

PSYCHIATRIC MORBIDITY AMONG THE PATIENT OF FIRST EVER ISCHAEMIC STROKE

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Stroke is the most common cause of mortality worldwide and a serious cause of disability in the community. Stroke affects not only physical but also emotional, psychological, cognitive, and social aspects of patients. Some of the neuropsychiatric disorders associated with stroke include post stroke depression (PSD), bipolar disorder, anxiety disorder, apathy without depression, psychotic disorder, pathological affect and catastrophic reaction. Previous studies showed that co-morbid psychiatric disorders significantly increase medical costs. Aims and objectives: To evaluate psychiatric morbidity among the patients of first ever ischemic stroke.

Materials and Methods: This cross sectional comparative study was carried out in the Department of Psychiatry, Sylhet MAG Osmani Medical College Hospital, Sylhet during the period from 1st July 2013 to 30th June 2014. Sixty six ischaemic stroke patients of first attack between 2 weeks to 2 years of stroke, aged above 18 years irrespective of sex and 66 accompanying healthy person of the patients and other patients without any kind of stroke matching age and sex fulfilling inclusion and exclusion criteria were taken in Group-A and Group-B respectively. Exclusion criteria were patients with transient ischaemic attack, haemorrhagic stroke, previous stroke, head injury, known psychiatric disorder, serious cognitive impairment and other chronic diseases that may cause psychiatric morbidity. Diagnosis of ischaemic stroke was made in these patients by the consultant neurologists reviewing the history, clinical examination and accompanying investigations reports specially CT scan of brain. Psychiatric assessment was done using General Health Questionnaire (GHQ12) as screening tool. All GHQ12 positive cases were evaluated using mental state examination and recorded in a MSE sheet. Diagnosis of psychiatric disorders of all respondents was confirmed by psychiatrist according to DSM-5 criteria.

Results: The patients with ischaemic stroke and control subjects were similar in age [57.6 (SD ± 5.5) years vs 57.1 (SD ± 4.5) years; $p > 0.130$] and sex [48 (72.7%) male and 18 (27.3%) female vs 45 (68.2%) male and 21 (31.8%) female; $p = 0.567$]. Co-morbid psychiatric disorder was found in 23 (34.8%) patients of ischaemic stroke and 9 (13.6%) control subjects. The co-morbid psychiatric disorder was significantly higher in patients of ischaemic stroke than that of control g subjects ($p = 0.004$). Co-morbid specific psychiatric disorders were generalized anxiety disorder in 9 (13.6%) and major depressive disorder in 14 (21.2%) in stroke group; while co-morbid specific psychiatric disorders were generalized anxiety disorder in 2 (3.0%) and major depres-

sive disorder in 7 (10.6%) respondents in control group ($p < 0.013$).

Conclusion: Co-morbid psychiatric disorders are quite common among patients with first ever ischaemic stroke in the form of major depressive disorder and generalized anxiety disorder. Therefore, attention should be paid to the anxiety and depressive symptoms in stroke units and try to relieve the patients' emotional stress and personal suffering, which could improve their neurological outcome.

BIOGRAPHY

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