



Original Research Article

Attitude and Practice of Psychiatric Disorders among General Practitioners in Vadodara City, Gujarat, India

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ABSTRACT

Background: General Practitioner is an entry point for Psychiatric Patients regarding diagnosis and treatment of Psychiatric Disorders. GP is a link between Psychiatric patient and Psychiatric specialist.

Objectives: The study was started with objectives to study the socio-demographic structure of GPs, to know the attitude of GPs towards the mental health illness, to study the practice of GPs with Psychiatric problems or disorders.

Setting and Design: Study was Cross-Sectional study conducted in city Vadodara during January 2011 to July 2012.

Materials and Methods: Study included all General Practitioners with of only M.B.B.S degree and active in practice. There were total 310 GPs in Vadodara city at the time of study, out of that 255 male and 55 female GPs active in the practice at the time of study.

Results: Study could not find the difference among OlderG's and YG's attitude, between GPs who had received training/CME attended and who had not, between male and female GPs. 47.4% GPs believed that mentally ill patients should not visit their clinic. Almost 30% GPs believed that visit of mentally ill patient to their OPD is wasting of their time.

Conclusion: Larger number of people to get easier and faster access to this services and reduce unnecessary investigations and inappropriate and non-specific treatments. Patients were found to be most likely to want to pay for a reduction in waiting time and also to see a doctor whom they knew well. GP therefore be equipped with the knowledge and the skill for diagnosis and treatment of common psychiatric illnesses.

Keywords: General Practitioners, Psychiatric Disorders, Attitude, Practice.

INTRODUCTION

As per World Health Report 2001, [1] Mental Disorders are estimated to account

for about 12% of the global burden of disease and also represent fourth of the ten leading causes of disability worldwide. In

India on mental and behavioural disorders reports say varying prevalence rates, ranging from 9.54 [2] to 370 [3] per 1000 population. Mental health needs of the community and the available psychiatric services in India are very less. Due to this wide gap, a large number of psychiatric patients do not receive adequate treatment and suffer from longstanding illness and resulting disability. [4,5] General Practitioner is an entry point for Psychiatric Patients for diagnosis and treatment of Psychiatric Disorders. GP is a link between Psychiatric patient and Psychiatric specialist. So the study was conducted with the objectives to study the socio-demographic aspect of GPs, to know the attitude of GPs towards the mental health illness, to study the practice of GPs with Psychiatric problems or disorders.

MATERIALS AND METHODS

Study was a Cross-Sectional study conducted in city Vadodara during January 2011 to July 2012, study population was all General Practitioners with of only M.B.B.S degree and active in practice of Vadodara city. Study also included all GPs who were working in government hospitals, corporation hospitals (UHC), working with some NGO-Trust hospitals & working in own dispensary & nursing home. At the time of study, total 310 GPs were practicing in Vadodara city. The gross distribution was 255 male and 55 female GPs were practicing. For present study, the study group was divided in two groups "Older" and "Younger" practising GP for comparison of attitude. Older GP: GP who have got the degree of M.B.B.S before the year of 2001. Younger GP: GP who have got the degree of M.B.B.S in & after the year of 2001.

After taking permission of institutional ethics committee the study was

initiated. All MBBS GPs were approached and personally met for the data collection. The appointment was taken from the doctor and the practitioner and they were briefed about the study. After taking informed consent, a detailed questionnaire was administered to the general practitioner, at his/ her convenience. If practitioner was not available due to some reasons, they were re-approached after some days. It was decided to approach non-available practitioners for four times. Even after four time trial, if he/she not available or not ready to give information, were considered under non-response. Participant who did not give any response to particular question, that response was considered as "No" or "Not agree".

RESULTS

Total 234 (75.48%) GPs have been participated, Response rate among male GPs was 76.86% & among female GPs was 69.09%, and Overall response rate was 75.48. "Male: Female ratio" among participants is 5.16:1. Mean age of participants was 42.01 ± 10.99 years (95% CI = 40.62 to 43.34). Average patients flow and average psychiatric patients visit at GPs clinic were 50.06 ± 18.86 (95% CI = 47.77 to 52.62) and 2.09 ± 2.36 (95% CI = 1.79 to 2.41) patients per day respectively. Average years spent by GPs were 14.4 ± 11.52 years (95% CI = 12.9 to 15.97). GPs who got their degrees of MBBS before the year of 2001 were 64.1 %. Almost 129/234 (55.13%) GPs were practicing as private practitioner since more than 10 years. Around 63.2% GPs have patients flow was between 30 to 50 patients per day. It was observed that all GPs were not attending psychiatric patients in their OPD; almost 83% (194/234) had psychiatric OPD.

Table 1: Profile of GPs in context to “Psychiatric Clinical Practice” (N=194).

No.	Variables	No. of Participants (%)
1	General Practitioner attend Psychiatric patients in OPD	194 (82.9)
2	General Practitioner admit Psychiatric Patients	9 (4.64)
3	Average number of psychiatric patients attended per day 2.09 ± 2.36 patients/day (95% CI = 1.79 to 2.41)	
4	No. of psychiatric patients seeing by General Practitioner <ul style="list-style-type: none"> • Less than 2 • 2-5 • More than 5 	69 (35.56) 109 (56.18) 16 (8.21)
5	Training/CME attended by General Practitioner regarding psychiatric subject (N = 234)	51 (21.8)
6	General Practitioner treat Psychiatric patients by (N=194) <ul style="list-style-type: none"> • Medication • Counselling • Medication + Counselling 	0 (0.0) 15 (7.74) 179 (92.26)

Table 2: Odds ratios of Younger GPs agreeing with the statement, compared with those who older GPs.

Statement	Agree	Date of Qualified		OR	95% CI
		Older GPs (n=150)	Younger GPs (n=84)		
1. Person with mental disorders should not attend the OPD of GPs clinic	Agree	68 (45.3)	43 (51.2)	0.79	0.46 to 1.35
2. Many psychiatric patients come to GP’s clinic to waste the GP’s time	Agree	44 (29.3)	26 (31.0)	0.93	0.52 to 1.66
3. Mentally ill individuals are unlikely to recover with treatment and therefor they should left alone	Agree	7 (4.7)	8 (9.5)	0.47	0.16 to 1.33
4. Mentally ill person can recover with early identification and treatment	Agree	150 (100)	84 (100.0)		
5. Barrier(s) for Diagnosis of Psychiatric diseases					
• Lack of time	Agree	118 (78.7)	72 (85.7)	0.62	0.30 to 1.27
• Large no. of out patients	Agree	103 (68.7)	52 (61.9)	1.35	0.78 o 2.36
• Lack of experience in Psychiatric patients care	Agree	98 (65.3)	64 (76.2)	0.59	0.32 o 1.09
• Limited Psychiatric knowledge	Agree	97 (64.7)	46 (54.8)	1.51	0.88 to 2.61
• Lack of interest in Psychiatric services	Agree	67 (44.7)	41 (48.8)	0.85	0.50 o 1.45
6. Reason(s) for the Ignorance of Psychiatric diseases					
• Lack of Modern Information	Agree	95 (63.3)	46 (54.8)	1.43	0.83 to 2.46
• Social Stigma	Agree	148 (98.7)	82 (97.6)	1.81	0.25 to 13.1
• Lack of Money	Agree	54 (36.0)	28 (33.3)	1.13	0.64 to 1.98
• Lack of transport to travel to Psychiatric Unit	Agree	31 (20.7)	6 (7.1)	3.38	1.35 to 8.50
• Misconception (wrong belief, chaining, possession of evil spirit, because of old sins)	Agree	133 (88.7)	71 (84.5)	1.43	0.66 to 3.12
Statement	Agree- Ment	Date of Qualified	OR	95% CI	Statement
		Older GPs (n=150)	Younger GPs (n=84)		
7. Whether GPs should refer the psychiatric patient to a psychiatrist when situation arise	Agree	150 (100)	83 (99.0)	-	-
8. GPs needs to know more about the problems and treatment available for psychiatric disorders	Agree	146 (97.3)	82 (97.6)	0.89	0.16 to 4.97
9. Mental health service needs to improve further	Agree	146 (97.3)	79 (94.0)	2.31	0.60 to 8.85
10. Incidence of mental health problem is increasing in general population	Agree	144 (96.0)	81 (96.4)	0.89	0.22 to 3.65

It was reported by 129 GPs, that highest number of patients they are attending depressive patients came to their clinic. The next frequent psychiatric patients attending

their clinic were anxiety, schizophrenia, substance abuse, childhood problems, obsessive compulsive Disorders (OCD), Stress, mania etc.

DISCUSSION

General Practitioners or family physicians are the first contact physicians for the community. They are playing very important role for diagnosis and treatment of various diseases including psychiatric disorders. Their knowledge and attitude reflect the direction of medical science. There were total 234 out of 310 General Practitioners of Vadodara city participated in the present study. Overall response rate in this study was 75.48% (234/310). Response rate in male GPs and Female GPs was 76.86% & 69.09% respectively. Male: Female ratio is 5.16: 1 which is consistent with finding of study done in London where this ratio was 6.83:1 (Ahmed S. et.al 2010^[6]), study done in Switzerland where it was 5.48:1 (Simon A.E. et.al. 2005^[7]) and study done in Ludhiyana city where it was 3.16:1 (Chaudhary R.K. et.al. 2009^[4]). Only 9 (3.8%) GPs were admitting psychiatric patients in their clinic. Study done in Ludhiana, 88.7% GPs admitted psychiatric patients in their clinic which is much higher than present study (Chaudhary R.K. et.al. 2009^[4]) also higher in the study conducted in Jaipur (Ishwar Dayal Gupta et al. 1992^[8]). Almost 179 (92.26%) GPs were found to treat their psychiatric patients by "Medication + Counselling" which is consistent with the findings of Chaudhary R.K (2009)^[4] where it was 88.72%. Only 51 (21.8%) GPs had received training or attended CME regarding psychiatry which is much less than the study done in Ludhiyana city where it was 72.93% of GPs had received training or attended CME (Chaudhary R.K. et.al. 2009).^[4] GPs told that they are attending highest number of depressive patients in their OPD out of all psychiatric patients visiting their clinic.

Regarding attitude of GPs towards psychiatric diseases and patients, it was found that 47.4% GPs believed that psychiatric patients should not come to

general practitioner. Almost 70 (29.9%) GPs believed that seeing psychiatric patients at their clinic is a waste of time which is not consistent with findings of study done in Delhi city^[8] and Jaipur^[9] city observed that 5.3%, 2.5% medical professional respectively believe that seeing psychiatric patients is a waste of time. All the GPs believed that early diagnosis and treatment is helpful in the recovery from psychiatric illness which is consistent with finding of study done by Ahmed S. et.al 2010 in London.^[6] Almost 96.2% GPs believed that mental health services in Vadodara should be improved and equal number of GPs believed that mental health problems are increasing in the population. These findings are consistent with study done in Jaipur City.^[8]

Study divides General Practitioners into "Older GPs" and "Younger GPs" on the basis of getting the degree of MBBS. But study could not find any statistical difference regarding attitude of "Older GPs" and "Younger GPs" which is consistent with findings of study done by Ahmed S. et.al 2010 in London^[6] observed not much significant attitudinal difference between "Older" and "Younger" GPs. Study done in Victoria (Australia)^[10] observed that Continuing Medical Education (CME) can change in doctors' attitude but this study observed that there was no significant change in attitude of GPs due to receiving of training/attending CME. There was no significant change between male and female GPs responses regarding attitude which is consistent with the findings of study done in London.^[6]

CONCLUSION

Now a days more emphasis is given on the domiciliary care to psychiatric illness (except few psychiatric illnesses requiring hospital care) where patients are treated at home, in their familiar environment and

family members are asked to take care of him/her. In such situation, GP practicing in the vicinity is expected to function as first contact physician in case of need. GP therefore be equipped with the knowledge, skill and positive attitude for diagnosis and treatment of common psychiatric illnesses.

Medical council of India set goals for UGs (MBBS) student regarding psychiatric subject. It suggest that MBBS doctor should know how to take history and examine the psychiatric patient, communication skill with patients, recognize normal and abnormal behaviour, classify the psychiatric diseases, diagnosis of common psychiatric diseases, Define and elicit and interpret psycho-pathological symptoms and signs, preventive and rehabilitative measures for psychiatric diseases.

Many people of lower socio-economical (LSE) group are unaware about psychiatric problems. GPs give them right advice about their problems and refer them at right place at right time. GPs act as link between psychiatric patients and specialist services.

Currently, Psychiatry is a part of Medicine and it includes about 15-20 hours of didactic lectures and two weeks of posting in Psychiatry. Psychiatry posting during internship is only optional, and that too for two weeks only. This undergraduate medical curriculum devotes only 1.4% of lecture time and 3.8-4.1% of internship time to psychiatry, thereby leaving the general practitioners and the non-psychiatrist specialists unprepared to competently deal with mental illness in their practice.

This shows that there is less importance given on psychiatric subject during under-graduate and internship period of MBBS course and so the neglected by GPs as outcome of present study. This develops negative attitude towards psychiatric subject. This negative attitude naturally reflects during the clinical practice

of General Practitioners. So there is need to bridge this gap. This gap can be bridge with various activities like Continue Medical Education (CME), Training, and short course for interested GPs. Such activities will improve the attitude towards the psychiatric illness.

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