

A QUESTIONNAIRE SURVEY OF PSYCHIATRISTS ATTITUDES TOWARDS GENETIC COUNSELLING

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ABSTRACT

Genetic counselling in psychiatry aims at facilitating mentally ill patients and their relatives to make informed choices after understanding what is known about the genetics of a given mental disorder. This area of practice is a recent development in mental health care. This study surveyed the attitudes and practices of Indian psychiatrists towards genetic counselling. Fifty-nine out of 150 randomly selected psychiatrists completed a semi-structured questionnaire assessing various aspects of genetic counselling in practice.

The results show that there is a felt need for genetic counselling among patients. Most of the respondents provide information regarding the hereditary nature and risk of inheritance of mental illnesses in single sessions of less than 30 minutes duration in clinical situations. Most psychiatrists (76%) felt that genetic counselling is feasible in practice, but 24% felt inadequate knowledge, illiteracy among patients and time constraints as some hindering factors for the same. Genetic counselling was considered to be important in planning management for patients by most respondents. The need to improve their knowledge and skills in the genetic understanding of mental illnesses was also reported. These results have implications for future practice of genetic counselling in the Indian setting.

Key words : Genetic counselling, mental illnesses, attitudes

Genetic counselling is the process by which patients and their relatives at risk of a mental disorder with a genetic component are informed of the consequences of the disorder, the probability of transmitting or developing it and ways to prevent, ameliorate or avoid it (Moldin & Gottesman, 1997). The goal is to provide individuals the maximum amount of information possible so as to enable them to make their own informed decisions. Genetic counselling in psychiatry is a fairly recent development. Current understanding of the genetic basis of psychiatric disorders is still in relative infancy and one can only convey the degree of empiric risk for a person based upon the relationship with a proband (Murray & McGuffin, 1993; Merikangas & Kupfer, 1995).

With the recent advances in genetic

research and free availability of information on media like the internet, there has been a trend for patients and their relatives to seek more information regarding the nature of mental illnesses and their heritability. It is becoming imperative for psychiatrists to keep abreast of developments in psychiatric genetics in view of the above trend. The extent of genetic counselling practiced by psychiatrists in India is not known, hence this study.

This study aimed at surveying the attitudes and practices of Indian psychiatrists towards genetic counselling for mental illnesses.

MATERIAL AND METHOD

The sampling frame consisted of psychiatrists attending the Annual national and

Zonal (South) conferences of the Indian Psychiatric Society in 1997-1998. One hundred and fifty randomly selected psychiatrists (100 at the Annual National Conference of the IPS, 1998, and 50 at the IPS South Zone Conference, 1998) were requested to complete a semi-structured questionnaire.

Instrument : A 12 item semi-structured questionnaire (appendix) was prepared by the authors to survey the following domains :

a. Felt need for genetic counselling in practice
b. Practice of genetic counselling
c. Feasibility of genetic counselling in practice
d. Role of genetic counselling in patient management

e. Self-assessed adequacy of knowledge of psychiatric genetics

Statistics : Descriptive statistics and chi-square test.

RESULTS

Fifty-nine (39% response rate) psychiatrists completed the questionnaire, of which 26 were holding academic positions, 17 were private practitioners and 16 were involved in both. They had a mean (SD) experience of 10.5 (4.6) years in psychiatric practice.

Felt need for genetic counselling : Fifty-four (92%) of the respondents reported that patients do request for genetic counselling in their practice. Majority (56%) reported that the percentage of patients who made such a request was small (<10%), while another 25% of the respondents had 10-25% of their patients requesting for genetic information regarding their illness.

Practice of genetic counselling : Twenty-three (39%) of the respondents routinely provided information regarding the genetic aspects of the illness (irrespective of whether the patients/relative requested for it or not). Forty seven percent of the respondents spent less than 15 minutes, while 42% spent 15 to 30 minutes for genetic counselling.

Regarding the content of counselling provided, 40 (68%) respondents counseled about the hereditary nature of the disorders, 46 (78%) explained the risk of inheritance to relatives, and

12 (20%) even attempted to explain the mechanism of inheritance.

Feasibility of genetic counselling in practice : Forty five (76%) and fourteen (24%) of respondents felt that genetic counselling was 'feasible' and 'not feasible' in practice respectively. The reasons quoted for non-feasibility were :

a. Poor existing knowledge about genetics of mental illnesses (n=14, 24%)
b. Time constraints (n=11, 19%)
c. Illiteracy and poor educational level of patients (n=10, 17%)
d. Alternative explanatory models and misconceptions among patients and their relatives (n=7, 12%)
e. Lack of counselling skills (n=4, 7%)

Role of genetic counselling in patient management : Fifty five (93%) of respondents opined that counselling regarding genetic basis of mental illness was necessary and could contribute to better management of patients with mental illness. Forty three (73%) of respondents felt that it would help patients plan their families.

Thirty seven (63%) felt that genetic counselling is an important component of psychoeducation of their patients. Thirty nine (66%) felt that it would dispel misconceptions regarding mental illnesses.

Adequacy of knowledge of psychiatric genetics : Thirty six (61%) of the respondents obtained knowledge about genetic advancements in psychiatry from journals. Fifty four (92%) referred to textbooks of psychiatry. Twenty three (39%) gathered information from conferences and CME programs.

Most respondents (n=48, 81%) felt their knowledge regarding genetic aspects of mental illnesses to be inadequate. Nearly 50% of respondents found it difficult to understand the technical aspects of genetics in mental illnesses.

Respondents favored workshops/training courses (n=43, 73%), review articles (n=35, 59%), and special manuals (n=31, 53%) for improving on their genetic counseling skills.

Attitudes and practices of academic and non-academic psychiatrists were similar along all the above parameters (p>0.05, NS).

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DISCUSSION

The response rate in this study was only 39%. Administration of the survey questionnaire during a conference could have contributed to this low response rate. A majority of the respondents came across patients or their relatives who request for genetic counselling, though this percentage of patients was small in most responses. Increasing awareness regarding mental illnesses among the public is likely to increase the number of such requests in the future. As of now, most psychiatrists conduct single sessions of less than 30 minutes duration to counsel patients regarding the hereditary nature of mental illnesses and the risk of inheritance to relatives. This is in keeping with the present understanding of psychiatric genetics, which does not allow any further level of genetic counselling than assessing the degree of empiric risk (Murray & McGuffin, 1993; Merikangas & Kupfer, 1995; Tsuang et al., 1980).

A considerable proportion of respondents felt that genetic counselling is not feasible in practice due to lack of adequate existing knowledge of genetic basis of mental illnesses, time constraints, lack of counselling skills and illiteracy among patients. This finding highlights the need for training clinicians in counselling skills, development of techniques that are culturally sensitive and which are educationally fair.

A majority reported that counselling regarding the genetic understanding of mental illnesses would help in patient management. However, most respondents also felt their knowledge of the present understanding of psychiatric genetics to be deficient and the need to improve the same. One would have assumed that psychiatrists from academic settings would practice genetic counselling to a greater extent than those from non-academic settings. However, this survey did not find any such differences across the two settings. A possible

reason could be the incomplete understanding of the genetic basis of mental illnesses itself. The poor response rate (39%) needs to be considered while drawing conclusions from the results of this study. Methodologically, mailing the questionnaires to the randomly selected sample might have evoked a better response rate with more descriptive accounts regarding the questions posed by this study. Future studies incorporating a qualitative component would better elicit individual attitudes towards psychiatric genetic counseling.

Overall, the results of this survey stress upon the need to focus on various aspects of genetics in mental disorders as well as training in counselling skills based on our current understanding of the same. Continued research in the field of genetics of mental illnesses would translate in to better patient care.

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