Original Article / Özgün Araştırma

Evaluation of Cases Applying to Child and Adolescent Psychiatry Outpatient Clinic to Receive Medical Board Report

Çocuk ve Ergen Psikiyatrisi Polikliniğine Sağlık Kurulu Raporu Almak için Başvuran Olguların Değerlendirilmesi

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Abstract

Objective: The aim of this study was to evaluate socio-demographic characteristics, application reasons and diagnoses of cases applying to child and adolescent psychiatry outpatient clinic in order to receive a medical board report.

Materials and Methods: File data of 405 cases in the child and adolescent group (0-18 years), who applied to Child and Adolescent Psychiatry Outpatient clinics of Adnan Menderes University Faculty of Medicine between 1 November 2014 and 31 October 2015 in order to receive a medical board report, were retrospectively examined.

Results: Average age of the cases was determined as 6.32±4.62 years, and 42.7% (173) were female and 57.3% (232) were male. When reasons of applications to medical board for the disabled were examined, it was found that the most frequent reason of application is to make them receive special education or to continue their special education at the rate of 66%; when diagnosis distribution of the cases was examined, the most frequent diagnoses included mild mental retardation (28.3%), borderline intellectual functioning (23.5%), attention-deficit/hyperactivity disorder (13.6%), and learning disorder (12.6%).

Conclusion: In our study, it was determined that the most frequent diagnosis in children applying to receive a medical board report was mild mental retardation and the most frequent reason of application was to receive special education report. The studies to be conducted with relation to cases applying to medical board for the disabled will help in formation of healthy demographic data about pathologies in our field and in approaching clinically to such cases.

Öz

Amaç: Bu çalışmada çocuk ve ergen psikiyatrisi polikliniğine sağlık kurulu raporu almak için başvuran olguların sosyo-demografik özellikleri, başvuru sebepleri ve aldıkları tanıların değerlendirilmesi amaçlanmıştır.

Gereç ve Yöntemler: Adnan Menderes Üniversitesi Tıp Fakültesi, Çocuk ve Ergen Psikiyatrisi polikliniklerine 1 Kasım 2014-31 Ekim 2015 tarihleri arasında sağlık kurulu

raporu almak üzere başvuran çocuk ve ergen yaş grubundaki (0-18 yaş) 405 olgunun dosya verileri geriye dönük olarak incelenmiştir.
Bulgular: Yaş ortalaması 6,32±4,62 yıl olarak saptanan olguların %42,7'si (173) kız, %57,3'ü (232) erkektir. Özürlü sağlık kuruluna başvuru nedenleri incelendiğinde, en sık başvuru nedeni %66 oranı ile özel eğitim aldırmak veya alınan özel eğitime devam etmek için olduğu saptanırken, olguların tanı dağılımına bakıldığında en sık tanılar hafif derecede zihinsel engellilik (%28,3), sınırda entelektüel işlevsellik (%23,5), dikkat eksikliği ve hiperaktivite bozukluğu (%13,6) ve öğrenme bozukluğu (%12,6) olarak saptanmıştır.
Sonuç: Çalışmamızda sağlık kurulu raporu almak için başvuran çocuklarda en sık tanının hafif derecede zihinsel engellilik olduğu, en sık başvuru nedeninin ise özel eğitim raporu almak olduğu tespit edilmiştir. Özürlü sağlık kuruluna başvuran olgularla ilgili yapılacak çalışmalar alanımızdaki patolojilerle ilgili sağlıklı bir demografik veri oluşturulmasında ve bu olgulara klinik yaklaşım konusunda yardımcı olacaktır.

Introduction

Disability is defined as any illness occurring inherently or after birth or loss in physical, mental, intellectual, emotional and social abilities in various degrees and incompliance with requirements of normal life (1). Mental disability includes people with mental deficiency at various degrees; mental retardation, Down syndrome, phenylketonuria (if causes mental retardation) are included in this group (2). The concept of being mentally and emotionally handicapped refers to people who have difficulty in fulfilling daily life activities due to patterns different from normal between emotions, thought and behaviours and in continuing interpersonal relations; diseases such as schizophrenia, depression are included in this group (2). Mental, emotional and psychic disability negatively affect the lives of individuals and their families (3-5).

According to data of Survey on Problems and Expectations of Disabled People carried out in 2010 by Turkish Statistical Institute, 43.5% of mentally disabled people and 12.5% of psychiatry and emotionally disabled people consisted of individuals at 0-14 age group. 29.2% of disabled people registered in National Disabled People Database are mentally disabled, and 3.9% of them are psychiatric and emotionally disabled people (2).

Report of medical board for the disabled is a document prepared by medical board for the disabled and stating disability and health status of people, degree of disability, educational and social rights, and employability. At the hospitals, numerous children and adolescents are referred and apply to medical boards for the disabled every day in order to benefit from social and educational rights. The current regulation on medical boards for the disabled in Turkey was published in the Official Gazette no: 28603 with the date of 30.03.2013. The degree of disability is determined by medical board for the disabled as percentage (%) according to disability rates in Disability Degree Schedule in the attachment of this regulation and mentioned in figure and word in related section of the report of medical board. Children applying to medical board for the disabled in our hospital are also evaluated by child psychiatry other than related branches. The number of studies conducted on applications to medical board for the disabled is very limited in Turkey.

As evaluation of applications to medical boards for the disabled has an important place in child and adolescent psychiatry experts' clinical practices, the purpose of this study was to evaluate socio-demographic characteristics, application reasons and diagnoses of cases applying to receive a medical board report of child and adolescent psychiatry outpatient clinic.

Materials and Methods

File data of 409 cases in the child and adolescent age group (0-18 years), who applied to Child and Adolescent Psychiatry outpatient clinics of Adnan Menderes University Faculty of Medicine between 1 November 2014 and 31 October 2015 in order to receive a medical board report, were retrospectively examined. Four cases, whose file data were missing, were not included in the study. The file data were obtained from outpatient clinic interview forms. In order to determine intelligence level of children above the age of 6 years, Wechsler Intelligence Scale for Children was used; development level of children below the age of 6 years has been evaluated by means of Ankara Developmental Screening Inventory. The

psychiatric evaluation was performed by child and adolescent psychiatry experts and assistant doctors. The psychiatric diagnosis of the children were defined by DSM-IV-TR and ICD-10 diagnosis codes. Evaluation of disability degrees of the cases was made on the basis of "Regulations on Medical Boards" published in Repeated Official Gazette dated 16.12.2010 and numbered 27787. Degrees of disability belonging to psychiatric, neurological and other systems in cases were determined and calculated according to Balthazard Formula.

Ages, genders, school status, family data, birth history, application reasons, psychiatric diagnoses, and accompanying physical diseases of the cases were recorded.

Psychometric Tests

Wechsler Intelligence Scale for Children: The test was developed by Wechsler in 1949 and reviewed in 1974 and its form was prepared. It is composed of totally 12 sub-tests including 6 tests of each of verbal intelligence and performance intelligence sections. Turkish validity and reliability study of the scale was conducted by Savaşır and Şahin (6).

Ankara Developmental Screening Inventory: This inventory involves 154 items answered as "yes/no/I don't know". As a result of the implementation of the inventory, 5 different scores are obtained as Total Development Score and Language-Cognitive, Fine Motor, Gross Motor and Social Skill - Self-care scores. Validity and reliability coefficients of the scale are very high and it can be used as an useful source of information in evaluation of infants and children aged between 0-6 years (7).

In processing and analysis of the data, SPSS Windows 18.0 (Statistical Package for the Social Sciences, SPSS Inc., Chicago, USA) program was used. The data used without making comparison were given in percentage (%).

For study, approval of Ethics Committee of Non-invasive Clinical Trials of Adnan Menderes University Faculty of Medicine was obtained (approval no: 2016/779).

Results

It was found that average age of 405 cases was 6.32±4.62 years; 42.7% of them (n=173) were female and 57.3% (n=232) of them were male. It was determined that 28.5% (n=115) of the cases resided in urban, 71.4% (n=290) in rural. When the school status of the cases were evaluated, it was found that 60.5% (n=245) of the children did not go to school, 5.4% (n=22) of the children went to kindergarten, 22% (n=89) of the children went to primary school, 10.1% (n=41) of the children went to secondary school, 2% (n=8) of the children went to high school. The applying children were generally the first (42.1%) or second (31.4%) child of their parents (Table 1).

When family data of the cases were evaluated, it was found that 84.4% (n=340) of the mothers were housewives and 91.9% of the fathers were employed (n=364). Rate of illiterate mothers and fathers of the cases was respectively 16.4% (n=66) and 5.8% (n=23); rate of primary school graduates was respectively 43.8% (n=176) and 53.4% (n=215). 74.6% of the families were nuclear family (n=302); 23.7% were large family (n=96) and 1.7% was broken family (n=7). 26.1% (n=105) of the families had psychiatric illness history requiring treatment. Rate of blood relation between parents of the cases was found as 26.3% (n=106).

When birth stories of the cases were examined, it was found that 58.9% (n=235) were born by normal spontaneous vaginal delivery. In 14.6% (n=59) of the cases, prenatal complication was determined, and in 45.9% (n=186) postnatal complication was determined.

It was found that 57.8% (n=234) of the children, for whom the report was prepared, received this report for the first time.

When reasons of application to medical board for the disabled were examined, the most frequent reason for application was found as receiving special education or continuing this special education by the rate of 66% (n=266); other reasons of application were receiving salary (22.3% n=90), benefiting from home care service (21.3% n=86), and receiving physical therapy (16.3% n=65) (Table 2).

When distribution of diagnosis of the cases was examined in terms of all age groups, the most frequent diagnoses were found as follows: Mild mental retardation 28.3% (n=102), borderline intellectual functioning 23.5% (n=85), attention deficit and hyperactivity disorder 13.6% (n=55), learning

disorder 12.6% (n=51), autism spectrum disorder 10.6% (n=43), moderate mental retardation 7.5% (n=27), severe mental retardation 4.7% (n=17), and profound mental retardation 0.8% (n=3) (Figure 1). It was observed that intelligence level of 35.2% (n=127) of children and adolescents applying to receive the medical board report was within normal limits. It was determined that 59.7% (n=241) of applying children and adolescents had also an accompanying physical illness (the most frequent ones were epilepsy (18% n=73) and cerebral palsy (11.2% n=45).

Table 1. Demographic data of the children applying to child and adolescent psychiatry outpatient clinic to receive medical board report

Demographic data of the children	n (%)
Age	6.32±4.62 years
Sex	
Female	173 (42.7%)
Male	232 (57.3%)
School Status	
Don't go to school	245 (60.5%)
Pre-school (kindergarten)	22 (5.4%)
Primary school	89 (22%)
Secondary school	41 (10.1%)
High school	8 (2%)
Place of residence	
Urban	115 (28.6%)
Rural	290 (71.4%)
Family Property	
Nuclear Family	302 (74.6%)
Large Family	96 (23.7%)
Broken Family	7 (1.7%)
Psychiatric disorder history in family	
Yes	105 (26.1%)
No	300 (73.9%)
Delivery method	
NSVD*	235 (58.9%)
Sectio	170 (41.1%)
Complication Status	
Prenatal complication	59 (14.6%)
Postnatal complication	186 (45.9%)
None	160 (39.5%)
NSVD*: Normal spontaneous vaginal delivery	

Discussion

Medical board applications constitute an important place in child and adolescent psychiatry outpatient clinics. In a study conducted by Demirkaya et al. (8), to examine cases applying child psychiatry outpatient clinics it was found that medical board applications constituted 21.9% of outpatient clinic applications. It was found that 58.6% of disabled people registered in National Disabled People Database were male, 41.4% were female, 62.4% resided in the city, and 37.6% resided in rural area (2). Similarly, in our study 57.3% of applying cases were male and 42.7% were female; and most of cases resided in the city centres and districts. It can be related to the increase in demand of families with low socio-economic level living in industrialised cities with financial difficulties and family-related problems to benefit from disability rights.

In the study conducted by Turkish Statistical Institute, when occurrence time of the disability was examined, it was revealed that in 21.2% of mental retarded individuals, disability occurred before birth (during pregnancy), in 16.3% of them during delivery, in 27.1% before 1 year old and 32.8% after 1 year (2). In our study, in compliance with these results, 14.9% of the cases had prenatal complication and 47.2% had postnatal complication.

When blood relation of parents of the registered disabled individuals was examined, it was determined that in 23.1% of them parents had blood relation (2). Similarly in our study, in 26.3% of the cases applying to the board, blood relation was determined between the parents.

Studies have revealed that the most frequent reason for applying medical boards is to receive

Table 2. Reasons of applying to medical board for the disabled

Reasons of application	% (n)
Special education Receiving salary Home care services Physical therapy	66 (266) 22.3 (90) 21.3 (86) 16.3 (65)
Severe disability	5.5 (22)
PCT* reduction Other	3.0 (12) 6.7 (27)
PCT*: Private Consumption Tax	

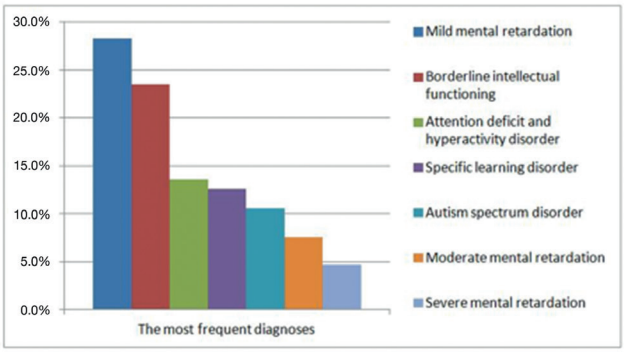

Figure 1. The distribution of diagnosis of the cases

specific education report, as is in our study (9,10). According to data of registered disabled people, it was determined that 36.8% of mentally retarded individuals aged 15 and over received disability salary (under Law no: 2022) (2). In our study, it was found that application for receiving disability salary is the second frequent reason at the rate of 22.3%.

It is stated that 85% of mental retardation in childhood are mild, 10% are moderate, 4% are severe, and 1-2% are profound (11). Children with IQ between 50 and 69 have mild mental retardation. Motor development of children in this group is generally normal and slight speech retardation is observed. A great majority of them can complete primary education. In the present study, the most frequent diagnosis in children applying to receive medical board report was mild mental retardation, which was compatible with other studies (9,10,12). The difference in the present study with relation to distribution of frequency of mental retardation can be associated with evaluation of children applying to receive medical board report.

It was found that 59.7% of the cases had other accompanying physical illnesses and them had most frequently epilepsy and cerebral palsy. Şahin et al. (9), in their study on evaluation of children applying to medical boards for the disabled, determined that the most frequent diagnosis of the cases, other from psychiatric ones, were neurological diagnoses, and most frequent of them were epilepsy, cerebral palsy and neurological deficit.

Study Limitations

The most important limitation of the study was that this study was retrospective, thus using only file data was used in evaluation of the data, and data loss could not be prevented. However, results of this study can be still considered as significant in order to comprehend socio-demographic and clinical features of patients applying to child and adolescent psychiatry clinics in university hospitals in Turkey.

Conclusion

It is thought that the results of this study can contribute to statistical data obtained in this field in Turkey. Studies to be conducted with relation to cases applying medical boards for the disabled would help in formation of a healthy demographic data related pathologies in our field and in approaching clinically to the cases. Moreover, collection of data of hospitals with medical board would contribute to planning regulations towards disabled people.

Ethics

Ethics Committee Approval: For study, approval of Ethics Committee of Non-invasive Clinical Trials of Adnan Menderes University Faculty of Medicine was obtained (approval no: 2016/779).

Informed Consent: Protection of human and animal subjects: The authors declare that no experiments were performed in humans and animals forth is investigation.

Peer-review: Externally and internally peer-reviewed.

Authorship Contributions

Concept: S.A., M.A., Design: S.A., M.A., Data Collection or Processing: N.Y., S.A., Analysis or Interpretation: S.A., M.A., P.U., Literature Search: P.U., M.K., N.Y., Writing: S.A., M.A.

Conflict of Interest: No conflict of interest was declared by the authors.

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