

# WANDERING IN ADULT PSYCHIATRIC PATIENTS: CLINICAL AND SOCIODEMOGRAPHIC CORRELATES

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## ABSTRACT

**Objective:** This study was conducted to define the wandering and various factors associated with it in patients admitted to an acute psychiatry unit.

**Design:** Descriptive study

**Place and duration of study:** The study was conducted at the in patients of psychiatry department, Lady Reading Hospital between March 1998 and June 1998

**Subjects and Methods:** All the patients admitted to psychiatry unit in the period were selected by convenient sampling. They were screened with the help of questionnaire during the course of their psychiatric illness for the wandering behaviour. Wandering was operationally defined for the purpose of the study. Those patients who had one or more episode of wandering were further evaluated to assess their socio demographic and clinical characteristics with the help of a structured interview eliciting the information about precipitants, duration and experience of the wandering.

**Results:** From 240 screened patients a total of 32 patients fulfilled the inclusion criteria, 22 were male & 10 female. 43.74% were living with their parents and 40.62% with siblings and 15.62 % with other relatives. In 22 (86%) patients relapse of psychiatric illness precipitated the wandering while in 9 patients (28%) conflict with the family members precipitated wandering. The underlying psychiatric disorders were schizophrenia (32%) followed by major depression (22%) and manic episode (15%).

**Conclusion:** wandering was more common in younger population. Schizophrenia, brief psychosis, depressive illness and dissociative disorders were the common psychiatric disorders associated with the condition. The common preceding factor of wandering behavior was relapse of psychiatric illness.

**Key words:** Wandering, Schizophrenia, Psychiatric diagnosis

## INTRODUCTION

Wandering by mentally ill patients is a central component of the caregiver's burden<sup>1</sup>. When away from home with out any supervision these patients may be prone to Psychological, physical or perhaps even sexual abuse. The problem has mainly been studied in the elderly population suffering from dementia<sup>2</sup>. It has been estimated that this problem affects up to 60% of patients suffering from dementia<sup>3</sup>. To cope with the wandering and its

consequences in elderly even the measures like use of locked doors, physical restraint an electronic device tagged to the patients has been advocated<sup>4,5</sup>.

The research on the subject has generally been limited to the elderly population. An electronic search of literature over last 5 years made on PubMed using key words "wandering" combined with the terms, "mental disorder, schizophrenia, epilepsy, mania, dissociative fugue" and limited to the age range of 11 to 60 years yielded only 12 studies. Out of these ten studies were related with wandering behaviour in dementia. In general adult population wandering has rarely been studied systematically. The phenomenon has been described to be associated with epilepsy<sup>6</sup>, complex partial seizures<sup>7</sup>, factitious disorder<sup>8</sup> and sleep disorders<sup>9</sup>.

The scientific study of wandering has been hindered by the definition of the phenomena and the ethical considerations. Wandering is defined vaguely by most of the studies. It has been described as walking into potentially dangerous areas or away form areas where they cannot be monitored. In other studies it is considered as equivalent to agitation in the elderly or wandering from one hospital to the other for admissions<sup>10</sup>.

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None of the major diagnostic interviews or schedule attempt to define the term. This is surprising when one considers that the mentally ill are generally recognized as wanderers or vagrants at least in the public eye.

In the present study we attempted to define the wandering and various factors associated with it in patients admitted to an acute psychiatry unit.

## SUBJECTS AND METHODS

All the patients admitted to the psychiatry unit Lady Reading Hospital between March 1998 and June 1998 were included in the study. Total number of patients admitted during this period was 240. Only patients in the age range of 15-60 years were included.

These patients were screened with the help of a questionnaire. This questionnaire elicited the information about patients leaving home without informing the relatives and whether the patient was considered as "lost" by the relatives. Following definition of wandering was adopted for the purpose of this study. "A patient is considered as wandering when he or she leaves home without informing his carers. He is considered as "lost" by his carers and they take the steps to find him or her like informing police, other agencies or advertisement or announcement to the public for locating the whereabouts of the patient". (A common way of finding the lost person in our setup is announcement through the mosque.)

Those patients who met these criteria for wandering were further interviewed. The interview elicited information about the precipitants, duration and experience of the wandering. In addition information was also collected about the expenses family had to incur during each episode of wandering and any physical or sexual abuse patients suffered during wandering.

Psychiatric diagnoses were made according to DSM IV criteria. All the information was recorded in the performa made for this purpose.

## RESULTS

Out of the total 32 people with wandering, 22 (68.75%) were male and 10 (31.25%) were females. More than half of the patients who had episodes of wandering were in the age range of 11-30 years. The details of the age distribution are shown in table-1.

Fourteen (43.74%) patients were living with parents, 13(40.62%) with siblings and 5 (15.62 %) with other relatives, while none of them were living alone during these episodes of wandering.

27( 84.37%) patients who wandered away from their homes were found within 24 hours, 03(9.34%) within 30 days and 2(6.25%) were away from home for 3 to 6 months.

**Table 1**  
**AGE DISTRIBUTION**

Age Group	Number	Percentage
11—20	12	37.5
21-30	6	18.75
31—40	5	15.62
41—50	6	18.75
50-60	3	9.37

Seven (21.87%) patients with wandering didn't reveal where they spent their nights, 9 (28.12%) slept in other's home mostly with a close relatives. Further details of where patients spent their night during episodes of wandering are given in the Table 2 .

**Table 2**  
**PLACES WHERE PATIENTS SLEPT DURING EPISODES OF WANDERING**

Where slept when lost	Number	Percentage
Other home	09	28.12
Fields	02	6.25
Grave yard	04	12.5
Mosque	03	9.34
On the road	03	9.34
Police custody	02	6.25
Bus stand	01	3.12
Hotel	01	3.12
Not revealed	07	21.87

Nine (28.12%) people with wandering behavior obtained their food from relatives, 4 (12.5%) by begging, three (9.34%) were able to work for their food, one didn't took his food and no information was available about 14(43.75%) of them.

We also noted the frequency of the episodes of wandering during the entire psychiatric history of the patients. 26 (81.26%) were lost from their homes for the first time one was lost for the 2<sup>nd</sup> time 3 were lost five times and two were lost 15 times during their psychiatric illnesses including the recent one.

In 22 (68.75%) people wandering was preceded by relapse of a psychiatric illness, 9 (28.12%) had some conflict with one of the family members, 5 (15.62%) reported negligence by the family (parents) in 6(18.75%) peoples death or separation from the main carer led to wandering (table-3) In 31.28 % people schizophrenia was the underlying psychiatric disorder, major depressive disorder & dissociative disorder was the diagnosis in 27.87% wanderer and 15.62 % of them had bipolar I and II disorder (table-4).

**Table 3**  
**PRECIPITANTS LEADING TO WANDERING**

Precipitants leading to Wandering	Number	Percentage
Relapse of Psychiatric illness	22	68.75
Conflict with family	09	28.12
Neglect by the family	05	15.62
Death/separation from the main carer	06	18.75
Not reported		

**Table 4**  
**DIAGNOSTIC BREAKDOWN**

Psychiatric diagnosis	Number	Percentage
Schizophrenia	10	31.28
Brief Reactive Psychosis	10	31.28
Major Depressive Episode	07	28.87
Dissociative disorder	07	28.87
Bipolar I & II Disorders	05	15.62
Mental retardation with schizophrenia	02	6.25
Delirium	02	6.25
Mental retardation	01	3.12
Migraine	01	3.12

## DISCUSSION

This to our knowledge first study which has used an operational definition of wandering and studied the phenomena in adult psychiatric patients admitted to an

acute psychiatric unit. As we could not find similar studies on the subject it is impossible to compare the findings with literature which mainly describes the wandering in elderly population<sup>11-14</sup>. Only the implications of the findings will be highlighted.

From this study as would be expected in a society like Pakistan wandering appears to be more predominant in males, which accounted for about 2/3<sup>rd</sup> of the sample. However, it is pertinent to note that at least 31% of the patients who wandered away were females. This can have more serious consequences in a society in which females are mainly confined to the homes like the North West Frontier Province. Sometimes it can even result in disruption of the families.

In the literature it is generally reported that wandering is more common in patients who have less family support, while in this study we found that majority of the patients were living in joint families. However, in absence of a control group we can't posit a causal relationship and this aspect needs further research.

In this study majority of the patients were lost only for a brief period and only few patients were lost for a longer duration i.e. more than a month. However, it must be stressed that the study was conducted in an acute psychiatry Unit where the patients mostly presented in acute episode which themselves were not long enough to be associated with the longer duration of wandering.

A majority of the patients were living in the places like grave yards, mosques, fields, on the roads & bus stands etc during the episodes of wandering. This only reveals the lack of any institutional care when the family and the relatives do not provide the care for mentally ill patients. These patients are therefore predisposed to all kinds of adverse circumstances. Most of the patients were dependant for their food on begging etc. This also highlights the urgent need for providing the shelter for these patients.

Unlike most other studies on the subject, wandering in our study appears to be more common in the younger patients. More than 1/3<sup>rd</sup> of the patients belonged to the age group 11—20 years. This may be due to the fact that we used an operational definition of wandering and studied the phenomenon in adult population; while almost all the studies on the subject are either based on the case notes records of elderly patients leaving home or on the patients found wandering in the streets.

Patients and their relatives were asked to give reasons, which they thought could lead to the wandering. It is interesting to note that the relapse of psychiatric illness was the main cause in more than 2/3<sup>rd</sup> of the sample. This carries important implications, as it is a preventable cause.

Almost all the studies in the literature so far come from the elderly population. In this population wandering has mainly been studied in dementia. Our study re-

veals an interesting pattern of diagnoses. Schizophrenia, brief psychosis and dissociative disorders appear to be the leading diagnoses associated with the wandering.

## CONCLUSION

We found schizophrenia the common psychiatric disorder followed by brief psychosis, depression and dissociative disorders. Common precipitant of wandering behavior was relapse of psychiatric illness which carries important implications as a preventable cause.

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