



Descriptive Epidemiology of Mental Illness and Epilepsy at the Psychiatric Hospital of Bouaké (Ivory Coast)

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Abstract

Mental illness is a public health problem worldwide. As in some African countries, epidemiological data are insufficient in Côte d'Ivoire. After more than ten years of socio-political crisis, an update of the data was necessary for a better psychiatric assistance in the region of Gbêkê strongly impacted during this period. Objective: The objective of this work was to study the mental disorders observed at the Psychiatric Hospital of Bouaké. Materials and method: This was a retrospective study with a descriptive aim, involving 550 files. Results: We noted a predominance of females (51%) residing in Bouaké with an age range between 15 and 34 years (52.9%), mostly single (56.9%). 61.3% of our sample was composed of subjects with a level of education lower than secondary school and who were not in employment (37.5%). As for psychiatric pathologies, depression was the most common (21.6%), followed by acute and transient psychotic disorders (18.4%), then schizophrenia (13.1%) and epilepsy (12.2%). These results prompted a study on the evaluation of the therapeutic management of mental patients at the psychiatric hospital in Bouaké.

Introduction

The WHO defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" [1]. Thus, mental health is defined as the ability of the psyche to function harmoniously, pleasantly, effectively and, when circumstances permit, to cope flexibly with difficult situations and to restore its dynamic balance after the event [2]. Indeed, mental illnesses are characterised by alterations in thinking, mood or behaviour (or a combination of all three) associated with distress and long-term dysfunction [3]. At the global level, the World Health Organisation (WHO) considers mental illnesses to be the most prevalent disease and responsible for a quarter of all disabilities. They affect one in five people each year and one in three in terms of lifetime prevalence. The WHO lists five mental illnesses among the ten most worrying diseases of the 21st century (schizophrenia, bipolar disorder, addiction, depression, and obsessive-compulsive disorder) [4]. All these estimates

indicate that this toll is likely to increase in the coming years with a 50% increase in the contribution of mental illnesses to the burden of disease overall if action is not taken today [4]. Epidemiological data on mental health in most African countries are based on the inpatient and outpatient clinical population as general population studies require a heavy investment. In Côte d'Ivoire, several studies on the epidemiological aspects of mental illness have been conducted. A study on the epidemiological aspects of psychiatric disorders in men reveals an over-representation of depressive states with 35%, followed by organic pathologies (comital crises and dementia, psychiatric disorders and HIV) with 14% and anxiety states with 14% [5]. Moreover, the psychiatric hospital in Bouaké remains the only public psychiatric establishment in central Côte d'Ivoire. The socio-political crisis of 2002 has had a considerable impact on the mental health of the population and on the quality of productivity of data on psychiatric morbidity. The aim of this study is to update the epidemiological and clinical data on psychiatric conditions observed in the psychiatric hospital of Bouaké.

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Methodology

Our study took place in the Bouaké Psychiatric Hospital in N'GATTAKRO. It was a retrospective study with a descriptive aim, focusing on the files of mental patients admitted to the Psychiatric Hospital of Bouaké. The data collected in each patient's file were filled in on individual survey forms containing the socio-demographic variables and the clinical profile of the mental patients followed at the Psychiatric Hospital of Bouaké from 1st January 2013 to 30 June 2014. Patients followed up for mental disorders during the study period regardless of gender, with a complete medical record and with an age greater than 15 years were included in our study. Patients followed up for non-psychiatric pathologies were not included in our study. The data collected were analysed using Epi-Info software. The files were treated anonymously. According to the selection criteria, 550 out of 866 records of mental patients were retained.

Results

Socio-demographic profile (Table 1)

Females represented 51% of the study population with a sex ratio of 0.96 and 52.9% were between 15 and 34 years old. 45.7% of the study population had not gone beyond secondary school while 37% were illiterate with 37.5% unemployed and 56.9% single. Most of our patients came from the city of Bouaké representing 60% while 45.6% were Muslim.

Table 1. Socio-demographic profile

Variable Studied	Frequency (N=550)	Percentage (%)
Gender		
Female	269	51
Male	281	49
Age (year)		
15-24 years	128	23
25-34 years old	164	30
35-44 years	101	18
45-54 years	68	13
≥ 55 years	89	16
Level of Education		
Illiterate	216	39
Primary	135	25
Secondary	125	24
Superior	66	12
Profession		
Teacher	16	3
Informal activity	114	21
Pupil/student	87	16
Trader	78	14
No activity	207	37
Other	48	9
Marital Status		
Single	313	57
Free union	110	20
Married	107	19
Divorced	5	1
Widow(er)	15	3

Table 2. Clinical profile

Variable studied	Frequency (N=550)	Percentage (%)
Mode of admission		
Self-employment	55	10
At the request of a third party	412	75
Involuntary admission	83	15
Monitoring method		
Ambulatory	413	75
Hospital	137	25
Reason for admission (N=1152)		
Insomnia	350	30
Agitation	318	28
sadness	84	7
Inconsistent statements	50	4
Hallucination	171	15
Suicide attempt/idea	29	2
Memory Impairment	30	3
Convulsion	66	6
Somatic complaints	54	5
Diagnosis		
Depression	119	22
Mania	39	7
Bipolar disorder	25	5
Transient acute psychotic disorder	101	18
Schizophrenias	77	14
Paranoia	12	2
PHC	17	3
Anxiety disorders	33	6
Dementia	20	4
Substance use disorders	46	8
Epilepsy	61	11

Clinical profile (Table 2)

30.50% of our study population were admitted for insomnia at the request of a third party in 75% of cases. 75.1% of our study population were followed as outpatients and depression was the most common psychiatric condition.

Discussion

Socio-demographic profile

The predominance of women could be explained according to TAPAH William F. [6] in Abidjan in 1996: "women seem to have difficulty coping with the problems of everyday life such as celibacy, divorce and bereavement, which are a source of loneliness; this female loneliness is not well accepted in African culture". On the other hand, this female predominance is not always found in works from here and elsewhere. TCHINDA J. P. [7] found 59% of males. The youth of our study population could be explained by the fact that the Ivorian population as a whole

is young. Indeed, the last general population census conducted in 1998 showed that 53% of the population was between 15 and 49 years old [8]. Other national and international studies [9; 10; 11] have highlighted the predominance of this problem in young adult populations. People without a profession experience difficult situations due to their low income and, above all, the moral degradation of having to rely on the support of their peers and social services to obtain a decent standard of living. The study by LENOIR cited by CHANOIT and LERMUZEAUX [12] shows a high rate of unemployed people in EUROPE due to their "excluded situation". In our study, 45.7% of the subjects did not go beyond secondary school, compared to 37% who did not attend school. However, it should be remembered that the majority of mental illnesses appear mainly in adolescence and young adulthood, and make it difficult to continue schooling. Education contributes to increased income and employment security and gives people a sense of control over their living conditions; these are key factors influencing health [13]. As for marital status, our study showed that 56.9% of our patients were single. This high number of single people in our study is thought to be related to the stigma attached to psychiatric disorders. Also, the majority of our patients suffer from chronic disorders with a long course and carry within themselves the prejudice of the 'crazy' patient. The largest number of patients in the study population is of Muslim faith with 45.6%. These figures could be explained by the large proportion of Muslims in the Gbêkê region. However, a later study related to the different proportions of the different religious denominations will be able to give us a better idea of the situation. More than two thirds of the population studied, i.e. 69%, come from the city of Bouaké. This could be explained by the demographic importance of the city of Bouaké in relation to the surrounding towns and villages from which some of the mentally ill come. Also, given the phenomenon of rural exodus due in large part to the armed conflict that has taken place in the country, the population of Bouaké is much larger.

Clinical profile

Sleep disorders were the most frequent reason for admission with 30.38%. This predominance of sleep disorders in the reasons for consultation is also found in the KOUTE and KOUASSI K studies [14,15]. This could be explained by the fact that sleep disorders represent a frequent alarm sign in psychiatric pathologies, causing concern among the patients' family. In the distribution according to the mode of admission, patients admitted at the request of a third party were in the majority with 75%. DIABY BABY M [16] found that the family was at the origin of the request for hospitalisation in 72% of cases. MENET GACEBET YLS [17] goes in the same direction and finds that the family is at the origin of the hospitalisation in 71.8%. Moreover, it is almost always the family that describes and interprets the patient's disorders. Depression was the most frequent diagnosis. This could be explained by the African social organisation of the community type, which is tending to disappear nowadays. Subjects in difficulty would tend to suffer from depression. KOUASSI K. [18] in his study found that marital conflicts represented the major stressful event in the occurrence of depression.

Conclusion

This study enabled us to assess the epidemiological and clinical parameters of mental illnesses treated at the Bouaké psychiatric hospital following a decade of politico-military crisis which has

had an impact on both the mental health of the population and the psychiatric care system. Compared to previous studies, the epidemiological and clinical profile of the psychiatric patients in our study was dominated by depressive disorders (21.6%), acute transient psychotic disorders (18.4%), schizophrenia (13.1%) and epilepsy (12.2%) in young (52.9%), single (56.6%) and unemployed (37.4%) people. An appropriate response to the high demand for mental health care in these populations is a challenge for understaffed mental health professionals working in difficult conditions.

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