

Socio-Demographic Profile and Self-Injurious Behavior among Patients with Mania at a Tertiary Care Hospital

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ABSTRACT

Background: Mania is a common mood disorder. Mania associated with distractibility, irritability, impulsive behavior, great physical and mental activity. Irritability and impulsive behavior can lead to variable degree of self-injurious behavior. Self-injurious behavior more troublesome to patient and family members, there is a lack of proper research in the field of self-injurious behavior and mania. **Objective:** To assess the sociodemographic profile of self-injurious behavior in mania and self-injurious behavior in relation to severity of mania. **Methods:** Present study was a hospital based cross sectional study. The study was conducted at a tertiary care psychiatric hospital for a period of 6 months. 40 Patients with bipolar affective disorder with currently Mania with or without psychosis were included in the study. Patients with other psychiatric disorder were excluded from the study. **Results:** The mean age of study subjects was 29.75+7.012. The overall prevalence of self-injurious behavior among patients with mania was 37.5%. Cutting was seen in 4 males and 4 female patients. Burned with a cigarette and Burned with a lighter was seen only in one male patient. The age of onset of cutting and banged was seen at around 26 years of age. Total duration of mania for cutting was around 14 years and 17 years for head banged. **Conclusion:** The overall prevalence of self-injurious behavior among patients with mania was 37.5%. This was more in females as compared to males. But the difference is narrow and cannot be statistically significant.

Keywords: Mania, Self-Injurious Behavior, Deliberate Self-Harm Inventory

A disorder of mood is called affective disorders. Affective disorders are major depressive disorder, mania, hypomania, cyclothymia, and dysthymia. The terms “unipolar mania” and “pure mania” are sometimes used for patients who are bipolar but who do not have depressive episodes. A manic episode is a distinct period of an abnormally and persistently

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elevated, expansive, or irritable mood lasting for at least 1 week. Mania associated with inflated self-esteem, a decreased need for sleep, distractibility, great physical and mental activity, and over involvement in pleasurable behavior. Those who receive antidepressants are at risk of developing mania and hypomania. But it is not clear whether the antidepressants lead to mania or hypomania. Some percentage of patients who are treated for unipolar depression may have underlying bipolar disorder. ¹

Formerly called self-mutilation, self-injury, or self-harm, non-suicidal self-injury (NSSI) is the deliberate and direct alteration or destruction of healthy body tissue without suicidal intent; these behaviors range from skin cutting or burning to eye enucleation or amputation of body parts. ² Self-mutilation is more commonly associated with patients with bipolar I disorder compared to other psychiatric illnesses. ³ In Greece, out of 63 (78.7%) prisoners who had a diagnosable psychiatric disorder, nine (11.2%) subjects had schizophrenia or bipolar disorder and 21 (26.3%) subjects had alcohol dependence. DSH before and during imprisonment was reported by 15% and 2.5% of these 63 prisoners. ⁴

Aims and objectives of the study

- To assess the clinical profile of self-injurious behavior in mania and self-injurious behavior in relation to severity of mania

MATERIALS AND METHODS

Present study was a hospital based cross sectional study. The study was conducted at a tertiary care psychiatric hospital of Hyderabad which is a 600-bedded hospital. The study was conducted for a period of 6 months. 40 Patients with bipolar affective disorder with currently Mania with or without psychosis were included in the study. Patients with mental retardation, personality disorders, other psychiatric disorder, other than those included in the inclusion criteria like Bipolar affective disorder with depression and mixed episode, obsessive-compulsive spectrum disorder were excluded from the study.

Initially, In-patients from Institute of Mental Health were categorized Mania by using ICD-10. Total 40 patients with diagnosis of Mania gave informed consent only selected for the present study. ICD-10 criteria used to diagnose the Mania patients, total subject was 40 (Male 20, Female 20). YMRS scale was applied and score noted for each patient.

YOUNG MANIA RATING SCALE: (YOUNG ET AL 1978) ⁵

This is an 11-itemed scale used to assess manic symptoms. It is based upon the patient's subjective report of his clinical condition over the previous 48 hours. Additional information based upon clinical observation. There are 4-items that are graded on a 0-8 scale, while the remaining 7 items are graded on a 0-4 scale. Inter rater reliability of YMRS has been reported to be 0.93, with inter rater reliability coefficients for each item ranging from 0.67 to 0.95. The YMRS correlates well with other Mania rating scales such as Mania State Rating Scale.

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Score	Severity
0-12	Normal
13-25	Mild
26-38	Moderate
39-51	Severe
52-60	Extreme

DELIBERATE SELF-HARM INVENTORY (DSHI).⁶

Deliberate self-harm inventory has 17 questions, this questionnaire asks about many different things that people sometimes do to hurt themselves. Be sure to read each question carefully and respond honestly. Often, people who do these kinds of things to themselves keep it a secret, for a variety of reasons. Honest responses to these questions will provide us with greater understanding and knowledge about these behaviors and the best way to help people.

RESULTS

Table 1: Socioeconomic Status of Study Population (n=40)

Socio economic status	Number	Percentage
Class II	3	7.5
Class III	14	35
Class IV	19	47.5
Class V	4	10
Total	40	100

In Mania group, majority of subjects belongs upper low socioeconomic status 47.5%(n=19), middle socioeconomic status 35.0%(n=14), low socioeconomic status 10.0%(n=4) and upper middle socioeconomic status 7.5%(n=3).

Table 2: Religious Status of Study Population (n=40)

Religion	Number	Percentage (%)
Hindu	28	70
Muslim	06	15
Christian	06	15
Total	40	100

Majority of the subjects belonged to Hindu religion (28) and 06 were from Muslim religion and 06 of the subjects belonged to Christian religion. In the Mania group, 28 (70%) were Hindus, six (15%) were Muslims and six (15%) were Christians.

Table 3: Literacy Status of Study Population (n=40)

Literacy status	Number	Percentage (%)
Illiterate	07	17.5
Primary school	11	27.5
High school	12	30
Intermediate	04	10
Graduate and above	06	15
Total	40	100

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Table-3 shows literacy of the study population. Majority of the study subjects were high school 30% (n=12) or only had primary level of education 27.5% (n=11) and illiterate of education 17.5% (n=07), had studies up to graduation 15% (n=06), intermediate level 10% (n=4).

Table 4: Marital Status of Study Group (n=40)

Marital status	Number	Percentage
Single	08	20
Married	31	77.5
Widowed	01	2.5
Separated	00	00
Total	40	100

Table 4 shows majority of the study subjects were married 77.5% (n=31). Were single 20% (n=18), were widower 2.5% (n=1) and none were widower and separated/divorced.

Table 5: Occupational Status of Study Group (n=40)

Occupational status	Number	Percentage
Unskilled	17	42.5
Semi-skilled	16	40
Skilled	01	2.5
Shop owners, clerks	06	15
Total	40	100

Table 5 shows occupational status of the study population. . 42.5% (n = 17) were unskilled, 40% (n = 16) were semiskilled, 2.5% (n = 1) were skilled and shop owners, clerks were 15%(n=06).

Table 6: Residential Status of Study Population (n=40)

Residence	Number	Percentage
Rural	26	67.5
Urban	14	32.5

Table-6 shows residential status of study population. Majority of the subjects belonged to rural background 67.5% (n=26) compared to urban background 32.5% (n=14).

Table 7: Self- Injurious Behavior in the Study Group (n=40)

Self-injurious behavior	Male		Female		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Yes	07	35	08	40	15	37.5
No	13	65	12	60	25	62.5
Total	20	100	20	100	40	100

The overall prevalence of self-injurious behavior among patients with mania was 37.5%. This was more in females i.e. 40% as compared to males i.e. 35%. But the difference is narrow and cannot be statistically significant.

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Table 8: Self-Injurious Behavior and Severity of Mania (n=40)

SN	Type Of SIB	Male					Female					Total
		M	MD	SR	EX	T	M	MD	SR	EX	T	
1	Cutting *	1	3	-	-	4	3	-	1	-	4	8
2	Burned With A Cigarette	-	1	-	-	1	-	-	-	-	-	1
3	Burned With A Lighter	-	1	-	-	1	-	-	-	-	-	1
4	Carved Pictures**	-	-	-	-	-	-	-	-	-	-	-
5	Head Banged***	-	1	-	-	1	2	2	-	-	4	5
6	Punched ****	-	-	-	-	-	-	-	-	-	-	-
	Total	1	6			7	5	2	1	-	8	15

*Cut your wrist, arms, or other area(s) of body (without intending to kill yourself)

**Carved pictures, designs, or other marks into your skin

***. Banged your head against something, to the extent that you caused a bruise to appear

****Punched yourself or punched another item (i.e., wall, etc.), to the extent that a bruise or cut appeared. [S. N. - Serial number, SIB - Self-injurious behavior, M-Mild, MD-Moderate, SR-Severe, EX-Extreme, T-Total]

Cutting was seen in 4 males and 4 female patients. Among males, this behavior was seen in 3 patients with moderate grade of mania. But in females, this behavior was seen in 3 patients with mild grade of mania. Burned with a cigarette was seen only in one male patient who was having moderate grade of mania. Burned with a lighter was also seen only in one male patient who was having moderate grade of mania. Both these types were not seen in females. Behavior like carved pictures and punched was not seen in the present study group. Banged behavior was seen in one male and four female patients.

Table 9: Self injurious behavior among mania patients (n=40)

Self-injurious behavior	Age at onset	Total episodes	Mean age at Last episode	Total duration of illness
Cutting (N =4)	26.38±7.23	2.75±0.7	15.25±7.99	13.75±7.20
Burned yourself (N = 1)	60±0.001	1±0.001	60±0.001	60±0.001
Banged (N = 5)	26.8±7.08	2.6±1.51	19.2±6.57	16.8±6.56

The age of onset of cutting and banged was seen at around 26 years of age. The number of episodes also ranged between 2-3 for cutting and banged. Mean age at last episode was less in case of cutting and slightly more in case of banged. Total duration of mania for cutting was around 14 years and 17 years for head banged.

DISCUSSION

In the present study 50% males and 50% female were participated, majority of the self-injurious behavior prevalence higher in females 40 % (n=8) than males 35 % (n=7) which is agree with Whitlock J et al and Conterio K et al study.^{7,8} The mean age of subjects were 29.75(SD 7.012), which agree with Das et al⁹ says that the mean age at intentional self-harm of the sample was 29 years (SD - 12.11), with a range of 12-76 years. Majority of subjects belongs to upper low socioeconomic status 47.5%, As, this study was conducted in government run tertiary care hospital, most of the patients who seek medical attention were from middle and lower socio-economic status, so naturally patients who came to this type of set up were from middle and lower classes, and this not support with Das et al study says majority of the self-injurious subjects are belongs to middle socioeconomic status (85%)⁸ In this study majority of the subjects educational status belongs to 40.0% (n=12) had secondary level education, 39.3% (n=11) studied up to primary level and 35.3% (n=6) had studies up to graduation, 33.3% (n=4) intermediate level, illiterate 21.2% (n=7), which is agree with Dr. Walid M. Shnaigat. MD et al study according to this study most of the patients (87%) did not go beyond secondary school education.¹⁰ Majority of patients belongs to rural background (36.8%), which is, disagree with Das et al study because self-injurious behavior more prevalence in (53%) urban patient.⁹ Marital status of the subjects was 77.5% (n=31) were married, which is agree with Das et al study says that the majority of the subjects were married (61%).⁹ Dr. Walid M. Shnaigat. MD et al says that 46.3% of deliberate self-harm behaviour prevalence in married.¹⁰ Religion status of study subjects 70% (n=28) were Hindus, 15% (n=6) were Muslims and 15%(n=6) were Christians, which is agree with Das et al study says that the self-injurious behavior most commonly prevalent in Hindu religion (87%).⁹

The overall prevalence of self-injurious behavior among patients with mania was 37.5%. This was more in females i.e. 40% as compared to males i.e. 35%. But the difference is narrow and cannot be statistically significant. Cutting was seen in 4 males and 4 female patients. Among males, this behavior was seen in 3 patients with moderate grade of mania. But in females, this behavior was seen in 3 patients with mild grade of mania. Burned with a cigarette was seen only in one male patient who was having moderate grade of mania. Burned with a lighter was also seen only in one male patient who was having moderate grade of mania. Both these types were not seen in females. Behavior like carved pictures and punched was not seen in the present study group. Banged behavior was seen in one male and four female patients. The age of onset of cutting and banged was seen at around 26 years of age. The number of episodes also ranged from 2-3 for cutting and banged. Mean age at last episode was less in case of cutting and slightly more in case of banged. Total duration of mania for cutting was around 14 years and 17 years for head banged.

CONCLUSIONS

The overall prevalence of self-injurious behavior among patients with mania was 37.5%. This was more in females as compared to males. But the difference is narrow and cannot be statistically significant. Cutting was seen in 4 males and 4 female patients. Among males, this

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