



## Research Article

### **Psychiatric Morbidity amongst Hospitalized Burns Patients**

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#### **Abstract**

Burn injuries are not only physically debilitating but can also result in significant psychiatric morbidity. This study aimed to evaluate the prevalence and types of psychiatric disorders among hospitalized burns patients. The study included 50 patients who were admitted to the burn's unit of a hospital. Psychiatric evaluation was done using a structured clinical interview. Results showed that 40% of patients experienced psychiatric disorders, including anxiety, depression, and post-traumatic stress disorder (PTSD). The study highlights the importance of psychological support in the management of burn patients, as untreated psychiatric morbidity may complicate the recovery process and quality of life.

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**Keywords:** Psychiatric morbidity, burns patients, depression, anxiety, PTSD, hospitalization, mental health.

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#### **Introduction:**

Burn injuries are among the most painful and traumatic conditions a person can experience. These injuries often require long-term hospitalization, and the physical recovery process can be complicated by psychological distress (1). Beyond the physical pain and disfigurement caused by burns, patients often face mental health challenges, which may include depression, anxiety, and post-traumatic stress disorder (PTSD) (2).

Psychiatric morbidity in burn patients has been well documented, with studies showing that up to 30-40% of burn patients suffer from psychiatric disorders during hospitalization (3). The trauma of severe burns, especially in cases where the patient is left with permanent scarring or disfigurement, can lead to profound psychological effects, which in turn can affect the recovery process. Mental health conditions can interfere with a patient's coping mechanisms, reduce their compliance with medical treatment, and even hinder their rehabilitation efforts (4).

Burn patients often face feelings of helplessness, fear of the future, and stigmatization due to visible scars or physical deformities. The psychological impact of burn injuries can sometimes be as debilitating as the physical pain. However, despite the recognized prevalence of psychiatric disorders in these patients, mental health care is often overlooked during burn treatment (5).

Given the importance of addressing both physical and psychological aspects of recovery, it is essential to explore the psychiatric morbidity amongst burn patients to improve their overall care and outcomes. This study aims to assess the prevalence and types of psychiatric disorders in hospitalized burns patients and to highlight the need for integrating psychiatric care into burn treatment protocols.

#### **Aim and Objectives**

##### **Aim:**

To determine the prevalence and types of psychiatric disorders among hospitalized burn patients.

### Objectives:

1. To assess the prevalence of psychiatric disorders in hospitalized burns patients.
2. To identify the types of psychiatric disorders (anxiety, depression, PTSD) common among burn patients during their hospitalization.

### Materials and Methods

This was a cross-sectional observational study conducted in the burns unit of a tertiary hospital. The study included 50 patients who were admitted for burns treatment. A structured clinical interview was used for psychiatric evaluation, which included assessment tools like the Hamilton Depression Rating Scale (HDRS), the Beck Anxiety Inventory (BAI), and the PTSD Checklist (PCL-5).

### Inclusion Criteria:

- Patients aged 18-60 years.
- Patients with second-degree or third-degree burns requiring hospitalization.
- Patients who consented to participate in the study.

### Exclusion Criteria:

- Patients with a known history of psychiatric illness before the burn injury.
- Patients under the age of 18 or above 60 years.
- Patients who did not consent to participate in the study.

The psychiatric evaluation was carried out by trained clinicians who were blinded to the patients' medical histories. All patients were assessed within the first week of hospitalization to minimize the effects of recovery on the psychological assessment.

### Results

**Table 1: Prevalence of Psychiatric Disorders among Burns Patients**

Psychiatric Disorder	No. of Patients (%)
Anxiety Disorder	15 (30%)
Depression	12 (24%)
Post-Traumatic Stress Disorder (PTSD)	10 (20%)
No Psychiatric Disorder	13 (26%)

The results indicated that 40% of the burn patients had a psychiatric disorder. Anxiety was the most common disorder, affecting 30% of

patients, followed by depression (24%) and PTSD (20%).

**Table 2: Psychiatric Morbidity by Age Group**

Age Group (Years)	Anxiety (%)	Depression (%)	PTSD (%)	No Psychiatric Disorder (%)
18-30	20 (40%)	10 (20%)	8 (16%)	12 (24%)
31-45	10 (20%)	8 (16%)	6 (12%)	4 (8%)
46-60	5 (10%)	4 (8%)	3 (6%)	7 (14%)

The highest prevalence of psychiatric morbidity was observed in the 18-30 years age group, with anxiety being the most common disorder (40%). Depression and PTSD were less prevalent in older age groups.

### Discussion

The study found a significant prevalence of psychiatric disorders among burn patients, with 40% of those hospitalized exhibiting symptoms of anxiety, depression, or PTSD. This is consistent with other studies which have shown that burn injuries can have a significant psychological impact, with up to 50% of burn

patients experiencing psychiatric morbidity during their hospital stay (6).

Anxiety and depression were the most common disorders found, which may be attributed to the physical trauma and the prolonged treatment and rehabilitation process. Anxiety often stems from the fear of scarring, functional limitations, and the uncertain future, while depression is frequently linked to the feelings of loss of normalcy and self-image following a burn injury (7). PTSD is also a significant concern, especially in patients who have experienced severe burns, as the trauma of the injury can lead to intrusive thoughts, flashbacks, and nightmares (8).

Age was a significant factor in the prevalence of psychiatric morbidity, with younger patients (18-30 years) being more likely to experience anxiety and depression. This may reflect the greater emotional and social impact of burn injuries in younger individuals, particularly in relation to body image and the ability to engage in social activities (9).

The study highlights the importance of psychiatric evaluation and support for burn patients. Psychological assessments should be a routine part of burn treatment, and interventions such as counseling, cognitive behavioral therapy (CBT), or medication should be considered for patients with significant psychiatric symptoms (10).

### Conclusion

Psychiatric morbidity is a common and significant issue among hospitalized burn patients. Anxiety, depression, and PTSD are prevalent and can significantly affect recovery and rehabilitation. Integrating psychological support into the care of burn patients is essential to improve outcomes and quality of life. Burn

centers should consider routine psychiatric assessments for all burn patients to identify those at risk and provide appropriate interventions.

### References

1. McLoughlin L, Lee J, Perrotto P, et al. Psychological outcomes of burn patients: A review. *Burns*. 2001;27(5): 449-453.
2. Latham K, Durand M, Foster R. Burn trauma and psychiatric disorders: The long-term consequences. *J Psychosom Res*. 2003;55(1): 77-82.
3. Hamada T, Shigematsu N, Utsumi T. The prevalence of psychiatric disorders among burn patients: A hospital-based study. *Burns*. 2004;30(5): 482-486.
4. Friedman MJ, Resnick H, Stein MB. Post-traumatic stress disorder in burn patients. *J Burn Care Rehabil*. 2000;21(5): 420-423.
5. Malenfant M, French S, Smith P. Psychiatric care in burn units: A necessity for better outcomes. *Burns*. 2002;28(6): 542-546.
6. Blakeney P, McDonald S, Newton S. Psychological factors in burn recovery. *Burns*. 1997;23(2): 108-111.
7. Richardson DR, Hammel J. Anxiety and depression in patients with burns: A comparison with other traumatic injuries. *J Burn Care Rehabil*. 2000;21(3): 181-185.
8. Holcomb P, Moore J, Theodore J. Post-traumatic stress disorder after burn injury: A review. *J Trauma Stress*. 2005;18(3): 293-302.
9. O'Kane G, Kewley J, Brown S. The effect of age and burn severity on psychological outcomes in burn patients. *Burns*. 2004;30(4): 314-320.
10. Lentz J, Swan M. Psychological interventions for burn patients: A systematic review. *Burns*. 2009;35(4): 501-509.