

A Survey of Geriatric Cases in the Psychiatric Wards – University Hospital Admitted in July 1967 to December 1969

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Introduction

IN MALAYSIA the problems of old age are not as serious as in the more developed countries. These are probably due to their small numbers – 2.59% aged 65 and above in 1947 and 3.66% in 1967 (Lee 1969) and the fact that the aged are often taken care of by their children, though Sandosham (1969) had noted that traditional attitudes towards the care of the aged are changing, such that more and more of the aged are becoming dependent upon themselves.

Buse (1967) has described the plight of the aged in a Western setting. It will not be long before we too are faced with similar problems. For the moment, the problems of old age are without much data. Because of this lack of data a survey of psychiatric cases of patients aged 50 and above was done.

Method

In this study it was decided to examine the basic variables such as, ethnic groups, religion, marital status, number of children, age and occupation, and see how they influence admissions.

Earlier reports from Malaysia (Subramaniam 1964; Tan 1964 and Simons 1971) did not tabulate diagnostic classification against age groups. Thus in this study an attempt is made to tabulate the broad diagnostic variables in this age group.

In choosing the cases for this study the following criteria were followed.

1. Patients must be admitted between July 1967 to December 1969.
2. Must be of age 50 and above
3. Must be admitted to any of the wards other than the Obstetrics wards.

A control group was chosen at random from this group of patients who were admitted to all other wards except psychiatric wards.

Findings

The total number of psychiatric patient in this series was 64 of which 47 (73.5%) were Chinese, 12 (18.7%) Indians, 2 (3.18%) Malays and 3 (4.7%) others.

This distribution was compared with the distribution by ethnic group of:

1. all patients of all ages admitted to the hospital (other than to the Obstetric wards)
2. all patients aged 50+ admitted to all the wards (except the Obstetric wards)

The differences, as shown in the table below were statistically significant, a chi square value of 188.93 and a p value of less than 0.01 were obtained.

In Figure I the ethnic group distribution in West Malaysia, Selangor, University Hospital and the psychiatric wards show some interesting features.

Table
Cases Admitted and Discharged between July 1967 to December 1969

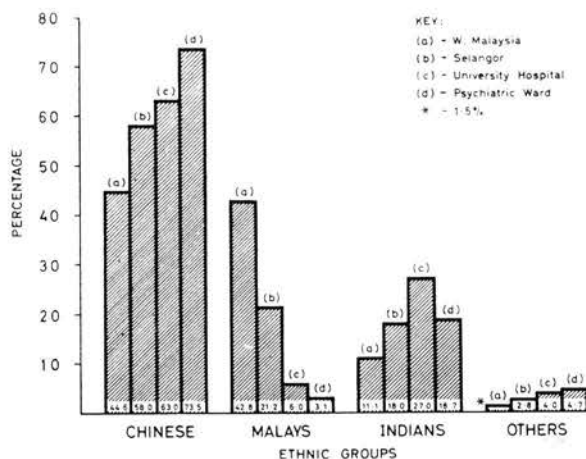
Types of Patients Admitted	Chinese		Indians		Malays		Others		Total Nos. of Cases
	No. of Cases	%	No. of Cases	%	No. of Cases	%	No. of Cases	%	
Total Admission – all ages, all wards, except obstetrics	10,416	56.6	4,713	25.6	2,218	12.1	1,040	5.7	18,387
Total Admission – Patients aged 50* All wards except Obstetrics	3,123	63.3	1,318	26.7	313	6.3	177	3.6	4,931
Psychiatric Cases Aged 50*	47	73.5	12	18.7	2	3.1	3	4.7	64

*Total admission – all ages, all wards, except obstetrics include all cases admitted in January – June, 1967 because the hospital records available are not in individual months.

$\chi^2 = 188.93$
 $p = \geq 0.01$

The percentage of Chinese seems to increase as we go from one column to the next; the percentage of Malays seems to decrease and the percentage of Indians show a “bell-type” distribution. (See Figure I below).

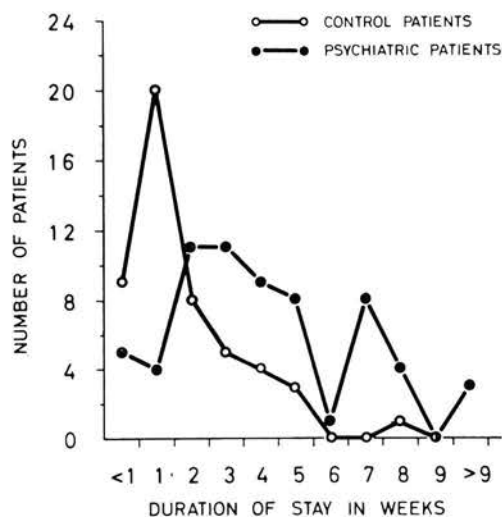
FIGURE I
PERCENTAGE DISTRIBUTION OF THE DIFFERENT ETHNIC GROUPS WITHIN THE DIFFERENT PLACES (AGE 50+)



In Figure II the duration of stay of the psychiatric patients was compared with the duration of stay of the control group. The average duration of stay among the psychiatric patients was 4.1 weeks with 2 peaks, one at second-third week and the other at 7th week. Among the control group the average duration of stay was 2.2 weeks with the mode at 1 week. (In calculating the average duration of stay those who stayed more than 9 weeks or less

than 1 week were excluded from the computations. Hence 8 patients from the psychiatric group and 9 patients from the control group were excluded).

FIGURE II
DURATION OF STAY OF PSYCHIATRIC PATIENTS COMPARED WITH CONTROL



At admission the patients were diagnosed by the various people who saw these patients at that time. However, all the diagnosis were processed and classified as given in the International Classification of Diseases (1969). For each diagnosis the patients were again divided into their ethnic groups and finally by their sexes.

The results were tabulated as given in the table below:

Table II
Psychiatric Patients Age 50*
Diagnosis at Admission

	Organic Brain syndrome	Functional Psychoses	Neuroses	Personality Disorders	Psychophysiologic Disorders	All Disorders
Chinese	10	30	5	1	1	47
Malays	2	7	1	1	1	12
Indians	—	2	—	—	—	2
Others	—	2	1	—	—	3
TOTAL	12 (18.8%)	41 (64.1%)	7 (10.9%)	2 (3.1%)	2 (3.1%)	64 (100%)

18.8% of the patients had organic brain syndrome, 64.1% had functional psychoses, 10.9% had neuroses, 3.1% had personality disorders, 3.1% had psychophysiologic disorders. The ratio of the functional psychoses to organic brain syndrome was 3.4 : 1.

(No tests of significance were done for this distribution because the number in the cells were too small to make the operations meaningful).

Discussions

1. In this study the figure 50 was chosen as the lower limit because:

- (a) The lower limit for the geriatric group is arbitrary as mentioned by Baron and McMillan (1965).
- (b) The life expectancy in Malaysia for the year 1967 was estimated to be 63.14 years for males and 66.10 for females (Lee 1969).
- (c) If the figure 65 were chosen, which is the more common lower limit used, the samples would be too small to make any study meaningful.

2. In classifying the patients into their ethnic groups the group "Indians" was taken to include Pakistanis and Ceylonese; the group "Malays" was taken to include Indonesians domiciled in Malaysia and the Orang Aslis; and the group "others" was taken to mean all others not included under Chinese, Indians or Malays.

In this series (Figure I and Table I) there seems to be an over-representation of Chinese in the Psychiatric Unit, compared to the other ethnic groups though an earlier study by Simons (1967) found no significant differences. If the different ethnic

groups were to show equal chances of being admitted to the psychiatric wards, then the distribution should reflect the distribution of age 50+ for the State of Selangor since most of the patients come from Selangor.

That this was not so indicates that other factors were operating, such as urbanization, education and life expectancy.

Education particularly the Western type of education would increase the tendency for acceptance of western orientated medicine. Most hospitals in Malaysia are situated in the towns. The Chinese often predominates in these areas, hence it would be easier for the Chinese to seek hospitalisation since transportation will not be a major problem.

Lee (1969) showed that the life expectancy of the different ethnic groups at age 50+ as – Chinese 23.4 years for males and 27.9 years for females, Malays 22.9 years for males and 24 years for females and Indians 22.6 for males and 22.5 years for females. This would indicate that for the geriatric age group there would be more Chinese than the other ethnic groups which is infact true for the population of Selangor and West Malaysia.

Teoh (1971) reported that behavioural aberrations within family members are not so well tolerated among the Chinese of Chinatown as among the Chinese in the suburban areas. This area probably due to the overcrowding in the dwellings in Chinatown. It would be reasonable to assume the same to operate in the cramped dwellings in downtown Kuala Lumpur, which would also contribute to raise the percentage of Chinese psychiatric patients in the wards.

The percentage of aged Indians in the psychiatric ward seemed to correspond to the percentage of

aged Indians in Selangor. This could be confidential. The percentage of Indians in the hospital as a whole was more than the percentage of Indians for the State of Selangor. E. S. Tan (1964) and Simons (1969) found an over-representation of Indians in their surveys compared to the Indian population from which the patients came. However, when the differences in the percentages of Indians in the hospital and the psychiatric ward were tested for significance, we found that the difference could be due to chance. At this juncture we cannot offer any explanations as to why the percentages were as they were.

Among the Malays the percentage show a reverse order (see Table I) Health standards among the Malays are poorer than among the Chinese as evident by several studies (Biseru 1970; L. E. Lie-Injo and H. K. Virik 1966). The poorer health standards should increase the percentage of Malay patients if the utilization of hospital facilities were similar. Factors such as physical distance between hospitals and rural areas, lower life expectancy, lower income, poorer education and the reliance in village medicine for all forms of illness especially psychiatric disorders could all contribute to the low percentages.

In the Malay culture there is a concept which states that as a person gets older some behavioural abnormalities and forgetfulness would be expected of him as his mental faculties also age. Such persons who show these behavioural deviations are termed to be *nyayok*. Since there is this expectation among the Malays it would be reasonable to assume that they would tolerate small changes in behavioural patterns better than the other races. Hence many of the less severe psychiatric patients would be nursed at home.

This under-representations of the Malays in the mental hospitals was also found by E. S. Tan (1964) and M. Subramaniam (1964).

Simon found an average length of stay in the psychiatric ward of 3 weeks in his survey. The hospital average for other wards was 2 weeks. In this survey the control group showed a similar average of 2.2 weeks. This could indicate that age does not influence length of stay in the hospital. The aged psychiatric patients with an average duration of stay of 4.1 weeks probably differ in this respect. They probably present a bigger problem in so far as psychiatric illness were concerned when compared with the younger psychiatric patients. The presence of 2 peaks indicate that while many of them were discharged by 6 weeks with the average staying between 2-3 weeks, a number of them needed further

management. This group probably represent the senile dementias and the chronic cases that need prolonged management which this hospital is not geared to provide on an in-patient basis. It appears that this group of psychiatric patients would present the bigger problem especially when the number of old age increases in the future. Knowing who these patients are and what special problems they present would definitely put one in an advantageous position to plan for their care.

The number of patients who needed more than 6 weeks of hospitalization was 15 which was rather small to make any meaningful analysis possible.

Factors like marital status, number of children, occupations, age and religion do not seem to influence the admissions.

The marital status and number of children were used as parameters of family size to see if there was any heavier loading in the smaller family size groups. Anderson et al (1968) found that among the geriatric patients with psychiatric problems, only 37% of the men and 18% of the women had living spouses which was half of what was expected of the general geriatric population. We do not have figures of what to expect of our Malaysian geriatric population, however our figures did not suggest a higher loading among the smaller family size groups or among patients without spouses. (A very important point must be taken note of here, is that in our survey we did not differentiate those who never married and those who married but were either separated or widowed.)

In our study we found that the greater majority of our patients 41/64 or 64% suffered from Functional Disorders and only 18.7% or 12/64 had Organic Brain Syndromes giving a ratio of 3.4 : 1. In their survey, Kay and Beamish (1964) found 30.7% of their geriatric population had Functional Psychoses and 10.3% had some form of Organic Brain Syndromes. The ratio of Functional Psychoses to Organic Brain Syndromes worked out as 3 : 1 which compares favourably with the ratio from this survey. This would mean that the distribution of mental illnesses in different cultures and ethnic group would more or less be similar, a conclusion which Lin had found earlier, (Lin 1953). Lambo (1966) found that 45.5% of his cases were of the Organic Brain Syndrome type. 61.5% of which were females (81/132) and 38.5% were males. The overall percentage of females in his 288 cases of geriatropsychiatric cases was 61.5% (177/288). This study tend to indicate a similar trend, there were 56% females (36/64) and 44% males (28/64). The 1957 census gave the percentages of the sexes of ages

50+ as 56% males and 44% females. The population estimate of 1969 (Lee) show the percentages as 54.5% males and 45.5% females. This reversed situation in the percentages of geriatric males and females in the psychiatric ward compared to the rest of West Malaysia cannot be accounted for.

Summary

A survey of the case records of 64 geriatric in-patients admitted to the psychiatric unit of the University of Malaya Hospital for the period June 1967 to December 1969 was done and the data compared with a control group.

The results show that such factors as marital status, number of children, occupation and age did not influence admission rates. The ethnic group distribution show some significant differences but these could be accounted for by factors such as urbanization, education, traditional beliefs and distance from the hospital, which probably influence this distribution.

The duration of stay of the psychiatric patients was interesting in that it showed that there were two groups of patients who were admitted, those that were discharged by six weeks and those that remained longer than six weeks.

The overall distribution of the different categories of diagnosis seemed to be similar to what other workers have found elsewhere.

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