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# "A Study Of Sociodemografic Profile &Psychiatric Comorbidity (Anxiety, Depression) In Patients With Dhat Syndrome In South East Rajasthan (Hadoti)"

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***Abstract:*** *Dhat syndrome is a culture-bound disorder which manifests in the form of preoccupation regarding semen loss among patients in the Indian subcontinent. It is associated with vague multiple somatic and psychological complaints such as fatigue, listlessness, loss of appetite, lack of physical strength, poor concentration and forgetfulness. 50 consecutive male patients diagnosed as suffering from Dhat Syndrome (according to ICD-10) by consultant Psychiatrist were taken for study. Hamilton rating scale for depression (HAM-D) was applied to record the severity of depression and Hamilton rating scale for anxiety (HAM-A)was applied for measuring the severity of anxiety. Majority of patients belonged to age group of 21 to 40 years (76%), were Hindus (88%), hailing from rural area (54%), were married (58%), having education middle or above class (90%), employed (46%) and middle socioeconomic status, 44% patients were having depression and 28% had anxiety disorder.*

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## I. Introduction

The term ''Dhat syndrome'' was first introduced into psychiatric literature by Wig (1960), to refer to patients who presented with concerns about loss of semen.Dhat syndrome is a culture-bound disorder which manifests in the form of preoccupation regarding semen loss among patients in the Indian subcontinent.Culture-bound syndromes are recurrent locality specific patterns of aberrant behavior and troubling experience generally restricted to specific geographical areas. They refer to certain conditions that are traditionally considered to be illnesses, have traditional explanations.It is associated with vague multiple somatic and psychological complaints such as fatigue, loss of appetite, listlessness,decrease physical strength, poor concentration & forgetfulness.Previous studies suggest that depression is the most common psychiatric comorbidity followed by anxiety disorder in these patients.Psychoeducation is considered to be an essential component of the management of Dhat syndrome. Antidepressant and or anxiolytic medications are prescribed according to the presence or absence of comorbid disorders.

## II. Material And Methods

**Sample of study**

This Cross sectional observational study was carried out on patients ofDepartment of Psychiatry at a tertiary care teaching hospital,"New Hospital Medical College Campus, Govt. Medical College, Kota, Rajasthan".50 consecutive male patients diagnosed as suffering from Dhat Syndrome (according to ICD-10) by consultant Psychiatrist fromJune 2016 to December 2016constituted the samle for study. Patients were interviewed and we took a written informed consent from patients before the assessments. After obtaining information about socio-demographic factors, subjects were administered with appropriate scales designed for the study.

**Inclusion Criteria**

1. Patients attending Psychiatry OPD in NHMC, Kota.
2. Patient fulfilling diagnostic criteria for Dhat Syndrome as per ICD-10.
3. Only male patients.
4. Patients ready to give informed consent.

**Exclusion Criteria**

1.Patients having history of alcohol and other substance abuse.
2. Any major medical or surgical illness.

3. Patients unwilling to give consent.
4. Female patients.

**Instruments of Study**
1. Semi structured proforma designed especially for the study
2. 17 Item Hamilton rating scale for depression (HAM-D)
3. Hamilton rating scale for anxiety (HAM-A).

## III. Procedure Methodology

Before starting the study approval of the ethical committee was takenand after the written informed consent was obtained, all the patients were evaluated on the specially designed proforma to obtain Socio-demographic characteristics and detailed history.Physical examination and relevant investigations were done to rule out organic causes.HAM-D was applied to record the severity of depression and HAM-Awas applied for measuring the severity of anxiety.

## IV. Statistical Analysis

Data was analyzed using SPSS version 20. Pearson Correlation sig.2 tailed was used to ascertain the significance of variables. The level $p<0.05$ was considered as the cutoff value or significance.

## V. Observations

**Table-1:** Socio-demographic Profile

| Domains | | N(50) | Percent (%) |
|---|---|---|---|
| Age groups | <20 year | 06 | 12.0 |
| | 20-30year | 30 | 60.0 |
| | 31-40year | 12 | 24.0 |
| | 41-50year | 01 | 2.0 |
| | >50year | 01 | 2.0 |
| Domicile | Urban | 23 | 46.0 |
| | Rural | 27 | 54.0 |
| Religion | Hindu | 44 | 88.0 |
| | Muslim | 06 | 12.0 |
| Marital Status | Married | 28 | 56.0 |
| | Unmarried | 22 | 44.0 |
| Education status | Uneducated | 02 | 04.0 |
| | Primary | 04 | 08.0 |
| | Middle | 12 | 24.0 |
| | Secondary | 14 | 28.0 |
| | Sen. Secondary | 06 | 12.0 |
| | Graduate/ Postgraduate | 12 | 24.0 |
| Family type | Nuclear | 29 | 58.0 |
| | Joint | 20 | 40.0 |
| | Extended nuclear | 01 | 02.0 |
| Socio-Economic Status | Upper class | 04 | 08.0 |
| | Upper middle class | 08 | 16.0 |
| | middle class | 19 | 38.0 |
| | Lower middle class | 13 | 26.0 |
| | Lower class | 06 | 12.0 |
| Occupation | Unemployed | 11 | 22.0 |
| | Self employed | 21 | 42.0 |
| | Farmer | 10 | 20.0 |
| | Govt. employed | 02 | 04.0 |
| | Others | 06 | 12.0 |
| Duration of illness | <2 year | 36 | 72.0 |
| | 2-4 year | 10 | 20.0 |
| | >4 year | 04 | 8.0 |

**Table-2:**Mean value of income and age of patients

| | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|
| Income/month (INR) | 5000 | 30000 | 14360 | 6965.69 |
| Age (year) | 18 | 60 | 26.86 | 7.84 |

**Table-3:**Severity of depression according to HAM-D

| | N(50) | Percent (%) |
|---|---|---|
| No depression | 28 | 56.0 |
| Mild depression | 16 | 32.0 |
| Moderate depression | 05 | 10.0 |
| Severe depression | 01 | 02.0 |
| Total | 50 | 100.0 |

| | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|
| HAM-D score | 01 | 19 | 7.08 | 4.91 |

**Table-4:** severity of Anxiety according to HAM-A

| | N(50) | Percent (%) |
|---|---|---|
| No Anxiety | 36 | 72.0 |
| Mild Anxiety | 09 | 18.0 |
| Moderate Anxiety | 04 | 8.0 |
| Severe Anxiety | 01 | 2.0 |
| Total | 50 | 100.0 |

| | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|
| HAM-A Score | 2 | 26 | 9.50 | 5.92 |

**Table-5:** Correlations of variables

| | | HAM-D | HAM-A |
|---|---|---|---|
| Age(year) | Pearson Correlation | -.154 | -.051 |
| | Sig. (2-tailed) | .285 | .723 |
| Domicile | Pearson Correlation | .125 | **-.297*** |
| | Sig. (2-tailed) | .387 | .038 |
| Marital Status | Pearson Correlation | .082 | .093 |
| | Sig. (2-tailed) | .570 | .521 |
| Education | Pearson Correlation | **-.270*** | -.199 |
| | Sig. (2-tailed) | .047 | .165 |
| Occupation | Pearson Correlation | .237 | -.077 |
| | Sig. (2-tailed) | .098 | .593 |
| Socioeconomic status | Pearson Correlation | **-.290*** | .265 |
| | Sig. (2-tailed) | .044 | .063 |
| Family type | Pearson Correlation | -.088 | .010 |
| | Sig. (2-tailed) | .545 | .943 |
| Duration of Illness | Pearson Correlation | **.280*** | .036 |
| | Sig. (2-tailed) | .049 | .807 |

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

## VI. Results & Discussion

This study was aimed to assess socio-demographic characteristics, Depression and Anxiety in patients with Dhat syndrome. The study also sought to examine the correlation between severity of anxiety, depression and the main outcome variables.

Majority of patients with Dhat syndrome belonged to age group of 21 to 40 years (76%) mean age 26.86±7.84 year,were Hindus (88%), hailing from rural area (54%), were married (58%), having education middle or above class (90%), employed (46%) and middle socioeconomic status according to B.G. Prasad modified socio economic status scale (2016). This is consistent with study done by Sandeep Grover et al (2015) in which the mean age of the study sample was 26.76 years. Majority of the patients were educated beyond matriculation, Hindu by religion, employed and belonged to middle socioeconomic status and came from rural locality, and a study done by Verma R, Mina et al (2013) in which majority of the patients were Married (67%), Hindu (79.5%), Educated up to secondary (63%), Employed (82.7%), belongs to Middle Socio-economic status (51.7%).

In our study patients with Dhat syndrome, 44% patients were having depression and 28%had anxiety disorder,which is consistent with study done by Deb and Balhara (2013) who found that 40–66% of patients with Dhat syndrome have comorbid depressive disorders and the rate of comorbid anxiety disorders has varied from 21-38%, Chadha RK (1995) found nearly half were reported to have depressive disorder, 18% had anxiety disorder. In a study by RP Rajkumar, BalajiBharadwaj (2014) anxiety found in 32.6% patients, Gurmeet Singh (1985) foundAnxiety neurosis in 16%, Depressive reaction in 48% patients. In a study by Vandana Mehta (2009) depression was found to be the most common 39.5%, followed by anxiety neurosis in 20.8% and in a study by M S Bhatia and S C Malik (1991) Depression was found in 39% patients followed by anxiety neurosis in 21% patients.

Locality of patients had negative correlation with Anxiety by HAM-A which suggests that patients having more anxiety were rural background.

Education and socioeconomic status of patients had negative correlation with Depression by HAM-D which suggests that patients having more depression were less educated and low socioeconomic status, and duration of illness had positive correlation which suggests that patients having more depression were suffering from long duration of illness.

## VII. Conclusion

This study highlights the socio-demographic profile, anxiety and depression in patients with Dhat syndrome.44% patients in our study sample suffered from depressive disorder ranging from mild to severe.Around 28 % patients had a diagnosis of anxiety disorder.

Education and socioeconomic status of patients had negative correlation and duration of illness had positive correlation with Depression by HAM-D.Locality of patients had negative correlation with Anxiety by HAM-A.

The patients visiting the OPD for Dhat syndrome should always be enquired for comorbid anxiety & depression, and treatment offered for the same.

**Strength of study:** This is the first of its kind study done in our area though there are a lot of patients suffering from Dhat syndrome.

**Limitations and Directions for Future Research:** The sample size is small. In future, a study with a bigger sample size may be done to confirm the findings.A prospective longitudinal study done in future can help in exploring the course of comorbidities in Dhat syndrome and future outcome.

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