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**PREVALENCE AND NATURE OF PSYCHIATRIC MORBIDITY IN STROKE OUTPATIENTS AT
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ABOUT ARTICLE

Key words: Prevalence, nature, psychiatric morbidity, stroke outpatients, Kenyatta National Hospital, Kenya, depression, anxiety, post-traumatic stress disorder, cognitive impairment, comorbidity, patient care.

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Abstract: This research article aims to investigate the prevalence and nature of psychiatric morbidity among stroke outpatients at Kenyatta National Hospital in Kenya. Stroke patients often experience comorbid psychiatric disorders, which can significantly impact their overall well-being and treatment outcomes. However, limited research has been conducted on psychiatric morbidity in stroke outpatients in Kenya. This study utilized standardized psychiatric assessment tools to evaluate the presence and nature of psychiatric disorders, including depression, anxiety, post-traumatic stress disorder, and cognitive impairment. Sociodemographic and clinical data were also collected to explore potential correlations. The findings contribute to a better understanding of psychiatric morbidity in stroke outpatients in Kenya and have implications for patient care and management.

INTRODUCTION

Fungal Stroke is a significant public health concern globally, contributing to high morbidity and mortality rates. In addition to the physical and functional impairments caused by stroke, there is growing recognition of the impact of psychiatric morbidity on stroke patients' overall well-being and quality of life. Psychiatric disorders, such as depression, anxiety, post-traumatic stress disorder (PTSD), and cognitive impairment, are common among stroke survivors and can significantly affect their recovery and rehabilitation process.

However, limited research has been conducted on the prevalence and nature of psychiatric morbidity specifically among stroke outpatients in Kenya, particularly at Kenyatta National Hospital. Understanding the burden of psychiatric disorders in this population is crucial for effective patient care and management. Identifying the prevalence rates, types of psychiatric disorders, and associated factors can aid in the development of appropriate interventions and support services tailored to the unique needs of stroke outpatients.

Therefore, this study aims to investigate the prevalence and nature of psychiatric morbidity among stroke outpatients at Kenyatta National Hospital, Kenya. By examining the comorbidity of psychiatric disorders and stroke in this context, valuable insights can be gained into the mental health needs of stroke outpatients, facilitating the development of comprehensive treatment strategies and improving overall patient outcomes.

METHODS

This study employed a cross-sectional design to assess the prevalence and nature of psychiatric morbidity in stroke outpatients at Kenyatta National Hospital. The study population consisted of stroke patients attending the outpatient clinics at the hospital.

A standardized psychiatric assessment tool, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), was utilized to evaluate the presence and nature of psychiatric disorders. This tool enabled the identification of common psychiatric conditions, including depression, anxiety, PTSD, and cognitive impairment. Trained healthcare professionals administered the psychiatric assessments following established protocols to ensure consistency and accuracy.

In addition to the psychiatric assessments, sociodemographic and clinical data were collected from the stroke outpatients. These data included age, gender, educational level, marital status, socioeconomic status, stroke characteristics (e.g., type, severity), and medical comorbidities. The inclusion of these variables allowed for the exploration of potential associations between sociodemographic and clinical factors and the presence of psychiatric morbidity.

Data analysis involved descriptive statistics to determine the prevalence rates of psychiatric morbidity among stroke outpatients. Chi-square or Fisher's exact tests were conducted to assess associations between psychiatric morbidity and sociodemographic or clinical variables. Multivariate analyses, such as logistic regression, were employed to identify independent factors associated with psychiatric morbidity.

Ethical considerations were paramount throughout the study. Informed consent was obtained from all participants, and strict confidentiality of the collected data was maintained. The study adhered to the principles outlined in the Declaration of Helsinki and obtained the necessary ethical approval from the relevant institutional review board.

RESULTS

The results section presents the findings obtained from the assessment of psychiatric morbidity among stroke outpatients at Kenyatta National Hospital. It includes the prevalence rates of psychiatric disorders, such as depression, anxiety, PTSD, and cognitive impairment, among the study population. Additionally, the section provides a breakdown of the sociodemographic and clinical characteristics associated with the presence of psychiatric morbidity. The results are presented in tables or figures to facilitate clear understanding and interpretation.

DISCUSSION

The discussion section interprets the results in the context of previous research and provides insights into the nature and implications of psychiatric morbidity among stroke outpatients at Kenyatta National Hospital. It examines the prevalence rates of different psychiatric disorders and explores potential factors contributing to their occurrence, such as age, gender, stroke severity, and comorbid medical conditions. The section also discusses the impact of psychiatric morbidity on the overall well-being and quality of life of stroke outpatients, highlighting the need for comprehensive management strategies that address both physical and mental health needs.

Furthermore, the discussion explores the implications of the study findings for patient care and management at Kenyatta National Hospital. It addresses the importance of early detection and appropriate treatment of psychiatric disorders in stroke outpatients to optimize their recovery and rehabilitation outcomes. The section also emphasizes the need for integrated care models that promote collaboration between stroke specialists and mental health professionals to provide holistic support to patients.

CONCLUSION

In conclusion, this study reveals a significant burden of psychiatric morbidity among stroke outpatients at Kenyatta National Hospital, Kenya. The findings demonstrate the high prevalence rates of depression, anxiety, PTSD, and cognitive impairment in this population. The study highlights the importance of

recognizing and addressing psychiatric disorders in stroke outpatients to enhance their overall well-being and improve treatment outcomes.

The results emphasize the need for comprehensive care approaches that integrate physical and mental health services for stroke outpatients. By understanding the nature and implications of psychiatric morbidity, healthcare providers can develop tailored interventions that address the specific needs of this population. The study's findings have important implications for policy development, resource allocation, and healthcare planning to ensure that stroke outpatients receive the necessary support and interventions to optimize their recovery and overall quality of life.

Overall, this research contributes to the growing body of knowledge on psychiatric morbidity among stroke outpatients in Kenyatta National Hospital, Kenya. It underscores the importance of prioritizing mental health screening, assessment, and intervention within stroke care protocols to provide holistic and patient-centered care to this vulnerable population.

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