

Prevalence of psychiatric morbidity in the primary health clinic attendees in Kuwait

Dr. Sulaiman Alkhadhari, Dr. Aseel Omran Alsabbri, Dr. Ibrahim
H.A. Mohammad, Dr. Amina Abdullah Atwan, Dr. Fatma
Alqudaihi, Dr. Muhammad Ajmal Zahid

Background

- Different community surveys have estimated one fourth to one half of the general population suffer from one or another kind of psychiatric disorder.
- Many of such patients are reluctant to report to psychiatric services and would rather prefer to consult primary care physicians or faith healers
- A substantial proportion of primary clinic attendees suffer from psychiatric disorder and as many as half of them pass unnoticed by the primary clinic physicians.

Aims

To determine the point prevalence of, and identify risk factors for, depression, anxiety, and somatisation disorder in the primary health clinics in the country.

Methods

- The Patient Health Questionnaires (PHQ-SADs) were administered to a randomized sample of primary clinic attendees in all the five governorates of the country over a 5-month period.
- The questionnaires identify patients suffering from depression, anxiety, and somatization disorder (the commonest disorders found in primary clinics).
- The number of questions for depression, anxiety, and somatization disorder were 9, 7, and 15, respectively.
- A cut-off score of ≥ 10 was used to assign diagnoses
- The descriptive data were computed with chi-square tests while the association of demographic characteristics with psychiatric disorders was determined with the logistic regression test.
- The data were analyzed on SPSS, version 22 (IBM corp. Armonk, NY: 2013).

Results

- The sample consisted of 1,046 respondents.
- 42.7% of the our patients suffered from psychiatric disorders including depressive (22.9%), anxiety (17.7%), and somatization (33.4%) disorder.
- Comorbidity between the three disorders was found in 20.4% of the sample; 11% had two and 10.4% had all three disorders.
- The Kuwaiti nationals, female gender, older age group subjects and those with lower level of education were more likely to suffer from psychiatric disorder.

Table 1: Sociodemographic characteristics of the sample

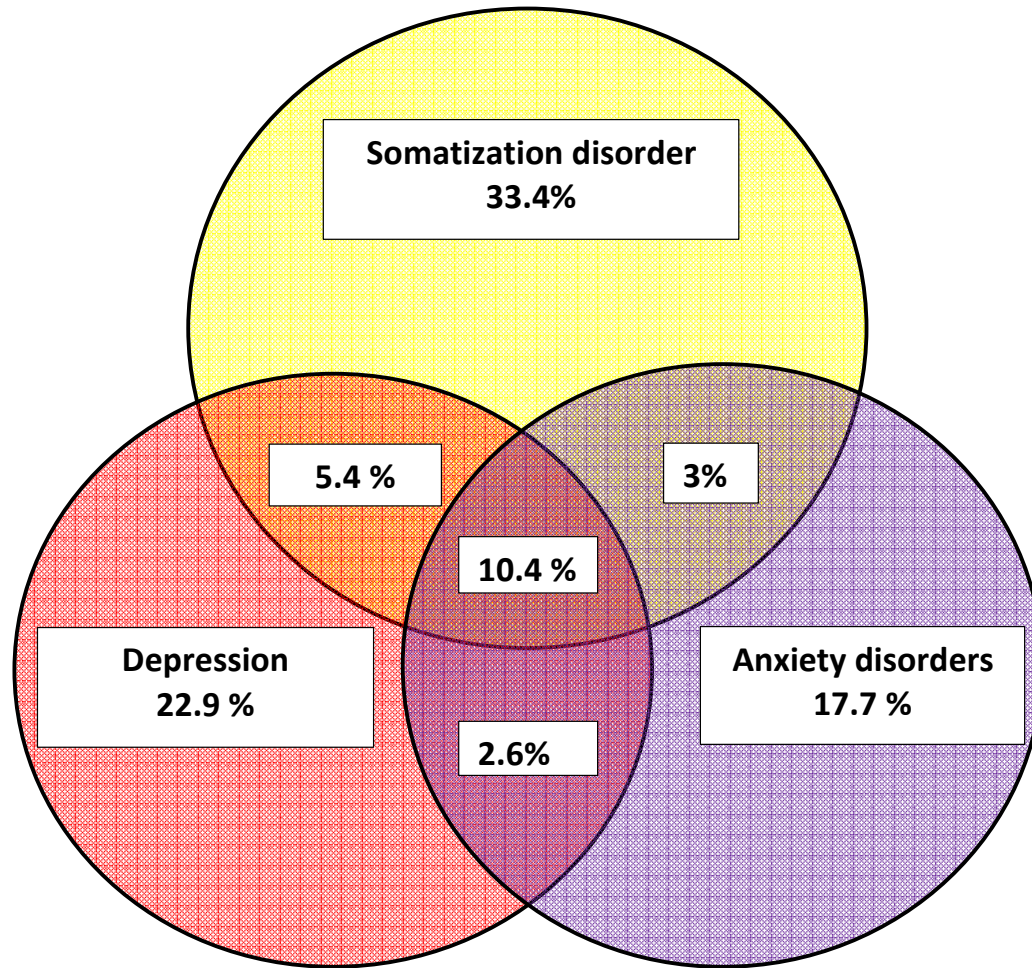
	Total N (%)	No mental disorder N (%)	Mental disorder N (%)	
	1046 (100)	604 (57.7)	442 (42.3)	*P-Value
Mean age	37.58	36.99	38.39	
Gender				
Male	429 (41)	331 (77.2)	98 (22.8)	P<0.001
Women	617 (59)	273 (44.2)	344 (55.8)	
Marital status				
Single	209 (20)	118 (56.5)	91 (43.5)	p=0.365
Married	837 (80)	486 (58.1)	351 (41.9)	
Nationality				
Kuwaiti	801 (76.6)	430 (53.7)	371 (46.3)	P<0.001
Non Kuwaiti	245 (23.4)	174 (71)	71 (29)	
Age gp				
<30	310 (29.6)	180 (29.8)	130 (42)	
30-39	322 (30.8)	190 (31.5)	132 (41)	p=0.327
40-49	220 (21)	133 (22)	87 (39.6)	
>50	194 (18.5)	101 (16.7)	93 (47.9)	
Education				
<6 yrs	200 (19.1)	102 (51)	98 (49)	p=0.069
6 to 12	509 (48.7)	296 (58.2)	213 (41.8)	
>12 yrs	337 (32.2)	206 (61.1)	131 (38.9)	

Table 2: Prevalence of psychiatric morbidity across different regions

	Population				Mental illness			
	*K	**NK	Ratio K:NK	Total	K	NK	Total	Ratio K:NK
Hawally	205406	616697	1:3	822103	46	12	58	3.8:1
Al Ahmadi	251597	491405	1:2	7430027	108	23	131	4.7:1
Farwania	218315	786219	1:3.6	1004534	82	20	102	4.1:1
Jahra	154618	326382	1:2	481000	47	16	63	2.9:1
Al Asima	228154	294420	1:1.3	522574	78	10	88	7.8:1

*Kuwaitis ** Non Kuwaitis

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Strengths and weaknesses of study

- The major strength of this study is the sample size. The sample was fairly representative as it was drawn from randomly selected sixteen out of the eighty-seven primary health clinics, uniformly distributed throughout the country.
- The study used standardized instruments, devised to measure psychiatric morbidity at the primary care level
- The inter-rater reliability may have affected the results as large number of physicians were responsible for administering the questionnaires.
- The study did not include eating and substance-abuse disorders and the findings were limited to detection of somatization, depression, and anxiety disorders.

Conclusions

- The rates of psychiatric morbidity in the primary clinic attendees in our patients are on the higher side (WHO (24%); US (26%); Spain (30%).
- The predominance (33%) of somatic symptoms in the mentally ill primary clinic attendees makes it much more difficult for the physicians to identify them.
- The mentally ill patients are reluctant to accept psychiatric or psychological treatment and end up consuming inordinate amounts of health care resources which, according to certain estimates, cost the health services nine times more than the average medical patient.
- The fact that none of the patients found to have psychiatric disorder were identified by the primary care physicians underscores the need to seriously consider provision of psychiatric services at the primary care level.
- The mental health services in the Middle East region, including Kuwait are inadequate, and remain neglected and deeply stigmatized (Mental Health Atlas, 2011).
- The integration of mental health services into the primary care is likely to make them more cost-effective by relieving distress at an early stage, and improving the quality of life of the mentally ill patients.

Thank you