

# Evaluation of Psychiatric Disorders in Children and Adolescents Attending Outpatient Departments of a Tertiary Care Centre

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## ABSTRACT

**Background:** Prevalence of mental disorders among children has been reported to be 14-20% in various studies. Given that most children attend primary care, the consultation provides a potential opportunity to identify those with disorders. Hence; the present study was conducted for assessing psychiatric disorders in Children and Adolescents Attending Out Patient Departments of Tertiary Hospital.

**Materials & Methods:** There were 500 subjects enrolled in total. Every subject in the study fell between the ages of 8 and 16. Participants having any kind of physical abnormality or co-morbidity were not allowed to participate in this study. A semi-structured questionnaire was utilized, which included pertinent clinical and sociodemographic data, along with the Development and Well-Being Assessment (DAWBA) parent version. psychiatric diagnoses among subjects according to the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). All the results were recorded in Microsoft excel sheet and were subjected to statistical analysis using SPSS software.

**Results:** Mean age of the patients was 11.3 years. Out of 500 subjects, 59 percent of the subjects are boys while the remaining were girls. Psychiatric disorders were seen in 23.6

percent of the subjects. Among these patients, conductive disorder, Anxiety disorder, Emotional disorder, Behavioral disorder and Panic attack were commonly seen.

**Conclusion:** A considerable proportion of children and adolescents presenting to general hospitals' outpatient departments suffer from mental health issues.


**Key words:** Psychiatric disorder, Adolescent.

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## INTRODUCTION

Prevalence of mental disorders among children has been reported to be 14-20% in various studies. According to World Health Report (2000), 20% of children and adolescents suffer from a disabling mental illness worldwide and suicide is the third leading cause of death among adolescents.<sup>1-3</sup>

The issue of childhood psychiatric morbidity is more serious in middle- and low-income countries because these countries have a much larger proportion of child and adolescent population; much lower levels of health indices; poorer infrastructure and resources to deal with problems.<sup>4</sup>

An examination of the factors that influence general practitioner (GP) recognition of disorders is timely and has public health and intervention implications. Primary care trusts have an increasing

role in commissioning child health services, and an aim of the forthcoming national service framework for children is to reduce barriers to accessing services. As GPs are the main referrers to specialist child and adolescent mental health services (CAMHS), and many services limit referrals to doctors, GP recognition is the key step in accessing specialist services. Failure to detect disorders may prevent or delay the receipt of effective interventions. Given that most children attend primary care, the consultation provides a potential opportunity to identify those with disorders.<sup>5-7</sup>

Hence; the present study was conducted for assessing psychiatric disorders in Children and Adolescents Attending Out Patient Departments of Tertiary Hospital.

## MATERIALS & METHODS

The present study was conducted for assessing psychiatric disorders in Children and Adolescents Attending Pediatric Out Patient Departments of Tertiary Hospital. There were 500 subjects enrolled in total. Every subject in the study fell between the ages of 8 and 16. Participants having any kind of physical abnormality or co-morbidity were not allowed to participate in this study. A semi-structured questionnaire was utilized, which included

pertinent clinical and sociodemographic data, along with the Development and Well-Being Assessment (DAWBA) parent version. psychiatric diagnoses among subjects according to the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Psychiatric disorder was evaluated. All the results were recorded in Microsoft excel sheet and were subjected to statistical analysis using SPSS software.

**Table 1: Demographic data**

Variable	Number	Percentage
<b>Age group (years)</b>	<b>8 to 10</b>	212
	<b>11 to 13</b>	185
	<b>14 to 16</b>	103
<b>Gender</b>	<b>Boys</b>	295
	<b>Girls</b>	205

**Table 2: Incidence of psychiatric disorder**

Psychiatric disorders	Number	Percentage
<b>Present</b>	118	23.6
<b>Absent</b>	382	76.4
<b>Total</b>	500	100

**Table 3: Spectrum of psychiatric disorder**

Psychiatric disorders	Number	Percentage
<b>Conductive disorder</b>	23	4.6
<b>Anxiety disorder</b>	31	6.2
<b>Emotional disorder</b>	19	3.8
<b>Behavioral disorder</b>	22	4.4
<b>Panic attack</b>	23	4.6
<b>Total</b>	118	23.6

## RESULTS

The mean age of the patients was 11.3 years. Out of 500 subjects, 59 percent of the subjects are boys while the remaining were girls. Psychiatric disorders were seen in 23.6 percent of the subjects. Among these patients, conductive disorder, Anxiety disorder, Emotional disorder, Behavioral disorder and Panic attack were commonly seen.

## DISCUSSION

Psychiatric epidemiology is the study of the distribution and determinants of occurrence of mental illness in human beings. In India many investigators have studied the prevalence of various psychiatric disorders over period of time. In a country like India where people are less aware about mental health problems, only patients with major mental illness access care and those with minor mental disorders remain in the community without identification and management. So the advantages of the

epidemiological studies lie at targeting all levels of recognition of the minor cases; missing cases; and of the new cases.<sup>5-8</sup>

Many of the future developments in child psychiatric epidemiology predicted 25 years ago by Earls have clearly been fulfilled during the past few decades. A recent comprehensive review of the field of child psychiatric epidemiology noted that the number of observations in community surveys of children and adolescents has risen from 10 000 in studies published between 1980 and 1993 to nearly 40 000 from 21 studies published between 1993 and 2002. The results of these studies indicate that about one out of every three to four youths is estimated to meet lifetime criteria for a Diagnostic and Statistical Manual of Mental Disorders (DSM) mental disorder. However, only a small proportion of these youth actually have sufficiently severe distress or impairment to warrant intervention.<sup>5-8</sup>

Mean age of the patients was 11.3 years. Out of 500 subjects, 59 percent of the subjects are boys while the remaining were girls.

Psychiatric disorders were seen in 23.6 percent of the subjects. Among these patients, conductive disorder, Anxiety disorder, Emotional disorder, Behavioral disorder and Panic attack were commonly seen. von Klitzing K et al reviewed publications retrieved by a selective search in PubMed and the Web of Science, as well as on the authors' clinical and scientific experience. In children up to age 2, disorders of emotional and motor regulation are common (ca. 7%), as are feeding problems (25%), which persist in 2% of children to meet the diagnostic criteria for a feeding disorder. Reactive attachment disorder, a serious mental illness, has a prevalence of about 1%: it is more common among children in situations of increased risk, e.g., orphanages and foster homes. Preschool children can develop anxiety disorder and depressive disorder, as well as hyperactivity and behavioral disorders (the latter two mainly in boys). Parent training and parent-child psychotherapy have been found to be effective treatments. There is no evidence that psychotropic drugs are effective in early childhood. The diagnostician should act cautiously when assigning psychopathological significance to symptoms arising in early childhood but should still be able to recognize mental disorders early from the way they are embedded in the child's interactive relationships with parents or significant others, and then to initiate the appropriate treatment.<sup>9</sup>

Childhood mental and developmental disorders are an emerging challenge to health care systems globally. Two contributing factors are the increases in the proportion of children and adolescents in the populations of LMICs, which is a result of reduced mortality of children under age five years, and the fact that the onset of many adult mental and developmental disorders occurs in childhood and adolescence. Ascertaining the global epidemiology of mental disorders is a difficult task, given the significant paucity of data for many geographical regions, as well as the cultural variations in presentation and measurement. These issues are exacerbated when investigating mental disorders in children, particularly in LMICs where other health concerns, such as infectious diseases, are priorities. The issue of data paucity was highlighted in the Global Burden of Disease Study 2010.<sup>9-11</sup>

Costello EJ et al assessed the prevalence and development of psychiatric disorders from age 9 through 16 years and examined homotypic and heterotypic continuity. Although 3-month prevalence of any disorder averaged 13.3%, during the study period 36.7% of participants (31% of girls and 42% of boys) had at least 1 psychiatric disorder. Some disorders (social anxiety, panic, depression, and substance abuse) increased in prevalence, whereas others, including separation anxiety disorder and attention-deficit/hyperactivity disorder (ADHD), decreased. Lagged analyses showed that children with a history of psychiatric disorder were 3 times more likely than those with no previous disorder to have a diagnosis at any subsequent wave. Risk from a previous diagnosis was high among both girls and boys, but it was significantly higher among girls. Continuity of the same disorder (homotypic) was significant for all disorders except specific phobias. Continuity from one diagnosis to another (heterotypic) was significant from depression to anxiety and anxiety to depression, from ADHD to oppositional defiant disorder, and from anxiety and conduct disorder to substance abuse. Almost all the heterotypic continuity was seen in girls. The risk of having at least 1 psychiatric disorder by age 16 years is much higher than point estimates would suggest.<sup>12</sup>

## CONCLUSION

A considerable proportion of kids presenting to general hospitals' outpatient departments suffer from mental health issues.

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