

Knowledge of Physicians of Tertiary Care Hospitals of Peshawar about Schizophrenia

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ABSTRACT

Objectives: To assess knowledge of physicians of tertiary care hospitals of Peshawar about schizophrenia.

Study Design: Cross Sectional

Place and Duration of Study: This study was carried out at Lady Reading Hospital, Khyber Teaching Hospital and Hayatabad Medical Complex, Peshawar from 10/09/2009 to 10/10/2010.

Materials and Methods: It was cross sectional study conducted at tertiary care hospitals of Peshawar from 10th September to 2009 to 10th September 2010. 100 Physicians were asked to answer a Performa consisting of two portions namely, General Information and knowledge about Schizophrenia.

Results: Ninety Six percent of the physicians who participated in the study were males while four percent were female. Out of 100 physicians, 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 diagnosed case of schizophrenia in a year. 6% of the physician diagnosed more than 5 new cases, 18% diagnosed 3-5 new cases and 42% diagnoses 1-2 new cases annually while 34% didn't diagnose any new case in year's time. 44% of physician had good knowledge about schizophrenia while 56% had poor knowledge.

Conclusion: Most of the physicians have poor knowledge about schizophrenia.

Key Words: Schizophrenia, Knowledge, Physician

INTRODUCTION

Schizophrenia is psychiatric diagnosis denoting a persistent, often chronic, mental illness variously affecting behavior, thinking and emotion. The word schizophrenia, which translated roughly as "Splitting of the mind", comes from the Greek roots *schizein* "to split" and, *phren* "mind" ⁽¹⁾. It is a heterogeneous disorder defined by sustained periods of psychosis and functional deterioration in the major arena of life, such as interpersonal relations, education, employment and self-care ⁽²⁾. Schizophrenia ranks 6th in the league of causes of disability worldwide as measured by Years of Life lived with Disability ⁽³⁾. Even if schizophrenia is not a very frequent disease, it is among the most burdensome and costly illnesses worldwide. It usually starts in young adulthood. Life expectancy is reduced by approximately 10 years. According to the Global Burden of Disease Study, Schizophrenia causes a high degree of disability, which accounts for 1.1% of the total DALYs (Disability-adjusted life years) and 2.8% of YLDs (Years lived with disability). In the World Health Report, Schizophrenia is listed as the 8th leading causes of DALYs worldwide in the age group 15-44 years ⁽⁴⁾. It has been recognized as a devastating disorder for patients and their families; although substantial progress has been achieved both in its diagnosis and treatment and in understanding the disorder's neurobiological substances, a full understanding if its origins and pathogenic mechanisms

remain elusive ⁽⁵⁾. There is very low number of 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 diagnosis of Schizophrenia as well as in identifying people in the early stages of psychoses as they are mostly the first hand medical help available and schizophrenia if treated has a better prognosis. Interestingly there are only a few studies that focus on the knowledge and practice of physicians and general practitioners in dealing with schizophrenic patients around the globe. It is therefore decided to conduct a study in dealing to assess the knowledge of physicians of tertiary care hospitals of Peshawar about schizophrenia so that if found different then continuous medical education could be arranged to enhance their knowledge. This would decrease the burden of morbidity related to schizophrenia as well.

MATERIALS AND METHODS

This cross sectional study was conducted at Lady Reading Hospital, Khyber Teaching Hospital and Hayatabad Medical Complex, Peshawar for a period of one year from 10/09/2009 to 10/10/2010.

Sample Size: Assuming Physician knowledge "P" = 15%. Margin of Error "d" = 7%.

C.L = 95%. The number of physicians required "n" = 100

Sampling Technique: Consecutive Non Probability sampling

Sample Selection:

Inclusion criteria: All Physicians working in Tertiary care hospitals (Lady Reading Hospital, Khyber Teaching Hospital and Hayatabad Medical Complex in District Peshawar) and registered with Pakistan Medical & Dental Council (PMDC).

Exclusion criteria: Physicians practicing outside District Peshawar and those who are not registered with Pakistan Medical and Dental Council.

Data Collection Procedure: All the physicians meeting the inclusion criteria, practicing in Tertiary care hospitals in District Peshawar were requested to consent to participate in the study after ethical approval from the Hospital Ethical Committee. They were then asked to answer a Performa consisting of two portions namely, General Information and Knowledge about Schizophrenia. Questions format was both open and closed. It categorized the knowledge into Good and Poor when a physician responds to $\geq 60\%$ of $< 60\%$ correctly.

Data Analysis Procedure: Data collected through Performa was analyzed using statistical program for Social Sciences (SPSS) software version 15.0. Percentage and proportions were calculated for good and poor knowledge regarding Schizophrenia as the entire variable to be analyzed is qualitative and mentioned in the Performa and the results were presented in tables.

RESULTS

Ninety Six percent of the physicians who participated in the study were males while four percent were female Table No.1. Out of 100 general physicians, 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% general physicians didn't treat any diagnosed case of schizophrenia in a year Table No. 2.

Table No. 1: Gender of Physicians

Gender	Frequency	Percent
Male	96	96
Female	4	4
Total	100	100

Table No. 2: No. of Schizophrenic Patients Treated Annually

	Frequency	Percent
None	70	70
1-2	13	13
3-5	12	12
6-9	3	3
> 10	2	2
Total	100	100

The time taken by Physicians for consultation with schizophrenic patient is shown in Table No. 3. 6 % of the General Physician diagnosed more that new cases, 18% diagnosed 3-5 new cases and 42% diagnosed 1-

new cases annually while 34% didn't diagnose any new case in a year's time. Table No. 4. 44% of physicians had good knowledge about Schizophrenia while 56% had poor knowledge. Table No. 5.

Table No. 3: Average Time Taken for Consultations with a Schizophrenic Patient

Time	Frequency	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

Table No. 4: Number of Patients newly Diagnosed with schizophrenia

	Frequency	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

Table No. 5: Knowledge of Physicians with a Cutoff of 60%

	Frequency	Percent
Poor	56	56.0
Good	44	44.0
Total	100	100.0

DISCUSSION

This study was based on the fact that the knowledge of physicians of tertiary care hospitals of Peshawar has an important role in managing patients with schizophrenia following the principles of liaison psychiatry. The results of this study may not be applicable to all other settings as the training and role of physicians may vary in the international healthcare system. This should also be kept in mind that a doctor with comparatively more knowledge suggests their increase suspicion without conducting a thorough assessment that could conform or reject their suspicion^(6,7). The male predominance in physicians in our part of the world is obvious from the results; with ninety six percent of the physicians in the study were males as compared to four percent females. Although, little is known about physician's experiences in treating schizophrenia in out set up as well as internationally, 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% physicians who didn't treat nay diagnosed case of schizophrenia in a year⁽⁸⁾. It is reported internationally than 40-50% of doctors in primary care routinely screen patients for mental health issues, but depression is often not detected⁽⁹⁾. When a common condition like depression can be missed often, Schizophrenia can be missed too which was obvious form our findings where 6% of physicians 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 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⁽⁸⁾. This was obvious in our study where 56% of physicians had good knowledge about schizophrenia while 44% had poor knowledge. Shared care between psychiatrists and physicians is increasingly seen as a model for addressing the high demand for mental health services^(10, 11).

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 outcome-focused mental health research may become mandatory to go hand in hand towards international standards.

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