

Prevalence of Mental Disorders in Older Outpatients in Songklanagarind Hospital

Kanthee Anantapong MD*, Arnont Vittayanont MD*, Nisan Werachattawan MSc*

* Department of Psychiatry, Faculty of Medicine, Prince of Songkla University, Songkhla, Thailand

Objective: Investigate the prevalence and the characteristics of mental illness in elderly outpatients at Songklanagarind Hospital, a university hospital in southern Thailand.

Material and Method: This was a cross-sectional study. We extracted the medical records of the outpatients aged over 65 years old diagnosed with a category (F) mental disorder in the International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD-10) over the periods between July 1 and December 31, 2014, from all outpatient medical records. We used R program for analyzing descriptive data.

Results: There were 31,329 patients, aged over 65 years, who visited the outpatient clinic. We found that 752 patients in this group had been diagnosed with mental disorders; the prevalence was 2.4%. The most common diagnoses were: mood disorders (0.89%), organic mental disorders (0.85%), and neurotic-somatiform disorders (0.51%). Most patients (85.5%) received some form of medication. For each visit, the average medical fee for these patients was 3,431.30 Baht (96.80 US dollar).

Conclusion: The prevalence of geriatric mental disorders, among the outpatients of Songklanagarind Hospital was much lower than the inpatient and community setting. This could be a reflection that some were under-diagnosed for these disorders in the outpatient clinics. One of these factors was the limited time available for each patient. We need some interventions and policies to detect these abnormalities early and thoroughly, so the patients would be receiving appropriate treatments, which in turn would provide them with a better quality of life.

Keywords: Mental disorder, Geriatric, Outpatient

J Med Assoc Thai 2017; 100 (12): 1331-7

Website: <http://www.jmatonline.com>

Thailand is becoming an aging society with lower fertility and mortality rates. It has a newly developed and advanced healthcare system. The elderly Thai population was 5.9 million (8.9% of the total population) in 2010, and has since continually increased. By 2030 the Thai population, over the age of 65, will reach 13 million (19.5% of the total estimated population at that time)⁽¹⁾. With the aging process, people become weakened by physical and mental illnesses, because of the gradual decline in the functions of the body's systems⁽²⁾. Physical along with mental illness are also in a bi-directional relationship^(2,3).

There is a lack of attention given to the mental health of elderly patients in many hospitals, so it fails to meet the needs of these patients⁽⁴⁾. It is important for hospitals to acknowledge the size, as well as the characteristics of these problems.

Previous studies in some countries including the United Kingdom, Australia, and India, had found that the community prevalence of psychiatric problems among the elderly population varied from 8.9% to 43.3%⁽⁴⁻⁷⁾. In hospital settings, the prevalence of mental health problems ranged from 30% to 60% within elderly inpatients^(4,8). In a systemic review reported by The Royal College of Psychiatrists and the United Kingdom the prevalence of common mental disorders in older inpatients in their general hospitals were 29% for depression, 20% for delirium, 31% for dementia, 22% for cognitive impairments, and 8% for anxiety disorders⁽⁴⁾.

In 1991, a study conducted in Thailand found the prevalence of mental illness was 0.8% in elderly outpatients⁽⁹⁾, it was much lower than the mentioned studies. There was no recent data relating to this prevalence in outpatients.

Since 1992, Songklanagarind Hospital, a university hospital in the south of Thailand, has been using the Hospital Information System (HIS), a program primarily designed for reducing the use of paper records⁽¹⁰⁾. All data, including the diagnose, for

Correspondence to:

Anantapong K. Department of Psychiatry, Faculty of Medicine, Prince of Songkla University, Kho Hong, Hat Yai, Songkhla 90110, Thailand.
Telephone: +66-74-451351, Fax: +66-74-451353
E-mail: kanthee.anan@gmail.com

International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD-10) system⁽¹¹⁾, were easily obtained for extraction.

The authors were interested in the overall data, for the planning policies, for dealing with elderly people who come into the authors' hospital, suffering from the mental problem(s). This information could represent all general hospitals in the south of Thailand. Therefore, the aims of the present study were to investigate the prevalence and characteristics of mental illness in elderly outpatients at Songklanagarind Hospital.

Material and Method

This was a cross-sectional study in the outpatient department at Songklanagarind Hospital, an 840-bed tertiary care hospital. It has approximately 65,000 outpatients per month. Outpatients over the age of 65 diagnosed with a category (F) mental disorder in ICD-10⁽¹²⁾ during the periods between July 1 and December 31, 2014 were extracted from all outpatient records, via the above mentioned hospital computerized database.

The authors searched for data including demography, diagnosis, and attended clinics. The patients were divided into three groups, according to the specialty of doctors, who gave diagnosis of any mental disorder (patients who were only diagnosed by psychiatrists, not psychiatrists or both psychiatrists and other physicians). Whilst the diagnose from other doctors were important, diagnose from the psychiatrists were more likely to be of greater significance for our study. In other words, if the patient did not meet a psychiatrist, the records were reviewed by the researchers. In the review, we used diagnostic criteria for both ICD-10, and the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5)⁽¹³⁾. This depended on each patient's recorded history in a medical report. In fact, the diagnoses that were based on the DSM-5 criteria were converted to ICD-10 codes for analysis.

We also collected the information of prescribed medications, visit length, and medical fees for each visit of each patient. No identification data of the patients were presented. Exclusion criteria was incomplete medical records for review. The analyses were performed by using R software⁽¹⁴⁾ to show data in descriptive proportions.

The present study was approved by the Ethics Committee of the Faculty of Medicine, Prince of Songkla University.

Results

Population

Table 1 and 2 shows that 31,329 elderly patients visited the outpatient clinics at Songklanagarind Hospital between July 1 and December 31, 2014. In the present study, 643 patients (85.5%) were prescribed some form of psychiatric medication by their doctors. There were more female patients than male. Most of

Table 1. Characteristic of patients in this study (n = 752)

Characteristics	Number of patients	Prevalence (%)
Sex		
Male	266	35.4
Female	486	64.6
Status		
Single	19	2.5
Married	591	78.6
Divorce	16	2.1
Widowed	126	16.8
Race		
Thai	678	90.2
Thai-Chinese	15	1.9
Thai-Muslim	38	5.1
Chinese	19	2.5
Others	2	0.3
Occupation		
Retired government officials	49	6.5
Retired private employee	110	14.6
Employee	41	5.5
Merchants	76	10.1
Agriculturists	171	22.7
Housekeepers	243	32.3
Unemployable persons	58	7.7
Others (priest, unknown)	4	0.5
Number of diagnosed mental disorders		
Single disorder	702	93.4
Two or more disorders	50	6.6
Treatment regarding to medication use		
Non-medication	109	14.5
Medication	643	85.5
- Antidepressant	415	55.2
- Anxiolytic	497	66.1
- Antipsychotic	194	25.8
- Mood stabilizer	49	6.5
- Anti-dementia	69	9.2
- Anticholinergic	43	5.7
- Others	84	11.2
Mean drug cost per person per visit (SD) [Baht/US Dollar*]	3,071.3 (8,295.5)/ 86.64 (234.01)	
Median (IQR) [Baht]	547 (148.5, 2,019.0)	
Mean total medical fee per person per visit (SD) [Baht/US Dollar*]	3,431.3 (8,388.8)/ 96.80 (236.64)	
Median (IQR) [Baht]	697 (225.5, 2,635.0)	
Median time of visit (minutes)		6.1

* Weighted-average interbank exchange rate on the 7 March 2016: 35.449 Baht/US Dollar, exchange from the Bank of Thailand) (Bank of Thailand, 2016)

them were married. The median of the expenditure for each patient was 3,431.30 Baht (96.80 US Dollar)⁽¹⁵⁾. As for medication, 3,071.30 Baht (86.64 US Dollar) was the median cost of medication for each patient per visit. The median time for a single visit was 6.1 minutes.

Table 2. Diagnoses of mental disorders classified by ICD-10 (n = 804)

Characteristics/categories of mental disorders	Number of patients	Prevalence (%)
Sex		
Male	283	2.03
Female	521	3.00
F00-09 Organic, including symptomatic, mental disorders	265	0.85
F10-19 Mental and behavioral disorders due to psychoactive substance use	15	0.05
F20-29 Schizophrenia, schizotypal, and delusional disorders	33	0.11
F30-39 Mood (affective) disorders	278	0.89
F40-49 Neurotic, stress-related, and somatoform disorders	160	0.51
F50-59 Behavioral syndromes associated with physiological disturbances and physical factors	52	0.17
F60-69 Disorders of adult personality and behavior	1	0.003

Table 3. Prevalence of major mental disorders (n = 804)

Mental disorders	Number of patients	Prevalence (%)
F00 Dementia in Alzheimer's disease	56	0.18
F01 Vascular dementia	59	0.19
F02 Dementia in other disease classified elsewhere	45	0.14
F05 Delirium, not induced by alcohol and other psychoactive substances	34	0.11
F06.7 Mild cognitive disorder	24	0.08
F10 Mental and behavioral disorders due to use of alcohol	13	0.04
F20 Schizophrenia	20	0.06
F30 Manic episode	6	0.02
F31 Bipolar affective disorder	31	0.10
F32 Depressive episode	142	0.45
F33 Recurrent depressive disorder	58	0.19
F41.0 Panic disorder (episodic paroxysmal anxiety)	31	0.10
F41.1 General anxiety disorder	30	0.10
F41.2 Mixed anxiety and depressive disorder	21	0.07
F45 Somatoform disorders	8	0.03
F51 Nonorganic sleep disorders	48	0.15

Prevalence of mental health diseases

For the outpatients, 752 patients were diagnosed with mental disorders. The mean age was 75.4 years old (SD = 7.1, min = 64.9, max = 98.6). The majority of these patients had only one psychiatric disorder. Prevalence of mental disorders in both male and female were 2.03% and 3.00%, respectively.

The prevalence of mental disorders, in elderly patients in Songklanagarind Hospital, was 2.40%. The most common mental disorders were mood disorders (0.89%), organic mental disorders (0.85%), and neurotic-somatoform disorders (0.51%), respectively.

From Table 3, Depressive episodes (F32) were the most frequent mental diagnosis in elderly patients, which when combined with a recurrent depressive disorder, increased the prevalence to 0.64%. Whereas, manic and bipolar affective disorders were found to be much lower in the elderly patients.

Alzheimer's disease coupled with vascular dementia was the most leading cause of neuro-cognitive disorders in this group. Mild cognitive disorders, in the present study, were found to be 0.08%. Non-organic sleep disorders were considered as common problems in older people. In the present study however, the prevalence was just 0.15% within Songklanagarind Hospital.

Discussion

Previously, there were insufficient data of prevalence of overall elderly mental disorders in the outpatient settings within general hospitals, especially with studies using ICD-10 classification for prevalence of category (F) mental disorders. The present study is the first study in Thailand to investigate the prevalence of mental disorders by computer based extraction from outpatient medical records. The present study also had a large sample size pertaining to this specific group.

The authors had expected that the prevalence of mental disorders, among the patients in the outpatient setting, might be higher than that amongst those in the general population, as being the patients themselves would be the risk factors of mental illness. However, the results did not turn out as we had presumed.

The prevalence of geriatric mental disorders in Songklanagarind Hospital was lower than the studies from the general population of the western countries and Thailand^(5,6,7,16). One factor for this might be because we used different methods to approximate the prevalence from most of the other studies, which were performed by using questionnaires to the samples individually.

Furthermore, in the outpatient setting, doctors usually have limited time to explore the mental problems of the patients, because they have to focus on multiple physical co-morbidities. We found there was also a shorter, average visit length in the present study, 6.1 minutes, compared to a previous study in the United States, 17.4 minutes⁽¹⁷⁾. Another factor was that there is still inadequate number of psychiatrists in Thailand to provide the needed services for the people⁽¹⁶⁾ coupled with the fact that some mental problems may also be atypical presentation and too subtle to be detected by many physicians.

Therefore, the prevalence of psychiatric disorders was less frequent in outpatient groups compared to the inpatients and general population. In addition, many Thai people still consider mental disorders as an unpleasant, taboo issue within the family, leading them to sometimes deny these existing problems^(18,19).

A former study conducted in 1991, within the Thai outpatient department of Srinagarind Hospital, Khon Kaen, showed the mental diseases of older patients was less frequent than that of the present study⁽⁹⁾. Health care advances, in recent decades, for the early detection and treatment of elderly mental disorders, along with the different methods of data extraction, should be considered as the reasons for this difference.

The most common psychiatric disorders are mood disorders, followed by organic mental disorders, neurotic/stressed-related/somatoform disorders, and non-organic sleep disorders, respectively. It was similar to many previous studies in which mood disorders were the most common complaint of this patient group^(4,8,9,20).

Elderly people usually have progressive global physical functioning declines^(2,21), so organic mental disorders are common in these patients^(9,20).

Previous studies found that dementia was the most common mental illness in geriatric Thai outpatients⁽⁹⁾. Whereas, the prevalence of dementia within the Thai community in other studies ranged from 3.2% to 27.3%, which increased with age⁽¹⁶⁾. Alzheimer disease and vascular dementia were the same as being the two most common causes of dementia as cited in the earlier Thailand studies⁽²²⁾.

Depression is a common, but under-diagnosed and under-treated condition in elderly people, particularly in non-psychiatric settings⁽²³⁾. The prevalence in previous data varied. It depended on the setting, community or hospital, the methodology in approximating, and the questionnaire or interview

process used^(23,24). The prevalence of depression in the elderly Thai community dwelling sample was 13%⁽²⁵⁾ by using the Thai Geriatric Depression Scale (TGDS). In the present study of outpatients at a tertiary care setting in Thailand, 22% of these patients had depression⁽²⁴⁾. This prevalence was much higher than the prevalence estimated.

Few studies could accurately estimate the prevalence of late-life mania. Additionally, the prevalence in these studies varied between 1% and 19%⁽²⁶⁾. In the present study, prevalence of manic episodes was much lower. Manic episodes in many elderly patients were associated with a medical disorder (e.g., cerebrovascular accidents) or medications (e.g., antidepressants or oral steroids)⁽²⁶⁾. This may have led to many manic patients probably being diagnosed as a physical illness such as secondary mania, rather than a psychiatric disorder such as bipolar affective disorder.

Some earlier studies found that 57% of older adults had at least one chronic sleep complaint⁽²⁷⁾. Among these sleep problems, insomnia was the most common complaint. The prevalence of insomnia in the older Thai population was 46.3%⁽²⁸⁾.

On the contrary, the prevalence of non-organic sleep disorders in the present study was very low. Some patients, with sleep problems might not have been recognized and treated. Their health status might have been worse than recognized, because sleep problems may lead to physical disabilities, and vice versa⁽²⁷⁾.

The expenditure for treating these patients, during each visit, was quite high compared to the average cost of treatment in overall outpatient clinics in Thailand, which was reported by the Ministry of Labour of Thailand in 2011. The cost for such visits was 1,478.51 Baht (41.71 US Dollar) for each person per visit⁽²⁹⁾. Almost all of the patient's expenditure, in the present study, was for medication cost. Because the mental abnormalities in these patients were usually related with biological changes⁽²¹⁾, they were unavoidably treated with some medications, perhaps with new drugs with less side effects^(21,30), or more expensive drugs.

Some patients also suffered from other physical diseases. Hence, the medical fees charged to these patients became more expensive. Having said this, if we are able to detect the mental abnormalities in older people as well as able to treat them earlier, the cost to maintain the healthcare system in our country would decline.

The main reason for the very low rate of mental disorders is probably from the under-diagnoses

or misdiagnoses made by general practitioners. Some standardized self-report questionnaires can be useful for screening certain mental disorders in the elderly, such as the TGDS for depression, and the Thai Mini Mental Status Examination (TMSE) for cognitive impairment. In addition, training programs for general practitioners and other healthcare workers with simple screening questions such as the Patient Health Questionnaire-2 (PHQ-2) or Clock Drawing Test (CDT) could also improve detection of mental disorders in the elderly.

Limitation

The present study was a retrospective study with a six-month period of reviewing. Even at the beginning, we assumed that this period was enough for all patients within this age group who came to see doctors and were followed up. However, it may have been too short time to detect all patients at the specific point of time. This research showed the overview information of mental disorders in an outpatient setting in a tertiary care hospital. The authors could not review every medical record of all the selected patients, nor conduct interviews with each patient individually. Because of these limitations, there may still be some patients under-diagnosed or misdiagnosed, thus causing some errors of the prevalence.

What is already known on this topic?

Recently, Thailand has been becoming an ageing society. Many government organizations and researchers have been interested in and invested for geriatric related issues. Previous research in Thailand has studied the prevalence of mental disorder. Most of them were focused on a specific disease or syndrome in certain group of people. Furthermore, those studies have been done a long time ago. The outpatient department is one of the most important unit of hospital. It could be the screening, even intervention center for helping patients critically suffering from mental illness, by sending them to the appropriate doctors and departments. Lack of knowledge might cause some mental health problems in elderly people to be unnoticed in outpatient clinics in many hospitals.

What this study adds?

The authors tried to conduct the study on every mental disorder, as much as possible, from every outpatient clinic in the tertiary hospital. The presented study was the first study in Thailand that used the computer registry database to retrieve data from all

outpatient medical records. In addition, the authors found that there was limited time for a doctor seeing an elderly patient for each visit. It could reflect the potential cause of under-diagnosis of mental disorders among these outpatients. The finding gave us the overview of the current mental health problems in the elderly patients in outpatient department. It also reminded healthcare providers to find the right measures to solve these problems.

Implication and future recommendations

We need more prospective studies, or a good, nationwide registration system for each disease in Thailand to evaluate accurately the prevalence. We also suggest that some multi-center studies should be conducted in Thailand to find the prevalence from different areas, which in turn may lead to, and represent the overall situations of geriatric mental disorders in Thailand.

Authors' contributions

Anantapong K designed the study, collected the data, and wrote the paper, Vittayanont A supervised the data collection and assisted with writing the paper, and Werachattawan N carried out the statistical analysis.

Acknowledgement

The authors would like to thank Assoc. Prof. Jarurin Pitanupong for inspiration and suggestions, Visit Pahukoon, Medical statistician, for preparing the data, both from Prince of Songkla University, Songkhla, Thailand.

Funding disclosure

The research was supported by a grant from the Faculty of Medicine, Prince of Songkla University; the grant for early career medical instructors.

Potential conflicts of interest

None.

References

1. United Nation Department of Economic and Social Affairs/Population Division. World population prospects: the 2012 revision. Vol. 1. New York: United Nation; 2013.
2. Levy BR, Slade MD, Kunkel SR, Kasl SV. Longevity increased by positive self-perceptions of aging. *J Pers Soc Psychol* 2002; 83: 261-70.
3. Forester BP, Gatchel JR. Medical co-morbidity,

- brain disease, and the future of geriatric psychiatry. *Am J Geriatr Psychiatry* 2014; 22: 1061-5.
4. Royal College of Psychiatrists. Who cares wins. improving the outcome for older people admitted to the general hospital: guidelines for the development of liaison mental health services for older people. London: Royal College of Psychiatrists; 2005.
 5. Trollor JN, Anderson TM, Sachdev PS, Brodaty H, Andrews G. Prevalence of mental disorders in the elderly: the Australian National Mental Health and Well-Being Survey. *Am J Geriatr Psychiatry* 2007; 15: 455-66.
 6. Tiwari SC, Tripathi RK, Kumar A, Kar AM, Singh R, Kohli VK, et al. Prevalence of psychiatric morbidity among urban elderlies: Lucknow elderly study. *Indian J Psychiatry* 2014; 56: 154-60.
 7. Tiwari SC, Srivastava G, Tripathi RK, Pandey NM, Agarwal GG, Pandey S, et al. Prevalence of psychiatric morbidity amongst the community dwelling rural older adults in northern India. *Indian J Med Res* 2013; 138: 504-14.
 8. Goldberg SE, Whittamore KH, Harwood RH, Bradshaw LE, Gladman JR, Jones RG. The prevalence of mental health problems among older adults admitted as an emergency to a general hospital. *Age Ageing* 2012; 41: 80-6.
 9. Suparatpinyo S, Pajanasoontorn N. Psychiatric problems in geriatric outpatient at Srinagarind Hospital. *J Psychiatr Assoc Thai* 1991; 36: 11-20.
 10. Daily News, Bangkok. Information technology in Songklanagarind hospital [Internet]. 2014 [cited 2014 Dec 25]. Available from: <http://www.dailynews.co.th/Content/IT/277043>.
 11. World Health Organization. The International statistical classification of diseases and related health problems – 10th revision instruction manual. Vol. 2. 4th ed. Geneva: WHO; 2011.
 12. World Health Organization. The ICD-10 classification of mental and behavioral disorders – clinical descriptions and diagnostic guidelines [Internet]. Geneva: WHO; 2011 [cited 2014 Dec 24]. Available from: <http://www.who.int/classifications/icd/en/bluebook.pdf>.
 13. American Psychiatric Association. Diagnostic and statistical manual of mental disorder. 5th ed. Arlington: American Psychiatric Association; 2013.
 14. R Development Core Team. R: A Language and environment for statistical computing. Vienna, Austria: R Foundation for Statistical Computing; 2012.
 15. Bank of Thailand. Foreign exchange rates as of 7 March 2016 [Internet]. 2016 [cited 2016 Mar 8]. Available from: https://www.bot.or.th/Thai/Statistics/FinancialMarkets/ExchangeRate/ExchangeRate_EN_PDF/ER_PDF_07032016.PDF.
 16. Wongpakaran N. Geriatric psychiatry in Thailand. *J Psychiatr Assoc Thai* 2008; 53(Suppl 1): 39S-46S.
 17. Tai-Seale M, McGuire TG, Zhang W. Time allocation in primary care office visits. *Health Serv Res* 2007; 42: 1871-94.
 18. Lauber C, Rossler W. Stigma towards people with mental illness in developing countries in Asia. *Int Rev Psychiatry* 2007; 19: 157-78.
 19. Burnard P, Naiyapatana W, Lloyd G. Views of mental illness and mental health care in Thailand: a report of an ethnographic study. *J Psychiatr Ment Health Nurs* 2006; 13: 742-9.
 20. Schuckit MA, Miller PL, Berman J. The three year course of psychiatric problems in a geriatric population. *J Clin Psychiatry* 1980; 41: 27-32.
 21. Meyers BS, Jeste DV. Geriatric psychopharmacology: evolution of a discipline. *J Clin Psychiatry* 2010; 71: 1416-24.
 22. Muangpaisan W, Petcharat C, Srinonprasert V. Prevalence of potentially reversible conditions in dementia and mild cognitive impairment in a geriatric clinic. *Geriatr Gerontol Int* 2012; 12: 59-64.
 23. Mulsant BH, Ganguli M. Epidemiology and diagnosis of depression in late life. *J Clin Psychiatry* 1999; 60 (Suppl 20): 9-15.
 24. Limpawattana P, Sawanyawisuth K, Soonpornrai S, Huangthaisong W. Prevalence and recognition of geriatric syndrome in an outpatient clinic at a tertiary care hospital of Thailand. *Asian Biomed* 2011; 5: 493-7.
 25. Thongtang O, Sukhatunga K, Ngamthipwatthana T, Chulakadabba S, Vuthiganond S, Pooviboonsuk P, et al. Prevalence and incidence of depression in the Thai elderly. *J Med Assoc Thai* 2002; 85: 540-4.
 26. McDonald WM. Epidemiology, etiology, and treatment of geriatric mania. *J Clin Psychiatry* 2000; 61 (Supp 13): 3-11.
 27. Ancoli-Israel S. Sleep and aging: prevalence of disturbed sleep and treatment considerations in older adults. *J Clin Psychiatry* 2005; 66 (Suppl 9): 24-30.
 28. Sukying C, Bhokakul V, Udomsubpayakul U. An epidemiological study on insomnia in an

- elderly Thai population. J Med Assoc Thai 2003; 86: 316-24.
29. Ministry of Labour of Thailand. Study on compensation fund of Thailand [Internet]. 2012 [cited 2016 Feb 2]. Available from: <http://research.mol.go.th/2013/rsdat/data/doc/NKQMXh4/004NKQMXh4.pdf>.
30. Jeste DV. Introduction newer drugs for older patients. J Clin Psychiatry 1999; 60 (Suppl 13): 3-4.

ความชุกของโรคทางจิตเวชในผู้ป่วยนอกสูงอายุในโรงพยาบาลสงขลานครินทร์

กัณฑ์ธีร์ อนันตพงศ์, อานนท์ วิทยานนท์, นิศานต์ วีระชาติเทวัญ

วัตถุประสงค์: เพื่อศึกษาหาความชุก และลักษณะปัญหาของโรคทางจิตเวชในผู้ป่วยนอกสูงอายุ

วัสดุและวิธีการ: การศึกษาแบบตัดขวาง เก็บข้อมูลการวินิจฉัยโรคทางจิตเวชตามระบบ *International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10)* ในทุกคลินิกของผู้ป่วยนอกที่มีอายุตั้งแต่ 65 ปีขึ้นไป ระหว่างวันที่ 1 กรกฎาคม ถึง 31 ธันวาคม พ.ศ. 2557 โดยใช้ฐานข้อมูลเวชระเบียนที่เป็นระบบคอมพิวเตอร์ นำมาวิเคราะห์และเสนอในรูปแบบของสถิติเชิงพรรณนา

ผลการศึกษา: พบว่ามีผู้ป่วยสูงอายุจำนวน 31,329 ราย มาติดตามในคลินิกผู้ป่วยนอก โดย 752 ราย ได้รับการวินิจฉัยโรคทางจิตเวช (ร้อยละ 2.4) กลุ่มโรคที่พบบ่อย คือ โรคทางจิตเวชที่เกิดจากสาเหตุทางกาย โรคความผิดปกติทางอารมณ์ และโรควิตกกังวล ตามลำดับ เกือบทั้งหมดของผู้ป่วยรักษาโดยการให้ยา (ร้อยละ 85.5) ค่าใช้จ่ายในการรักษาเฉลี่ยต่อครั้งต่อคน 3,431.3 บาท ระยะเวลาเฉลี่ยในการพบแพทย์ต่อครั้งต่อคนเท่ากับ 6.1 นาที

สรุป: ความชุกของโรคทางจิตเวชในผู้ป่วยนอกของโรงพยาบาลสงขลานครินทร์น้อยกว่าในบริบทของแผนกผู้ป่วยในและชุมชน ซึ่งสะท้อนถึงระบบดูแลรักษาของคลินิกผู้ป่วยนอกต่อโรคทางจิตเวชในผู้ป่วยสูงอายุยังไม่ทั่วถึง สาเหตุหลักอาจเกิดจากแพทย์มีเวลาจำกัดในการตรวจผู้ป่วยแต่ละราย
