

Original Article

Prevalence of Nosocomophobia – Hospital Related Depression

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Abstract

Aim of research Study: The aim of study was to assess hospital phobia and its variation of depressive symptoms in primary care population. **Introduction:** Nosocomophobia is the fear of hospitals. It is a fairly common phobia; many people are known to suffer from it. Like that “If I go to a hospital, I’m fairly sure it is a fact that my life is not guaranteed.” Patients are afraid of hospitals, especially the emergency rooms. Hospitals are the mark of cure and health. They even usually result in huge expenses. Most people understand that it is a medical necessity and that one does not and fear must be overcome in case of Nosocomophobia though, the patient simply refuses to go to a hospital and the result often are not desirable including death especially in case of major life threatening conditions. **Result:** In Primary Care population (PCP) severity of Hospital-phobia is very high. Patients show different depressive symptoms like nausea, loss of appetite, mood swing etc. The result of survey shows that insomnia is the highest number found in depressive patients which is approximately 50% in male patients alone. Female the percentage is slightly low i.e. approximately 40%. **Discussion and Conclusion:** A survey has been conducted at Karachi to ascertain how many people are suffering from hospital phobia. Our survey result showed that the hospital fear (nosocomophobia) is very common in the biggest city of Pakistan i.e. Karachi. The best way to overcome the nosocomophobia is to change the mindset of the patient through some self-help techniques.

Keywords

Depression, Hospital, Phobia, Phobic disorders, Patient care population

Introduction

The research into the problem of phobic disorders is very extensive. (Beidel, D.C. and Turner, S.M., 2007). A fear of hospitals and doctors is commonly found in the community but is not bounded. When such a fear is become irrational and sufficiently severe situation and health should be the just concerns may arise (Zigmond, A.S. and Snaith, R.P., 1983).

There are fears in common people about hospitals. First of all, it is commonly understood that whenever doctor’s advices patient for hospitalization it means the illness is very serious Marks, (I.M. and Gelder, M.G., 1966). Although it is not necessary but people think like that. The second fear of hospital is the expenses occurs this in. Unnecessary tests are advised which resulted in heavy financial burden as well as a painful process (Singh, T.K., Ahmad, A. and Chowdhury, A., 2014).

Nosocomophobia is the fear of hospitals. It is a fairly common phobia; many people are known to suffer from it. Like that “If I go to a hospital, I’m fairly sure It is a fact that my life is not guaranteed.” (Pellosmaa, H.B. and Desouky, T.F., 2013) Normally, patient found ways of dealing with a surge of emotions are

associated with hospitals. Most people understand that it is a medical necessity and that one does not and fear must be overcome in case of Nosocomophobia though, the patient simply refuses to go to a hospital and the result often are not desirable including death especially in case of major life threatening conditions. (Peters, L., 2000) Symptoms of depression are visible in body, mood and thoughts and that affects the way a person eats, sleeps, self-concern by over thinking. (Hamilton, M.A.X., 1959) Depression is not the same as a passing blue mood. Fear is not a sign of personal weakness. People with depression cannot merely pull themselves together’ and get better. (Liebowitz, M.R., 1987)

Physicians are unable to detect emotional disorder because they are not confident enough in procedure of detection or patient may think that his complaint was not being taken seriously. The information about this order can be gathered by a Questionnaire which the patient may complete. (Zimmerman, M., McDermut, W. and Mattia, J.I., 2000).

The questionnaire should be simple and should not include reference to abnormal perception. The patient’s own views should be considered as he/she is the best judge of his/her state By this questionnaire, it



was considered that the methods usually adopted are prolonged and desired administration by a trained worker, or if short and designed, recognition is necessary for proper diagnostic of the patients then another questionnaire will be made which will distinguish between anxiety and depression and the information collected will be very much helpful and reliable for the patient to know about the disorder for which he was consulting. (Torgersen, S., 1983) Other than this order that is Psychiatric lexicon we have seen some various state of stress like Grief, loss of self-esteem and so on (Fava, M., Rankin 2000). A questionnaire includes all these states would be not much useful for physicians, so physicians focus on loss on pleasure response which is the obligatory state of depressive disorder and this is supposed to be that it is due to disturbance of neurotransmitter mechanism which can be improved by anti-depressant medication. These depressive states reduce the ability to experience pleasure. (Malasi, T.H., Mirza, I.A. and El-Islam, M.F., 1991) The goal of study was to assess hospital phobia and its variation of depressive symptoms in primary care population.

Methodology

Domain of study: The study of plat was Paris of Asia (Karachi) which is the sizeable and populous city of Pakistan. The 7th largest and most populous urban agglomeration in the World. Karachi metro has an estimated population of over 23.5 million people as 2013.

Purpose of study: The survey was conducted among 200 patients, it has been supervise to perceive about hospital phobia. For this purpose, a survey was sketch to conduct fresh enumeration from different parts of Karachi (Pakistan). It was disseminate among various divisions of society. The questionnaire was based on MCQ's asking the people to give their fair point of view about Nosocomephobia that is hospital phobia. Most of the people understand that it is a medical necessity and that one does not have a choice but to get over with it. The patient simply refuses to go to a hospital which results in some very negative. Some of the questions asked by us included:

1. Worrying thoughts go through my mind.
2. I get sudden feelings of panic
3. I can sit at ease and feel relaxed.
4. I feel rest less and have to be on the move.
5. Do you experience any of these symptoms?
(Like Diarrhea, Insomnia, Abdominal Cramps, Nausea, Less Appetite)

6. What kind of treatment/tests makes you frightened? (Like I/V , I/M, Different tests, Many medicines, Drips)

Result

In Primary Care population (PCP) severity of Hospital-phobia is very high. Patients show different depressive symptoms like nausea, loss of appetite, mood swing etc. The survey shows that on nosocomphobia i.e. hospital related phobia provided us a consistent result as follows: Table 1 shows the depression scale which is further divided into three categories that are (1) normal having answer scale in range 0-7 (2) borderline depression having answer scale in range 8-10 and (3) depression having answer scale in range 11-21. Table 2.1 and figure 2.1 representing the depression's symptoms regarding the aspect of males in which four symptoms are shown along with their respective percentages, these symptoms include diarrhea experienced by 16.88% males, insomnia by 40.25%, abdominal cramps by 18.16%, nausea by 22.60% and less appetite by 25.95% males respectively.

Similarly, depression's symptoms are also seen in females, table 2.2 and figure 2.2 represents these symptoms along with their respective percentages, these symptoms includes diarrhea experienced by 21.94% females, insomnia by 39.83%, abdominal cramps by 23.57%, nausea by 16.26% and less appetite by 16.26% females respectively

Reasons of depression being arise from admitting to hospital are also taken under consideration of this survey which are the sort of treatments which make people little worried, depression experienced by males from certain treatments is shown in table 3.1 and figure 3.1 which includes I/V by 33.76%, I/M by 24.67%, different tests by 40.25%, many medicines by 40.25% and drips by 32.46% respectively. Similarly, depression experienced by females with respect to treatment are discussed in table 3.2 and figure 3.2 respectively which includes I/V by 30.08%, I/M by 14.63%, different tests by 24.34%, many medicines by 20.32% and drips by 35.77% respectively.

As the age is essential factor which plays a great role in any research or survey, the depression according to age is also considered and table 4.1 is and figure 4.1 are representing the depression scale along with respective ages with respect to males, the ranges of age under which the percent of depression lies are: (a)15-25 in which depression % is about 11.68% (b) 26-36 in which depression % is about 9.09% (c)37-47 in which depression % is about 3.89% (d) 48-60 in

which depression % is about 3.89% respectively. Similarly, the ranges with respect to females are: (a)15-25 in which depression % is about 14.28% (b) 26-36 in which depression % is about 7.79% (c)37-47 in which depression % is about 5.19% (d) 48-60 in which depression % is about 11.6% respectively. Table 5.1 and figure 5.1 represents borderline depression related to hospital with respect to males which comprises of age range along with percentages of borderline depression, these are: (a)15-25 in which depression % is about 14.28% (b) 26-36 in which depression % is about 7.79% (c)37-47 in which depression % is about 5.19% (d) 48-60 in which depression % is about 11.6% respectively. Similarly, table 5.2 and figure 5.2 represents borderline depression related to hospital with respect to females which comprises of age range along with percentages of borderline depression, these are: (a)15-25 in which depression % is about 17.88% (b) 26-36 in which

depression % is about 8.94% (c)37-47 in which depression % is about 4.87% (d) 48-60 in which depression % is about 2.43% respectively.

Normal people without any sort of depression are also taken under consideration, the table 6.1 and figure 6.1 showing the % of normal males according to age range which are as follows: (a)15-25 in which normal % is about 18.18% (b) 26-36 in which normal % is about 7.79% (c)37-47 in which normal % is about 3.89% (d) 48-60 in which normal % is about 3.89% respectively. Similarly, the table 6.2 and figure 6.2 showing the % of normal females according to age range which are as follows: (a)15-25 in which normal % is about 32.52% (b) 26-36 in which normal % is about 4.87% (c)37-47 in which normal % is about 4.06% (d) 48-60 in which normal % is about 1.62% respectively.

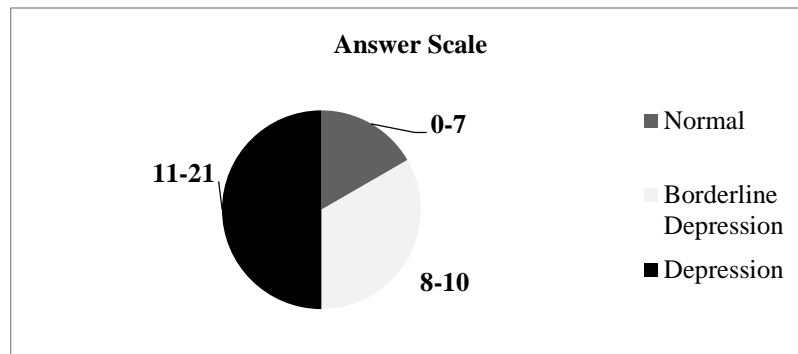


Figure # 2.1: Hospital Depression's Symptoms appears in Male

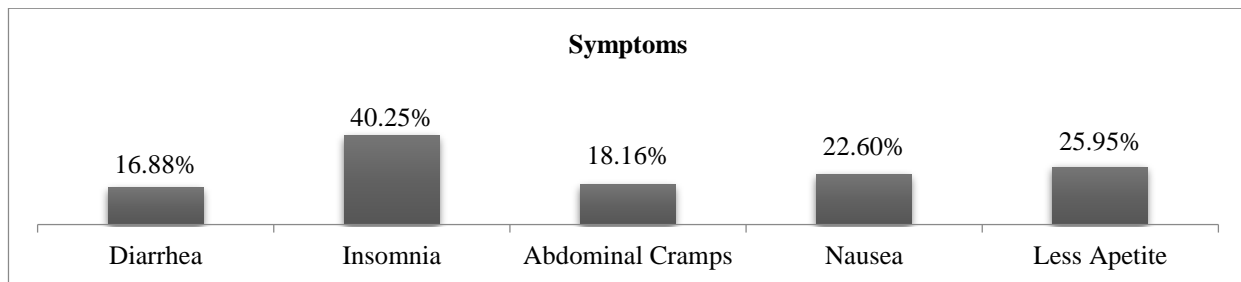


Figure # 2.1: Hospital Depression's Symptoms appear in Male

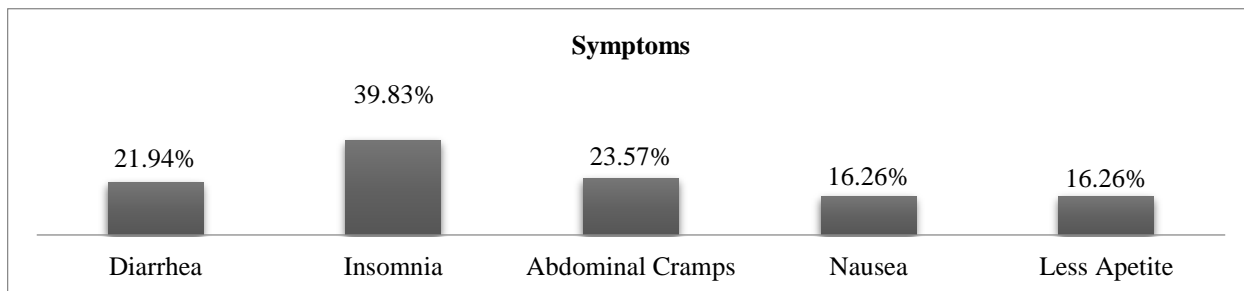


Figure # 2.2: Hospital Depression's Symptoms appear in Female

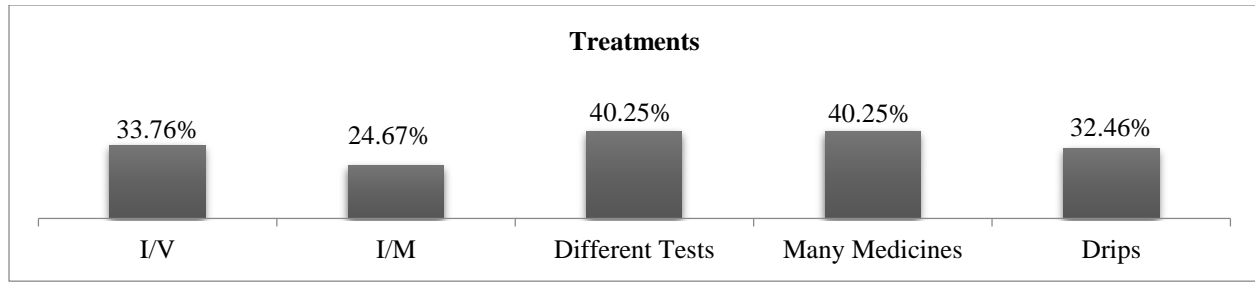


Figure # 3.1: Reasons of Depression from Admitted to Hospital (Male)

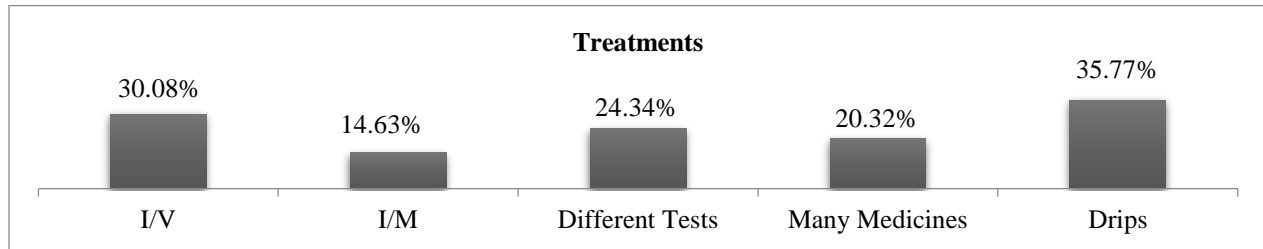


Figure # 3.2: Reasons of Depression from Admitted to Hospital (Female)

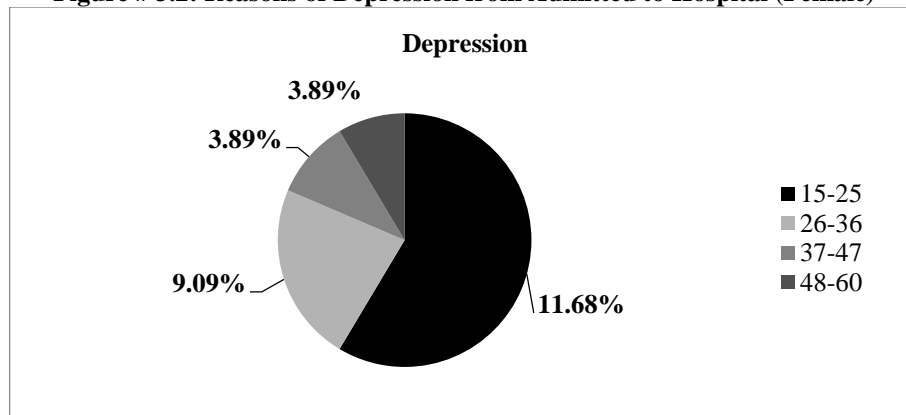


Figure # 4.1: Hospital Depression in Male

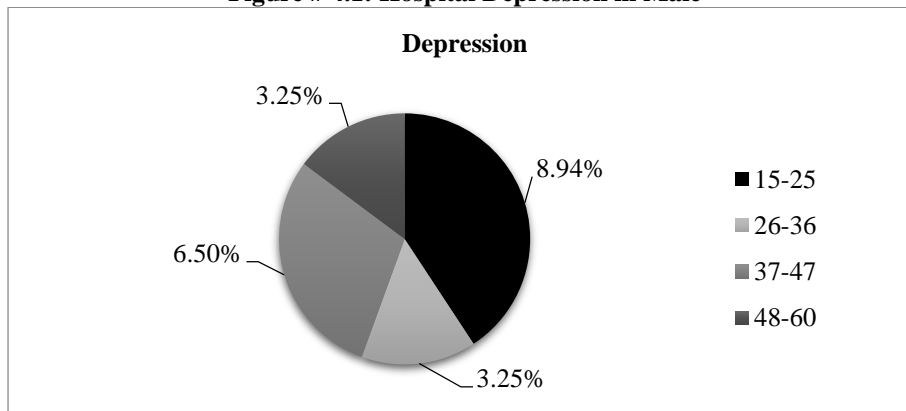


Figure # 4.2: Hospital Depression in Female

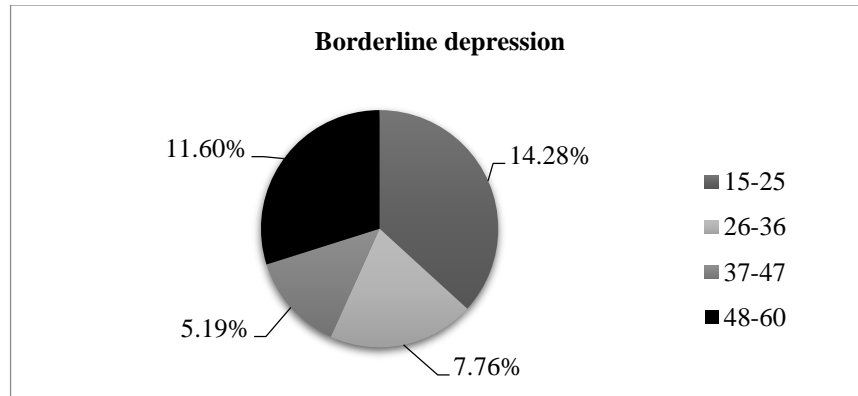


Figure # 5.1: Hospital's Borderline Depression in Male

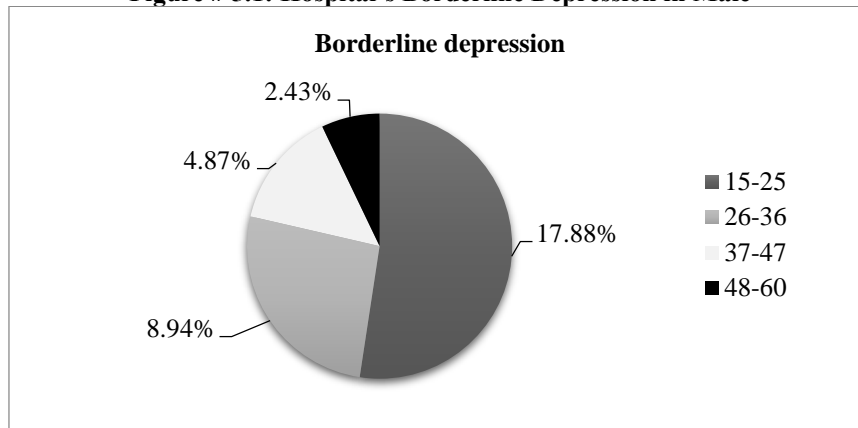


Figure # 5.2: Hospital's Borderline Depression in Female

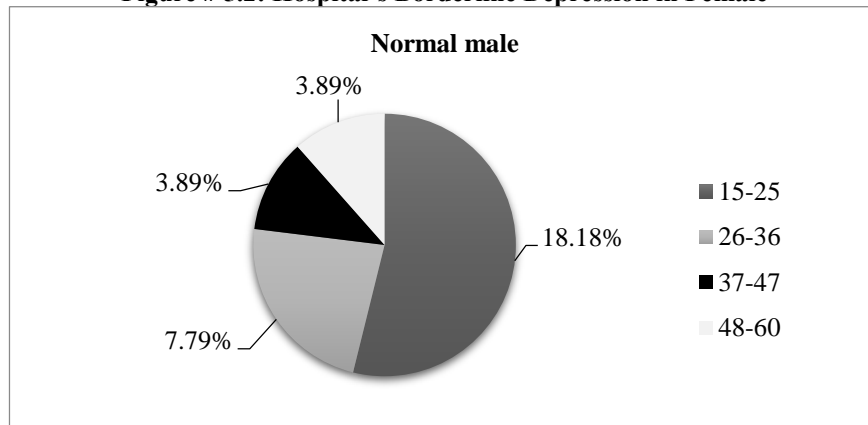


Figure # 6.1: Normal Male among Survey People

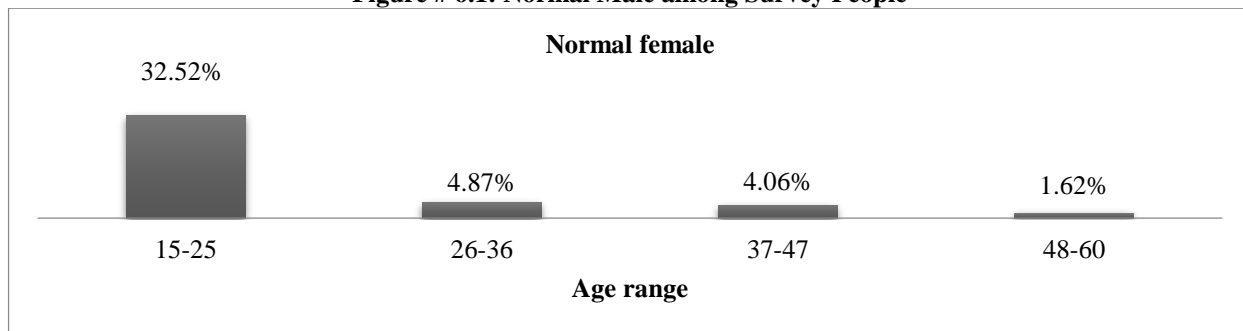


Figure # 6.2: Normal Female among Survey People

Discussion & conclusion

A survey has been conducted at Karachi to ascertain how many people are suffering from hospital phobia. Our survey result showed that the hospital fear (nosocomophobia) is very common in the biggest city of Pakistan i.e. Karachi. Many people are frightened to enter the hospital buildings, some of them are scared of blood, germs, surgical procedures, some patients feel nervousness about the procedures because they can cause pain in the body. (Starcevic, V. and Bogojevic, G., 1997) Nosocomophobia causes different depressive symptoms like heart palpitations, dizziness, insomnia, diarrhea etc. (Robertson, J.G., 2003). Result of survey shows that insomnia is the highest number found in depressive patients which is 40.2% in male whereas in female it is slightly low i.e. 39.8%. The best way to overcome the nosocomophobia is to change the mindset of the patient through some self-help techniques. If you are in phobia never go to hospital alone take some friends with you. In hospital's waiting area read your favorite books or talk with your friends otherwise go to hospital café and enjoy tea/coffee to relax your mind (Brinton, H.G., 2012).

Some treatments are also available for nosocomophobia, it is treated with the combination of medicine (Robertson, J.G., 2003). Prescriber prescribes anti-anxiety a medication which helps to decrease the depressive disorders but it is not recommended for long time treatment/use. Some psychotherapy, talk therapy are also recommended. For the facilitations of patients minimize the unnecessary pathological tests which irritate patients which also increase the hospital charges.

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