Original

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Mental disorders in psychiatric outpatients in Spain

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Objectives. The aim of data presented is to increase knowledge about the morbidity and impact of mental disorders in Spanish psychiatry. The objective is to describe, based on real practice conditions, the most prevalent mental disorders in a sample of Spanish patients treated in outpatient Psychiatry centers.

Material and Method. Epidemiological, naturalistic, prospective, cross-sectional study, carried out in the outpatient psychiatry setting in Spain in 2006. Mental disorders were assessed using the International Neuropsychiatric Interview (MINI).

Results. A total of 1,436 patients, 72% of whom were women, mean age of 49.2 ± 13.3 years, were included. According to the MINI assessment, 90.3 % of the patients were diagnosed of at least one mental disorder. The most prevalent mental disorders were: recurrent major depressive episode (27.2%, 353 patients); only current major depressive episode (2 weeks) (25.9%, 336 patients); current dysthymic disorder (last 2 years) (25.9%, 336 patients); current major depressive episode with melancholy symptoms (18.7%, 243 patients); current generalized anxiety disorder (16.6 %, 215 patients).

Conclusions. The study results show the prevalence of mental disorders in a sample representative of the Spanish population, treated in outpatient specialized Psychiatry centers. Mood and generalized anxiety disorders were the most prevalent disorders

Key words:
Epidemiology, Mental disorders, Psychiatry, Mood disorders

Trastornos mentales en pacientes de atención especializada en el ámbito extrahospitalario español

Objetivos. El propósito de los datos presentados es ampliar el conocimiento sobre la morbilidad y el impacto de los trastornos mentales en la psiquiatría española. El objetivo es describir, conforme a la práctica clínica habitual, los trastornos mentales más prevalentes en una muestra de pacientes españoles tratados en centros ambulatorios de Psiquiatría.

Material y Método. Estudio epidemiológico, naturalístico, prospectivo, de corte transversal, realizado en el ámbito de la psiquiatría ambulatoria en España en el año 2006. Los trastornos mentales fueron evaluados mediante la Entrevista Neuropsiquiátrica Internacional (MINI).

Resultados. Se incluyeron en el estudio un total de 1.436 pacientes, de los cuales el 72% fueron mujeres, con una edad media de 49,2 ± 13,3 años. Según la MINI el 90,3% de los pacientes fueron diagnosticados de al menos un trastorno mental. Los trastornos mentales más prevalentes fueron: episodio depresivo mayor recidivante (27,2%, 353 pacientes); solo episodio depresivo mayor actual (2 semanas) (25,9%, 336 pacientes); trastorno distímico actual (últimos 2 años) (25,9%, 336 pacientes); episodio depresivo mayor actual con síntomas melancólicos (18,7%, 243 pacientes); trastorno de ansiedad generalizada actual (16,6%, 215 pacientes).

Conclusiones. Los resultados del estudio muestran la prevalencia de los trastornos mentales en una muestra representativa de la población española que acude a centros ambulatorios de Atención Especializada Psiquiátrica. Destacan por su mayor prevalencia los trastornos del estado del humor y trastorno de ansiedad generalizada.

Palabras clave:
Epidemiología, Trastornos mentales, Psiquiatría, Trastornos depresivos

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INTRODUCTION

Population studies performed in the USA have estimated an annual prevalence of mental disorders in the American adult population of up to 30%.[1,2] Data from a population study[3] carried out during 2001–2003 in a representative sample of 9,882 adult Americans showed a 26.2% prevalence-year of mental disorders according to the DSM-IV. The most prevalent diagnoses were anxiety disorders (18.1%), mood disorders (9.5%), impulsivity disorders (8.9%) and substance abuse disorders (3.8%).

The elevated prevalence of this type of disorder has also been seen in several population studies. [4-7] In the World Health Organization study conducted during the years 2001-2003 in 14 countries of America, Europe, Middle East, Africa and Asia, which included 60,463 adults,[7] the prevalence-year for any type of disordered varied from 4.3% in Shanghai to 26.4% in the USA. The data for Spain showed a 9.2% prevalence-year for any type of disorder, with a global treatment rate of 7.3%, inferior to the 15.3% reported in the USA. Said organization concludes, as had already been observed in other population studies, that mental disorders are highly prevalent, are often associated with a serious deterioration of functionality and are frequently not treated adequately. They recommend the need to rationalize the resources and develop secondary prevention programs.

It is difficult to estimate the prevalence of mental disorders in Europe because of different factors. Among these factors are lack of broad pan-European population studies, the elevated number of clinical conditions included in the term mental disorder, the problems to estimate prevalences, given the elevated comorbidity among these conditions and the different methodological approaches used in these studies.[8] The lack of systematic data is even more pronounced when evaluating the disability and deterioration of the functionality associated to these conditions. These data not only have an impact on health care policy but are essential when estimating costs and allotting resources.[8] The European Study of the Epidemiology of Mental Disorders (ESEMeD) is the first population study that has collected data on prevalence in accordance with the DSM-IV and ICD-10 criteria, risk factors, health-related quality of life, treatments received and use of health care resources, in relation to mood disorders, anxiety and substance abuse in 5 European countries: Belgium, France, Germany, Italy, Holland, and Spain.[9,10] Overall, 25.9% of the participants had suffered a mental disorder during their life and 11.5% in the year prior to the study. All the disorders were associated consistently to a deterioration of functionality. The mood and anxiety disorders, were considered more incapacitating than some chronic physical conditions, such are cardiac disease and diabetes. Even more, the disability associated to mental disease was associated to a more severe impact in the functionallity and quality of life of the individuals than the physical impact associated to other common chronic medical conditions as upper brain functions, such as cognitive, motivational and emotional functionality, are affected. [9]

In Spain, the number of studies conducted on the prevalence of mental disorders is low and the studies mostly provide data on specific population groups or have focused on specific conditions. Thus, they provide little information on the general epidemiology of mental disorders in Spain.[11-12]. Based on the studies published, the global prevalence of mental disorders detected in Primary Care in Spain is 18% to 44%.[13-17] The Baca et al. study of 2001 should be mentioned. This study reported a 44% prevalence of any type of mental disorder after the application of the PRIME-MD to a sample of 312 patients in Primary Care.[17] The prevalence of mental disorders in the general population is also variable. The 2001 Roca et al. study, conducted in 1999 in 697 individuals, estimated a 21.4% prevalence of mental disorders at a particular time in those over 15 years.[18] On the contrary, the results of the ESEMeD-España study, in a population study of 5,473 individuals performed during 2001-2002,[11] showed a 19.5% prevalence-life and 8.4% prevalence-year. The most prevalent mental disorder was the major depressive disorder with a 10.5% prevalence-life and 3.9% prevalence-life.

Within the Spanish psychiatry setting, most studies have focused on analyzing prevalences of specific disorders. Therefore, the information on frequency of visits to specialized centers based on psychiatric diagnoses is scarce. Due to all of this, the epidemiological study we are presenting aims to increase the knowledge on morbidity and the impact of the mental disorders in the Spanish psychiatric population. The objectives of the present work are to present, in accordance with the common clinical practice, the most prevalent mental disorders in a broad sample of Spanish patients who come to outpatient Specialized Psychiatric care clinics.

METHODOLOGY

Population

An epidemiological, naturalistic, prospective, cross-sectional study was conducted with the outpatient psychiatric setting in Spain in the year 2006. A total of 415 psychiatrists participated in it. Inclusion criteria in the study were the following: being an adult aged over 18 year, coming to the outpatient psychiatric center, and haven given written informed consent to participate in it. Each investigator included 3 patients consecutively -consecutive sampling. The study was carried out in agreement with the ethics principles contained in the Declaration of Helsinki and subsequent amendments, Good Clinical Practice Guidelines (GCP) and other applicable international rules for the conduction of clinical trials in humans. Informed consent was obtained from the patients prior to their enrolment in the study, assuring the data

confidentiality. The study protocol was approved by the local Ethics Committee.

Objectives and evaluation measurement

The study protocol contemplated a single evaluation visit (visit 1). One of the study objectives was to determine the most prevalent mental disorders in the psychiatric patient sample analyzed. The mental disorders were determined using the Mini-International Neuropsychiatric Interview (MINI). The MINI is a structured diagnostic interview that studies the principal psychiatric disorders on Axis I of the DSM-IV and ICD-10 in order to detect and/or orient the diagnosis. It takes about 15 minutes to apply and it is designed for its use in psychiatric symptoms and in multicenter, epidemiological and research clinical studies.[19-21] The investigators participating in the study were trained in the use of these scales. The sociodemographic data and the most important data from the clinical history of the patients were also collected in this study visit.

Statistical analysis

Qualitative and quantitative descriptive analyses were made of all the variables. The qualitative variables were analyzed using absolute frequency and percentages and the quantitative variables were studied using the mean, standard deviation and confidence intervals if they following a normal distribution or with the median, minimum and maximum, and interquartile range if the they did not follow a Gaussian distribution. The chi-square test, Fisher's exact test or likelihood ratio were used to analyze the association between discrete variables, when considered necessary. Comparisons between continuous variables were made with the Student's T test or Mann-Whitney Test, according to whether they did or did not fulfill the parametric suppositions. In order to determine the grade of linear association between the risk of suicide and the rest of the diagnoses of the MINI, Pearson's correlation coefficient was used. A logistic regression model was used to determine the factors associated to perceived stress (IDS). The suppositions of normality and homocedasticity needed to be able to use the parametric tests were verified. The statistical significance level was established at $p<0.05$. The statistical program SPSS v13.0 was used.

RESULTS

Sociodemographic and clinical characteristics of the sample

A total of 1,436 patients were enrolled in the study, 72% of whom were women, mean age 49.2 ± 13.3 years (range: 20–62 years). Of the patients analyzed, 61.9% were married or had a significant other, 18.6% were single, 12.3% divorced or separated and the remaining 7.2% were widow(er)s. Regarding the work status, 48.7% were actively working, 21.9% students or not active and the remaining 29.4% were pensioners.

Up to 80.9% of the patients had a psychiatric history prior to their enrolment in the study. Of these, 78.5% had presented mood disorders, 41.5% anxiety disorder, 14.5% adaptive disorders, 9.5% somatomorphic disorders, 9.3% personality disorders, 7.7% substance-related disorders and 5% schizophrenia or other psychotic disorders, as most frequent psychiatric backgrounds. Family backgrounds of psychiatric conditions were found in 33.7% of the patients.

Regarding the physical examination, the patients enrolled in the study had a mean weight of 70.23 Kg and height of 164.61 cm. A total of 71% of the patients reported other medical conditions, the most frequently collected ones being those occurring with musculoskeletal (68.2% of the patients), digestive tract (24.8% of the patients), cardiovascular system (23.7% of the patients) sensory organs (15.7% of the patients) involvement. Up to 76.3% of the patients were receiving some drug treatment at the time of the evaluation.

Mental disorders diagnosed in the sample

A total of 90.3% of the patients were diagnosed of at least one mental disorder in agreement with the MINI. The most prevalent mental disorders in the sample were: recurrent major depressive episode (27.2%, 353 patients), current major depressive episode (2 weeks) (25.9%, 336 patients), current dysthymic disorder (last 2 years) (25.9%, 336 patients), major depressive episode with current melancholic symptoms (18.7%, 243 patients), current generalized anxiety disorder (16.6%, 215 patients) and current anxiety disorder (last month) and lifetime (6.8% and 6.6%, 88 and 85 patients, respectively).

Current risk (last month) of suicide was observed in 18.7% of the patients. Of these, it was considered to be mild in 124 patients (51.7%), moderate in 72 patients (30%) and high in 44 patients (18.3%). Table I shows the summary of the psychiatric disorders observed in the sample.

The Pearson linear correlation model showed a current positive correlation between risk of suicide (last month) and major depressive disorder with current melancholic symptoms (0.201), recurrent major depressive disorder (0.121), mood state disorder with current psychotic symptoms (0.101), non-alcoholic substance dependence last 12 months (0.075), current bulimia nervosa (0.071), lifetime psychotic disorder (0.061), current social phobia (0.055,), and past hypomanic episode (0.101) and past manic episode (0.068).

DISCUSSION

We show a representative population sample of patients who come to outpatient Specialized Care in our setting. As has been observed in other epidemiological studies on prevalence of mental disorders in population groups, our sample was characterized by a predominance of female gender, with a woman:man ratio of approximately 3:1, by having elevated comorbidity with medical conditions, in up to 71% of the patients. In this sense, 76.3% of the patients were receiving some type of drug treatment when there were enrolled in the study.

The greatest strength of our study is its use of the International Neuropsychiatric Interview. This has made it possible for us to establish a reliable diagnosis of mental disorders, consistent with international diagnostic criteria, including the DSM-IV and ICD-10 classifications. A total of 90.3% of the patients included in this epidemiological study, as was to be expected given the sample characteristics, had at least one mental disorder diagnosis. Consistently with most of the population studies reviewed, [3, 4, 7, 8, 11, 15, 18, 22, 23] the mood state and anxiety disorders were the most prevalently observed. In this sense, 27.2% of the patients had a recurrent major depressive episode, 25.9% current major depressive episode diagnosis (last 2 weeks), 25.9% were diagnosed of current dysthyma (last 2 years), 18.7% had diagnosis of major depressive episodes with current melancholic symptoms, while 16.6% had been diagnosed of current generalized anxiety. As other authors have pointed out. [24] we have observed an elevated comorbidity of psychiatric diagnoses in our sample. For example, 57.7% of the patients diagnosed of current generalized anxiety disorder and 61% of those with a diagnosis of current major depressive episode (2 weeks) had at least one other psychiatric diagnosis. On the contrary, the least comorbidity was observed for the diagnosis of current dysthymic disorder (last 2 years), where only 33.6% of the patients had at least on additional diagnosis.

One of the main limitations of the study when interpreting the prevalence of the different mental disorders is that we have not made a restrictive analysis of those patients who had only one psychiatric diagnosis. The elevated psychiatric comorbidity may therefore represent a bias when interpreting the results in our study, as has been described by other authors. [24]

Prevalence of the suicidal ideation for the general Spanish population is 4% (14% suicide attempts) according to Gabilondo, 2007.[25] It must be stressed that a significant percentage of our psychiatric population, up to 18.7% of the patients, had risk of suicide during the month prior to the conducting of the study, considering that there was moderate-high risk in 48.3% of the cases. The most

significantly related disorders with the current risk of suicide in our study were major depressive disorder with current and recurrent melancholic symptoms. The high risk of suicide in the patients with mental disorders has also been described in other epidemiological studies.[25,26] Specifically in the ESEMeD-España study, the presence of mental disorders was associated with a significant increase of the likelihood of developing suicidal ideas, plans or attempts (OR=3.1-10), the risk being especially marked, as we have also observed, in the case of mood disorders (OR=5.3-6.8).

The rates observed for mental disorders in this study are difficult to compare with those found in other studies conducted in Spain due to the differences between the population samples studied and the different diagnostic methods used. An example of the difficulties existing an prevalence rates are compared in mental disorders is found in the case of depressive disorder, where the rates attributed to Spain range from 2.6% to 20.2%.[15, 27-29] As we have already mentioned, in our study with patients who come to psychiatric visits, the momentary prevalence of major depressive episode and dysthymia were 25.9%, in both cases.

Contrasting with the prevalence data we have observed, in a study on the use of health care services, the most frequently observed diagnoses in a sample of 22,859 Spanish patients seen in Specialized Psychiatric Care in outpatient and inpatient centers, in accordance with the ICD-10 criteria, were neurotic disorders, disorders related with stress and somatomorphic ones (51.1%), following by mood disorders (33.9%), and schizophrenia, schizotypal and delusional diagnoses (11.2%).[23] In our opinion, the differences observed in the frequency of the different diagnoses can be explained by the greater severity of the psychiatric sample analyzed in the previous study.[23] We have also found differences when comparing our data with the ESEMeD-España[11] study, where the prevalences-year are clearly inferior to ours, above all for the diagnoses of major depressive episodes (3.96%), dysthymia (1.49%) and generalized anxiety disorder (0.50%). However, it is necessary to taken into account that the ESEMeD-España study is a population study that was carried out in the adult Spanish population, so that the results are difficult to compare.

CONCLUSIONS

This epidemiological study shows the prevalence of mental disorders in a representative sample of the Spanish population that comes to the Psychiatric Specialized Care centers. This population is characterized by having elevated comorbidity with other medical conditions. Mood state and anxiety disorders stand out for their greater prevalence. The major depressive disorder with current melancholic symptoms

Table 1	Prevalence of mental disorders in the sample. Mini-International Neuropsychiatric Interview (MINI).		
Psychiatric Disorders. N = 1.297		**N**	**%**
Major depression episode	Current (2 weeks)	336	25.9
	Recurrent	353	27.2
	With melancholic symptoms (current))	243	18.7
Dysthymic disorder	Current (last 2 years)	336	25.9
Risk of suicide	Current (last month)	242	18.7
	Mild	124	51.7
	Moderate	72	30.0
	High	44	18.3
	Unknown	2	0.1
Manic episode	Current	4	0.3
	Past	31	2.4
Hypomanic episode	Current	7	0.5
	Past	20	1.5
Anxiety Disorder	Current (last month)	88	6.8
	Lifetime	85	6.6
Agoraphobia	Current	57	4.4
Current social phobia	Current (last month)	27	2.1
Obsessive compulsive disorder	Current (last month)	26	2.0
Post-traumatic stress state (Optional)	Current (last month)	24	1.9
Alcohol abuse	Last 12 months	31	2.4
	Alcohol abuse, last 12 months	19	1.5
Substance abuse (no alcohol)	Last 12 months	29	2.2
	Substance abuse, no alcohol, last 12 months	10	0.8
Psychotic disorders	Current	12	0.9
	Lifetime	41	3.2
Mood state disorder with psychotic symptoms	Current	17	1.3
Anorexia Nervosa	Current	2	0.2
Bulimia nervosa	Current	10	0.8
Compulsive type anorexia nervosa	Current	–	–
Generalized anxiety disorder	Current	215	16.6
Antisocial personal disorder (optional)	Life time	4	0.3

and recurrent major depressive disorder are the disorders that are associated with greater risk of suicide in the population studied. When these data are interpreted, the previously commented limitations must be taken into account.

The results of this study cannot be extrapolated to the adult Spanish population or to the population that goes to other sectors of the Spanish health care, such as Primary Care or the Hospital Psychiatry. There is no doubt that additional epidemiological studies must be performed in large population samples that would make it possible to calculate the global morbidity of the mental disorders in Spain. This information is essential when allotting adequate health care resources and assuring the correct detection and treatment of these conditions.

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