

الاضطرابات النفسية فى مرضى حوادث الأوعية الدموية المخية - دراسة متعدده الجوانب

تشيع الاضطرابات النفسية فى الفتره التى تعقب حوادث الأوعية الدموية المخية. وهناك تباين كبير بالنسبة لطبيعة و كيفية حدوث مثل هذه الاضطرابات و علاقاتها بموضوع الخلل الناجم بالجهاز العصبى.

و لقد تم فى هذا البحث استخدام دراسة متعددة الأوجه لتحديد موضع الخلل بصورة أكثر دقة فى هؤلاء المرضى باستخدام التصوير المقطعى للدماغ بواسطة الكمبيوتر مع رسام المخ الكهربائى و المسح الطبوغرافى للمخ باستخدام الكمبيوتر مع بطارية لوريا- نبراسكا للفحص النفسعصبى (النفس-عصبى). وأجريت الدراسة على ١٠٣ من مرضى حوادث الأوعية الدموية المخية مع ٥٠ شخصاً من الأصحاء كعينة ضابطة ، و تم تشخيص المرضى باستخدام مقابلة إكلينيكية مبنية على الدليل الأمريكى الإحصائى لتشخيص الإضطرابات النفسية - الجزء الثالث المراجع - الجزء الخاص بغير المرضى.

ولقد أظهرت النتائج شيوع الإضطرابات النفسية بعد حوادث الأوعية الدموية المخية (خاصة الناتجة عن قصور الدورة الدموية أكثر من النزيف) و تبلغ نسبتها أكثر من ٥٠٪ معظمهم يعانون من الاكتئاب (١٦,٥٪ اضطراب وجدانى اكتئابى، و ١٩,٥٪ اضطراب عسر المزاج). و شملت التشخيصات الأخرى القلق، الهوس ، الإضطرابات الذهنية غير الوجدانية والاضطراب التحولى.

وقد لوحظ وجود علاقة بين الاكتئاب واضطرابات الفص الأيسر بينما يكثر الهوس مع اضطرابات الفص الأيمن فى حين لا توجد علاقة واضحة فى مرضى القلق مع موضع معين للإضطراب الوظيفى فى حين كانت الاضطرابات الذهنية مصحوبة بنشاط صرعى فى الفص الصدغى الأيسر.

ومن ناحية أخرى وجد أن هناك علاقة للإضطرابات النفسية مع حجم الخلل الوظيفى وليس فقط موضعه، فى حين تعتبر الشخصية قبل المرض عاملاً مساعداً لحدوث كل من إضطراب الأوعية الدموية المخية والإكتئاب فى الوقت نفسه.

وتناقش هذه الدراسة أهمية استخدام مدخل متعدد الأوجه لدراسة موضع الخلل الوظيفى فى هؤلاء المرضى.

616.082

A Comparative study of inpatient psychiatric service in a private-versus-^{*}University General Hospital^{**} in an Arab culture

Lotaief F., Ghanem M., El Mahalawy N., Asaad T., Kahala H.

Abstract

The present study compares the nature of psychiatric service in two different hospitals in an Arab culture (Saudi Arabia); the first is a general private hospital, where the patient pays for himself and the second is a university Hospital, where no direct payment is required from the patient and teaching aspects are considered.

The results showed an increased number of psychiatric patients in the University Hospital all over the year of study, with more prevalence of males and younger age groups. More length of stay was found in the University hospital. The nature of psychiatric diagnosis does differ in the two hospitals. Possible explanations for such variation as well as difference in hospital system organizations have been discussed.

Introduction For the last years, there has been an increasing argument about the need for hospital beds for psychiatric patients. The type of mental patients to be admitted and the nature of services supplied to them, all are matters for debate in the focus of cost containment strategies (*Knapp and Beechman, 1986*). A movement raising the slogan of "psychiatry without hospital beds" or "alternative psychiatry" has been progressively growing (*Tyrer and Malone, 1992*).

On discussing such a dilemma of hospital versus community treatment, it is worth noting that several factors other than the clinical psychiatric diagnosis do affect the decision of hospitalization and the type of service provided, including cultural, social, economic and other factors. Another important aspect is that hospital system organizations are not one and the same, but they do differ as regards ownership, profit orientation, affiliation and patient population (*Kaplan and Sadock, 1991*).

They may be general or special psychiatric, government or private, in addition to other hospitals, where teaching purposes are considered.

The present study is meant to compare the nature of psychiatric service in the different hospitals in Saudi Arabia: the first is a general private hospital, where the patient pays for himself, and the second is a university hospital where no direct payment is required from the patient and teaching aspects are considered.

Subjects Psychiatric diagnoses were followed in the two hospitals (private and university), through the period from November 1991 to November 1992.

For each patient, demographic data were collected including age, sex, race, marital status, residency and educational level. The "race" is considered as the society of S.A. is a heterogeneous one in terms of ethnicity and consequently financial status (i.e. involve persons from different communities coming to S.A. to improve their financial status.).

Only the final diagnosis, which is the diagnosis on discharge, was taken into account, as it differed in some cases from the provisional or admission diagnosis. Diagnosis was done according to the DSM-III-R criteria (1987).

The duration of treatment or length of stay in hospital was considered for every patient as well as the condition on discharge whether improved, deteriorated or the same as admission.

The system of psychiatric service regarding facilities, personnel number and qualification was compared in the two hospitals.

* Fakhry Hospital, Al Khobar, Eastern province Saudi Arabia

** Psychiatric department, Medical School, King Faisal University, Eastern province, Saudi Arabia.

Results

Table 1: Hospital system organization

	University Hospital	Private Hospital
(a) Beds		
1. No. of psychiatric beds	18 (constant)	Variable (only 10 constant)
2. Special or isolated beds	Male ward: 10 beds Female ward: 8 beds	isolated male ward: 10 beds (mostly for substance abuse patients), distributed in various other beds (not special psychiatric beds).
(b) Available investigations	EEG C.T. Scan MRI Psychometric testing	EEG CT.Scan Psychometric testing
(c) Available treatment theatre modalities	- ECT use is restricted done in operation theatre. - Psychotropics: limited varieties. - Psychotherapy, group therapy, behavior therapy: limited	- ECT more openly used. - Psychotropics: larger varieties - Psychotherapy, behavior therapy, and group therapy, more openly used
(D) Staff personal		
1. Consultants		
Number	1	4
Qualification	MD. degree in Psychiatry	MD. degree in Psychiatry or MRCP
2. Specialists		
Number	1	1
Qualification	Master degree in Psychiatry	Master degree in Psychiatry
3. Residents		
Number	1	8
Qualification	-	Diploma in psychiatry
4. Nurses		
Number	13	8
Sex	6 (males): 7 (females)	4 (males): 4 (females)
Race	Only few are non Arab.	Good % are non S.A.
5. Psychologists	1	9
6. Social worker	-	1

Statistical analysis of the data was done using the mean, standard deviation and chi square, and student t-test, comparing the results obtained from the two hospitals.

Table 2: Demographic Data.

A. Age

Age Distribution	Private Hospital		University Hospital	
	No.	%	No.	%
<20 yrs	105	18.61%	20	6.94%
20-30 yrs	159	28.19%	73	25.34%
30-40 yrs	126	22.34%	111	38.45%
40-50 yrs	90	16.48%	54	18.75%
> 50 yrs	81	14.36%	30	10.41%
Total	564		288	

The difference between the two groups is statistically significant ($P < 0.05$).

B. Sex

Sex	Private Hospital		University Hospital	
	No.	%	No.	%
Male	385	68.26%	156	54.17%
Female	179	31.73%	132	45.83%

The difference between the two groups is statistically significant ($P < 0.05$).

C. Race / Nationality

Nationality	Private Hospital		University Hospital	
	No.	%	No.	%
S.A.	555	98.40%	274	95.13%
Non S.A.	9	2.60%	14	4.86%

The difference was not statistically significant ($P > 0.05$).

Table 3: Psychiatric Diagnosis

Diagnosis	Private Hospital		University Hospital		X ² /P
	No.	%	No.	%	
1)Mood disorder (depression)	119	21.09%	89	30.90%	X ² =2.69 (P>0.01)
2)Mood disorder (Mania or hypomania)	11	1.95%	24	8.33%	X ² =3.78 (P<0.01)
3)Schizophreniform	51	9.04%	74	25.69%	X ² =8.8 (P>0.01)
4)Acute psychosis (brief reactivity and schizophreniform)	10	1.77%	12	4.6%	X ² =0.98 (P>0.01)
5)Atypical and other psychoses than schizophrenia	9	1.5%	5	1.73%	(P>0.01)
6)Substance use disorder	211	37.41%	21	7.29%	X ² =28 (P<0.01)
7)Generalized anxiety disorder	94	16.66%	10	3.47%	X ² =8 (P<0.01)
8)Obsessive compulsive disorder	6	1.06%	10	3.47%	(P>0.01)
9)Panic disorder	2	0.35%	0%	-	
10)Phobic disorder	9	0.33%	0	0	
11)Somato-form disorder	11	1.95%	11	3.81%	(P>0.01)
12)Organic brain syndrome (dementia and delirium)	10	1.77%	11	3.81%	(P>0.01)
13)Adjustment disorder	20	3.54%	3	1.04%	(P>0.01)
14)Epilepsy	5	0.88%	6	2.08%	(P>0.01)
15)Personality disorder	2	0.35%	7	2.4%	(P>0.01)
16)Extrapyramidal side effects	0	0%	2	0.69%	-
17)Anorexia nervosa	0	0%	1	0.34%	-
18)Conduct disorder	0	0%	1	0.34%	-
19)Factitious disorder	1	0.17%	0	0%	-
Total	564	100%	288	100%	

Length of stay in hospital.

The mean duration of hospital stay in the private hospital was 13 ± 5.34 days, while in the university 20 ± 6.05 days. The difference was significant (P < 0.05).

Table 4: Condition on Discharge

Condition on discharge	Private Hospital		University Hospital		P
	No.	%	No.	%	
1. Improved	475	84.21%	223	77.43%	< 0.05
2.Deteriorated	18	3.19%	17	5.90%	< 0.05
3. No. charge	71	12.58%	48	16.66%	< 0.05

Discussion The overall results of the present study do suggest a different profile for psychiatric service in both types of hospitals. The number of patients in the private hospital was nearly double that in the university hospital, which might be attributed to more length of hospital stay in the university hospital. The more length of hospital stay in a university hospital could have several explanations, because long stays in a private hospital is costly from the patient's perspective and rapid turnover is more favorable for profit-oriented private hospital system. Furthermore, patients might be kept in university hospital for teaching purposes, in addition to treatment goals, and availability of beds in the private hospital, where the number of beds was not limited as in the university hospital. It can also be explained by the fact that in state hospital, psychiatrists are less aware of the importance of quick improvement of the state of their patients, and more cautious in using medications for fear of side-effects as well as rapid turnover of patients may cause extra duties and excess work which will add more responsibilities over and above their teaching duties, while in the private hospital cure of patients is the main goal, so new biochemical lines of treatment are available and used as a routine to salvage the suffering souls of their patients. It is observed that psychiatric staff in university hospitals are so cautious to the extent of using the old traditional drugs of the fifties in very small doses.

Second, regarding demographic data, younger age groups as well as males were found more in the private hospital. A possible explanation for both findings could be due to the fact that the private hospital tolerates much more number of patients, which is not the system followed in the university hospital, where neurotic

patients are rarely admitted and only in certain circumstances (e.g. emergency cases, associated psychiatric morbidity, substance abuse...). Substance abuse is known to be commonly young adult males (National Institute on Drug Abuse, 1988). The presence of higher percent of non-Saudi Arabians in the university hospital is explainable by the fact that higher costs of the private hospital repel the foreigners who have come to Saudi Arabia to save money not to spend a lot on treatment costs.

Third, regarding the condition on discharge, more improvement was observed in private hospital. This does mean more effective treatment, and variation in the types of patients admitted from the start. Private hospitals tend to accept cases with encouraging at least short-term prognosis, where university hospital accepts the so called "bad" cases. The dropouts of private hospitals tend to stay more in university hospitals, with need of less effort and their families will not be demanding their discharge, and lastly there will be accepted excuse for their bad prognosis.

Fourth, as regards the nature of psychiatric diagnosis or types of patients admitted, there are significantly more substance abuse patients, more patients with anxiety disorders, with less chronic and manic or hypomanic syndromes in the private hospital. The more prevalence of anxiety disorder might reflect the possible tendency for facultative admission in private hospital, as well as comorbidity of such disorders with substance abuse, which is much more in private than in university hospital. The finding of less schizophrenia could be attributed to the fact that only acute cases of schizophrenia are admitted to private hospital i.e. those with possible favorable prognosis. Chronic as well as bad prognosis cases who need longer periods of hospitalization, and thus more costly are not good candidates for private hospitals.

Regarding substance abuse, it is to be mentioned that cases were to be admitted either from the emergency department during night time and they did not stay more than one night or the diagnosis of drug addiction was revealed later either through the patient himself or through investigations. Some of these cases are not diagnosed from the original screening, but with detailed data collection by the researchers during the preparation for this study.

References

- Knapp, M. and Nee Cham J. (1989):* The cost-effectiveness of community care for former or long stay Psychiatric hospital patients. Discussion paper 628/2, Personal Social Services Research Unit. University of Kent, Canterbury.
- Tyner P. and Malone S. (1992):* Psychiatry without hospital beds: A review of treatment strategies. In Recent Advances in Clinical psychiatry number seven. Granville-Grossman K., Churchill Livingstone, Edinburgh, London, Melbourne, New York and Tokyo.
- National Institute on Drug Abuse (1988):* National Household Survey on Drug Abuse, 1989.
- Kaplan H.I. and Sadock B.J. (1991):* Synopsis of psychiatry. Sixth edition. Williams and Wilkins. Baltimore, Hong Kong, London, Munich, San Francisco, Sydney, Tokyo. Page 150-152.
- Diagnostic and statistical Manual of Mental disorder ed. revised (1987):* The American Psychiatric Association, Washington D.C.
- Data collected from Fakhry Hospital - Al Kohbar and King Faysal Hospital in Saudi Arabia.

AUTHORS

Lotaief F.

Professor of Psychiatry, Faculty of Medicine, Ain Shams University.

Ghanem M.

Assistant professor of Psychiatry, Faculty of Medicine, Ain Shams University.

El Mahalawy N.

Assistant professor of Psychiatry, Faculty of Medicine, Ain Shams University.

Asaad T.

Lecturer of Psychiatry, Faculty of Medicine, Ain Shams University.

Kahala H.

Fakhry Hospital, AL-Khobar, Saudi Arabia

ADDRESS OF CORRESPONDENCE:

Prof. F. Lotaief

Institute of Psychiatry, Ain Shams University, Abbassia, Cairo, Egypt

دراسه مقارنه إكلينيكية للخدمة الطبفسية للأقسام الداخلية فى مستشفى جامعية ومستشفى خاصة فى بيئة عربية

تقارن الدراسة الحالية بين طبيعة الخدمة الطبفسية المقدمة للمرضى فى مستشفىين مختلفتين من بيئة عربية (المملكة العربية السعودية) إحداهما مستشفى خاصة حيث يقوم المريض بتحمل تكاليف علاجه والأخرى مستشفى جامعية حيث لا يتحمل المريض تكاليف علاجه، وتدخل أغراض التدريس فى الإعتبار.

لقد أظهرت النتائج وجود عدد أكبر من المرضى فى المستشفى الخاصة خلال سنة الدراسة مع وجود نسبة أكبر من الذكور وصغار السن. ولوحظ أيضا فى المستشفى الخاصة مكوث المرضى بالمستشفيات لفترة أقصر، كما لوحظ أيضا وجود اختلافات فى طبيعة المرضى من ناحية التشخيص الإكلينيكى. وبعقب الدراسة مناقشة للأسباب المحتملة للاختلاف مع عرض لنظام العمل بالمستشفىين.