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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 and40.62% 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 com- ponent of the caregiver’s burden1. 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 popu- lation suffering from dementia2. It has been estimated that this problem affects up to 60% of patients suffering from dementia3. To cope with the wandering and its

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consequences in elderly even the measures like use of locked doors, physical restraint an electronic de- vice tagged to the patients has been advocated4,5.

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 de- mentia. In general adult population wandering has rarely been studied systematically. The phenomenon has been described to be associated with epilepsy6, com- plex partial seizures7, factitious disorder8 and sleep dis- orders9.

The scientific study of wandering has been hin- dered by the definition of the phenomena and the ethi- cal considerations. Wandering is defined vaguely by most of the studies. It has been described as walking into po- tentially 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 admissions10.

None of the major diagnostic interviews or sched- ule 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 pa- tients 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 ad- mitted 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 rela- tives 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 con- sidered as wandering when he or she leaves home with- out 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 wander- ing were further interviewed. The interview elicited infor- mation about the precipitants, duration and experience of the wandering. In addition information was also col- lected 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 rela- tives, 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%) with in 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 re- veal where they spent their nights, 9 (28.12%)slept in other’s home mostly with a close relatives. Further de- tails of where patients spent their night during episodes of wandering are given in the Table 2 .

Table 2

PLACES WHERE PATIENTS SLEPT DURING EPI- SODES 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 ob- tained 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 2nd 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%) re- ported 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 dis- order & dissociative disorder was the diagnosis in 27.87% wanderer and 15.62 % of them had bipolar I and II disor- der (table-4).

Table 3

PRECIPITANTS LEADING TO WANDERING

|  |  |  |
| --- | --- | --- |
| **Precipitants leading to Wandering** | **Number** | **Percentage** |
| Relapse of Psychiatric illnes | 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 stud- ies on the subject it is impossible to compare the find- ings with literature which mainly describes the wander- ing in elderly population11-14. 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 predomi- nant in males, which accounted for about 2/3rd 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 wan- dering 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 high- lights the urgent need for providing the shelter for these patients.

Unlike most other studies on the subject, wander- ing in our study appears to be more common in the younger patients. More than 1/3rd 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 rea- sons, which they thought could lead to the wandering. It is interesting to note that the relapse of psychiatric ill- ness was the main cause in more that 2/3rd 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 wander- ing has mainly been studied in dementia. Our study re-

veals an interesting pattern of diagnoses. Schizophre- nia, 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 dis- sociative disorders. Common precipitant of wandering behavior was relapse of psychiatric illness which carries important implications as a preventable cause.

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