



بسم الله الرحمن الرحيم

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Studying the Role of Traditional Healers in the Pathway to Psychiatric Services among Patients with Major Depressive Disorder in Egypt

Thesis

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سببنا انك لا تعلم لنا
إلا ما علمتنا إنك أنت
العليم العظيم

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ABSTRACT

Background: The diagnosis and treatment of an illness using traditional medicine is in most cases culture-specific and based on beliefs in the community. The majority of mentally ill patients prefer to attend to traditional healers because of the trust problems in the system, affordability, accessibility, and ease of the service.

Aim and objectives: the aim of the study was to figure out the rate of traditional healers' consultation done by patients with major depressive disorder, and to assess the sociodemographic and clinical correlates of patients who seek help from traditional healers in their pathway to psychiatric services.

Subjects and methods: This was a cross sectional study; was conducted on 200 patients diagnosed with major depressive disorder according to Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) in 1 year time interval. This study was conducted in the outpatient clinics of Institute of psychiatry - Ain Shams University Hospital (El-Demerdash Hospital), Ain Shams University.

Results: there was statistically significant difference between seeking advice of traditional healers before and Sex, Age, Religion, Education, Social status, Residence and Duration of illness. There was statistically insignificant difference between seeking advice of traditional healers before and Occupation. There was highly statistically significant difference between seeking advice of traditional healers before and HDRS.

Conclusion: traditional healers play a role in the pathway of treatment among patients with major depressive disorder Therefore; it is highly recommended that there is a need for awareness programs aiming traditional healers so that they are better able to recognize the severity of mental illness and to subsequently refer these cases to the psychiatrist on time.

Keywords: traditional healers, major depressive disorder, psychiatric services.

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List of Abbreviations

Abb.	Full term
AACAP	<i>American Academy of Child and Adolescent Psychiatry</i>
ACT	<i>Acceptance and Commitment Therapy</i>
AD	<i>Alzheimer's disease</i>
APA	<i>American Psychiatric Association</i>
BDNF	<i>Brain-derived neurotrophic factor</i>
CDC	<i>Centers for Disease Control</i>
DA	<i>Dopamine</i>
DSM-5	<i>Diagnostic Statistical Manual of Mental Disorders, Fifth Edition</i>
DST	<i>Dialogical self-theory</i>
HDRS	<i>Hamilton Depression Rating Scale</i>
MDD	<i>Major depressive disorder</i>
NE	<i>Norepinephrine</i>
NMDA	<i>N-methyl-D-aspartate</i>
SSRIs	<i>Selective serotonin reuptake inhibitors</i>

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INTRODUCTION

Mental and addictive disorders affected more than 1 billion people globally in 2016. They caused 7% of all global burden of disease as measured in DALYs and 19% of all years lived with disability. Depression was associated with most DALYs for both sexes, with higher rates in women. Mental and addictive disorders affect a significant portion of the global population with high burden, in particular in high- and upper-middle-income countries. The relative share of these disorders has increased in the past decades, in part due to stigma and lack of treatment (*Rehm et al., 2019*).

In an Egyptian study done by *Ghanem et al., (2009)*, they found that the overall prevalence of mental disorders in the surveyed sample was 16.93%.

As in the majority of developing countries, mentally ill patients in Arab countries tend to somatize their psychological symptoms. This presentation of mental ill health reflects on the pattern of consultation. Patients tend to pass through different healthcare-providing filters before reaching the mental health clinic or hospital, yet, the real challenge for mental health professionals is the first filter (*Okasha, 1999*).

The attribution of psychiatric symptoms to jinn appears to be fairly common among Islamic patients and to have a noticeable effect on the diagnosis, treatment, and course of

what biomedical practitioners consider psychiatric disorders, most notably in the case of psychotic disorders (*Lim et al., 2015*).

Major depression is a common, disabling condition seen frequently in primary care practices. Non-psychiatrist ambulatory providers are increasingly responsible for diagnosing, and primarily managing patients suffering from major depressive disorder (MDD) (*Bentley et al., 2014*).

Treatment outcomes for major depressive disorder (MDD) need to be improved. The results show that early recognition and treatment are crucial, as duration of untreated depression correlates with worse outcomes. Early improvement is associated with response and remission, while comorbidities prolong course of illness (*Kraus et al., 2019*).

WHO estimates that 80% of the people in Africa use traditional medicinal sector as their first contact place for all types of mental/physical health problems. The researchers attribute this high patronage to the fact that the treatment is holistic by taking into account the spiritual, physical and psychosocial aspects of health (*Atindanbila et al., 2011*).

Evidence from around the world suggests that a traditional or complementary system of medicine is commonly used by a large number of people with mental illness. Practitioners of traditional medicine in low-income and middle-

income countries fill a major gap in mental health service delivery. Treatments used by providers of traditional and complementary systems of medicine, especially traditional and faith healers in low-income and middle-income countries, might sometimes fail to meet widespread understandings of human rights and humane care (*Gurege et al., 2015*).

There is at present a gap between psychiatrists, mental health professionals and people with mental disorders. This is true of many low-income countries. Psychiatrists and other service providers need to make more effort to reach those patients who require modern psychiatric management (*Sorketti et al., 2012*).

This, therefore, is a good reason to study mentally ill patients within the traditional healer system to understand the reasons and factors that bring this long term stability in health. In addition to harmful practices, quality control is not assured within traditional approaches to healing because there is a lack of regulation (*Sorketti et al., 2013*).

AIM OF THE WORK

1. To figure out the rate of traditional healers' seeking behavior in patients with major depressive disorder.
2. To assess the sociodemographic and clinical correlates of patients who seek help from traditional healers in their pathway to psychiatric services.

Chapter 1

MAJOR DEPRESSIVE DISORDER

Introduction

Major depressive disorder has significant potential morbidity and mortality, contributing to suicide, incidence and adverse outcomes of medical illness, disruption in interpersonal relationships, substance abuse, and lost work time. During 2009–2012, 7.6% of Americans aged 12 and over had depression (moderate or severe depressive symptoms in the past 2 weeks). Depression was more prevalent among females and persons aged 40–59. With appropriate treatment, 70-80% of individuals with major depressive disorder can achieve a significant reduction in symptoms (*Kempton et al., 2021*).

Signs and symptoms

Most patients with major depressive disorder present with a normal appearance. In patients with more severe symptoms, a decline in grooming and hygiene may be observed, as well as a change in weight.

Patients may also show the following: (*Tsuang et al., 2017*)

1. Psychomotor retardation
2. Flattening or loss of reactivity in the patient's affect (i.e., emotional expression, Psychomotor agitation or restlessness)

➤ **Major depressive disorder**

Among the criteria for a major depressive disorder, at least 5 of the following symptoms have to have been present during the same 2-week period (and at least 1 of the symptoms must be diminished interest/pleasure or depressed mood) (*Holmans et al., 2017*)

- Depressed mood: For children and adolescents, this can also be an irritable mood
- Diminished interest or loss of pleasure in almost all activities (anhedonia)
- Significant weight change or appetite disturbance: For children, this can be failure to achieve expected weight gain
- Sleep disturbance (insomnia or hypersomnia)
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness
- Diminished ability to think or concentrate; indecisiveness
- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide