

Epidemiological profile of mental disorders in Shkoder, Albania

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Abstract

Aim: To estimate the lifetime prevalence and risk factors of mental disorder in the population of Shkodra city, in transitional Albania.

Methods: This was a population-based retrospective epidemiological study conducted in the city of Shkoder, which is the main district in north Albania. The study population comprised all patients with mental problems aged 5-85 years (n=6,287) hospitalized over one decade (January 2005 - December 2015). The clinical records from the psychiatric hospital of Shkodra city were used for the classification of common mental disorders.

Results: Out of the 6,287 patients records 3,766 (59.9%) were males and 2,521 (40.1%) were females. Mean age was 43±4 years. Incidence (per 100.000 residents) of mental disorder in this study was estimated at 3786.2 persons. The most prevalent mental disorder in this study was Schizophrenia with 2,884 (45.87%) patients. More than 765 (12.16%) patients reported a lifetime history of depressive disorders, 739 (9.17%) affective disorders and 477 (7.6%) mental retardation. Personality disorders and any alcohol or drugs disorders were 3.56% and 2.67% respectively. Major depression and specific phobia were the most common single mental disorders. Women were more likely to suffer from mood, anxiety and depressive disorders compared to men, whereas men were more likely to suffer alcohol and drugs' abuse disorders.

Conclusion: Mental disorders were quite frequent in this study conducted in north Albania, with a predominance of Schizophrenia. The mental problems were more common in men, in patients residing in rural areas and among unemployed individuals.

Keywords: *mental disorders, prevalence, risk factors, Shkoder.*

Introduction

A mental disorder is a behavioral or psychological syndrome or pattern that occurs in an individual that reflects an underlying psychobiological dysfunction, the consequences of which are clinically significant distress or disability. Those individuals must not be merely an expectable response to common stressors and losses or a culturally sanctioned response to a particular event and that is not primarily a result of social deviance or conflicts with society (1). They have many causes and result from complex interactions between a person's genes and their environment (2).

Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders, addictive behaviours, etc. Such features may be persistent, relapsing and remitting, or occur as a single episode. Many disorders have been described, with signs and symptoms that vary widely between specific disorders (3).

Tosevski et al (2008) in their report have showed for many of the countries of Eastern Europe and the Balkans a high magnitude and burden of mental disorders. Social stress and traumatic experiences have led to a deterioration of the mental health of the population (4). Post-traumatic stress disorder (PTSD) is frequent, as are depression, suicide, anxiety, substance abuse, aggression, delinquency and violence, especially among young people. The incidence of psychosomatic illnesses is high, as is the sudden death phenomenon among young people (4-6) There are few epidemiological studies on neurological disorders in Albania (part of Balkans country). Treatment for people with mental illnesses is poor in Albania. There are few services and these are mainly institutional with few alternatives to hospital treatment. There is little social support for the mentally ill and they are highly stigmatized (7). The aim of the study was to estimate the lifetime

prevalence and risk factors of mental disorder in population of Shkodra city, in north Albania.

Methods

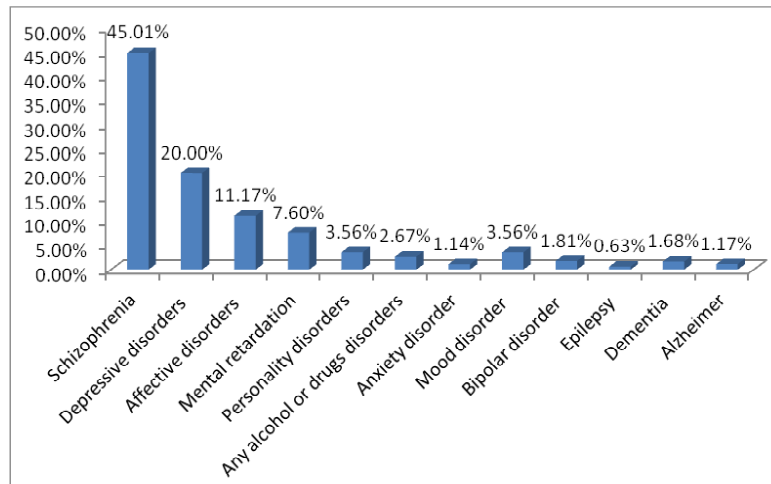
This was a population-based on retrospective epidemiological study conducted in Shkodra city, Albania, with a population of about 166.000 inhabitants. The study population comprised all patients with mental problems aged from 5-85 years (n=6,287) hospitalized over one decade (January 2005 - December 2015). For all participants we used the Revised Clinical Interview Schedule for the detection of common mental disorders and epidemiological data. Gender, age, residence, marital status and living conditions were some of the demographic data. Classification of the mental disorders was based on diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders DSM-5. 5th edition (DSM_V) (1) and also the International Classification of Diseases and Injuries 10th Revision (ICD_10) (8). SPSS version 19 was used to analyze the statistical data. The clinical records from psychiatric hospital of Shkodra city were used for the detection of common mental disorders.

Results

The most prevalent mental disorder consisted of Schizophrenia. Figure 1 presents the distribution of mental disorders in our study population.

Mean age of study participants was 43±4 years. Males were the predominant gender in our study: 3,766 (59.9%) compared to 2,521 (40.1%) females. Most of individuals were from rural areas (56.37%), compared to urban areas (43.63%).

Table 1 presents the demographic data of the study population.

Figure 1. Distribution of mental disorders in hospitalized patients in Shkoder, 2005-2015**Table 1. Demographic data of the study population**

Demographic data	Number of cases N= 6,287	Percentage
Living Area		
Rural	3,544	56.37%
Urban	2,743	43.63%
Sex		
Female	2,521	40.1%
Male	3,766	59.9%
Age (Mean: 43±4 years)		
5-15 years	23	0.36%
16-25 years	75	1.2
26-35 years	389	6.18%
36-45 years	1129	17.95%
46-55 years	2425	38.6%
56-65 years	1890	30%
66+ years	356	5.66%
Monthly income		
None	512	8.14%
Social assistance	396	6.3
100-200 ALL	3065	48.75%
201-400 ALL	2011	32%
>400 ALL	303	4.8%
Marital status		
Single	751	12%
Married	5345	85%
Widow	191	3%
Family history		
No	2275	36.2%
Yes	4012	63.8%

Discussion

This study showed that mental disorders are common in the general population of Shkoder, which is the main district in north Albania. Incidence (per 100.000 residents) of mental disorder in this study was estimated at 3786.2 persons. Factors that contribute in the occurrence of mental health problems are different. According to the WHO data and Paykel et al., the higher levels of psychiatric morbidity are associated with poor living conditions in large urban conglomerates, as social groups living in adverse situations under chronic stress would be more likely to present mental disorders (9,10). Also social exclusion, amplified by poor access to education, was reported to be an important risk factor for mental disorders (11).

Out of the 6,287 patients' records, the incidence (per 100.000 residents) of mental disorder in this study resulted to be 3786.2 persons. Stratified by sex, men were more predominant in our study compared to women: 3,766 (59.9%) and 2,521 (40.1%), respectively. The minimum age was 5 years old and the maximum 85 years old; the average age was 43±4 years. About 3,544 (56.37%) patients were residing in rural areas and 2,743 (43.63%) were from urban areas. The most

prevalent mental disorder in this study was Schizophrenia with 2,884 (45.87%) patients. More than 765 (12.16%) patients reported a lifetime history of depressive disorders, 739 (9.17%) affective disorders and 477 (7.6%) mental retardation. Personality disorders and any alcohol or drugs disorders were 3.56% and 2.67% respectively. The other patients reported a life time history of any delusional disorders; anxiety disorder 1.14%; any mood disorder 3.56%; bipolar disorder 1.81%; and epilepsy, dementia and Alzheimer 0.63%, 0.68% and 0.17% respectively. Major depression and specific phobia were the most common single mental disorders. Women were more likely to suffer from mood, anxiety and depressive disorders compared to men, while men were more likely to suffer alcohol and drugs abuse disorders.

In conclusion, mental disorders were quite frequent in this study conducted in Shkoder, with predominance of Schizophrenia. The mental health problems were more common in men, in patients residing in rural area and among the unemployed individuals. Young people and the active age-group were also more likely to experience mental disorders indicating an early age of onset for mood, anxiety and alcohol disorders.

Conflicts of interest: None declared.

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