

Epidemiological Study of Psychiatric Disorders in a Sample of Women in Damietta City and One Village Related to It

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Background: Comparison of empirical studies of mental disorders reveals a consistent picture across diverse societies and social contexts that depression and anxiety disorders are more prevalent among women.

Aim of the work: The present study was designed to examine the prevalence of psychiatric disorders and risk factors among women in Damietta city and comparing it with a rural area related to it.

Subjects & Methods: The study included females in the age group above 18 years who lived in Damietta city and the Shoara village. The total number of females in Damietta city was 101219 who represented 48.9% of total population number, and females above 18 years were 46560 who represented 22.6%. In Shoara village, total number of females was 14792 who represented 47.99%, and females above 18 years were 6656 who represented 21.59%. All females above 18 years in one house every 50 house were selected in the study. If the family in the selected

house did not agree to participate in the study, the next house was selected. Tools used in the study included, General Health questionnaire (GHQ), Life events scale by Holmes and Rahe and Structured Clinical Interview for DSM-IV (SCID).

Results: The total sample in urban area was 1641 females and in rural area 320 females and the total sample was 1961. The positive cases according to GHQ were 495 in urban area that represented 30.16% of examined sample. In rural area, the positive cases according to GHQ were 118 who represented 36.87%. The total number of positive cases according to GHQ (urban and rural) was 613 who represented 31.26%. The prevalence of psychiatric disorders in the total studied population was 26.82%. In rural area, it was 31.25% compared to 25.95% in urban area. The most common disorders were depression followed by generalized anxiety disorder, and there was no clinically significant difference between urban and rural females as regard clinical diagnosis.

Keywords: Epidemiology, Women, Psychiatric disorders.

Abbreviations:

PMDD: Premenstrual Dysphoric Disorder

PMS: Postmenopausal Syndrome

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INTRODUCTION

Valid and representative epidemiological data on magnitude, patterns, predictors, and outcome of specific psychiatric disorders derived from community-based surveys have important scientific and health policy implications. Studying community samples is especially important as the majority of people with severe mental disorders do not seek treatment, particularly in low-income countries (Kessler, et al. 1997).

The World Health Organization (WHO) has warned that the international burden of mental/psychiatric disorders is already enormous (450 million) and continues to grow (World Health Organization, 2001 and Ustun, 1999). However, until 2002, almost 40% of countries had no mental health policies and 25% had no mental health legislation (World Health Organization, 2002).

The absence of a national mental health policy in most developing countries reflects a neglect of mental

health due to reasons such as shortage of resources and apathy among health planners, policy makers and health professionals (Murthy and Lakshminarayana, 2005).

One of the more consistent findings of epidemiological research is that women report symptoms of both physical and mental illness and consult doctors for these conditions at higher rates than men (Ghubash, 2001).

Contemporary epidemiological research has looked closely at sex differences in depression and in particular those non-psychotic, mixed anxiety depressive disorders commonly coexisting with social difficulties which are said to affect up to one fifth of the general population (World Health Organization, 2000).

In general women seem not to experience more life events than men, though women may experience more events of an undesirable nature than men by virtue of