

Epidemiology of Psychiatric Disorder in Priest Hospital in 2003-2007

Jutamas Kosiyakul MD*

* Department of Psychiatry, Priest Hospital

Objective: Because of priests act as the leader and are the spiritual center to community therefore the good mental health in priests is a significant factor to improve good mental health in community

Material and Method: The author conducted the retrospective study in Department of Psychiatry, Priest Hospital the data was collected from the chart of outpatients and inpatients between October 2003 and September 2007, using standard criteria according to WHO's DSM IV and ICD 10.

Results: There were 378,982 outpatients and 11,498 psychiatric cases received treatment. The mean age was 47.5 years. There were anxiety disorders 45.38%, schizophrenia 15.28%, depressive episodes 13.43%, adjustment disorders 10.27%, unspecified dementia 3.44%, somatoform disorders 2.46%, persistent delusional disorder 2% and other psychiatric disorders. 45% of the patients come from temples in Bangkok Metropolitan area, and the rest came from rural area. Most of the priests had graduated from primary and secondary school or higher.

Conclusion: This is a preliminary study that shows the incidence of mental disease and demographic data for future planning of management, prevention and rehabilitation of mental illness the most effective benefit for priest-novice in the future.

Keywords: Anxiety disorders, Schizophrenia, Depressive episodes, Reaction to severe stress, Adjustment disorders, priests

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Buddhist priests have a very important role to play in Thai community, in which they continue to be the spiritual leader and they are respected from Buddhists. Psychiatric care in the priests, therefore, affects both the stability of the religion and the nation itself as well.

Material and Method

The author conducted the retrospective study in Department of Psychiatry, Priest Hospital. The data were collected from the charts of outpatients and inpatient, between October 2003 and September 2007. The diagnosis was done using standard criteria according to WHO's DSM IV^(1,2) and ICD 10. The prevalence of psychiatric disorders and the demographic data that may influence the disease onset were studied.

Correspondence to: Kosiyakul J, Department of Psychiatry, Priest Hospital, 445 Sri Ayudhya strret, Bangkok 10400, Thailand. Phone: 0-2640-9537, Fax: 0-2354-4287.

Results

The total number of patients in Department of Medicine and Psychiatry were shown in Table 1. According to WHO's DSM IV and ICD 10, the most common psychiatric disorders were anxiety disorders (45.38%), followed by schizophrenia⁽³⁻⁵⁾ (15.28%), depressive episodes (13.43%), reaction to severe stress

Table 1. Psychiatric patient statistic Number of OPD and psychiatric visit of the priest in Priest Hospital

Year	Number of		
	Total OPD cases	Psychiatric cases	Percentage
2003	70,579	2,017	2.86
2004	70,733	2,477	3.50
2005	70,298	2,552	3.63
2006	76,839	2,291	2.98
2007	90,533	2,161	2.39
Total	378,982	11,498	3.03

Table 2. Top 10 psychiatric disorders in Priest Hospital

No.	ICDIO	Disease / Disorder	Number	Percent
1	F41	Anxiety Disorder	3,446	45.38
2	F20	Schizophrenia	1,160	15.28
3	F32	Depressive episode	1,020	13.43
4	F43	Reaction to severe stress, and adjustment disorders	780	10.27
5	F03	Unspecified dementia	261	3.44
6	F45	Somatoform disorders	187	2.46
7	F22	Persistent delusional disorders	152	2.00
8	F29	Unspecified nonorganic psychosis	107	1.41
9	F34	Persistent mood (affective) disorders	102	1.34
10	F23	Acute and transient psychotic disorders	80	1.05

Table 3. Psychiatric cases by residential area

Address	Number	Percent
Bangkok	5,219	45.39
Province	6,276	54.61
Total	11,498	100.00

Region	Number	Percent
The Central	8,732	75.94
The Eastern	536	4.66
The North	991	8.62
The North Eastern	1,061	9.23
The South	178	1.55
Total	11,498	100.00

Table 4. Level of education

Education	Number	percent
No education	17	0.15
Elementary education	4,218	36.68
Certificate	339	2.95
High certified	224	1.95
General certified	54	0.47
High school	1,488	12.94
Senior high school	977	8.50
Bachelor's degree	298	2.59
Master's degree	51	0.44
Doctor's degree	1	0.01
Still study	2	0.02
Not specify	3,829	33.31
Total	11,498	100.000

Table 5. Psychiatric cases by age range

Age range (year)	Number	Percent
0-9	2	0.02
10-14	24	0.21
15-19	335	2.91
20-24	592	5.15
25-29	959	8.34
30-34	972	8.45
35-39	1,028	8.94
40-44	1,175	10.22
45-49	1,333	11.59
50-54	1,176	10.23
55-59	1,073	9.33
60-64	851	7.40
65-69	833	7.24
70+	1,145	9.96
Total	11,498	100.00

Average 47.49 1 year

Table 6. Out psychiatric patients by duration of priesthood

Duration (year)	Total	Percent
0-1	306	2.66
2-5	1,865	16.22
6-10	2,439	21.21
11-19	2,056	17.88
20-29	1,024	8.91
30-39	625	5.44
40+	243	2.11
Not specify	2,940	25.57
Total	11,498	100.00

and adjustment disorders (10.27%) (Table 2). 45.39% of the patients came from the temples in Bangkok metropolitan area. The other half came from other provinces in the countryside as shown in Table 3. Most of Psychiatric patients had graduated from primary school and secondary school. Only 0.15% of the patients were uneducated (Table 4). Table 5 showed the prevalence of psychiatric disorders in each age groups. The mean age was 47.49% years. 21.21% of the cases had become the priests from 6 to 10 years. 17.88% and 16.22% of duration 11 to 19 years and 2 to 5 years.

Discussion

From the present study, the three most prevalent psychiatric disorders found were anxiety disorder (45.38%), schizophrenia (15.28%) and depressive episodes (13.43%). In the anxiety disorder group⁽⁶⁾, generalized anxiety disorder was most commonly diagnosed. The patients had the characteristic of the disorders for at least 6 months, which included anxiety that caused or precipitated the incidence⁽⁷⁾. Since schizophrenia is routinely screened by physician before becoming priests, the cases that were found may be latent or late-onset. For depressive episodes⁽⁸⁾ which is characterized by episodic depression, inattention or less of interest of environment. The diagnosis was made when these symptoms persisted at least two weeks in combination with changing in sleep patterns, changing in appetite, psychotic and psychomotor retardation and guilty feeling possible suicidal idea⁽⁹⁾. The high prevalence of psychiatric disorders in priests may be explained by the lack of family support and the possibility that some priests had history of stress before becoming priests.

Conclusions

The good mental health in priests is important in maintaining the good mental health in the community, because priests act as a leader and spiritual center to the community. Therefore, holistic and continuous mental healthcare needs to be prioritized and

provided to all priests.

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สภาวะสุขภาพจิตของพระสงฆ์ที่เข้ารับการรักษาในโรงพยาบาลสงฆ์ปี พ.ศ. 2546-50

จุฑามาส โกสิยกุล

ภูมิหลัง : เนื่องจากพระสงฆ์เป็นผู้นำด้านจิตวิญญาณของชุมชนไทย ดังนั้นพระสงฆ์ที่มีสุขภาพจิตดีจึงเป็นปัจจัยสำคัญในการพัฒนาสุขภาพจิตของคนในชุมชน

วัตถุประสงค์ : ศึกษาสภาวะสุขภาพจิตของพระสงฆ์

วิธีการ : กลุ่มงานจิตเวชวิทยาโรงพยาบาลสงฆ์ ได้ทำการศึกษาย้อนหลัง สภาวะสุขภาพจิตของพระสงฆ์ที่เข้ารับการรักษาในโรงพยาบาลสงฆ์ ตั้งแต่เดือนตุลาคม พ.ศ. 2546 ถึง เดือนกันยายน พ.ศ. 2550 โดยใช้หลักการวินิจฉัยตามเกณฑ์ขององค์การอนามัยโลก (DSM IV และ ICD 10)

ผลการศึกษา : ในระยะเวลา 5 ปีมีผู้ป่วยจิตเวชจำนวน 11,498 คน คิดเป็นร้อยละ 3.03 อายุเฉลี่ย 47.5 ปี พระสงฆ์ส่วนใหญ่ (ร้อยละ45) มาจากวัดในกรุงเทพฯ ป่วยเป็น anxiety disorder มากที่สุดร้อยละ 45.38 รองลงมาคือ schizophrenia 15.28%, depression 13.43%, stress and adjustment disorders 10.27%, dementia 3.44%, somatoform disorders 2.46%, delusion 2.00% และ non-organic psychosis 1.41%

สรุป : เนื่องจากเป็นรายงานเบื้องต้น จึงเป็นการศึกษาเฉพาะความชุกของโรค เพื่อนำมาเป็นข้อมูลพื้นฐานในการวางแผนป้องกัน รักษา และฟื้นฟูสภาพเพื่อให้พระสงฆ์มีสุขภาพจิตที่ดีที่สุด เพื่อเป็นหลักของสังคมไทย
