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RESEARCH ARTICLE

SOCIO-DEMOGRAPHIC AND CLINICAL PROFILE OF FOREIGN PSYCHIATRY INPATIENTS IN MARRAKESH: PRACTICING PSYCHIATRY IN A MULTICULTURAL CITY

Sara Ennazk, Sara El Fellah, Imane Adali and Fatiha Manoudi

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Abstract

Introduction: Marrakesh is a city known world widely for attracting foreigners. The objective of this study was to describe the socio-demographic and clinical profile of foreign psychiatric patients hospitalized in Marrakesh. The aim was to identify their specific needs and improve the provided care. b)

Method: We conducted a descriptive transversal study including patients from 2012 to 2021. The files were collected from the social service register. Data was analyzed by descriptive statistics using an excel platform. c)

Results: The number of patients included was 104. The mean age was 36.14 with a sex ratio of 64.70%. Europe was the main continent of origin. Most patients had a situation of tourist (72.54%). The patients had no occupation in 43% of cases. The reason of admission was predominantly agitation. The use of toxics was present in 80% of cases, mainly cannabis and alcohol. The proportion of patients who had no history of psychiatric illness was 21.34%. The predominant psychiatric disorder was bipolar disorder. d)

Conclusion: The population of foreign patients received in Marrakesh is multicultural. Psychiatrists should be trained to communicate in foreign languages. The use of toxics is very frequent among this population. More efforts should be made to prevent relapse by improving access to medication and treatment compliance.

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Introduction:-

Marrakesh is a city known world widely for attracting foreigners. In Ibn Nafis psychiatric university hospital of Marrakesh, we consequently often receive patients from other cultures. The objective of this study was to describe the socio-demographic and clinical profile of these patients. The aim is to identify their specific needs and improve the provided care.

Patients and Methods:-

We conducted a descriptive transversal study. We included all foreign (nationality other than Moroccan) patients who were hospitalized in Ibn Nafis hospital between January 2012 and August 2021 (a duration nine years and eight months). Patients with double nationalities (half Moroccan) were excluded, also, asylum seekers and non formal immigrants were excluded. Data extraction was made from patients files using a data extraction tool covering

multiple dimensions : socio-demographic, context of admission, clinical data, therapeutic data and discharge. Data was analyzed by descriptive statistics.

Results:-

The number of total patients who met the including criteria was 104.

Socio demographic data :

The mean age was 36.14 with a standard deviation of 12.25.

The sex ratio was 64.70%.

The origins of patients are illustrated in figure 1.

The languages spoken at admission were predominantly french (69%) and english (22%) most patients were in Marrakesh for tourism (72.54%).

The patients had no occupation in 43% of cases and had a private business in 51%.

Context of admission

Concerning the context of admission, 73% of patients were brought by the police, 16% were referred by a fellow physician. An order from court was present in 33% of cases.

Clinical data

The reason of admission was predominantly agitation (figure 2), with a negative insight in 92% of cases. The use of toxics was present in 80 of cases with cannabis and alcohol as main substances (figure 3).

Most patients had a history of psychiatric illness (80%). Only 8% were compliant to treatment.

The diagnosis according to DSM-5 is represented in figure 4.

Discussion:-

Tourism in Morocco has a long history and is a vital source of economic prosperity. Marrakesh is undoubtedly Morocco's and North Africa tourism capital. Especially with the latest transport infrastructure development which the city has witnessed in the last 18 years. Tourism in Morocco is largely focused on two locations, Marrakesh and Agadir, which equals more than half of international overnight stays. Indeed, with more than 2,6 million tourist arrivals recorded between January and December 2018 (Moroccan National Touriste Office).

Our population of foreign inpatients is close to the Moroccan one when it comes to age and sex.. The mean age of Moroccan inpatients in a study conducted in Casablanca (1) is 31.5 years, with a sex ratio of 77.7%. However, rates of unemployment is higher among the Moroccan population of patients (83.7%). The most common diagnosis is schizophrenia (64%) among men and bipolar disorder (35%) among women. Drug use is as frequent as among the Moroccan men (84%).

Studies of foreign populations in other countries (2,3,4) show evidence of a higher risk for mental disorders. In other studies concerning foreign inpatients, the most studied population is the population of migrants(5,6,7). No studies have described the profile of tourists as a main target population to our knowledge.

The limits of our study is that it does not cover all foreign inpatients. A large number of clandestine migrants remain unstudied because of lack of paperwork. However, they did receive the same care as other patients.

Efforts should be made to protect foreigners by providing medical advice prior to traveling for old patients and by educating them about risks of toxics use.

Conclusion:-

The psychiatric hospital reflects the multicultural and touristic aspect of the city. Foreign population presents the same characteristics as the native population, except for employment, toxics use among genders and distribution of

diagnosis. Medical advice prior to traveling should be developed so as to promote treatment compliance and prevent toxics use.

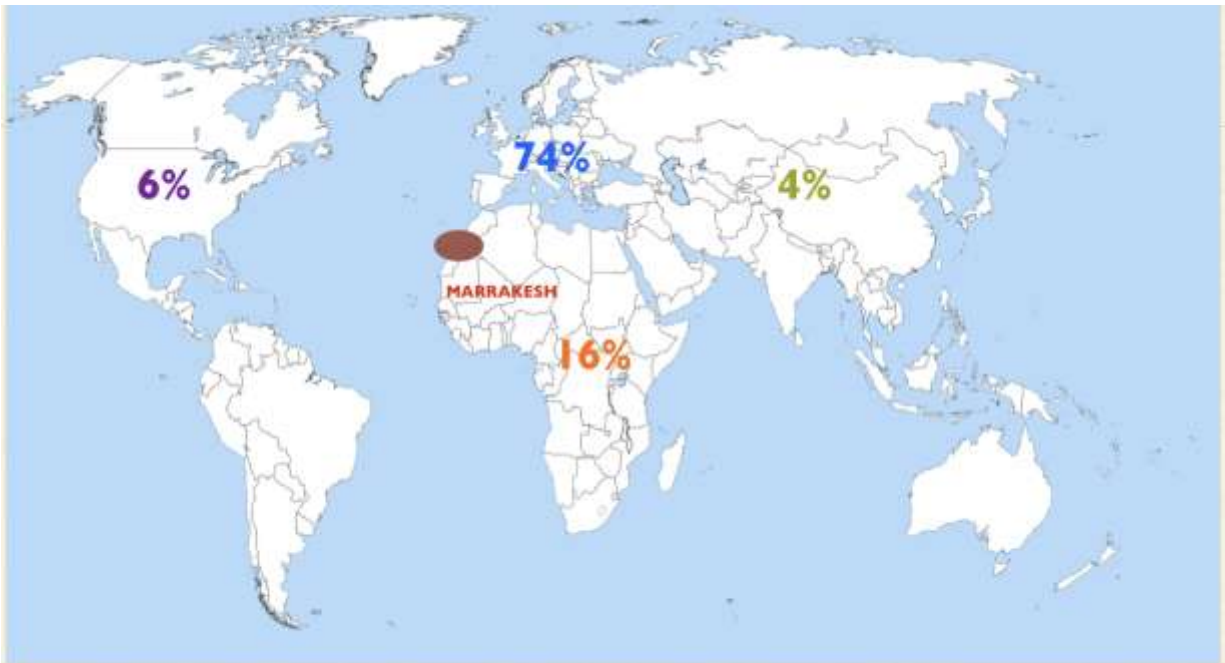
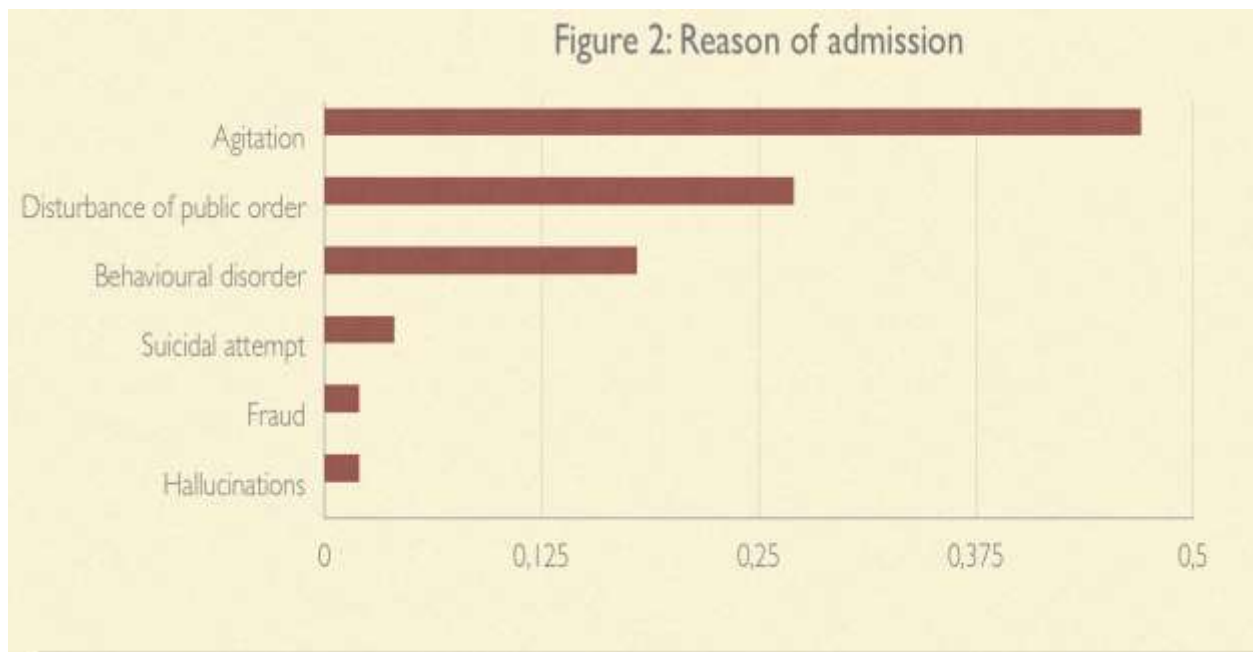


Figure 1 : Continent of origin



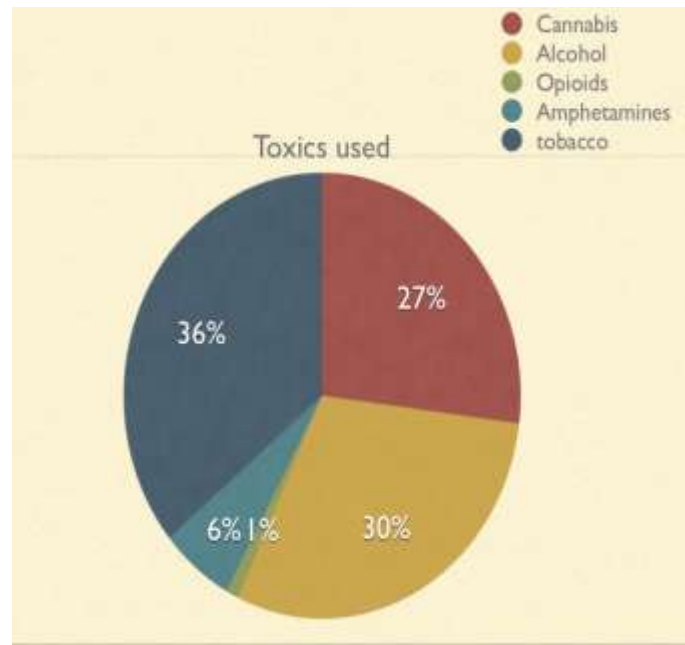


Figure 3:- Toxics used.

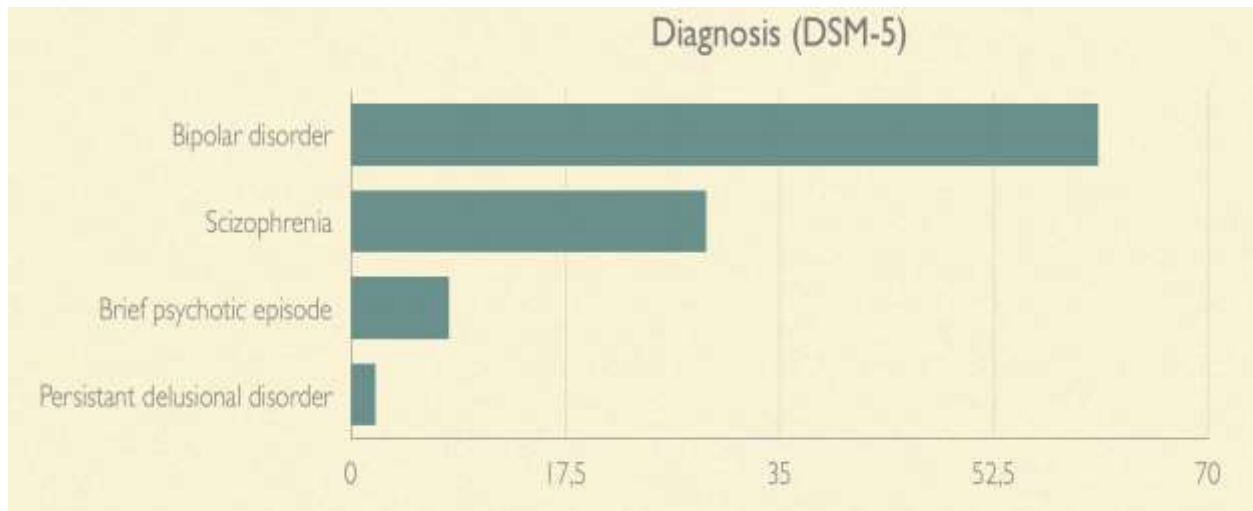


Figure 4:- Diagnosis according to DSM-5.

References:-

1. Belghazi, Dounia&Moussaoui, Daoud&Kadri, Nadia. (2014). Spécificitésépidémiologiques, cliniques et culturelles des patients hospitalisés au centre psychiatriqueuniversitaireIbn-Rochd de Casablanca. *AnnalesMédico-psychologiques, revue psychiatrique*. 174. 10.1016/j.amp.2013.07.008.
2. Turrini, G., Purgato, M., Ballette, F. *et al*. Common mental disorders in asylum seekers and refugees: umbrella review of prevalence and intervention studies. *Int J Ment Health Syst***11**, 51 (2017). <https://doi.org/10.1186/s13033-017-0156-0>
3. Foyle MF, Beer MD, Watson JP. Expatriate mental health. *ActaPsychiatrScand*. 1998 Apr;**97**(4):278-83. doi: 10.1111/j.1600-0447.1998.tb10000.x. PMID: 9570488.
4. Hollander AC, Mackay E, Sjöqvist H, Kirkbride JB, Bäärnhielm S, Dalman C. Psychiatric care use among migrants to Sweden compared with Swedish-born residents: a longitudinal cohort study of 5 150 753 people. *BMJ Glob Health*. 2020 Sep;**5**(9):e002471. doi: 10.1136/bmjgh-2020-002471. PMID: 32972966; PMCID: PMC7517566.
5. Lim GY, Wong MT. Migration and psychosis in acute inpatient psychiatry. *Australas Psychiatry*. 2016 Dec;**24**(6):548-552. doi: 10.1177/1039856216649772. Epub 2016 May 26. PMID: 27230738.

6. Lay B, Nordt C, Rössler W. Mental hospital admission rates of immigrants in Switzerland. *Soc Psychiatry PsychiatrEpidemiol.* 2007 Mar;42(3):229-36. doi: 10.1007/s00127-007-0157-4. Epub 2007 Feb 13. PMID: 17450403.
7. Frizi R, Lay B, Seifritz E, Kawohl W, Habermeyer B, Roser P. Sociodemographic and Clinical Predictors of the Length of Psychiatric Inpatient Stay of Immigrants in Switzerland. *Front Psychiatry.* 2020 Dec 9;11:585798. doi: 10.3389/fpsy.2020.585798. PMID: 33362603; PMCID: PMC7755930.