

OP-22

Psychiatric morbidity associated with snake bite - an observational study.

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Objective: Snakebite is well known for causing physical morbidity and mortality. Most of the previous studies from Bangladesh evaluated the epidemiology and acute clinical aspects of this condition. There is very little data on acute and long-term psychological consequences experienced by victims of snakebite in Bangladesh. The aim of this study was to explore the symptoms of anxiety, depression, acute stress reaction immediately after snakebite and post-traumatic stress disorder one month post-bite.

Methods: In this study, 50 snakebite victims who were admitted to the snakebite clinic of Chittagong Medical College Hospital, Chittagong were enrolled. Psychiatric symptoms of patients were evaluated after stabilization of patient's clinical condition. Structured Clinical Interview with Hopkins System Checklist-25 (Anxiety & Depression Subscale), Harvard Trauma Questionnaire and PTSD Checklist-Civilian Version were used for interviewing the patients. These are validated and well accepted tools for evaluation of acute stress reaction, anxiety, depression and post-traumatic stress disorder. The Bengali versions of the questionnaires were translated from the original English version. Patients underwent two scheduled psychiatric interviews; on admission and one month post-bite.

Results: Out of a total of 50 patients (median age 35.88yrs [18-75y];) male (32) to female ratio was 1.78:1; 47 (94%) patients were from rural areas. 23 (46%) patients had features of envenomation. According to the Hopkins System Checklist-25 (Anxiety & Depression Subscale) 15 patients (30%) had anxiety and 4 patients (8%) had depression. Higher anxiety rate of the victims may be influenced by the aggressive nature of the attack. Harvard Trauma Questionnaire reveals one (2%) patient had acute stress reaction immediately after snakebite. According to PTSD Checklist-Civilian Version only one (2%) patient had PTSD one-month post bite. The low percentage of stress reaction in this study might be explained by sub-threshold stress symptoms or somatization, not meeting criteria for serious stress disorder.

Conclusions: Snakebite is an important medical emergency and also a traumatic life event that can cause stress disorders. With antivenom therapy and nursing care, clinical morbidity and mortality rate have been significantly reduced. However, the horrifying experience is very much subjective and may vary among populations. The fear of death is very real and can lead to subsequent avoidance and phobic symptoms. Thus, all snakebite victims should be evaluated properly to assess the psychological impact of possible envenomation.