Journal of
Controversies in Obstetrics & Gynecology and Pediatrics

Original Article

DOI: 10.51271/JCOGP-0025

Evaluation of patients under the age of 18 who applied to an adult psychiatric policy clinic

Özlem Özcanlı Çay[1], Merve Şahin Can[2]

[1]Department of Pediatrics, Balıkesir City Hospital, Balıkesir, Turkiye
[2]Department of Mental Health and Diseases, Faculty of Medicine, Balıkesir University, Balıkesir, Turkiye

Cite this article: Özcanlı Çay Ö, Şahin Can M. Evaluation of patients under the age of 18 who applied to an adult psychiatric policy clinic. *J Controv Obstetr Gynecol Ped.* 2024;2(1):7-10.

Corresponding Author: Özlem Özcanlı Çay, ozlemozcanli@yahoo.com

Received: 19/11/2023 ◆ **Accepted**: 07/01/2024 ◆ **Published**: 29/01/2024

ABSTRACT

Aim: The aim of this study is to evaluate the sociodemographic data and diagnoses of patients under the age of 18 who applied to an adult psychiatry clinic.

Methods: 311 applicants under the age of 18 who applied to the adult psychiatry outpatient clinic of our hospital between January 2020 and December 2022 were included in the study. has been included. Sociodemographic data and diseases were evaluated retrospectively.

Results: Of the 309 applicants in total, 194 (62.8%) were girls and 115 (37.2%) were boys. Considering the ages, 12.3% of the applications were 15 years old and under, and 86.7% were over 15 years old. The psychiatric diagnosis rate was 84.5 % when both genders were evaluated. This rate was 86.5% for girls and 82.6% for boys. Looking at the most common diagnoses in total; Diagnosis of anxiety disorders (21.7%), depressive disorder (21.7%), and activity and attention disorders (15.2%) were in the top 3 ranks.

Conclusion: This study is important as it is the first study on adolescent patients admitted to an adult psychiatric service in our city. It is thought that these findings may guide interventions in the field of child and adolescent psychiatry.

Keywords: Pediatric, adult psychiatry, sociodemographic data, adolescent psychiatry

INTRODUCTION

The first onset of mental disorders usually occurs in childhood or late adolescence, but treatment is typically sought several years later.[1] Child and adolescent mental disorders began to attract attention in the healthcare system and became more evident after the 1960s.[2] Compared to the increase in the prevalence of mental disorders in children and adolescents, the low number of professionals such as physicians and psychologists and inpatient services serving in this field makes it difficult to access services in this field. In our country, child and adolescent mental health services are mostly provided as outpatient follow-up and treatment. However, there are also situations that require inpatient treatment. Considering the situations requiring inpatient treatment; In recent years, it has been observed that there has been a decrease in the average length of stay of children and adolescents in the inpatient ward, while the rate of admission to the inpatient ward has increased threefold.[3] The most common reasons for hospitalization are psychiatric emergencies, defined as suicide attempts, psychotic exacerbations, substance-related conditions, and behavioral problems. Considering the groups in terms of drug use frequency, the most frequently used drugs were antipsychotics, antidepressants, anxiolytic drugs and mood stabilizers, respectively.[4] In small cities, adult psychiatry services try to replace child and adolescent psychiatry services.[4] While there is a shortage of inpatient services for child psychiatrists, the number of institutions and physicians providing outpatient treatment has recently increased. However, families still occasionally bring their children, especially those aged 15 and over, to an adult psychiatrist for various reasons. Determining the prevalence of mental problems in children in society provides data on areas that can be improved in terms of protective measures. Our study aims to determine the diagnosis, gender and age distribution of people under the age of 18 who apply to adult mental health. Our hypothesis is that the ages and diagnoses of child and adolescent patients applying to adult psychiatry outpatient clinics will vary when compared to child and adolescent psychiatry outpatient clinics.

METHODS

Ethical approval, received from the Balıkesir University Faculty of Medicine Clinical Researches Ethics Committee (Decision Date: 10.05.2023, Decision No: 2023/73). All procedures were carried out in accordance with the ethical rules and the principles of the Declaration of Helsinki.

Our study was planned as retrospective, cross-sectional and descriptive. All patients under the age of 18 who applied to the mental health and diseases polyclinic of our university health practice and research center in our city between January 2020 and December 2022 were included in the study. The data of three hundred and nine patients were used in the study by evaluating the patient file in which the information obtained during the first application to the polyclinic was processed and the psychiatric examination information. Age, gender difference and diagnosis groups of the evaluated cases were determined. Psychiatric diagnoses of the admitted patients were made by the physicians who examined the patients, according to DSM V.

Statistical Analysis

The statistical analysis were completed by using SPSS 23.0 program. The suitability of the data for normal distribution was evaluated with the Kolmogorov-Smirnov test. The results were expressed as mean ± standard deviation. Chi-square test was used for categorical variables such as gender. Independent samples t-test was used for comparisons on numerical variables between groups. Linear regression analyses were used to detect variability between parameters. A p value of less than 0.05 was considered statistically significant.

RESULTS

Between January 2020 and December 2022, it was determined that a total of 309 (100.0%) patients aged 18 and under applied to the adult psychiatry outpatient clinic. Of the applicants, 194 (62.8%) were girls and 115 (37.2%) were boys. Considering the ages, 12.3% of the applications were 15 years old and under, and 86.7% were over 15 years old. Percentage distributions by age are shown in **Table 1**.

Table 1. Distribution of applications by age

Age	N	Percentage (%)
15 years and under	38	12.3
16 years old	47	15.2
17 years	79	25.6
18 years old	145	46.9
Total	309	100.0

Considering the diagnosis distributions; A total of 261 (84.5) of the applicants were diagnosed with at least one psychiatric diagnosis. This rate was 86.5% for girls and 82.6% for boys. Looking at the most common diagnoses in total; anxiety disorders were in the top 3 ranks with 67 people (21.7%), depressive disorders with 67 people (21.7%), and activity and attention disorders with 47 people (15.2%). Adjustment disorder, obsessive compulsive disorder (OCD), bipolar disorders, and other diagnoses (psychotic disorder, mental retardation, pervasive developmental disorder, eating disorders, trichotillomania , behavioral disorders, conversion disorder, and sexual identity-related counseling) were diagnosed. Total diagnosis distributions are shown in **Table 2**.

Table 2. Distribution of diagnoses among applicants

Diagnosis	N	Percentage (%)
Anxiety disorders	67	21.7
Depressive disorder	67	21.7
Bipolar mood disorder	15	4.9
Obsessive compulsive disorder	26	8.4
Adjustment disorder	32	10.4
Activity and attention disorder	47	15.2
Other	7	2.2
Not receiving any psychiatric diagnosis	48	15.5
Total	309	100.0

The first two most common diagnoses in both genders were anxiety disorders and depressive disorders. When looking at the distribution of disease incidence rates by gender; Except for the diagnosis of adjustment disorders, it was found to be significantly higher in girls than boys, and the rates are listed in **Table 3**.

Table 3: Diagnosis distribution rates by gender and age

	Anxiety B.	Depressive B.	Akt and Dik E.	OCD	Bipolar DB	Harmony B.
Gender						
Woman	48 (71.6%)	47 (70.1%)	28 (59.6%)	17 (65.4%)	12 (80%)	14 (43.8%)
Male	19 (28.4%)	20 (29.9%)	19 (40.4%)	9 (34.6%)	3 (20%)	18 (56.3%)
Age						
15 and under	3 (4.5%)	7 (10.4%)	2 (4.3%)	6 (23.1%)	2 (13.3%)	12 (37.5%)
16	10 (14.9%)	9 (13.4%)	5 (10.6%)	6 (23.1%)	7 (46.7%)	2 (6.3%)
17	18 (26.9%)	14 (20.9%)	14 (29.8%)	5 (19.2%)	3 (20%)	8 (25.0%)
18	36 (53.7%)	37 (55.2%)	26 (55.3%)	9 (34.6%)	3 (20%)	10 (31.3)
	67 (100%)	67 (100%)	47 (100%)	26 (100%)	15 (100%)	32 (100%)

Considering the age distributions; although the most common diagnosis for those under the age of 15 was adjustment disorders, the most common diagnoses were anxiety and depressive disorders in the 16-18 age range. Distributions of other diagnoses by age are listed in **Table 3**.

DISCUSSION

In our study, the gender and diagnosis distribution of applications to the adult psychiatry outpatient clinic under the age of 18 were examined. In our findings; The majority of applications are girls; it was determined that the majority of them were around 16-18 years of age, and the most common diagnoses were depressive disorder and anxiety disorder in both genders .

In the literature review, we could not find any study evaluating data on adolescents followed up as outpatients in adult psychiatry in Turkiye in recent years; The proportion of girls is also high in studies evaluating children hospitalized in adult psychiatry wards. Usta et al.[5] 71.1% of 194 child and adolescent patients receiving inpatient treatment in the adult psychiatric ward were girls; Coskun et al.[6] stated that 63.09% of the children and adolescents receiving inpatient treatment at Istanbul University Faculty of Medicine Psychiatry Clinic were girls. In two studies, 63.1% and 68.1% of the patients treated and discharged from the child psychiatry inpatient

ward were reported to be girls, respectively. In addition to these data, there are also publications in the literature indicating that boys are more frequently admitted to child psychiatry as outpatients.[7-9] In these studies, the authors associated the fact that boys are brought to mental health outpatient clinics more frequently than girls in the general population, with the fact that the physiological maturation process of boys starts and ends later than girls.[8] In a study where data from child psychiatrists were evaluated, the rate of referral was higher in girls than in boys, especially for new-onset problems. It has been reported to be higher than.[10] In another study in 2019, in which child psychiatry data were evaluated, it was stated that girls were more likely to apply during adolescence.[11] Since our study is a retrospective file scanning study, it is difficult to say which factors are responsible for this difference in gender ratio. However, in the data we evaluated, it was thought that the absence of an age group under the age of 15 may contribute to the gender difference between boys and girls.

Average ages from this perspective, it was observed that the majority of the applications in our study were between the ages of 16-18. This may be due to families preferring a child psychiatrist at younger ages or physicians referring younger age groups to child and adolescent mental health physicians more frequently in applications to our department. Similarly, in a study published in 2020 that evaluated adolescent patients hospitalized in an adult psychiatric ward, the average age was stated as 16.50±0.70. Again, in the study of Park et al.[12] where they evaluated children and adolescents who applied to the adult emergency department, it was stated that 73.5% of the patients were between the ages of 16-18 and the youngest age of admission was 12.

Literature in terms of diagnoses When examined by Taş et al.[13] the diagnostic rankings of inpatients in the adult ward were major depression, schizophrenia and bipolar disorder; Coskun et al.[6] They classified them as mood disorders, psychotic disorders and dissociative disorders. In another study examining outpatient follow-ups at the Child and Adolescent Psychiatry outpatient clinic, considering all age groups, the most frequently detected diagnoses were attention deficit and hyperactivity disorder (ADHD), generalized anxiety disorder (GAD), and mental disorder, respectively, unlike inpatients. Retardation (MR) and depression have been observed. When the diagnoses were divided by age groups in the same study, DEHB was followed by depressive disorder and anxiety disorders in the 12-18 age range.[14] In our study, activity and attention disorder was determined to be the second most common diagnosis in boys and the third most common diagnosis in girls. This situation seems to be related to the fact that, due to the clinical course of DEHB, it is frequently diagnosed during the school starting period and its follow-up is usually continued by child psychiatrists. Anxiety disorders , which we see as common diagnoses, often begin in young adulthood and adolescence, while depressive disorders can develop secondary to psychosocial stressors (such as family conflict, exam anxiety) in this age group.[15] In a study evaluating children between the ages of 0-18, the diagnosis rate in this group was stated as 74.7%. In the same study, when the patients were divided into three groups by age, this rate was reported to be 86.4% in the 12-18 age range, similar to our study.[14] Park et al.[12] in their study with child and adolescent patients (n=332), mood disorders (38.2%) and psychotic disorders (25.7%) were determined as the leading diagnoses. Again in this study, 84.6% of the patients applying to adult psychiatry received at least one clinical diagnosis. In our study, the diagnostic order was anxiety disorder, depressive disorder, activity and attention disorder. The reason why the frequency of diagnoses varies between studies and anxiety disorder is more common especially in outpatient applications can be attributed to the fact that most of the studies in question were conducted in the child psychiatry service and the applications to us were often made up of the age group close to the exam period. In addition, the possibility that patients with more severe conditions (such as psychotic attack, conduct disorder, mental retardation) may have applied directly to an institution with an inpatient service for children is another reason that comes to our mind. Again, since ADHD and other conduct disorders are common diagnostic groups in child and adolescent psychiatry clinical practice, applications related to these disorders are primarily directed to child and adolescent psychiatrists, as referrals from schools are located in our city.

Limitation

The retrospective and cross-sectional design of our study, the use of patients' medical records in the evaluation of data is one of the main limitations of our study. The limitations of our study include not defining comorbid medical diseases, using a diagnosis specific to the primary problem area as the main diagnosis in patients with more than one diagnosis , and not being able to evaluate in detail parameters such as education level, economic level, family history, alcohol/ substance use in sociodemographic data. However, the superiority of our study is that no other study was found that evaluated outpatient child and adolescent patients admitted to an adult psychiatrist in Turkiye. In this context, further studies are needed to evaluate the missing areas.

CONCLUSION

It is thought that our study may guide interventions regarding child and adolescent psychiatric patients in our province and allow the results to be compared with other provinces. Increasing number of studies related to this subject; by contributing to the identification of clinical differences, it will provide important data for developing child and adolescent mental health.

ETHICAL DECLARATIONS

Ethics Committee Approval

The study was carried out with the permission of the Balıkesir University Faculty of Medicine Clinical Researches Ethics Committee (Date: 10.05.2023 Decision No: 2023/73).

Informed Consent

Since the study was designed retrospectively, no written informed consent forms were obtained from patients.

Referee Evaluation Process

Externally peer-reviewed.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

Financial Disclosure

The authors declared that this study had no financial support.

Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper and that they have approved the final version.

REFERENCES

1. Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustün TB. Age of onset of mental disorders: a review of recent literature. *Curr Opin Psychiatry.* 2007;20(4):359-364.
2. Skokauskas N, Fung D, Flaherty LT, et al. Shaping the future of child and adolescent psychiatry. *Child Adolesc Psychiatry Ment Health.* 2019;13(1):19.
3. Meagher SM, Rajan A, Wyshak G, Goldstein J. Changing trends in inpatient care for psychiatrically hospitalized youth: 1991-2008. *Psychiatr Q.* 2013;84(2):159-168.
4. Eğilmez OB, Örüm MH. Evaluation of adolescent patients hospitalized in an adult psychiatry service: 2015-2018 Data. *Kocaeli Uni J Health Sci.* 2020;6(2):118-122.
5. Usta MB, Ürer E, Aral A, Say GN, Karabekiroğlu K. Factors affecting length of stay in child psychiatry hospital setting. *Turkish J Clin Psychiatry.* 2017;20(4):263-267.
6. Coşkun M, Bozkurt H, Ayaydın H, Karakoç S, Süleyman F, Üçok A. Clinical and sociodemographic characteristics of adolescent patients treated as inpatients in a university hospital psychiatric ward. *J Child Youth Mental Health.* 2012;19(1):17-24.
7. Eray Ş, Akkuzu N, Yıldırım Ö, Vural A. Evaluation of clinical and sociodemographic characteristics of children and adolescents who were treated in inpatient unit of a child psychiatry clinic. *J Child Youth Mental Health.* 2018;25(3):223-235.
8. Tanrıöver S, Kaya N, Tüzün Ü, Aydoğmuş K. A study on the demographic characteristics of children applying to the child psychiatry outpatient clinic. *Düşünen Adam J Psychiatry Neurological Sci.* 1992;5(1):13-19.
9. Çeri V, Özer Ü, Layık ME, İz FBA. Evaluation of psychiatric disorders observed in children and adolescents admitted to a child psychiatry outpatient treatment unit. *Van Med J.* 2018;25(4):520-526.
10. Aras Ş, Ünlü G, Taş FV. Symptoms, diagnoses and diagnostic examinations in patients admitted to the child and adolescent psychiatry outpatient clinic. *J Clin Psychiatry.* 2007;10(1):28-37.
11. Alan BE. Application form, complaint, diagnosis and comorbidity distribution of patients applying to the child and adolescent psychiatry outpatient clinic. *Turkish J Clin Lab.* 2019;10(4):484-491.
12. Park C, McDermott B, Loy J, Dean P. Adolescent admissions to adult psychiatric units: patterns and implications for service provision. *Australasian Psychiatry.* 2011;19(4):345-349.
13. Taş FV, Güvenir T, Miral S. Drug use in patients receiving inpatient treatment in a child and adolescent psychiatry clinic. *J Child Youth Mental Health.* 2007;14(3):139-150.
14. Durukan İ, Karaman D, Kara K., et al. Diagnoses of patients referring to a child and adolescent psychiatry outpatient clinic. *Düşünen Adam J Psychiatry Neurological Sci.* 2011;24(2):113-120.
15. Öztürk MO, Uluşahin A. Ruh Sağlığı ve Bozuklukları. 15th ed. Nobel Tıp Kitabevi:2018.

Özlem Özcanlı Çay

I was born in 1983 in Nevşehir. I finished my high school education in Gönen high school. I graduated from İstanbul University, İstanbul Medicine Faculty in 2007. I'm specialist in pediatrics. I completed my specialization at Fırat univercity Hospital in 2016. I worked at Harput Hospital between 2016-2019. I have been continuing studies at Balıkesir city hospital since 2019.