Assessment of Psychological Stressors among Psychiatric Patients in Kirkuk City

تقييم التوترات النفسية لدى المرضى المصابين بالأمراض النفسية في مدينة كركوك

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الخلاصة:

الهدف:تقييم التوترات النفسية وبعض الخصائص الديموغرافية لدى المرضى المصابين بالإضطرابات النفسية.

المنهجية:أجريت دراسة وصفية منذ الاول من تشرين الثاني ٢٠١٥ الى العاشر من أيار ٢٠١٦ لتحقيق هدف الدراسة اختيرت العينة الغير الاحتمالية (الغرضية) المكونة من ١٣٠ عينة من مرضى الأمراض النفسية المراجعين للعيادات الخارجية في مستشفى ازادي في كركوك. ولغرض جمع المعلومات صممت إستمارة استبيان مكونة من ثلاثة أجزاء شملت الخصائص الإجتماعية الديموغرافية و معلومات طبية ومعلومات متعلقة بالمرضى النفسيين و قد تم جمع البيانات من خلال إستخدام المقابلة الفردية وتم تحليلها من خلال تطبيق تحليل وصفي إحصائي (التكرار و النسبة المئوية).

النتائج: أظهرت نتائج الدراسة الى أن (٢٩.٢%) ضمن الفئة العمرية (٣٠-٣٩)،(٥١%) منهم الإناث في حين أن الذكور شكلت (٤٩%)، (٥٢.٣%) منهم كان المتزوجون وبالنسبة للمستوى التعليمي (٢٣.٨%) منهم كانوا خريجي الدراسة الإبتدائية و(٤٣.٤%)منهم ضمن المستوى المعيشي يكفي لحد ما و (٧٠.٧%) منهم من سكنة الحضر و (٤١.٥%)ليس لديهم أطفال.

الإستنتاج: معظم العينة كانت تعاني من مرض الكأبة من الذين تعرضوا الى التوترات النفسية المزمنة مقارنة بإضطرابات أخرى من الفئة العمرية (٣٠-٤٩ سنه) وأغلبهم من الاناث.

التوصيات: ينبغي أن تتوفر برامج تعليمية وتثقيفيةعبر وسائل الإعلام لتعريف المجتمع بالضغوطات النفسية ومصادرها وأثرها على الصحة النفسية وكيفية التعامل معها والتخلص منها.

Abstract

Objective: To assess the psychological stressors and some socio-demographic variables among psychiatric patients.

Methodology: A descriptive study was done from1st of November 2015 to 10th may 2016 to achieve the objectives of the study.A non- probability (purposive) sample consist of 130 patients from the outpatients department of psychiatry in Azadi teaching hospital. Developed questionnaire was constructed for the purpose of the study which was consisted of three parts: the socio-demographic characteristics, medical data, data related to psychiatric disorders, the data were collected through the useof interview. The data was analyzed through the application of descriptive statistical analysis (frequency, percentage %).

Results: the findings of the study indicated that (29.2%) were within the age group (30-39) years, (51%) of them were female, while the male formed (49%) and (52.3%)were married and (23.8%) of the sample were primary school graduated,(43.4%) were barely sufficient and (70.7%) were from urban and(41.5%) had no children.

Conclusion: The most of the study sample were complaining of depression more than other psychiatric morbidities exposed to chronic stressors, and those within the age group of (32-49 years) in female gender.

Recommendation: providing educational programs for thepopulations by the mass media about positive management of life stressors and to identify the source and the adverse effects of stressors on the psychological wellbeing.

Keywords: Stressors, Pathogenesis, Psychiatric Disorders

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Introduction

Stressors are events or situations which may have an abnormal effect on someone, these effects called stress reaction which include acute stress disorders, post traumatic disorder, adjustment disorders stressful events may precipitate major depressive episodes and behavioral disorders categorized under symptomatologies of major psychiatric disorders such as schizophrenia and bipolar disorders.Acute stress disorders are either related to anxiety responses if the stressors are related to threatening life events or depressive responses if the stressors are related to loss acute stress disorders states that the onset should be while or after experiencing the distressing event and requires that the condition last for at least two days and for no more than four weeks. Post traumatic disorder is a delayed reaction to intensely stressful events such as floods, earth quakes, man maid calamite such as major fires, rape or serious physical assault the features of post-traumatic stress syndrome are hyper arousal, re-experiencing of stressful event and avoidance of the reminders**.** **(1)**

Adjustment disorders, refers to the psychological reactions arising in relation to adapting to new circumstances including divorce, separation, a major change of work, migration ,birth of handicapped child, bereavement, the onset of a terminal illness, and sexual abuse. Adjustment disorders may present with depression, anxiety, and mixedanxiety. Depression, the diagnosis of adjustment disorders cannot made when diagnostic criterion for another psychiatric disorders are met. **(2)**

One third of the individuals in stressful situations are prone to the negative effects of stressors this effect depend on certain variables such as family dynamics, education, cultural restrictions, previous similar experiences, pre-morbid personality, severity duration and frequency of exposures to stresses these variables will yield an abnormal thought about the effects of stresses which will affect the behavior that follow the stressor**.(3)**

Individuals using positive dynamics during or immediately after exposure to stressors will pass the event successfully and gain a good experience in dealing with similar stresses in the future with less mental distress. Other individuals who are using negative dynamics may lose a lot of their mental and physical resources'' in the first exposure to the stressor so the next exposure will create a lot of harmful mental suffering. **(4)**

The complexity of stressors on the course of psychiatric disorders had at least three considerations firstly the effect is remote in time from the effect such as, childhood experiences partly determine the occurrence of emotional difficulties in adult life, secondly a single stressor may lead to several affects such as deprivation of parental affection in childhood has been reported to predispose to antisocial behavior, suicide and depression, thirdly stresses had an indirect mechanism in exerting their effect on the course of psychological disorders such as in genetic predisposition to depression may be mediated in part through psychological factors concerned with stressor. Individuals differ genetically in their liability to select those environmental phenotypes which put them at relatively high risk of experiencing stressors with certain pattern of behavior referred to as psychological disorder. Further more emotional and behavioral abnormalities in close relatives result from shared genetic inheritance if they exposed to similar stressor**.(5)**

Coping mechanisms in stressful situations either consciously done by using problem solving strategy and asking help from others or by using emotion reducing strategies such as positive reappraisal of the problem, ventilation, avoidance, confrontation or by

using un conscious mental defense mechanisms such as repression, denial, conversion, reaction formation, sublimation according to psychodynamic approach. It is important to avoid maladapted coping strategies such as alcohol and drug abuse, deliberate self harm or unrestrained displayed feelings and aggressive behaviors. The purpose of this study was to assess the psychological stressors and some socio-demographic variables among psychiatric patients.

Methodology

To achieve the objectives of the study quantitative design (descriptive study) was carried out from first of November 2015 to 10th May 2016, to assess the role of stressors on the pathogenesis of psychiatric disorders in Kirkuk, Iraq

Non probability (purposive) sample consisting of 130 patients (66 female & 64 male) were chosen from the out patients department of psychiatry in Azadi teaching hospital. Through extensive review of relevant literatures, a questionnaire was constructed for the purpose of the study, the format composed of three parts the first part assessed the socio-demographic characteristics including age, gender, marital status, educational level of occupation, economy and residence.

The second partassessed the medical data related to stressors. The third part included data related to psychiatric assessments including the current diagnosis by the consultant psychiatrist on call, relapse rates patients response and compliance to treatment, social and familial support, pre-morbid personality,and childhood crisis: (2) for Yes, and (1) for No. The data collection process was performed from the period 3rd January 2016 up to the 20th of March 2016.

To ensure the validity of the study experts of different specialties' related to the field of the study from medicaland nursing college university of Kirkuk were asked to review face and content validity of study.

The data were collected through individual interviewing technique by demonstrating the objectives of the current study from voluntarily participants after obtaining verbal consent from them. Data were analyzed by descriptive statistic applied which includesfrequency distribution and percentage.

Results:

Table (1): Demonstrates Socio-demographic characteristic of the Study samples:

Socio-demographic characteristic		Frequency(*f*)	Percentage (%)
Age	15-19 Years	9	6.9
	20-29 Years	22	16.4
	30-39 Years	38	29.2
	40-49 Years	28	21.5
	50-59 Years	20	15.3
	60-69 Years	12	9.2
	> 70 Years	1	0.7
Total		**130**	**100**
Gender	Male	64	49
	Female	66	51
Marital status	Single	44	33.3
	Married	68	52.3
	Divorced	9	6.13
	Widow	7	5.3
	Separated	2	1.3
Level of Education	Illiterate	23	17.7
	Read and Write	16	12.3
	Primary School	31	23.8
	Intermediate	18	13.8
	Secondary School	15	11.5
	Institute	11	8.7
	College & Above	16	12.5
Occupation	Employee	20	15.3
	Housewife	42	32.5
	Free work	26	20
	Jobless	22	16.9
	Retired	6	4.7
	Student	10	7.6
	Social Support	4	3
Financial status	Sufficient	29	23.3
	Barely sufficient	59	43.4
	Insufficient	42	32.3
Residence	Urban	92	70.7
	Rural	38	29.2
Number of children	Nil	54	41.5
	1-3	29	22.4
	4-7	36	27.7
	> 7	11	8.4
Total		**130**	**100**

Table (1) demonstrates the socio-demographic characteristics of the whole study sample. The table shows that the highest percentage of age group (29.2%) was between (30-39) years.The lowest percentage (0.7%) was for the age group (>70) years old. According to the gender, the female formed (51%), while the male formed (49%) in the

whole study. As for the marital status, the majority of the subjects (52.3%) were married, while (1.3%) of them were separated.

Table (2) Medical Data of the whole study samples:

Psychiatric morbidity		Past Medical illness					Smoking		Alcohol abuse		Drug abuse		Stressors	
	f	Heart disease	Endocrine disorders	GITD	Rheumatoid arthritis	None	Yes	No	Yes	No	Yes	No	Yes	No
Depression	54	6	4	3	1	40	22	32	5	49	12	42	42	12
Mixed Neurotic Disorder	19	4	10	3	0	2	12	7	10	9	8	11	10	9
Schizophrenia	16	2	1	1	1	11	10	6	9	7	7	9	7	9
Somatization Disorder	14	1	10	2	0	1	8	6	3	11	4	10	10	4
PTSD (post-traumatic stress disorder)	10	1	8	1	0	0	3	7	4	6	1	9	10	0
Bipolar Disorder	12	1	5	2	2	2	3	9	3	9	2	10	4	8
Personality Disorder	5	0	0	0	0	5	1	4	0	5	1	4	1	4
Total	**130**	**15**	**38**	**12**	**4**	**61**	**59**	**71**	**34**	**96**	**35**	**95**	**84**	**46**

*__GITD__ (Gastro Intestinal Tract Disorders), ***f*** (frequency)

Table (2) show that the highest frequencies (61) were not having past chronic medical illness and the second highest frequency (38) were having endocrine disorder. While the lowest frequency (4) were having Rheumatoid arthritis. The highest frequency (71) were not Smoking, while the lowest frequency (59) were Smoking. The highest frequencies (96) were not alcohol abuser, while the lowest frequencies (34%) were alcohol abuser. In relation to drug abuse, then on drug abusers formed the highest frequency (95), while the lowest frequency (35) was drug abusers. According to the stressors laden psychiatric morbidity the highest frequency (84) were stressors laden, and the lower frequency (46) were non stressors laden in the whole study sample.

Table (3) distribution of psychiatric morbidity age and gender of the study sample

No.	Age / Psychiatric morbidity	15-19 years		20-29 years		30-39 years		40-49 years		50-59 years		60-69 years		> 70 Years		Total
		M (*f*)	F (*f*)	M (*f*)	F (*f*)	M (*f*)	F (*f*)	M (*f*)	F (*f*)	M (*f*)	F (*f*)	M (*f*)	F (*f*)	M (*f*)	F (*f*)	
1.	Depression	3	2	3	6	5	7	6	7	5	2	4	4	0	0	**54**
2.	Mixed neurotic	0	0	4	3	7	0	0	1	1	1	2	0	0	0	**19**
3.	Schizophrenia	2	1	3	1	1	3	3	1	0	0	1	0	0	0	**16**
4.	Somatization Disorders	0	1	1	0	3	5	1	1	0	0	1	0	1	0	**14**
5.	PTSD	1	0	2	1	0	0	1	0	3	1	0	0	1	0	**10**
6.	Bipolar disorder	0	0	0	0	2	2	0	2	1	4	0	1	0	0	**12**
7.	Personality disorder	2	0	0	0	1	0	0	1	1	0	0	0	0	0	**5**
Total		**8**	**4**	**13**	**11**	**19**	**17**	**11**	**13**	**11**	**8**	**8**	**5**	**2**	**0**	**130**

PTSD** (Post Traumatic Stress Disorders), ***f (frequency),M (Male) F (Female)

Table (3) show the psychiatric morbidity relation with the age and gender in the study sample, the highest frequency of depression is female and constitute frequency (28) and age group (30-49 years) constitute frequency (7).According to the mixed neurotic disorder the highest frequency were male and constitute frequency (14) and age group (30-39 years) constitute frequency (7).As for schizophrenia the highest frequency were male and constitute frequency (10) and age group (20-49 years) constitute frequency (3). In relation to the Somatization disorders the frequencies were almost equal between male and female groups. According to the PTSD the highest frequency were among male groups and constitute a frequency (8) with in age group between (50-59 years) According to the bipolar disorder the highest frequency were female and constitute frequency (9) with in age group between (50-59 years). As for personality disorder the highest frequency were male and constitute frequency (4) with in age group between (15-19 years) (3)

Table (4) distribution of psychiatric disorders, stressor types and the time of exposure to stressors in the whole study sample

Psychiatric disorders	*f*	Stressors										
		Migration	Chronic stress	Deaths	Failure	Romantic state	Others	Nothing	Before illness	After illness	Not related	One exposure
Depression	54	8	13	6	4	6	4	13	22	16	0	16
Mixed Neurotic Disorder	19	3	4	1	1	1	0	9	12	2	0	5
Schizophrenia	16	1	2	1	1	1	1	9	8	4	0	4
Somatization Disorder	14	0	3	2	1	4	0	4	1	8	0	5
PTSD	10	5	3	1	1	0	0	0	0	8	0	2
Bipolar Disorder	12	2	2	0	1	0	0	7	7	2	0	3
Personality Disorder	5	0	1	0	0	0	0	4	2	2	0	1
Total	130	67				63			52	42	0	36

*__PTSD__ (Post Traumatic Stress Disorders), ***f*** (frequency)

Table (4) shows that (67) patients registered stressors as genuine event related to their current illness. The Migration affected (19) patients, while chronic stress was the most effective in genesis and relapse of psychiatric morbidity in a frequency of (28), deaths constitute (11) patients, failures affected (9) patients. The romantic events affected (12) patients, other kinds of stressors just (5) patient and those who hadn't experienced stressors were (46). The (52) Patients experienced the stressors before the illness, while (42) patients admitted that their complaints were worsening after experiencing of stressors. Event while (36) had experienced just one stressor event.

Discussion

This study indicated that most of the people prone to psychiatric disorders are from adult group. These groups are nearly always take the responsibilities of their family as regard income , protection and decision making ; the extreme range groups almost dependent on this group especially at time of exposure to stressors. In the Table (1) there is nearly equal distribution of psychiatric disorders, between the two sexes. Most of the studies refer high morbidity in female side.[6] The difference may be related to small size of the sample in this study. Short period of the study besides that all the patients are selected from one center. That is Azadi teaching hospital outpatient clinics. Patients who were consulting other clinics were neglected. Another fact is that stressors are affecting both sexes.

In multi-axial ways which adds burden on both sexes almost equally. Being married will add extra load and responsibilities upon the individuals during periods of exposure to stressors although the family can support the patient member. In terms of psychological and social protection, the single group had their extended families that plays similar role in supporting the psychiatric patient.[7]The widow & divorced & separated groups were minorities respectively may be due to social restrains as lack of support to bring them to psychiatric attention. The (Majority of the psychiatric patients)

regarding the Level of education are unable to continue their high studies either due to the effect of the illness or if the onset was started early in life may interfere with complicated studying circumstances.[8]The financial state play a major role in the causation and prevention of psychiatric disorders. In terms of fulfilling the basic biological and social requirements and in providing medical support for the patients. The low financial group neglects their patients in terms of bringing them to psychiatric attention in the hospital especially the mild & moderate illnesses for the sake of fulfilling other life requirements.[9]

The positive effect of being employed or having a free job diminished to equalizing the jobless type of patients due to complexity of the circumstancesrelated to stressors life, besides that the extended oriental families many share their income for the sake of all. The high percentage of psychiatric morbidity among urban groups. May indicate the easy approach to nearby psychiatric attention centers. While the rural group are far away because there is no psychiatric units their and due to security reasons they need a lot of time & effort to reach Kirkuk city besides the faith healers play a major role in dealing with psychiatric patients. In rural areas which lessen their presentation in this study. [10]

The table (2) regard to co-morbidities of psychiatric illness with other organic illness. Alcohol intake &smoking & drug abusing, may add more difficulties in management of these illnesses and prolong the course of treatment. These variables are more evident in depressive illnesses genesis and play a role in the genesis and relapse of psychiatric morbidity.

In relation to depressive disorder these results are similar to the results of previous studies. In the category of mixed neurotic disorder or anxiety like disorders are collected together such as phobia, stress reaction, grief, and drug abuse. The table (2) results are similar to the results of similar studies like but with difference of male/female distribution in our study, male are more affected, this may be due to psychiatric stigma, which is more evident in females for which they consult private clinics rather than state hospitals.[11]

The table (3) showsgender distribution similar to other studies but male/female ratio were (1/2) in those studies. While in our study they are nearly equally distributed. The difference can be due to small size of our sample and the considerable number of female is send to faith healer by their families. When the abnormal features are evident according to cultural roles so they are less registered in psychiatric units. As regard to PTSD (post traumatic stress disorder) our results are similar to the results in other studies but with low female incidence. The difference may be explained on the base of most of the terror victims were male. While females were less in contact with severe life threatening stressors in the months preceding this study. The high female ratio in somatoform disorders is similar to international studies which can be explained on the bases of that females are more expressive of symptoms related to this disorder than

males. Who may hide their symptoms by alcohol & drug abuse low expression symptoms is due to social & cultural restrains further more. The females are more prone to be abused in certain societies with unstable political or security circumstances.

In table (4) the small number of patients with personality disorders about (3.8%) of the total morbidity patients. Can be explained on the basis that personality disorders are related to multi factorial etiology besides long exposure to stressors during critical periods of personality development, besides the majority of personality disorder patient may express themselves in co morbidities with other psychiatric illnesses, mainly mood disorders. The effects of stressors were more evident on depressive illnesses, (44 out of 56) patients (78%) of depressive group. Chronic stress & migration were more effective stressors in this group. The effect of stressors is exclusive event in depression.

Conclusion

The most of the study sample were complaining of depression more than other psychiatric morbidities exposed to chronic stressors, and those within the age group of (32-49 years) in female gender.

Recommendation:

1. To survey the psychiatric patients in primary care units nearby their residence.
2. Further studies are needed with larger samples in Kirkuk city
3. Providing educational programs for the populations by the mass media about positive management of life stressors and to identify the source and the adverse effects of stressors on the psychological wellbeing.

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