

Profile of Patients Received in Outpatient Psychiatry in Dakar

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ABSTRACT

Background and Objectives: The lack of data on the extent of mental disorders in the general population in Senegal motivated our study. It aims to determine the socio-demographic and clinical characteristics of patients consulting in the outpatient unit of CHNU Fann's Department of Psychiatry in Dakar.

Methodology: It was a quantitative, descriptive, retrospective study based on patient records over a 5-year period from July 1st, 2010 to June 30th, 2015.

Results: Six thousand six hundred and fifty case files were collected. The patients were young (average age 33.5 years), mostly resident in Dakar 77.17%. Acute delusional psychosis 32.91%, depressive states 13.06%, schizophrenia 12.24%, and hysterical neurosis 8.59% were the most frequent diagnoses, followed by dementia 6.29% and epilepsy 5.28%. The most prescribed drugs were neuroleptics with 60.44% followed by anxiolytics with 28.18%.

Conclusion: This retrospective study tells us about the main conditions encountered. It should be supplemented by a study in the general population and allow the setting up of policy of care adapted to the specific needs of the population.

Keywords

Outpatient consultation, Psychiatry, Senegal.

Introduction

The establishment of psychiatry in Africa as a specialty to deal with mental illnesses took place in 1968 not without some difficulties [1]. In Senegal, like almost everywhere in Africa, mental illnesses were devolved to traditional treatments. The first psychiatrists very quickly understood that it was not a question of imposing a new order, but rather an adaptation and a fusion of the two methods of treatment [1].

For a long time therefore, there was a joint consultation of the two care systems, patients having always had a therapeutic path between the 2 medicines, with a particular request to each. In fact,

in modern medicine, it was just asked to calm the symptoms, thus allowing going to traditional medicine, which was responsible for the etiological treatment of mental illnesses.

Nowadays, we are gradually witnessing an acceptance of medical explanations and thus an increased use of modern psychiatric structures, in particular the external psychiatric consultation unit of the CHNU in Fann. This unit is the transit point for all patients received, who can be followed on an outpatient basis or secondarily hospitalized.

The objectives of this work are to determine the frequency of attendance at a modern structure for the care of mental disorders, to list the main diagnosis found in the outpatient clinic of Fann's Psychiatry in Dakar, as well as the various treatments offered.

Methodology

This was a quantitative, descriptive, retrospective study carried out from the scanned file and files of patients received at the psychiatric outpatient unit of the Fann National University Hospital, over a period of 5 years from July 1st, 2010 to June 30th, 2015.

The consultation unit is the reference structure for any patient suffering from psychiatric disorders and having first-line recourse to the Fann national hospital. All patients aged 15 and over are consulted there. Children under 15 being seen at "Ker Xaléyi", the child psychiatry unit. All patient records received during this period were included. Records of hospitalized patients were excluded.

The diagnoses were reported according to the French classification of mental disorders established by the National Institute of Health and Medical Research INSERM, a classification widely used in Senegal. The application of these criteria made it possible to retain six thousand six hundred fifty patients with various supplies. Sociodemographic data were studied: age, sex, marital status, religion, geographical origin, clinical data with the diagnoses made, the different treatments administered, and the progress under treatment.

The information collected was analyzed with the statistical software Epi info7.

Results

Socio-demographic characteristics of the study population

The study population appeared young with the 15-35 years age group being the most represented with 4,214 cases, or 64.09%.

The patients received were between 15 and 99 years old. The mean age of the patients was 33.5 years with a standard deviation of 15.01.

Table 1: Distribution by age

Age groups	Frequency	Relative frequency	Percentage
[15 – 35 ans]	4214	64 ,09	62,92-65,25
[35ans – 99ans]	2383	35, 91	34,75-37 ,08
Total	6597	100,0	-

The male sex was predominant with 53.20% against 46.80%, or a sex ratio of 1.14. Single people represented 57% of which 59.09% were men and 40.91% were women. The muslim religion was in the majority with 95.42% against 4.58% of christians. The region of Dakar the capital city was the most represented (77.07%) followed by Thiès and Diourbel regions in the center with 4.80% and 4.73% respectively. The sub-region (Gambia, Mali, Cape Verde, and the two Guineas) accounted for 0.93%.

Diagnoses found

Acute delusional psychosis 32.91%, depressive states 13.06%, schizophrenia 12.24%, and hysterical neurosis 8.59% were the most common diagnoses, followed by dementias 6.29% and epilepsies 5, 28%.

Table 2: Diagnoses found.

Diagnosis	Effectif	Frequency
Alcoholism	21	0,41%
Mental confusion	14	0,28
Psychotic episode	1610	32,91
Mental impairment	24	0,47
Dementia	319	6,29
Epilepsy	268	5,28
Depression	663	13,06
Manic troubles	251	4,95
Schizophrenia	621	12,03
Paranoid psychosis	12	0,24
Anxiety	186	3,67
Hysterical neurosis	436	8,59
Obsessive neurosis	28	0,55
Post traumatic neurosis	14	0,28

Different treatments

Neuroleptics were the most prescribed drugs during this period with 60.44% of patients followed by anxiolytics with 28.18% and antidepressants with 14.40%.

Evolution

Most of the patients followed had a favorable outcome with 60.84%, followed by those lost to follow-up with 26.98% while 12.18% had an unfavorable one.

Discussion

Sociodemographic characteristics

Age

Our results showed a young population. This young age may be linked to the population received at outpatient clinics and also linked to the age pyramid in Senegal because, according to the report published by the national agency for statistics and demography in 2014, young people under 30 years old represent 69.6% of the population [2].

The 15-35 age group was the most represented among the patients followed at the outpatient clinic with 60.09%; results similar to those of Conde A. 32.12% [3].

A phenomenon that can be explained according to MEGGLE [et al.] Reported by PORQUET O. by the fact that this age coincides with periods of vulnerability (adolescence and entry into an active life) therefore often confronted with problems of schooling, unemployment, sexuality, and psychoactive substances [4].

These results should be disturbing as they show a definite socioeconomic impact, this age group constituting the active force of a population.

Gender

Our results showed a higher proportion of male consultants 53.20%. This same male predominance was found in Burkina with Ouédraogo on 7313 patients, 60% of the patients were male [4].

Similar results were also found in Mali in 2005 by Baby M. with 74.4% [5].

Women would be much more likely to suffer from "internalized disorders" (affective emotional shock or anxiety) not always requiring a request for help, while men would be affected by "externalized disorders" sometimes requiring an emergency request [6].

Marital status

In our study population, singles made up more than half of the sample. Results close to those found by Haidara M. in Mali, who found predominance among single people, that is to say 65.86% [7]. This large number of single people can be part of the relationship problem of young subjects. Marriage appears to be a means of protection through its stabilizing factor [8].

Geographical origin

Regarding the place of residence, we noticed that the region of Dakar was strongly represented with 77.17% of the consultants, followed by the region of Thiès and Diourbel with respectively 4.80% and 4.73%. Results which also confirm those found by Conde A. in 2011 with 65.01% [3].

Strong demand could be explained on the one hand by the fact that the study setting is in Dakar, which is the most populous region of Senegal with more than three million inhabitants. And the university hospital centers, centers of reference are concentrated in Dakar, despite decentralization.

On the other hand by looking for quality care. What Porquet called "a sort of therapeutic journey" [4].

Diagnoses found

BDP and depressive states are the most represented in the study, with 32.91% and 13.06% respectively; followed by schizophrenia with 12.03%. This again shows, as Collomb said, that the African subject expresses his psychological suffering preferentially in the acute delusional way [9].

Our results are similar to those found by VE. D et al with 32.0% BDP followed by schizophrenia with 24% [10] in Dakar.

In Congo, Mouanga found a predominance of nervous breakdowns [11].

As the study population is predominantly young, this constitutes a ground of vulnerability to developing mental illness [8]. This could constitute a hypothesis that could explain the predominance of acute psychosis in the study.

The weakly represented depressive states could be explained by the fact that these are rarely seen on an outpatient basis, readily seen in hospital due to the risk of prognosis.

Schizophrenia is less common. Result which could seem reassuring. But in view of the BDP, one might be concerned about

the become of these acute psychotic paintings. In addition, there is a great deal of toxic psychosis.

Growing dementias bear witness to the aging of the population.

The frequency of epilepsies is explained by its location on the borders of neurology and Psychiatry, a large part of which can be received at the outpatient department of neurology which faces the outpatient department of Psychiatry [11].

Drug families

The majority of our study population was on treatment, 97.77% of which 97.74% was specific treatment (psychotropic drugs) versus 2.04% non-specific treatment. Among the specific treatments used, neuroleptics and anxiolytics were the most prescribed with 60.44% and 28.18% respectively.

The same results were found in 2015 by NDIAYE M. with 84.2% of patients under neuroleptic treatment [12].

The large prescription of antipsychotics could be explained by the frequency of psychosis in our study. The prescription of anxiolytics represented 28.18%, testifying to their frequent association with neuroleptics.

It would be important to see the share of latest generation neuroleptics, more or less recently introduced in Senegal.

In addition, we also observed that patients came from the sub-region (Gambia, Mali, Mauritania, Cape Verde, Guinea Bissau and Conakry) with their relatives for care by moving away as far from home to escape the stigmatization of the entourage.

It could also result from a lack of information on the existence of mental health structures in the regions of Thiès (crossroads region, 70 km from Dakar), Fatick, Ziguinchor, Tambacounda.

Evolution under treatment

The outcome of the patients was favorable under treatment with 60.44% versus 12.18% unfavorable and 26.98% lost to follow-up. The latter are relatively down compared to that of NDIAYE B, which had 37.5% of patients who no longer returned [13] and PICARD for his part noted 31% of unreview patients [14].

In the African context, particularly Senegalese, mental illness is strongly correlated with supernatural causes; its management does not come under modern medicine but rather traditional medicine. This would explain the care procedures for both medicines, and sometimes even the abandonment of one in favor of the other.

Conclusion

Faced with the lack of data on the extent of mental disorders in the general population in Senegal, this work provides hospital epidemiological data.

It clearly shows that the psychiatric outpatient department, a modern structure for the management of mental disorders, is well attended. It highlights the higher frequency of acute delusional flushes and depressive disorders among the conditions encountered.

However, it should be supplemented by studies in the general population to have more precise guidance on the mental health needs of the Senegalese populations and thus make it possible to adapt treatment strategies.

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