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

Statement of the problem: An extensive number of patients going to the essential wellbeing facilities experience the ill effects of the co-dismal mental issue.

Objectives: To estimate the prevalence of the comorbidity between common mental disorders (anxiety/depression/somatization) and common chronic physical illnesses among primary health care attendees and explore the relationship of comorbidity with the type of illness and socio-demographic characteristics.

Method: The Physical Health Questionnaires (PHQ-SADs) were directed to a randomized example of 1046 essential center participants in all the five governorates of the nation over a 5-month time frame. Physical diagnoses were ascertained by the attending physicians based on ICD-10 criteria.

Results: Of 1046 respondents, 442 (42.25%) had no less than one mental issue, while 670 (64.1%) had a physical ailment determination, viz: diabetes mellitus (37.01%), hypertension (34.18%), heart infections (7.2%) and non-chronic physical illnesses (9.4%). Physical comorbidity was significantly associated with older age, divorce, illiteracy, and poorer living conditions. 34.4% (360/1046) had physical-mental comorbidity while 53.7% (670) % had physical-mental comorbidity; and of 376 without physical disease, 82 (21.8%) had no less than one mental issue (OR = 4.1, P < 0.001). The commonest comorbid mental disorders were somatization and the simultaneous presence of all 3 mental disorders. There was an increase in the prevalence of mental disorders with an increase in the number of physical illnesses, and increase in psychopathology scores with a number of physical comorbidities. Subjects with heart diseases and asthma consistently had higher psychopathology scores.

Conclusion: The findings call for the primary care physicians to be sensitive to the psychosocial context of patients who present primarily with physical conditions; more so for patients with multiple medical illnesses and social disadvantage.

Biography

Dr Zahid got his pre-medical education from Paharang, Faisalabad and obtained a Medical degree from King Edward Medical College, Lahore, Pakistan. He became a member, Royal College of Psychiatrists, UK, in 1985. He served as Assistant Professor, Department of Psychiatry, King Edward Medical College during 1986-1992; joined the Department of Psychiatry, Kuwait University in 1994, which he has Chaired since 2006. His areas of interest include Psychosomatic disorders, Violence against Medical Staff, and Psychotic Disorders. He has authored more than 35 publications in peer-reviewed, indexed, International journals and organized 11 International conferences. He is the recipient of a number of Research and Academic awards and author of two scales measuring Violence against medical staff and Somatic symptoms in the Psychologically distressed medical outpatients. He has made over 40 presentations in various International Conferences.

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