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CONTRIBUTIONS TO BOOKS

- Sharma T., Kwatra, G. (2008) Effectiveness of Social Advertising: A Study of Selected Campaigns, Corporate Social Responsibility, Edited by David Crowther & Nicholas Capaldi, Ashgate Research Companion to Corporate Social Responsibility, Chapter 15, pp 287-303.

JOURNAL AND OTHER ARTICLES

- Schemenner, R.W., Huber, J.C. and Cook, R.L. (1987), "Geographic Differences and the Location of New Manufacturing Facilities," Journal of Urban Economics, Vol. 21, No. 1, pp. 83-104.

CONFERENCE PAPERS

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KNOWLEDGE AND PRACTICE OF GENERAL PRACTITIONERS REGARDING PSYCHIATRIC DISORDERS IN VADODARA CITY

GAURAV JD
ASST. PROFESSOR
DEPARTMENT OF COMMUNITY MEDICINE
GUJARAT ADANI INSTITUTE OF MEDICAL SCIENCE
BHUJ

NIRAJ P
PROFESSOR
DEPARTMENT OF COMMUNITY MEDICINE
SMT. B. K. SHAH MEDICAL INSTITUTE & RESEARCH CENTRE
SUMANDEEP VIDYAPEETH
PIPARIA

ABSTRACT

General Practitioners (GPs) encountered the psychiatric morbidity be ranging between 10% to 36% and General Hospital outpatients encountered 27%. The study was conducted with the aims to study the socio-demographic aspect of GPs, to know the knowledge of GPs towards the mental health illness, to study the practice of GPs with Psychiatric problems or disorders. Study was Cross-Sectional study conducted in city Vadodara during January 2011 to July 2012. 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. Training/CME did improve significantaly the knowledge of GP for psychiatric illnesses. Study did not find significant realtion between gender of GPs, Duration of practice & interest in Psychiatric branch with knowledge of GPs for Psychiatric illness. Less importance given on psychiatric subject during under-graduate and internship period of MBBS. 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.

KEYWORDS

General Practitioners, Psychiatric Disorders, knowledge, Practice, training/CME.

INTRODUCTION

The World Bank report¹ revealed that the Disability Adjusted Life Year [DALY] loss due to psychiatric disorders including substance use is 11.5% which is much higher than diarrhoea, malaria, worm infestation, Human Immuno-deficiency Virus (HIV) and Tuberculosis (TB) if taken individually. DALYs loss due to mental disorders are expected to constitute 15% of the global burden of diseases by 2020².

Mental health care is an integral part of total health care. This has been recognized from the time of Alma-Ata declaration. This primary care is a basic level of care acts as a filter between the general population and specialized health care³. There is evidence to suggest that basic mental-health services generally can be managed in primary health-care organizations with considerable cost savings and without detrimental effects on health⁴.

General Practitioners (GPs) encountered the psychiatric morbidity be ranging between 10% to 36% and General Hospital outpatients encountered 27%⁵. GP is an entry point for Psychiatric Patients for diagnosis and treatment of Psychiatric Disorders and high burden of psychiatric patients, GPs should aware about psychiatric illnesses and their treatment. Psychiatric epidemiology lags behind other branches of epidemiology due to difficulties encountered in conceptualizing, diagnosing, defining a case, sampling, selecting an instrument, lack of resources and stigma. A major challenge for psychiatric epidemiologists is to increase the relevance of their research with regard to their counterparts in preventive psychiatry and to the policy makers⁶.

So the study was conducted with the objectives to study the socio-demographic aspect of GPs, to know the knowledge 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. Knowledge was compare with Training in Psychiatric subject, duration of private practice, sex of GP, interested subject of medical field.

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

The clinical practice pattern of the study participants. 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 practising 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. The profile of such GPs described below.

It was reported by 129 GPs, that highest number of patients they were 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. Peadiatric was the most interested branch of GPs (37.17%). Only 15 (6.41%) GPs have interest in Psychiatric branch. highest cases of psychiatric emergency visited at GPs clinic are violent behaviour. Other cases of psychiatry emergency are suicidal behaviour, substance abuse, hysteria, depression, Bipolar Manic Disorders

(BPMD), schizophrenia, paranoid, panic, anxiety in descending order. highest cases of childhood psychiatry visited at GPs clinic is Attention Deficient Hyperactivity Disorders (ADHD). Other cases of childhood psychiatry are mental retardation, eating disorder, anxiety, enuresis, dyslexia, depression, phobia, hallucination, pica & nail biting, unexplained abdominal pain, aggressive behaviour, convulsion, bipolar disorder in descending order.

GPs who had received training, had more awareness about "Mental Health Act" [18/51, 35.29%, $\chi^2 = 10.09$, d.f = 1, P value <0.001]; about "Psychiatric Emergences" [31/51, 60.78%, $\chi^2 = 6.68$, d.f = 1, P value <0.01] and about "Childhood Psychiatry" [43/51, 84.31%, $\chi^2 = 8.76$, d.f = 1, P value <0.01] than GPs who had not received training. GPs who had received training, had gave right answer regarding "Parkinsonism" [37/51, 72.54%, $\chi^2 = 3.59$, d.f = 1, P value <0.05] more than GPs who had not received training [106/183, 57.92%]. This indicates that training/CME does improve the knowledge of GP for psychiatric illnesses.

GPs who were have been practicing for more than 10 years, had less awareness about "Mental Health Act" [18/129, 14.0%, χ^2 value= 5.92, d.f = 1, P value <0.05] than GPs who have been practicing for less than 10 years [28/105, 26.7%]. GPs who were have been practicing since more than 10 years, had given right answer regarding minimum IQ level for in Mentally Retarded patient [76/129, 58.9%, χ^2 value= 5.92, d.f = 1, P value <0.05] more than GPs who have been practicing for less than 10 years [46/105, 43.8%]. GPs who were have been practicing for more than 10 years, had given right answer regarding Parkinsonism [86/129, 66.7%, χ^2 value= 3.74, d.f = 1, P value <0.05] more than GPs who have been practicing for less than 10 years [57/105, 39.9%]. GPs who have been practicing for more than 10 years, had more awareness about Mental Health Programme, Psychiatric emergencies & its treatment, Childhood psychiatry than GPs who have been practicing for less than 10 years but this differences were not found statistically significant [p value > 0.05]. This indicates that duration of experience in GPs is not related to the knowledge of Psychiatric illnesses.

GPs who had interest in psychiatry branch, had not good knowledge in comparison to GPs who had no interest in psychiatry branch of medical regarding Mental Health Act, Mental Health Programme, Psychiatric Emergences, Childhood Psychiatry and question related to Mental Retardation [p value > 0.05]. The reason for above observation may be due to less number of GPs had interest in psychiatric practice. GPs with psychiatric practice interest had good knowledge in context to referral of psychiatric patients and knowledge about Parkinson disease. This indicates that interest of GP in Psychiatric field does not appear to have related with their knowledge of Psychiatric illnesses.

Male GPs had more awareness than female GPs regarding mental health act, mental health programme, psychiatric emergencies and question regarding mental retardation however this differences were not found statistically significant [p value > 0.05]. Female GPs were aware/knew more than male GPs regarding childhood psychiatry and question regarding Parkinsonism but this differences were not statistically significant [p value > 0.05]. This indicates that "Gender of GP" and "Knowledge about Psychiatric Illnesses" are not related.

STATISTICS

Collected data was entered in the excel data sheet and data analysis was done with the help of Epi. Info.7 and SPSS 20.0 software.

DISCUSSION

Mental illness is not a personal failure. The theme of World Health Day 2001 was "Stop exclusion – Dare to care". The message was that there is no justification for excluding people with a mental illness or brain disorder from our communities – there is room for everyone. WHO is making a simple statement: mental health – neglected for far too long – is crucial to the overall well-being of individuals, societies and countries and must be universally regarded in a new light. Initial estimates suggest that about 450 million people alive today suffer from mental or neurological disorders or from psychosocial problems such as those related to alcohol and drug abuse. There are few families in the world, who are free from an encounter with mental disorders. One person in every four will be affected by a mental disorder at some stage of life⁶.

Significant more number of GPs who had received training knew about "Mental Health Act" more than GPs who had not received training. Significant more number of GPs who had received training knew about "Psychiatric Emergences" more than GPs who had not received training. Significant more number of GPs who had received training knew about "Childhood Psychiatry" more than GPs who had not received training. Significant more number of GPs who had received training gave right answer regarding "Parkinsonism" more than GPs who had not received training. All above results suggest that there is a significant impact of training or attending the CME on psychiatric subject improve knowledge regarding psychiatric illness. These observations are consistent with the findings of Study done in Victoria (Australia)⁷ observed that Continuing Medical Education (CME) can change in doctors' knowledge

Study observations shows that there is no significant impact of duration of practice of GPs on their knowledge about psychiatric subject and Psychiatric Illnesses. Study asked to GPs, "1st three branch of medical in whom they are interested". It was observed that the preferred branch of GPs were paediatrics, OB & GY & Medicine while only 15 (6.41%) of GPs preferred Psychiatric as field of interest. But results of study shows that there is no significant association between "branch of interest" and knowledge of psychiatric subject. Study also shows that there is no significant relation between "Gender of GP" and "Knowledge" of psychiatric subject and Psychiatric Illnesses.

CONCLUSION

Less importance given on psychiatric subject during under-graduate and internship period of MBBS course because 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 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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REFERENCES

1. World Bank (1993). World development report 1993: investing in health. New York, Oxford University Press for the World Bank
2. Murray CJL, Lopez AD, eds (1996a). The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020. Cambridge, MA, Harvard School of Public Health on behalf of the World Health Organization and the World Bank (Global Burden of Disease and Injury Series, Vol. I)
3. Kishor K.V., Chandrashekar C.R., Gangadhar B.N., Suresh B.M., Shiv P.T., Mental Health Care in Primary Care for Medical Officers My Work Book. National Institute of Medical Health and Neuro Science, Bangalore, First edition, May 2008.
4. Reddy IR. Undergraduate psychiatry education: Present scenario in India. Indian J psychiatry 2007; 49:157-8.
5. Murthy, R. S., & Wig, N.N. (1977). Place of mental health in public health services in India. Swasth Hindi, 21:362.
6. World Health Report (2001): Mental Health: New understanding New Hope. Geneva.
7. McCall LM, Clarke DM, Rowley G: Does a continuing medical education course in mental health change general practitioner knowledge, attitude and practice and patient outcomes? Primary Care Mental Health 2004; 2:13-22

ANNEXURE

TABLES

TABLE 1: SOCIO-DEMOGRAPHIC PROFILE OF PARTICIPANTS

NO.	Variables	No. of Participants (%)
	Total General Practitioners in Vadodara City	310
	Total Male General Practitioners in Vadodara City	255 (82.25%)
	Total Female General Practitioners in Vadodara City	55 (17.75%)
	General Practitioners participated in present study	234 (75.48%)
	➤ Overall Response Rate	234/310 (75.48%)
	➤ Response Rate in Male General Practitioners	196/255 (76.86%)
	➤ Response Rate in Female General Practitioners	38/55 (69.09%)
	"Male: Female Ratio" among participants	5.16:1
	Mean Age = 42.01 ± 10.99 years (95% CI = 40.62 to 43.34)	
	Age (years)	
	➤ Less than 30	44 (18.81)
	➤ 31 - 40	72 (30.76)
	➤ 41 - 50	64 (27.35)
	➤ More than 50	54 (23.08)

TABLE 2: GENERAL PRACTITIONER'S KNOWLEDGE REGARDING PSYCHIATRIC DISORDERS (N=234)

No.	Item	No. of Participants(%)
	Knowledge About Mental Health Act	46 (19.7)
	Knowledge About Mental Health Programme	117 (50.0)
	Knowledge About Psychiatric Emergency	105 (44.9)
	Treatment given by GPs to the patient of Psychiatric Emergences	
	➤ Treat	12 (5.1)
	➤ Refer	222 (94.9)
	Diagnostic criterion using by GP to make a diagnosis of a Psychiatric disorder	
	➤ DSM – IV	100 (42.7)
	➤ ICD – 10	4 (1.7)
	➤ Other	130 (55.6)
	Knowledge about Childhood Psychiatric disorders	157 (67.1)
	Knowledge regarding Mental Retardation on the basis of minimum IQ level	122 (52.1)
	Knowledge about symptoms of Parkinsonism	143 (61.1)

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