EPIDEMIOLOGY OF MENTAL DISORDERS:
ROUZBEH HOSPITAL AS A SOURCE OF INFORMATION.

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The epidemiological description of diseases in human populations has two major aspects, incidence and prevalence. The latter is most useful in estimating the magnitude of various health problems; such data are often helpful in planning the provision of necessary health facilities for those who are in need of care. However, it is extremly difficult to estimate the incidence or prevalence of mental illness for any community, even at the present time, when epidemiological techniques are reasonably precise and sophisticated. It is even more difficult to demonstrate any change in the incidence of mental illness that may occur over a period of time, because, if only, in the course of the time definitions, of mental disorders, diagnosis, trend, public attitude and professional policies may all have changed.

Nevertheless, Odegaard[1] believes that since in the area of psychiatry where it is frequently difficult to specify exact case-finding criteria and such findings may be vastly expensive and fraught with difficulties; hence for severe disorders measures of treated incidence and prevalence can be used. It has been assumed that

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for conditions sufficiently serious to warrant psychia-
tric treatment, treated rates of illness closely appro-
ximate the total rates and thus such data do not involve
a very large error.

In the light of this assumption, the records of Rooz-
beh Hospital which is the first teaching mental hospital
in Iran,[2] relating to the year 1974, have been analysed
and the main epidemiological characteristics of this hos-
pital population are summarised in Table 1-7.
Table No. 1 shows the frequency distribution of diagnos-
is by age and sex. According to this table schizophrenia
is the most common mental disease comprising 42.9% of
the total admitance. In males the most common age group
is 14-44, 59.5% and the corresponding figure for female
patients for the same age group is 26.9% which again is
the highest in female population. Affective disorders
rank the second comprising 30.6% of total admitance,whi-
ch again in the age group 14-44 shows the highest preva-
lence. 37.7% of the total of all age groups are male pa-
tients, and 31.7% are female. The mean age is 32 for both
sexes.

The number of admissions per year by diagnosis is sho-
wn in Table 2. According to this table 53.3% of schizop-
hrenic patients have been admitted once a year and only
13% been re-admitted four time or more per year.Correspo-
nding figures for affective disorders are 62.2% and II%
respectively. x^2 test has been carried out between these
two most common mental disorders and found that the dif-
ference in admission rate is insignificant.Marital Status
and the frequency of admission is shown in Table 3. Of
total admission 52.5% are married and 38.% are single.Of

Table I. Diagnosis by sex and Age

Sex and Age Diagnostic Groups	Male				Female				Total
	Under 14	14-44	45-64	64 +	Under 14	14-44	45-64	65 +	
Affective Disorders	–	82(37/7)	26	9	–	69(31/7)	29	2	217(30/6)
Schizophrenia	–	181(59/5)	18	2	–	82(26/9)	19	1	304(42/9)
Neurotic Reaction	–	32	3	–	–	16	3	–	54
Organic Psychosis	–	6	1	3	1	3	1	–	14
Symptomatic Psychosis	–	3	1	1	–	17	–	–	22
Psychopathic Disorders	13	–	–	–	–	4	–	–	17
Mental Subnormality	–	5	1	4	–	3	1	2	16
Epilepsy	–	8	1	–	–	12	–	–	21
Addiction	–	6	5	–	–	–	–	–	11
Other and Unknown	–	19	3	–	–	5	3	1	31
Total	1	355	59	19	1	211	56	6	708

Percentage in Parentheses

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Table II. Distribution of Patients by diagnostic
Category and frequency of readmision

Number of readmission Diagnostic Groups	First Adm.	2nd Adm.	3pd Adm.	4th Adm.	Total
Affective Disorder	135(62/2)	39	19	24 (11)	217
Schizophrenia	162(53/2)	72	25	40(13/1)	304
Neurotic Reaction	37	9	2	6	54
Organic Psychosis	10	4	-	-	14
Symptomatic Psychosis	20	2	1	-	23
Psychopathic Disorders	7	4	4	2	17
Mental Subnormality	13	3	-	-	16
Epilepsy	16	3	1	1	21
Addiction	8	2	-	1	11
Other and unkown	22	7	1	1	31
Total	430	150	53	75	708

Percentage in Parenthesis

Table No. 3. Distribution of patients by Marital Status and
frequency of readmission

Number of Re.Admission / Marital Status	First Adm.	2nd Adm.	3rd Adm.	4th Adm.	Total
Married	231(62)	77	23	41(11)	372(52/5)
Single	162(58/6)	64	25	25(9)	276(38/9)
Widow	22	8	2	4	36
Divorced	11	1	2	2	16
Unknown	4	-	1	3	8
Total	430	150	53	75	708

Percentage in parentheses

Table 4. Marital Status and length of Stay in Hospital

Length of stay in the Hos. Marital Status	Less than 15 days	15-30 days	31-44 days	More than 45 days	Unknow	Total
Married	53	121	108	90	-	372(52/5)
Single	31	79	71	95	-	276(38/9)
Widow	4	12	9	11	-	36
Divorced	3	5	5	3	-	16
Unknown	4	1	-	1	2	8
Total	95	218(30/7)	193(27/2)	200	2	708

Percentage in parentheses

Table 5. Length of Stay and Catchment Area

Length of stay in Hos. / Catchment Area	Less than 15 days	15-30 days	31-44 days	More than 45 days	Unknown	Total
Greater Tehran	70	148	135	126	2	481(67/9)
Provinces	23	69	58	73	-	223(31/5)
Unknown	2	1	-	1	-	4
Total	95	218	193	200	2	708

Percentage in Parentheses

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Table No. 6. Diagnosis by Educational Attainment

Education / Diagnostic Groups	Illitrate	Primary School	Sec. School	Higher Education	Unknown	Total
Affective Disorders	109	61	38	6	3	217
Schizophrenia	89(29/2)	92	93	22(7/2)	8	304
Neurotic Reaction	16	14	18	5	1	54
Organic Psychosis	5	5	4	1	-	15
Symptomatic Psychosis	16	2	2	2	-	22
Psychopathic disorders	4	8	4	1	-	17
Mental Subnormality	13	3	-	-	-	16
Epilepsy	12	6	2	1	-	21
Addiction	6	2	3	-	-	11
Others and Unknown	9	12	8	-	2	31
Total	279	205	172	38	14	708

Percentage in Parentheses

Table No. 7. Diagnosis by Religion

Religion / Diagnostic Groups	Moslems	Christian	Jewish	Zoroazteer	Unknown	Total
Affective disorders	215	1	–	1	–	217
Schizophrenia	295	6	2	–	1	304
Neurotic Reaction	53	–	1	–	–	54
Organic Psychosis	15	–	–	–	–	15
Symptomatic Psychosis	21	1	–	–	–	22
Psychopathic Disorders	17	–	–	–	–	17
Mental Subnormality	16	–	–	–	–	16
Epilepsy	21	–	–	–	–	21
Addiction	11	–	–	–	–	11
Others and Unknown	29	1	–	–	1	31
Total	793	9	3	1	2	708

total married patients 62% have been admitted once a ye-
ar and II% four or more times a year. Corresponding fig-
ures for single patients are 58.6 and 9% respectivly.Ta-
ble 4 shows the relation between marital status and len-
gth of stay in hospital. The mean length of stay is 36.6

days. 30.5% of all patients stayed 15-30 daysin hos-·
pital, 27.2% 31-44 days and 28.2% stayed more than 45 days.
Table 5 shows 67.9% are from the greater Teheran and 31.5%
have come from provinces, most of the patients in bo-
th groups,   stayed between 15-44 days in hospital.

The educational achievement is tabulated in Table 6.
It shows that 39.4% of total admissions are illiterate
and only 5.3% have higher education. Of total schizophr-
enic patients 29.2% are illiterate and 7.2% have had uni-
versity education. The distribution of diagnosis by reli-
gion is shown in Table 7.X^2 test indicates that there is
a significant difference between Muslims and other mino-
:$(0.05 > P > 0.03)$for the two most common mental illneses
jamongst this hospital population.
this hospital population.

This prevalence study is primarily descriptive, givi-
ng an account of the number and the types of mental dis-
ease admitted at Roozbeh Hospital which, however, may
serve as an indicator of the mental problems in the com-
munity in related year. Thus they may fulfill a limited
but important purpose,they provide a rational basis for
required mental health services. It should be emphasised
that the number of cases can be effected by the number
of the currently available hospital beds[3] as well as
the extent to which the hospital under consideration
is known and available to pupulation. Needless to say
that the total burden of mental illness in a community

cannot be adequately estimated by counting the cases which have found their way to hospital since they represent a selected group, in terms of type, severity, even age, sex, education and so on.

REFERENCES

1- Odegaard, O. 1965
Discussion of socio-cultural factors in the epidemiology of schizophrenia I.J. of Psychiatry 1-296.

2- Mirsepassi, A. et al. (1965) Psychiatri disorders in Iran. Kavian Public Co. Tehran.