatient clinic in Nigerian Teaching Hospital, to explore factors that affected their management and to determine who bore the burden of caring for them.

Subjects and methods: A retrospective case note review of all patients aged 65 years and above who presented at the psychiatric outpatient clinic of University of Ilorin Teaching Hospital (UITH), Ilorin, Nigeria, between January 2000 and December 2004 was carried out.

UITH is a major health institution located in Kwara state, north- central Nigeria. It provides the health services to the state as a whole and also serves as a tertiary referral centre for towns and villages in the neighbouring states.

Using the outpatient clinic register, the hospital numbers of all patients that presented at the adult outpatient psychiatric clinic between January 2000 and December 2004 were retrieved. The numbers were then used to trace the case notes of all the patients from the Medical Record Department of the hospital. Total number of patients referred to the outpatient clinic during the study period was also determined. Information extracted from the case notes were entered into a proforma.The information included sociodemographic variables, main clinical features at presentation, ICD-10 diagnoses, co-morbid physical disorders, type of treatment given to the patients, outcome of treatment and information concerning their caregivers. All patients with incomplete data were excluded from the study. Data extracted were analyzed using SPSS 11 soft ware for windows.

Results:

Demographic Data

The total number of patients referred to the outpatient clinic during the 5 years under review was 643(Table 1).

Table 2 shows the demographic variables of the elderly patients seen during the year under review. Forty- four case notes were retrieved; six patients (3 males and 3 females) had incomplete data and were excluded from the study. Thirty eight (20 males and 18 females) had complete data and this accounted for about 6% of the total referral for the 5 years under study. Their mean age ± (SD) was 70.0 ± (6.0) years. Majority of the patients (47.4%) were within the age range 65-69 years. Twenty four patients (63.2%) had no formal education. Adult children of patients constituted the caregivers of 26(68.4%) of the patients.

ICD-10 Psychiatric Diagnoses

The ICD- 10 diagnoses are shown on table 3. Dementia and schizophrenia were the two most common diagnoses, 34.2% and 26.3% respectively. Four patients 10.5% had paranoid psychosis and another 10.5% had delirium secondary to various physical illnesses. Conditions such as generalised anxiety disorders, alcohol abuse and acute dystonia of unknown origin accounted for another 10.5%.

Nature of co-morbid physical illness

Forty two percent of the patients had co-morbid physical illnesses such as hypertension, diabetes

Table 1: Referral to the outpatient psychiatric clinic between 2000 and 2004

YEAR	MALES	FEMALES	TOTAL
2000	40	33	73
2001	74	74	148
2002	74	101	175
2003	63	64	127
2004	65	55	120
Total	316	327	643

Table 2. Demographic characteristics

characteristics	**Male** N=20	**Female** N=18	**Total** N (%)
Age (yrs)			
65-69	6	12	18 (47.4)
70-74	7	5	12 (31.6)
75-79	2	1	3 (7.9)
? 80	3	2	5 (13.1)
Educational			
Status			
None	9	15	24 (63.2)
Primary	3	1	4 (10.5)
Secondary	4	_	4 (10.5)
Tertiary	3	2	5 (13.2)
Others	1	_	1 (2.6)
Occupation			
Farmer	3	3	6 (15.8)
Trader	3	5	8 (21.1)
Pensioners	6	2	8 (21.1)
Others†	8	8	16(42.0)
Caregivers			
Children	5	4	9 (23.7)
Relatives	12	14	26(68.4)
Others*	3	_	3 (7.9)
Religion			
Islam	7	7	14 (36.8)
Christianity	13	11	24(63.2)

† carpenters, brick layer, house wife, Tailor, night guard.
* Came to the clinic alone.

Table 3. ICD-10 Diagnoses according to sex.

Diagnoses	Male N= 20	Female N=18	Total N (%)
Dementia	7	6	13 (34.2)
Schizophrenia	4	6	10 (26.3)
Depression	3	-	3 (7.9)
Paranoid	2	2	4 (10.5)
Psychosis			
Delirium	2	2	4 (10.5)
Others	2	2	4 (10.5)

mellitus, peptic ulcer disease and partial recovery from cerebrovascular accident.

Mode of Treatment

Thirty five (92%) of the patients received pharmacotherapy as the main treatment, 2(5.3%) received both pharmacotherapy and psychological therapy, while 1(2.6%) received only psychological therapy.

Outcome of Management

Fifteen (39.5%) were stable as at the last contact they had with the psychiatric clinic, treatment was not conclusive in 19(50%) because they defaulted treatment. Three (7.9%) of the patients had no remission and were still receiving treatment. One (2.6%) of the patients possibly died from a co-morbid physical illness.

Discussion:

The report of this study is based on thirty-eight patients aged 65 years and older and this accounted for about 6% of the total referrals to the outpatient psychiatric clinic during the study period. This number appears small and may not represent the true mental health status of the older population attending this outpatient clinic. Some possible explanations for the small sample size would include a higher cut off age of 65 years used as the inclusion criteria in this study which could have reduced the number of patients included in the study. This is higher than the cut off age of 60 years used in previous studies carried out in Ghana [4] and this country [6, 7, 8]. Though the finding of one of the studies [4] that reported studying a total of 35 patients in five years is comparable to this study but differs from [6] that studied a total of 76 patients in 4 years. The two other studies [7, 8] are methodologically different from this study and there may be no basis for direct comparism with them.

Other reasons for the small sample size would include the problem of incomplete data resulting from the retrospective design of the study and frequent industrial actions in the heath sector which was very rampant during the period under consideration in this study. The 38 patients reported in this study accounted about 6% of the total patients referred to the psychiatric out patient clinic during the 5 years under review and this is similar to the report of Mafullul et al [6] that reported that the 79 elderly patients reviewed by them, accounted for about 5.5% of all the referrals in 4 years reviewed by them..

We considered this sample size as a major limitation in this study and realised that on the strength of the sample size alone it may not be possible to make strong advocate for specialised psycho geriatric service for the elderly in our outpatient clinic.

On the other hand, the small sample size reported in this study may be in support of earlier reports that older adults historically underused mental health services and are less likely than younger and middle- aged adults to perceive a need for mental health care and may thus be less likely to seek help [1, 9]. Some of the possible reasons suggested for the reluctance of older adults to seek and continue with mental health care include physical frailty, transportation difficulties, isolation, stigma, and patient provider preferences [1, 9]. It is also possible that the few cases seen within the five year study period was a reflection of the low financial power of the elderly in Nigeria who a time depends on their children for their health care need. Therefore this may negatively influence their coming to the hospital. There is therefore the need for the proper integration of mental health into the primary health care system of this country and the training of mental health care providers at that level of care to identify, provide basic intervention measures and refer when necessary, elderly patients with mental health problems to the tertiary level of health care system. If this is done access to mental health care will be increased for the elderly patients in the community.

That (47%) of our patients were within the age range (65-69) years, might explain why dementia was the commonest diagnosis (34.2%), followed by schizophrenia (26.3%). One previous study [6] reported that the two most common diagnoses were dementia (26.6%) and paranoid state (17.7%) and another [4] reported depression (51.4%) and dementia (31.5%) as the two most common diagnoses. Baiyewu et al [10] in a study done in two nursing homes in Lagos reported that the commonest diagnoses were dementia in 11 out of 23 residents and depression in 4 residents. One thing that can be deduced from all these studies is that dementia is becoming more common than it was once thought in this environment. Advances in medicine are permitting many people to live to the age of sixty or more, with the result that the proportion of the world community over the age of 60 years is rapidly increasing [11]. Thus the practice in the past as reported by Prince [12], where less attention was given to dementia because it was considered to be a relatively uncommon condition because few persons survive into the age group at risk is over due for a review. Despite the high prevalence of late life mental illness and evidence for the efficacy of several pharmacologic and

psychotherapeutic intervention, mental illness in the elderly is under recognised and under treated [1,7] .There is therefore the need to formulate plan on how to increase knowledge of appropriate treatment for geriatric mental illness, device intervention measures and management plans for these disorders by mental health professionals with the support of the government.

Our findings also revealed that treatment was not conclusive in half of the patients because they defaulted treatment. This finding is significant and calls for investigation of the attitude and beliefs of people toward mental disorders in the elderly. Going by the fact that some of the mental disorders in the elder such as dementia has a deteriorating course and management may just be supportive and to slow down the rate of progression of the illness, it is possible that relatives and caregivers of these elderly patients could have been disappointed if their expectation of immediate cure or faster rate of recovery was not met and on the basis of that did not see any reason to continue with treatment and therefore withdrew their patients from the clinic. This negative attitude to the care of the elderly is one of the factors that could have influenced management outcome of the elderly patients negatively. There is therefore the need to assess underlying misconceptions, ignorance and unhelpful attitudes because an understanding of these will help to fashion out appropriate public health education programme to increase awareness and knowledge of mental disorders in the elderly and the care of these disorders. It has also been previously suggested that establishment of community- based and outreach services would facilitate a better monitoring and follow- up of patients that default outpatient clinic management [13].

We also found in this study that caregivers were mostly patient's adult children (68%) and relatives (23.7%). This finding agrees with Abdulraheem et al [14] who reported that in traditional African society like Nigeria, in all stages of development, the family is the major recognised institution as the sole source of care for the elderly. This is a positive factor in the care of the elderly in Africa because this implies few elderly patients with mental illness will be placed in nursing homes, which is a common practice in the developed countries. Most of these patients are often abandoned in the nursing homes with little or no support from their families and this exposes them to undue social isolation which further worsens the outcome of psychiatric management of the patients.

However, caring for the elderly can bring about great economic, physical and psychological burden on the caregivers. There is the need for more studies on the burden o f care of the elderly on their caregivers. If this is done their psychological needs could be detected and appropriate services could be designed to ameliorate the burden. It has been suggested that such studies should be used to assess the economic, social and psychological impact of caring for the elderly on the caregiver [12].

Forty two percent of our patients had co- morbid physical illness such as hypertention, diabetes mellitus, peptic ulcer disease and partial recovery from cerebrovascular accident. It has been suggested that medical co- morbidity can constitute a substantial source of burden in older patients with mental illness and could affect the treatment course and prognosis [15]. We are of the opinion that the presence of physical co- morbidity in our patient would have also influenced the outcome of their management negatively. The psychiatric patients in the older age group represent a particular high risk group for associated physical morbidity and thus a sub-population in need of special care [16].

Conclusion:

Although the small sample size and the retrospective design of the study are limitations, vital issues relating to the care of elderly with mental illness has been identified by this study. This study recognises the need for the proper integration of mental health into primary health care system of the country and the need to train mental health care providers at that level of care to identify, provide basic intervention measures and refer when necessary, elderly patients with mental health problems to the tertiary level of care .Attitudes and beliefs of people toward mental disorders in the elderly also deserve investigation with appropriate public health education programme in place to increase awareness and knowledge of mental disorders in the elderly and the care of the disorders. It is also recommended that community- based and outreach services be established to facilitate a better monitoring and follow- up of patients that default outpatient clinic management. Identifying the psychological need of the caregivers for the elderly and rendering appropriate health services is equally advocated.

References:

(1)Van Citters AD, Bartels SJ. A systematic review of the effectiveness of community based mental

health outreach services for older adults. Psychiatric Services. 2004; 55: 1237-49.

(2) Jeste DV, Alexopoulos GS, Bartels SJ, Cummings JL, Gallo JJ, Gottlied GL et al.Consensus statement on the upcoming crisis in geriatric mental health: research agenda for the next decade. Arch Gen Psychiatry. 1999; 56: 848-53.

(3) WHO. Ageing: Exploding the myths. WHO Ageing and health programme. Geneva. 1999. WHO/HSC/AHE/99.1:3-4.

(4) Turkson SNA, Asamah V.Common psychiatric disorders among the elderly attending a general psychiatric out patient clinic in Accra, Ghana: a five year retrospective study (1989- 1993). West Afr J Med. 1997; 16: 146-9.

(5) Davies KN. Changing patterns in the care of the elderly people. Br J Hosp Med. 1996; 56: 313-14.

(6) Mafullul YM, Ikwuagwu PU. Psychiatric disorders of old age in Jos, Nigeria. Nig Med Pract .1996; 31: 29-31.

(7) Uwakwe R. Psychiatric morbidity in elderly patients admitted to non- psychiatric wards in a General/ Teaching hospital in Nigeria. Int J Geriat Psychiatry. 2000; 15(4): 346-54.

(8) Uwakwe R. The pattern of psychiatric disorders among the aged in a selected community in Nigeria. Int J Geriat Psychiatry. 2000; 15(4): 355-62.

(9) Klap R, Unroe KT, Unutzer J. Caring for mental illness in the United States. A focus on older adults. Am J Geriatr Psychiatry. 2003; 11:517-24.

(10) Baiyewu O, Adeyemi JD, Ogunniyi A. Psychiatric disorders in Nigerian nursing home residents. Int J Geriat Psychiatry. 1997; 12: 1146-50.

(11) Waterson E.The care of the elderly in Zimbabwe. Central Afr J Med. 1982; 28: 278.

(12) Prince M. The need for research on dementia in developing countries. Tropical Medicine and International Health. 2000; 2: 993-1000.

(13) Ajiboye PO, Adelekan ML.A prospective analysis of in- patient consultation- liaison psychiatry in a Nigerian Teaching hospital. East Afr Med J. 2004; 81: 620-5.

(14) Abdulraheem IS, Olatiwon AWO. Socio-demographic characteristics of caregivers of elderly people in Ilorin metropolis, Nigeria. The Tropical Journal of Health Sciences.2003; 10: 18-22.

(15) Kilbourne AM, Cornelius JR, Han X, Haas GL, Salloum I, Conigliaro J et al. General medical condition in older patients with serious mental illness. Am J Geriat Psychiatry. 2005; 13: 250-4.

(16) Abiodun OA. Physical morbidity in a psychiatric population in Nigeria. Gen Hosp Psychiatry. 2000; 22: 195-9.