

Exploring the Prevalence of Various Psychiatric Disorders and Commitment of Violence in the Patients Referring to Farabi Educational and Medical Center of Kermanshah

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Abstract: Introduction: Psychological health problems affect millions of people in the world. According to the estimation of World Health Organization, 151 million people suffer from depression and 26 million from schizophrenia. In addition, psychiatric disorders are one of the influential factors in the outbreak of violence which has a negative impact on the general health of the society. Considering the insufficiency of data in this field in the country, in this study, an effort has been made, based on the available data in the cases, to explore the prevalence of psychiatric disorders and commitment of violence in the patients referring to Farabi Educational and Medical Center of Kermanshah. **Materials and methodology:** This study has been conducted by rereading the available cases. The study society included the admitted patients to the psychological sections of Farabi Hospital from 2009 to 2010, among all, 504 cases were selected. The required data was extracted from patients' cases. The data was analyzed by SPSS. For comparing qualitative variables, Chi Square Test and for comparing quantitative variables, Kruskal Wallis test with an error of less than 0.05, were used. **Results:** According to the results, 61.9% were men, 79.6% lived in urban areas, and 63.5% were 20 to 39 years old. 30% had a background of addiction, and 38.1% were addicted to smoking. The most prevalent psychiatric disorders, in order, were related to mood disorders 46%, other psychotic disorders 12.9% and the disorders related to drugs 12.5%. Based on the Chi Square Test, there exists a meaningful relation between psychiatric disorders and the commitment of violence ($p=0.000$), physical violence ($p=0.000$), and psychological violence ($p=0.000$). **Conclusions:** Nearly half of the patients have mood disorders, whose prevalence calls for serious attention to be paid by the health authorities to identify the causes. In addition, the prevalence of violence in some disorders related to drugs is considerably higher than other disorders. Therefore, it is proposed that more attention would be dedicated to these groups of patients and consulting and curing programs would be designed for decreasing the level of violence in them.

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Introduction

Today, psychiatric disorders are one of most important issues of general health, and as a result of fundamental social changes, stress and psychological – social issues are increasing day by day (Noorbala et al., 2011). According to the World Health Organization, psychiatric disorders, such as depression, disorders related to overdrinking alcoholic drinks and psychosis are among the 20 most prominent causes of inability (Mathers et al., 2008). Furthermore, this organization has estimated that globally, 151 million people suffer from depression and 26 million from schizophrenia, and 844000 individuals commit suicide annually (Funk et al., 2010). Exploring the psychiatric disorders in the society is one important step to be taken to identify the issue and have a thorough planning to control it.

Violence is one of the most important and influential issues on the general health of the society. Through the perspective of World Health Organization, violence or the intentional injuries, is the cause of a considerable number of deaths and diseases in the world (Butchart et al., 2008). General health guidelines for the prevention of violence emphasize that the phenomenon of violence does not occur coincidentally, and it is predictable to some extent by analyzing personal, family, environmental and social dangers (Paradies et al., 2008).

Violent behaviors are seen in different forms in society. According to the reports of FBI, 1.5 million violent crimes happen in the US (murder, assault) (Sadock and Sadock, 2007). Violence among individuals in the world causes the death of 520000 persons annually. The effects of nonfatal violence are

important too, and cause long term physical, psychological, economic and social effects. The total cost of nonfatal injuries and deaths due to violence, in 2000 in the US, has been estimated more than 70 billion dollars (Corso et al., 2007). In our country, many violent behaviors occur as well. Looking at the events page of newspapers, many examples can be found. It is evident that this issue imposes a heavy psychological and economic burden on the society, though a concrete figure is not available about this issue. In a study, Amoro et al. (2008) explored violent behavior indicators in acute patients being hospitalized (Amoro et al., 2008). This study was carried out on 374 patients in one year. Demographic data was obtained through medical cases and interviews with the patients, while psychological symptoms were obtained through BPRS and the diagnosis based on DSM IV, and previous violent behaviors were identified by interviewing the patients and their guards. Polai et al. (2008) explored violent behaviors among individuals diagnosed with psychological disorders based on the criterion of DSM IV (Pulay et al., 2008). The data of epidemiology national survey on alcohol and its related conditions was obtained. By controlling demographic and social characteristics and other accompanying variables, a considerable surge in violent behaviors ($p < 0.05$) was seen in the patients diagnosed with drug abuse, severe gambling, major depression, double polarity disorder, phobic disorder without agoraphobia, specific phobia, paranoid personality disorder, schizotypal; and obsessive-compulsive disorder. In individuals that had comorbidity disorders, violent behavior was considerably higher than the individuals who were diagnosed with one psychiatric disorders (Pulay et al., 2008). In their study, Barkatakia et al. (2004) explored the relation of violence with some psychological disorders. The results showed that the injuries identified in individuals with schizophrenia, regardless of commitment of violence or lack of it, was higher than individuals with anti-social personality disorder (Barkataki et al., 2005).

In order to explore the prevalence of personality disorders, Shakeri and Sadeghi (2002) conducted a study on the patients hospitalized in one hospital in Kermanshah (Shakeri and Sadeghi, 2002). This study aimed at determining the co-morbidity of personality disorders with psychiatric disorders in need of clinical care. In this study, 203 individuals (124 men and 79 women) were selected from the available hospitalized patients in psychological wards of Farabi Educational and Medical Center, and their psychological symptoms were explored based on ASM-IV. The results showed that 65.7% of the patients had personality disorders. In the patients

diagnosed with schizophrenia, schizoid personality disorder (25.8%), in psychotic patients, paranoid personality disorder (48.3%), in bipolar patients, narcissist personality disorder (38%), in patients with severe depression, borderline personality disorder (61.2%) and in patients using drugs, anti-social personality disorder (61.2%) were among the most prevalent disorders (Shakeri and Sadeghi, 2002). In their study, Parvizifar et al. (2006) explored the prevalence of psychiatric disorders in the freshman students of Medical University of Kermanshah (Parvizifard et al., 2006). In this periodical study, 423 individuals (314 women and 109 men) in freshman grade, were selected through convenience sampling, and were examined in two levels. In the first level, the cutting spot of 0/5 of SRQ-24, as a selection tool, was used, while in the second level, they were examined by the clinical judgment of a psychologist, based on DSM-IV regulations. The data was analyzed using statistical indices of description, Z and X2 tests. The results showed that 28.37% of the studied sample had the symptoms of mood disorders (9.45%), adaptation disorders (8.4%), anxiety disorders (6.62%), personality disorders (3.78%) and eating disorders (48%). There were considerable differences between mental health of the students with some characteristics of the sample population.

Many factors contribute to the formation of the phenomenon of violence. The main determining causes of violence can include being male, being young, low social-economic condition and drug abuse (Montañés-Rada et al., 2006). Other identified causes are psychiatric disorders and psychological causes (Brennan et al., 2000, Swanson et al., 1990), by which violent behaviors can be formed. For example, anti-social personality and schizophrenia are the most important psychiatric disorders related to violence (Barkataki et al., 2005, Walsh et al., 2004, Rogers and Fahy, 2008). Other disorders that are accompanied by aggressive behaviors include the following: Alzheimer, ADHD, behavioral disorder, depression, epilepsy, Frontal Lobe syndrome, dawn syndrome, schizotypal personality disorder and drug abuse (Haller et al., 2005). Individuals, who are hospitalized in psychological wards, suffer from frustration and severe psychiatric disorders. They may have attempted to commit suicide, are anxious, are aggressive and commit severe violent behaviors (Bowers et al., 2007). Researchers believe that paying attention to psychiatric disorders, especially personality and anti-social personality disorders is one important issue in evaluating and managing the danger of violence in men (Logan and Blackburn, 2009). However, what must be taken into account here is the issue that many individuals with psychiatric disorders do not commit violence against

others (Fraser, 2004). Therefore, having psychiatric disorders should not be taken as aggression and commitment of violence. These could be taken as factors which, accompanied by specific conditions, can provide the situation for violence to be formed. No thorough study has been conducted about exploring the prevalence of psychiatric disorders in Kermanshah. Some studies have dealt with exploring the prevalence of such disorders in specific groups, such as university students or women (Parvizifard et al., 2006), and some have focused only on one specific disorder (Shakeri and Sadeghi, 2002).. However, there has not been any specific study to explore violence in individuals with psychiatric disorders therefore this study have both main and specific paramount objectives as to determine the prevalence of various psychiatric disorders and commitment of violence in the patients referring to Farabi educational and Medical Center and determine the prevalence of various psychiatric disorders, with the kind of violence, with demographic characteristics) age, gender, education, place of living), with using and not using drugs in the patients referring to Farabi educational and Medical Center;

Therefore, taking the insufficiency of data in this field and the need to be aware of the prevalence of psychological disorders into account, in this study, an effort has been made to explore the prevalence of psychiatric disorders and commitment of violence in the patients referring to Farabi Educational and Medical center, in order to provide a description of the psychological factors and violence in them. The results can be used to identify the highly dangerous groups and to introduce them, so that the necessary actions would be taken about them.

Materials and Methodology

This study has been conducted by rereading the available cases. The study society included all the admitted patients to the psychiatric disorders of Farabi Hospital from 2009 to 2010, who had a medical case in the hospital. Studying the cases started in fall 2010, and at the time, the patients had checked out of hospital. The required data for this study was obtained through the checklist prepared by the researcher. The required data was extracted from the patients' cases. Demographic data was taken from the information available in this section of the cases. In order to determine the kind of psychiatric disorders, the kind written in the case of the patient was used. The kind of psychiatric disorder registered in patients' cases was based on the diagnosis of the hospital psychologist and DSM-IV-TR. Patients with any kind of psychiatric disorder were taken in the study, and the psychiatric disorders were divided

based on DSM-IV-TR. For evaluating violence, the major psychological complaints section was studied, and in the first level of presence or lack of presence of violent behavior, it became clear that the variable of violence made up the whole study and was determined as having or not having a background of violence. Then, based on the available data on major psychological complaints, the kind of violence, physical or mental, was determined and registered in the questionnaire. By mental violence, the commitment of at least one of the following behaviors was intended: insulting, shouting, saying swearing words, hreathening others to murder, Anger and being triggered, being engaged in a verbal argument with others. Therefore, having one of the above- mentioned behaviors was considered as having mental violence, and not having any of them, was considered as not having mental violence.

For obtaining the quantitative scale for physical violence, score of 1 was given to the presence of any of the behaviors, and 0 to if they didn't exist. Therefore, each person had the chance to get a score of 0 to 6 in this scale. 0 meant lack of presence of metal violence, and 6 meant the maximum mental violence. By physical violence, the commitment of one of the following behaviors was intended: 1. Breaking things, 2. Throwing things, 3. Breaking glass, 4. Beating people, 5. Attacking and physical fight, 6. Drawing knife. For making physical violence scale, the above method was used. This scale had the same scores of 0 to 6. After having extracted the primary data, the data was coded and entered to SPSS. Finally, the data was analyzed based on the objectives of the study. In order to compare qualitative variables, Chi Square Test was used, and for comparing quantitative variables (physical and mental violence), since the distribution of data had not been normal, Kruskal Wallis test with an error of less than 0.05, was used.

Results

In this study, 504 cases of all patients referring to psychological wards of Farabi hospital of Kermanshah during September 2009 to September 2010 were examined. 312 (61.9%) of these patients were men, and 192 (38.1%) were women. 401 (79.6%) lived in urban areas and the rest in rural areas. From the aspect of marital status, 42.9% were unmarried, 51% were married and 5.6% were divorced or widowed. From the aspect of education, the highest percentage was for diploma holders (22.8%) and secondary school certificate holders (21.2%)(Table1).

Table 1: Educational status of the patients referring to psychological wards of Farabi hospital of Kermanshah (September 2009 – September 2010)

Education Status	Number of patients	Percentage
Illiterate	74	7.14
Primary school certificate holders	84	7.16
Secondary school certificate holders	107	2.21
High school certificate holders	56	1.11
Diploma holders	115	8.22
Higher diploma holders	37	37.
Unknown	31	2.6
Total	504	100

The results also indicated that among the individuals in the sample, the highest number was for the age group 20 to 29, with an abundance of 191 (37.9%), and age group 30 to 39, with an abundance

of 129 (25.6%). That is to say that, most of the patients referring to Farabi center in the period of study, was included in these age groups (Table 2).

Table 2: Age of the patients referring to psychological wards of Farabi hospital of Kermanshah (September 2009 – September 2010)

Age group	Number of patients	Percentage
≥19	46	1.9
29-20	191	9.37
39 – 30	129	6.25
49 – 40	82	3.16
59- 50	29	8.5
60 ≥	27	45
Total	504	100

Other results showed that from all the patients being studied, 192 (38.1%) were addicted to cigarette, and 151 individuals (30%) had the experience of having used a kind of drug. Based on the job status, 32.7% were unemployed, 24.6% were housewives. 4.6% were students and the rest were employed. From the aspect of commitment of

violence, 63.9% had committed violence. Based on the results of the study, the highest prevalence of psychiatric disorders was related to “mood disorders” with 46%, following with a high difference, stood “other psychotic disorders” with 12.9%. The least prevalence was for “Impulse control disorder” with 0.2% prevalence (table 3).

Table 3: Prevalence of various psychological disorders in patients referring to Farabi hospital of Kermanshah (September 2009 - September 2010)

Kind of disorders	Number of patients	Percentage
Dementia and cognitive impairment disorders	3	6
Drug related disorders	63	5.12
Schizophrenia	42	3.8
Other psychotic disorders	65	9.12
Mood disorders	232	46
Anxiety disorders	35	9.6
Quasi-physical disorders	15	3
Impulse control disorders	1	2.0
Adaptation disorders	5	1
Personality disorders	38	5.7
Physical disorders	5	1
Total	504	100

The results indicated that the highest violence, excluding patients with Impulse control disorder, was among the individuals with drug related disorders

(81%), followed by patients with physical disorders (80%) and personality disorders (78.9%) (Table4).

Table 4: Prevalence of various psychological disorders based on the background of committing violence in patients referring to Farabi hospital of Kermanshah (September 2009 - September 2010).

Kind of disorder	Background of violence				Total
	Do not have		Have		
	Number of patients	percent	Number of patients	percent	Number of patients
Dementia and cognitive impairment disorder	3	100	0	0	3
Drug related disorders	12	19	81	4	63
Schizophrenia	15	7.35	3.64	27	42
Other psychotic disorders	32	2.49	8.50	33	65
Mood disorders	87	5.37	5.62	145	232
Anxiety disorders	9	7.25	3.74	26	35
Quasi-physical disorders	12	80	20	3	15
Personality disorders	8	1.21	9.78	30	38
Physical disorders	1	20	80	4	5
Total	182	1.36	9.63	322	504

In regard to the relation between psychiatric disorders and commitment of violence, after having omitted 4 groups of disorders due to their very little prevalence (dementia and Cognitive Impairment Disorders, Impulse control disorders, adaptation

disorders and physical disorders)(table 5), Chi Square test showed that this relation is meaningful statistically ($p=0.000$), that is, commitment of violence is related to the kind of psychological disorder.

Table 5: Prevalence of various psychological disorders based on the background of committing violence in patients referring to Farabi hospital of Kermanshah (September 2009 - September 2010).

Kind of disorder	Background of violence				Total
	Do not have		Have		
	Number of patients	percent	Number of patients	percent	Number of patients
Drug related disorders	12	19	51	81	63
Schizophrenia	15	7.35	27	63.3	42
Other psychotic disorders	32	2.49	33	50.8	65
Mood disorders	87	5.37	145	62.5	232
Anxiety disorders	9	7.25	26	74.3	35
Quasi-physical disorders	12	80	3	20	15
Personality disorders	8	1.21	30	78.9	38
Total	175	35.7	315	64.3	504

The results also showed that the highest prevalence of physical violence was in the patients addicted to drugs (69.8%). The highest prevalence of mental violence was in patients with drug addiction

disorder (73%), and the highest prevalence of violence against oneself was in the patients with personality disorder (76.3%) (Table 6).

Table 6: Prevalence of various psychological disorders based on the kind of violence in patients referring to Farabi hospital of Kermanshah (September 2009 - September 2010)

Kind of disorder	Kind of violence				Total
	Mental		Physical		
	Do not have	Have	Do not have	Have	
Dementia and cognitive impairment disorder	3 (100)	0 (0)	3 (100)	0 (0)	3
Drug related disorders	17 (27)	46 (73)	19 (30.2)	44 (69.8)	63
Schizophrenia	22 (52.4)	20 (47.6)	22 (52.4)	20 (47.6)	42
Other psychotic disorders	37 (56.9)	28 (43.1)	46 (70.8)	19 (29.2)	65
Mood disorders	118 (50.9)	114 (49.1)	131 (56.4)	101 (43.6)	232
Anxiety disorders	13 (37.1)	22 (62.9)	16 (45.7)	19 (54.3)	35
Quasi-physical disorders	13 (86.7)	2 (13.3)	14 (93.3)	1 (6.7)	15
Impulse control disorders	0 (0)	1 (100)	0 (0)	1 (100)	1
Adaptation disorders	4 (80)	1 (20)	4 (80)	1 (20)	5
Personality disorders	12 (31.6)	26 (68.4)	14 (36.8)	24 (63.2)	38
Physical disorders	3 (60)	2 (40)	2 (40)	3 (60)	5
Total	242 (48)	262 (52)	271 (53.8)	233 (46.2)	504

Frequency (Relative Frequency)

In regard to the relation between psychological disorders and the kind of violence, after having omitted 4 groups of disorders due to their very little prevalence (dementia and cognitive Impairment Disorders, Impulse control disorder, adaptation disorders and physical disorders), Kruskal Wallis test showed that there is a meaningful difference among

different kinds of psychological disorders ($\chi^2 = 26.06$ and $\chi^2 = 35.92$) regarding the variable of background of committing mental and physical violence respectively (**P- value**<0.000) (table 7).

Table 7: Results of Kruskal Wallis test, regarding the relation between the kind of disorder and the background of committing mental and physical violence

Kind of disorder	Number of patients	Kind of violence			
		Mental		Physical	
		Average Rank	χ^2	Average Rank	χ^2
Drug related disorders	63	297	26.06	305	35.92
Schizophrenia	42	227		247	
Other psychotic disorders	65	222		210	
Mood disorders	232	238		233	
Anxiety disorders	35	272		268	
Quasi-physical disorders	15	142		143	
Personality disorders	38	274		295	
Total	490		P- value <0.000		P- value <0.000

Based on the other results of the study, regarding the relation between age and the kind of psychological disorder, results of the Kruskal Wallis test indicate that there is a meaningful difference

between different kinds of psychiatric disorders ($\chi^2 = 27.75$) and the variable of age ($p = 0.000$) (table 8).

Table 8: Results of Kruskal Wallis test regarding the relation between age and the kind of psychiatric disorders

Kind of disorder	Number of patients	Average Rank	χ^2
Drug related disorders	63	224	27.75
Schizophrenia	42	241	
Other psychotic disorders	65	228	
Mood disorders	232	263	
Anxiety disorders	35	300	
Quasi-physical disorders	15	234	
Personality disorders	38	152	
Total	490		P- value <0.000

Regarding the relation between gender of patients and the kind of psychiatric disorder, results of Chi Square test indicate that there is a meaningful

difference between the two genders ($p = 0.000$) (table 9).

Table 9: Results of Chi Square test regarding the relation between gender of patients and the kind of psychiatric disorder

Kind of disorder	Gender		Number of patients	
	Female	Male		
Drug related disorders	1 (1.6)	62 (98.4)	63	
Schizophrenia	18 (42.9)	24 (57.1)	42	
Other psychotic disorders	30 (46.2)	35 (53.8)	65	
Mood disorders	105 (45.3)	127 (54.7)	232	
Anxiety disorders	8 (22.9)	27 (77.1)	35	
Quasi-physical disorders	12 (80)	3 (20)	15	
Personality disorders	12 (31.6)	26 (68.4)	38	
Total	186 (38)	304 (62)	490 (100)	P- value <0.000

Frequency (Relative Frequency)

Regarding the relation between education of patients and the kind of psychiatric disorder, results of the Chi Square test indicate that there is no

meaningful difference between different levels of education ($p = 0.541$) (table 10).

Table 10: results of Chi Square test regarding the relation between education level of patients and the kind of psychiatric disorder

Kind of disorder	Education status				Number of patients	
	Higher diploma	Diploma	Lower diploma	Illiterate		
Drug related disorders	7 (11.1)	18 (28.6)	32 (50.8)	6 (9.5)	63	
Schizophrenia	4 (9.5)	10 (23.8)	20 (47.6)	8 (19)	42	
Other psychotic disorders	7 (10.8)	13 (20)	35 (53.8)	10 (15.4)	65	
Mood disorders	20 (8.6)	58 (25)	107 (46.1)	47 (20.3)	232	
Anxiety disorders	5 (14.3)	9 (25.7)	16 (45.7)	5 (14.3)	35	
Quasi-physical disorders	1 (6.7)	3 (20)	8 (53.3)	3 (20)	15	
Personality disorders	2 (5.3)	8 (21.1)	24 (63.1)	4 (10.5)	38	
Total	46 (9.4)	119 (24.3)	242 (49.4)	83 (16.9)	490 (100)	P- value = 0.541

Frequency (Relative Frequency)

Regarding the relation between using or not using drug and the kind of psychiatric disorder, results of the Chi Square test indicate that there is a meaningful difference between the kind of psychiatric disorder and using or not using drugs ($p=0.000$) (table 11).

From all the individuals under study, 30% (151 individuals) had a background of using drugs. Among these individuals, the highest prevalence was for individuals with drug related disorders (34.3%) followed by mood disorders (30.5%) (Table 12).

Table 11: Results of Chi Square test regarding the relation between using or not using drugs and the kind of psychiatric disorder

Kind of disorder	Using drug		Number of patients	
	Do not have	Have		
Drug related disorders	8 (12.7)	55 (87.3)	63	
Schizophrenia	30 (71.4)	12 (28.6)	42	
Other psychotic disorders	50 (76.9)	15 (23.1)	65	
Mood disorders	170 (73.3)	62 (26.7)	232	
Anxiety disorders	26 (74.2)	9 (25.7)	35	
Quasi-physical disorders	12 (80)	3 (20)	15	
Personality disorders	14 (36.8)	24 (63.2)	38	
Total	310 (63.3)	180 (36.7)	490 (100)	P- value <0.000

Frequency (Relative Frequency)

Table 12: Prevalence of psychological disorders in patients with a background of using drugs

Kind of disorder	Number of patients	Percentage
Drug related disorders	52	4.34
Schizophrenia	8	3.5
Other psychotic disorders	12	9.7
Mood disorders	46	5.30
Anxiety disorders	8	3.5
Quasi-physical disorders	1	7.0
Personality disorders	22	6.14
Adaptation disorders	1	70.
Impulse control disorders	1	70.
Sum	151	100

Regarding the relation between using or not using drug and physical violence, results of the Chi

Square test indicate that this relation is meaningful statistically ($p=0.000$) (table 13).

Table 13: Results of Chi Square test regarding the relation of using or not using drugs with physical violence.

			Using drug		P- value
			Do not have	Have	
Physical violence	Have	Number of patients	118	87	
		Percentage	6.57	4.42	
	Do not have	Number of patients	175	62	
		Percentage	8.73	2.26	
	Total	Number of patients	293	149	P- value <0.000
		Percentage	3.66	7.33	

Regarding the relation between using or not using drug and mental violence, results of the Chi

Square test indicate that there is a relation between these two ($p=0.000$) (table 14).

Table 14: Results of Chi Square test regarding the relation of using or not using drugs with mental violence.

			Using drug		P- value
			Do not have	Have	
Mental violence	Have	Number of patients	137	97	
		Percentage	5.58	5.41	
	Do not have	Number of patients	156	52	
		Percentage	75	25	
	Total	Number of patients	293	149	P- value <0.000
		Percentage	3.66	7.33	

Discussion and conclusion

This study was conducted with the objective of exploring the prevalence of various psychiatric disorders and commitment of violence in the patients referring to Farabi Educational and Medical Center of Kermanshah. The results indicate that in the one year period of study, among the 504 individuals studied, the most prevalent psychological disorder was related to mood disorder with a prevalence of 46%. That is to say that, nearly half of the patients admitted to the hospital had mood disorder, which is a considerable percentage. Today some researchers believe that the probability of being involved in violence is higher in individuals who have psychiatric disorders (Buchanan, 2008). However, some others believe that individuals with

psychological disorders, never commit violence against others (Fraser, 2004). In this study, prevalence of violence among all patients was 63.9% which, in comparison to the study of Krouger (2010) (16%) and specially Stourp (2011) (5.7%), is considerably higher (Krüger and Rosema, 2011). In the study by Burman et al. (1996) 38% of patients had committed domestic violence in the last year (Bergman and Ericsson, 1996). The difference could be due to the kind of violence. Since in our study a broad range of behaviors including insulting, using swear words and severe anger, were considered as violence, while, for example, in the study by Stroup (2011), behaviors such as beating, which resulted in physical injury, using gun, threatening with gun and behaviors like these, were considered as violence (Sturup et al.,

2011). Furthermore, in this study, the relation between the kind of psychological disorder and the background of violence was meaningful, and commitment of violence in disorders related to drugs, anxiety disorders, personality disorders and schizophrenia, was higher.

On the other hand, the highest prevalence of violence (81%) was seen in individuals with disorders related to drugs. This group had the highest physical and mental violence as well. Relation of using drugs with every kind of violence (physical, mental and against oneself) was meaningful. In the patients studied, there was a meaningful relation between gender and violence, which was similar to the results of the study by Amro et al. (2008), in which; violent behavior had a meaningful relation with gender (Amore et al., 2008). The relation between the kind of disorder and drugs was meaningful, and the highest percentage of using drugs was among the patients with personality disorder (61.1%). Among the patients with a background of using drugs, regardless of the individuals with disorders related to drugs, the highest prevalence was among individuals with mood disorders. Also, prevalence of using drugs among all patients was 33.7%.

In total, though a cause and effect relation in the study's variables cannot be seen, due to the method of the study, considering the fact that there was higher violent behavior in some disorders, such as disorders related to drugs and personality disorder, planning programmers for controlling or decreeing violence in this group of individuals and also, conducting studies, while controlling disturbing variables and exploring more thoroughly in this field, are suggested. Since nearly half of the individuals studied had mood disorder, it is suggested that the health authorities would plan appropriate programs to identify the conditions for the outbreak of these disorders and to decrease and control them.

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