

Research Paper

## A Study on Medico Psychological Symptoms among Psychiatric OPD Patients

Dr. Somashekara K.<sup>1\*</sup>, Dr. Manjunatha P.<sup>2</sup>

### ABSTRACT

Psychiatric illnesses are often associated with medical conditions, significantly affecting patients well-being. This study aimed to investigate the medico-psychological symptoms among psychiatric OPD patients at HIMS Teaching Hospital, Hassan. A cross-sectional design was used, involving 47 patients aged 20-60 years. Demographic data and medical histories were collected, and patients were screened using the Medico-Psychological Questionnaire (MPQ) and diagnosed according to DSM-IV TR criteria. Statistical analysis was performed using SPSS software. Results indicated that 59.6% of patients were male, and neurotic disorders were the most common diagnosis (53.3%), with reactive depression being the most prevalent. Neurotic disorders were more frequent among illiterate, rural, and low-income individuals. The study concluded that neurotic disorders are prevalent, particularly among males from rural areas and lower socioeconomic backgrounds. Early intervention and increased awareness could improve outcomes for these patients.

**Keywords:** *Hysteria, Neurasthenia, Anxiety Neurosis, Reactive Depression and Obsessive-Compulsive Disorder*

**M**ental disorders are highly prevalent among medical patients. Several explanations have been offered. One explanation is a psychological reaction to distress imposed by a chronic medical condition, by a life-threatening condition or by the overall severity of illness. Another is a difference in clinical perception and behavior in which mentally disturbed patient may consider themselves more troubled by medical conditions and therefore more likely to seek medical help than a mentally healthy patient. A third possibility is the Somatisation disorder, depression with somatic features, hypochondriasis etc. presenting to medical OPD instead of Psychiatric OPD.

Measurement of psychiatric illness is important in the field of psychology and psychiatry. Commonest age to have psychiatric illness was 21-30 years (58.8%) and neurotic constituted the most common psychiatric diagnosis (44.6%), schizophrenia was the least common psychiatric (3.2%) in the patients attending medical OPD. Neurosis is a term referring to conditions characterized by certain mental and physical symptoms. As is known neurotic reactions as the commonest expression of family and an adaptive response to the stress and

<sup>1</sup>Post graduate student, Dept of Physiology, HIMS, Hassan, Karnataka, India.

<sup>2</sup>Assistant Professor, Dept of Psychology, KSOU, Mysuru, Karnataka, India.

\*Corresponding Author

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strain of life. They undoubtedly render the future adaptation of the individual difficult. As Catell (1950) puts it a clinically significant and unmistakable degree of neurosis exist in about 20% of our population, but an appreciably discomfoting degree of neurosis exists in only 5% and probably 1-2% is actually impelled to seek treatment (Bhatia, 1987).

Neuroses are among the most common of all psychiatric illnesses. Neurosis is a term referring to conditions characterized by certain mental and physical symptoms. As is known neurotic reactions are the commonest expression of faulty and unadaptive response to the stress and strain of life. They undoubtedly render the future adaptation of the individual difficult. Eysenck (1950) after studying 700 neurotic patients and several hundreds of normal's, administering tests of personality, has substantiated a general factor of neuroticism, which is normally distributed in the general population. He considers it as composite of both environmental and hereditary factors and that it is continuously distributed in the general population (Bharat Raj).

Neuroses have the following characteristics- (i) They are distressing to the person and regarded as Unacceptable and alien (ego-dystonic). (ii) The patient does not lose touch with external reality and behavior does not actively violate important social norms. (iii) The symptoms tend to be relatively enduring or recurrent unless effective treatment is obtained. (iv) The symptoms are not limited to temporary reactions to external stress. (v) There is no demonstrable organic ethology (Bhatia).

Although there are many approaches for measuring neuroticism like the objective tests, rating scales, projective tests, etc. In terms of economy, the questionnaire in spite of its limitations is decidedly advantageous (Bharat Raj, Shukla and Kumar). The advantages overweigh limitations. Administration, scoring and interpretation takes brief time and with the clinical population they have proved to yield highly reliable and valid data. The Medico psychological questionnaire (MPQ) is one such instrument which can be used as an effective aid. The whole questionnaire would take about 15 minutes for administration, scoring and interpretation.

**Statement of the Problem:** A study on Medico Psychological symptoms among Psychiatric OPD Patients.

### **Objectives of the Study**

- To study the prevalence of various neurotic disorders namely (a) Hysteria (b) Neurasthenia (c) Anxiety Neuroses (d) Reactive depression (e) Obsession-Compulsion disorder
- To assess the prevalence of neurotic disorders in males and females
- To assess the prevalence of neurotic disorders in different age groups
- To assess the prevalence of neurotic disorders in different locations – rural and urban
- To assess the prevalence of neurotic disorders across different literacy levels
- To assess the prevalence of neurotic disorders across different socioeconomic levels

### **Hypotheses**

- H<sub>1</sub>- Prevalence of neurotic cases is varied.
- H<sub>2</sub>-Prevalence of neurotic disorders is different in the two genders – male and female
- H<sub>3</sub>- Prevalence of neurotic disorders is different across age groups
- H<sub>4</sub>- Prevalence of neurotic disorders is different across different location

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- H<sub>5</sub>-Prevalence of neurotic disorders is different across literacy levels
- H<sub>6</sub>- Prevalence of neurotic disorders is different across different socioeconomic levels
- H<sub>7</sub>-Prevalence of hysteria differs according to gender and location.
- H<sub>8</sub>- Prevalence of neurasthenia differs according to gender and location.
- H<sub>9</sub>- Prevalence of anxiety differs according to gender and location
- H<sub>10</sub>- Prevalence of reactive depression differs according to gender and location
- H<sub>11</sub>- Prevalence of OCD differs according to gender and location.

### **METHODOLOGY**

After Institute Ethical Committee approval (IEC/HIMS/RR355/Dated 24-11-2022) the study was an observational cross-sectional study conducted in the department of psychiatry, on patients attending the Psychiatry OPD of HIMS, Teaching Hospital, and Hassan. Around 30-50(47) patients between the age group of 20-60 years who gave consent were selected randomly for the study. The study sample was selected after they were screened by psychiatrists for further psychological assessment to have an unbiased opinion regarding diagnosis.

The study population were assessed by using standardized medico psychological questionnaire (MPQ) (Bharat Raj, Shukla & Kumar, 1967). Individuals scoring high on neuroticism (scoring>46) were interviewed in detail and the diagnosis was done according to DSM-IV TR. For analysis of results sample was classified according to age 20-25, 26-30, 31-35, 36-40, 41-45, 46 and above. An individual who obtained scores between the limits of 17-45 were considered as falling within the normal range. Any individual who obtained a score of 16 or less were considered as emotionally stable and well balanced.

#### *Variables*

- Age
- Gender
- Location
- Literacy
- Socioeconomic status
- Neurotic symptoms

#### *Inclusion Criteria*

1. Individuals aged between 20-60 years.
2. Individuals residing in urban or rural areas.
3. Individuals identifying as either Male and female

#### *Exclusion Criteria*

1. Individuals aged <20 and >60 yrs.
2. Children were excluded from the study.
3. Individuals diagnosed with Psychotic disorders.

**Tool Description:** MPQ developed by Bharat Raj, Shukla TR and Kumar P (1967) was used to assess the neurotic symptoms of the participants. The reliability of MPQ has been obtained by the test-retest reliability method. The obtained scores on two occasions were correlated, the value being significant at 0.01 level of significance. The validity of the tool was established with other standardized independent test assessing the same.

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**Statistical Analysis:** Data obtained from the sample using MPQ were analysed using descriptive statistics and presented in the form of tables, figures, graphs wherever necessary using Microsoft office excel2007 and Jamovi Software.

**Statistical Methods Used-** mean (arithmetic mean), measure of variability, standard deviation for normally distributed data and median for skewed distribution. Descriptive statistics in Percentages. The confidence interval (CI95%) was examined. Chi square test was used for testing the statistical significance between two groups with normal distribution of data.

### RESULTS AND DISCUSSION

*Table 1; shows various sociodemographic parameters of the studied patients.*

	No of patients	percentage	Neurotic patients	percentage
<b>Age (in years)</b>				
20-25	9	19.1%	5	55.5%
26-30	7	14.9%	3	42.8%
31-35	6	12.8%	2	33.6%
36-40	3	6.4%	1	33.3%
41-45	6	12.8%	4	66.6%
>46	16	34%	10	62.5%
<b>Sex</b>				
Male	28	59.6%	16	57.14%
Female	19	40.4%	9	47.36%
<b>Literacy</b>				
<SSLC	4	8.5%	4	1%
SSLC	6	12.8%	3	50%
PUC	12	25.5%	4	33.3%
Degree	13	27.7%	3	23%
Illiterate	12	25.5%	11	91.6%
<b>SES</b>				
High	1	2.1%	1	100%
Low	40	85.1%	23	51.6%
Middle	6	12.8%	1	16.6%
<b>Residence/Locality</b>				
Urban	19	40.4%	7	36.8%
Rural	28	59.6%	18	64.2%

Table 1 shows more number of patients lie in >46 years of age group(34%) and neurotic patients are more in that age group(62.5%), more number of neurotic cases are seen in males(57.14%),illiterate(91.6%) with low socioeconomical status(51.6%) and rural people(64.2%).

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*Table 2; shows various psychological symptoms of studied patients.*

Neurotic symptoms among genders across locality	No of patients					Percentage
	Male	Female	Urban	Rural	Total	
Hysteria	12	7	5	14	19/47	40.4%
Neurasthenia	18	9	10	17	27/47	57.6%
Anxiety neurosis	18	10	11	17	28/47	59.6%
Reactive depression	17	13	10	20	30/47	63.8%
Obsessive compulsive disorder	15	7	6	16	22/47	46.8%

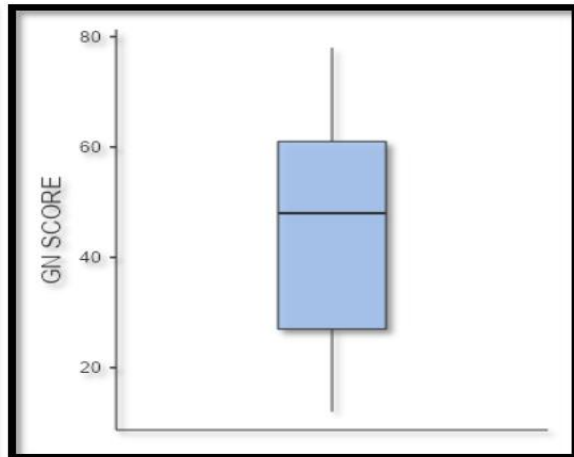
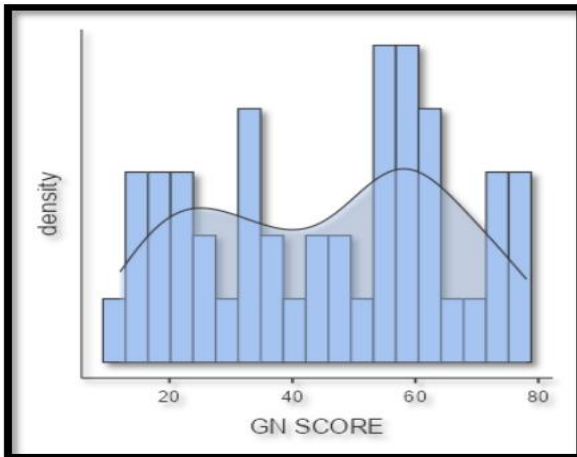
Table 2 shows 63.8% patients were suffering from Reactive depression followed by Anxiety neurosis(59.6%), Neurasthenia(57.6%), Obsessive-compulsive disorder(46.8%), Hysteria(40.4%) on symptoms presented in OPD out of the total cases studied, most of the symptoms are more in rural than urban people.

Descriptive							
	gender	literacy	SES	U/R	Married	GN Score	Age
<b>N</b>	47	47	47	47	47	47	47
<b>Missing</b>	1	1	1	1	1	1	1
<b>Mean</b>						45.5	38.8
<b>Std. error mean</b>						2.90	1.87
<b>95% CI mean lower bound</b>						39.8	35.1
<b>95% CI mean upper bound</b>						51.2	42.5
<b>Median</b>						48	36
<b>Standard deviation</b>						19.9	12.8
<b>Variance</b>						395	164
<b>IQR</b>	.	.	.	.	.	34.0	20.0
<b>Range</b>						66	40
<b>Minimum</b>						12	20
<b>Maximum</b>						78	60
<b>Skewness</b>						-0.0954	0.172
<b>Std. error skewness</b>						0.347	0.347
<b>Kurtosis</b>						-1.27	-1.15
<b>Std. error kurtosis</b>						0.681	0.681
<b>Shapiro-Wilk W</b>						0.941	0.939
<b>Shapiro-Wilk p</b>						0.019	0.017

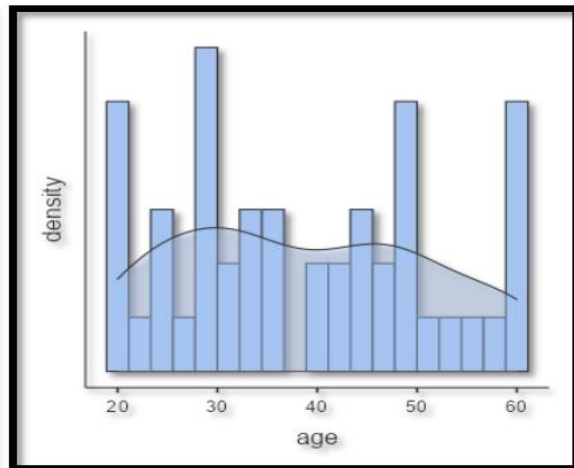
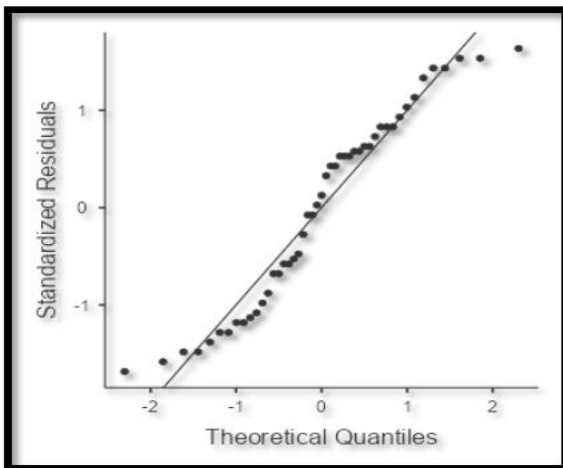
- P value is <0.05(tested is 0.019 for GN score, 0.017 for age) so study is statistically significant.
- P value for other demographic factors are >0.05 so for them study is not statistically significant (p value for gender is 0.980, for literacy 0.273, for SES 0.903, for locality is 0.200).

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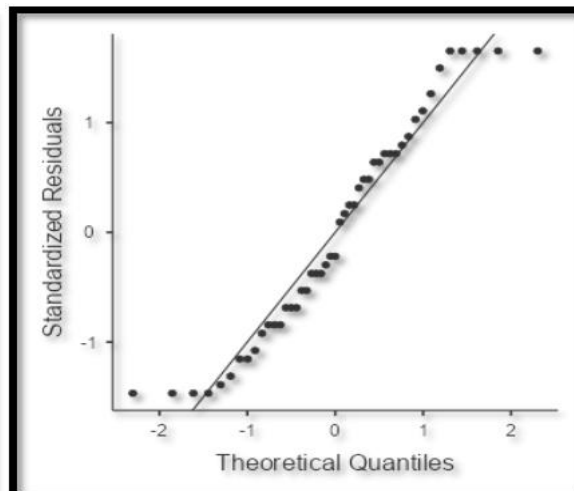
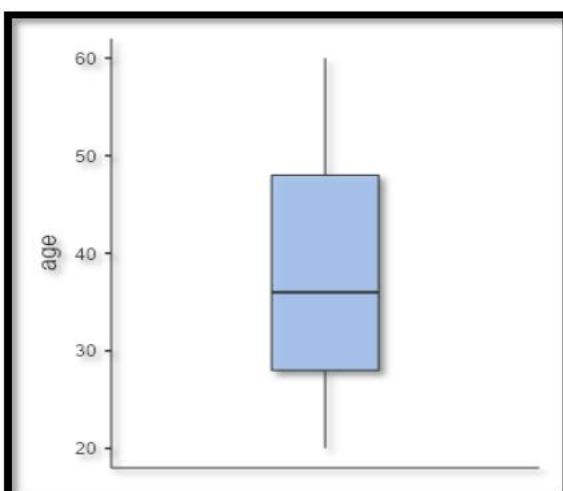
### GN SCORE



1. Histogram with density showing abnormally distributed score, but not much important as study sample is less than or equal to 50.
2. No outliers in box plot, so normally distributed.



1. Most of the cases lie in diagonal line in Q-Q Plot, so normally distributed.
2. Case distribution is uneven according to age in histogram with density.



1. No outliers in Box plot, so normally distributed.
2. Cases lie along diagonal line, so normally distributed.

## DISCUSSION

Neurotic disorders are among the most common of all psychiatric illnesses. Neuroses is a term referring to conditions characterized by certain mental and physical symptoms. In both developing and developed regions of the world, neurotic disorders are thought to impose significant disease burden due to their relapsing and remitting course which are well recognized as significant contributors of impaired health, disablement, impaired quality of life and increased consumption of health services. In India depressive neuroses is most common, whereas anxiety neuroses is most common in world.

A total of 47 cases from psychiatric OPD of HIMS Teaching Hospital, Hassan, were studied over a period of 4 months. According to scores obtained on Medico-psychological questionnaire (MPQ), Neurotic disorders were assessed and classified into different types with reference to the manual of the tool.

In this study depending on score obtained the cases are distributed into neurotic cases 25(53.3%) with score >46, normal zone cases 19 (40.4%) with score 17-45 and emotionally stable zone cases 3 (6.3%) with score < or = to 16.  $H_1$  was accepted as the prevalence of neurotic disorders was different. There were 59.6% males and 40.4% females in this study. Neurotic disorders were found to be more common in males than females (34%, 20% respectively), normal cases constitute (19% in males, 21% in females), and emotionally stable and well-balanced cases constitute 4% in males and 2% in females. Therefore,  $H_2$  was accepted as the prevalence of neurotic was different across genders.

Most Patients who had neurotic disorders fell in the age group >46 years (Males 14.9%, females 6.4%), illness is less often found in the age group of 36-40. Distribution of cases were greater in males >46 years, and in age range of 20-25 and 26-30. Where as females outnumber in age group 31-35. Neurotic cases in males are more than females. Case distribution in males is more than females according to age group. Hence  $H_3$  was accepted.

Out of these neurotic cases, 7 were from urban areas (14.8%), 18 from rural (38.2%), normal cases were 9 from urban (19.3%), 10 (21.2%) from rural location with 3(6.5%) being emotionally stable cases from urban location. Since neurotic cases in rural are more prevalent than in urban hypothesis  $H_4$  is accepted. Neurotic cases were more in males (34.4%) than females (19.2%) according to literacy, females (12.7%) outnumbered males (10.6%) in illiterates in neurotic cases, whereas males (23.4%) outnumbered in neurotic cases than females (6.4%) according to their literacy level. Since prevalence of neurotic disorders differed according to literacy levels,  $H_5$  was accepted.

Neurotic Cases were found to be 16 (34%) in males, 9 (19.1%) in females, normal cases are 10 (21.2%) in males, 9(19.1%) in females, emotionally stable cases are 2(4.3%) in males, 1(2.2%) in females based on their income group. More number of neurotic cases was seen in low income (BPL) people than middle- and high-income group. Hence  $H_6$  is accepted here. According to score obtained for individual neurotic disorders the cases the following observations were made.

1. Hysteria cases were 12(25.5%) in males, 7 (14.9%) in Females and more on rural side. So, hysteria cases in males is more than females and rural than urban side,  $H_7$  is accepted based on the findings of this study.
2. Neurasthenia cases were 18(38.3%) in males, 9(19.2%) in females. Cases outnumbered in rural side than urban. So, cases in males is more than females and cases in rural is more than urban and  $H_8$  is accepted.

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3. Anxiety neurosis were 18(38.3%) in males, 10(21.3%) in females. Anxiety neurosis cases are more in rural than urban side, cases were found to be more among males than females, so  $H_9$  is met accepted here.
4. Reactive depression cases were 17(36.2%) in males, 13(27.7%) in females, RD cases are more in rural than urban people, so  $H_{10}$  is accepted.
5. OCD cases were 15(31.9%) in males, 7(14.9%) in females. OCD cases were more in rural people compared to urban ones. So  $H_{11}$  accepted here.

There were 19 cases of hysteria, 27 of neurasthenia, 28 cases of anxiety neurosis, 30 cases of reactive depression, 22 cases of OCD among overall cases studied, depending on symptoms produced in MPQ the cases overlapped for presentation i.e., multi symptomatic, and in that only abnormal zone presentation of cases has been considered. Most common neurotic disorder among them is reactive depression followed by anxiety neurosis, neurasthenia, OCD and finally, hysteria respectively.

### CONCLUSIONS

From present study, it was concluded that neurotic disorders are most common among males, rural, low socioeconomic status, illiterate people who were >46 years and between 20-25 years age range. Therefore, there is need to give special focus on this disorder in our country. The social security system should be strengthened to reduce dependency on others. Among these neurotic disorders most common one is reactive depression followed by Anxiety neurosis, Neurasthenia, Obsessive –Compulsive disorder, Hysteria. Awareness about these disorders at the community level can potentially reduce the course and outcomes of the illness.

#### *Implications of Study:*

1. These findings suggest that the neurotic symptoms are most common now days the need to study them is of utmost importance in this new era.
2. The results are correlated with available previous researches.

#### *Limitations of Study:*

1. Study was confined to HIMS Teaching Hospital, and not the whole city area.
2. Time constraints-as the OPD patients are not collected on 24 hour basis there may be an error, due to non-availability of time.
3. Sample size of the study was small leading to issues of generalizability
4. Information provided by patient and their relatives was relied upon.

#### *Recommendations for Further Research:*

1. Further studies can cover entire state or nation.
2. Study can cover huge population for further analysis.
3. Specific symptomatic study can be further assessed.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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