Knowledge of physicians of tertiary care hospitals in Balochistan about schizophrenia

Hazrat Ali, Muhammad Umar Marri, Abdul Malik Achakzai, Mir Zaman Kasi

Department of Psychiatry, Bolan Medical Complex Hospital, Quetta, Pakistan

Objectives: To assess knowledge of physicians of tertiary care hospital in Baluchistan about schizophrenia.

Methodology: This cross sectional study was conducted at Department of Psychiatry, Bolan Medical Complex Hospital, Quetta, Pakistan from January 2011 to January, 2012. One hundred physicians were asked to answer a Proforma consisting of two portions namely, general information and knowledge about schizophrenia.

Results: Out of 100 physicians, 96 were males and 4 female. 2% treated more than 10 patients annually, 3% treated 6-9 patients, 12% treated 3-5

patients and 13% treated 1-2 patients annually while 70% physicians didn't treat any case of schizophrenia in two years. 6% diagnosed more than 5 new cases, 18% diagnosed 3-5 new cases and 42% diagnosed 1-2 new cases annually while 34% did not diagnose any new case. 44% of physician had good knowledge about schizophrenia while 56% had poor knowledge.

Conclusion: Most of the physicians in our study area had poor knowledge about schizophrenia. (Rawal Med J 2014;39: 133-135).

Key words: Schizophrenia, Physician, Knowledge.

INTRODUCTION

The word schizophrenia, which translates roughly as "splitting of the mind", comes from the Greek roots schizein. It is a heterogeneous disorder defined by sustained periods of psychosis and functional deterioration in the major arenas of life, such as interpersonal relations, education, employment and self-care. It usually starts in young adulthood and life expectancy is reduced by approximately 10 years. In the World Health Report, schizophrenia is listed as the 8th leading cause of disability-adjusted life years worldwide in the age group 15-44 years.

There are few psychiatrists and specialty clinics and center for the diagnosis and treatment of schizophrenia in Pakistan. Physicians have an important role in treating the patients with an established schizophrenia as well as identifying people in the early stages of psychoses. In the 14th century the first psychiatric unit was established, in Kalaoon Hospital in Cairo and mental disorders have been recognized in the Ebers and Kahun papyri. Epilepsy and behavior disorders were attributed to supernatural, usually evil forces, the forerunner of the Greek concept of the Sacred

Disease⁵ and various features of schizophrenia were described.^{6,7} Emil Kraepelin in 1893 was first to make the distinction between what he called dementia praecox and other forms of madness.⁸ This was later renamed 'schizophrenia' in 1911 by Bleuler⁹ and diagnostic criteria for schizophrenia was developed in 1970, which is used today.¹⁰ The aim of this study was to assess knowledge of physicians of a tertiary care hospital in Baluchistan about schizophrenia.

METHODOLOGY

The physicians who were registered with Pakistan Medical and Dental Council (PMDC), practicing in tertiary care hospitals in Bolan Medical College and private practice were requested to participate in the study after ethical approval from the Hospital Ethical Committee. They were then asked to answer a proforma consisting of two portions namely, General Information's and Knowledge about Schizophrenia. Question format was both open and closed. It categorized the knowledge into Good and Poor when a physician responds to ≥60% and <60% of questions correctly. Data analysis was performed using SPSS version 15.0.

RESULTS

Out of 100 participants, 96% were males while 4% were female. 76% physicians treated none to 1-2 patients annually (Table 1).

Table 1. Number of schizophrenic patients treated annually.

| Number of patients | Number of physicians | Percent |
|--------------------|----------------------|---------|
| None | 34 | 34.0 |
| 1-2 / year | 42 | 42.0 |
| 3 – 5 / year | 18 | 18.0 |
| > 5 / year | 6 | 6.0 |
| Total | 100 | 100 |

60% physicians spent less than 10 minutes for consultation with schizophrenic patient (Table 2). 6% of physician diagnosed more than 5 new cases, 18% diagnosed 3-5 new cases and 42% diagnosed 1-2 new cases annually while 34% didn't diagnose any new case in a year's time (Table 3).

Table 2. Average time taken for consultation with a schizophrenic patient.

| Time | Number of physicians | Percent |
|-------------------|----------------------|---------|
| Less than 10 mins | 60 | 60.0 |
| 10 – 20 mins | 30 | 30.0 |
| 21 - 30 mins | 5 | 5.0 |
| > than 30 mins | 5 | 5.0 |
| Total | 100 | 100 |

44% of physicians had good knowledge about schizophrenia while 56% had poor knowledge (Figure 1).

DISCUSSION

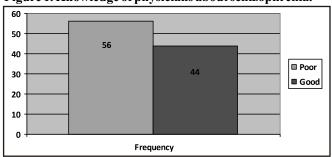
This study was based on the fact that the knowledge of physicians of tertiary care hospitals of Baluchistan has an important role in managing patients with schizophrenia following the principles of liaison psychiatry. This should also be kept in mind that a doctor with comparatively more knowledge suggests their increased suspicion without conducting a thorough assessment that could confirm or reject their suspicion. 4,11

Table 3. Number of newly diagnosed patients with schizophrenia.

| | Number of physicians | Percent |
|-------|----------------------|---------|
| None | 70 | 70 |
| 1-2 | 13 | 13 |
| 3-5 | 12 | 12 |
| 6-9 | 3 | 3 |
| > 10 | 2 | 2 |
| Total | 100 | 100 |

The male predominance in physicians in our part of the world is obvious from the results; with 96% of the physicians in the study were males. Although, little is known about physicians' experiences in treating schizophrenia in our set up, most physicians are currently treating a small number of patients evident from our study where only 2% treated more than 10 patients annually as compared to 70% who didn't treat any case of schizophrenia in a year.¹²

Figure 1. Knowledge of physicians about schizophrenia.



It is reported that 40-50% of doctors in primary care routinely screen patients for mental health issues, but depression is often not detected. When a common condition like depression can be missed often, schizophrenia can be missed too, which was obvious from our findings where 6% physicians diagnosed more than 5 new cases, 17 % diagnosed 3-5 new cases and 43 % diagnosed 1-2 new cases annually while 34 % didn't diagnose any new case in a year's time.

The knowledge of physicians about the existence of early warning signs prior to a first episode of schizophrenia and about the diagnostic steps to be taken is insufficient and inconsistent as they miss the insidious but probably most predictive features of schizophrenia onset and they were more likely to look out for frank psychotic symptoms such as

hallucinations and delusions as well as bizarre behavior. This was seen in our study, where 56% physicians had good knowledge about schizophrenia while 44% had poor knowledge. The results of this study may not be applicable to all settings as the training and role of physicians may vary in the in the international healthcare system.

CONCLUSION

The findings of this study suggest that regarding schizophrenia, the knowledge of most of the physicians is poor and there is a big population that still misses even the diagnostic symptoms. This may be considered as a hindrance to the development of a good consultant liaison service in a tertiary care hospital. This can be improved by better equipping them through undergraduate and postgraduate training and through more sophisticated outcomefocused mental health research.

Author contributions:

Conception and design: Hazrat Ali

Collection and assembly of data: Hazrat Ali, Muhammad Umar Marri

Analysis and interpretation of the data: Mir Zaman Kasi

Drafting of the article: Hazrat Ali

Critical revision of the article for important intellectual content: Abdul Malik Achakzai

Statistical expertise: Mir Zaman Kasi

Final approval and guarantor of the article: Abdul Malik Achakzai Corresponding author email: mirzaman kasi@hotmail.com

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