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PSYCHOPATHOLOGICAL DISORDERS AND ASSOCIATED FACTORS ACCORDING TO SRQ

Gabriela Johanna Campoverde Mogrovejo[1], Jacqueline Monserrath Domínguez Mejía[2], Bryam Esteban Coello García[3]

[1]*General Practitioner at "Instituto del Cáncer SOLCA",faculty of Medical Sciences, Universidad de Cuenca. Azuay- Ecuador ORCID https://orcid.org/0009-0000-4366-1130*

[2]*General Practitioner in independent practice, faculty of Medical Sciences, Universidad de Cuenca. Azuay- Ecuador ORCID https://orcid.org/0009-0008-8631-601X*

[3]*Postgraduate doctor in orthopedics and traumatology at Faculdade de Ciências Médicas Minas Gerais. Belo Horizonte - Brasil. ORCID https://orcid.org/0000-0003-2497-0274*

Corresponding Author: *Bryam Esteban Coello García* ***Address:*** *Rua Teresópolis 183. Belo Horizonte. Minas Gerais. Brasil.* ***Postal Code:*** *37270-000*

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ABSTRACT

Background: *mental illnesses are a challenge for health systems and nations. Globally, mental disorders account for 12% and in the Americas alone, there are an estimated 400 million people with psychiatric and neurological disorders. By means of the SRQ test (self-reporting questionnaire) created by the World Health Organization (WHO), it is possible to detect and attend to mental health problems in primary care services, mainly in developing countries, requiring less time and trained personnel.*

Objective*: to describe psychopathological disorders and associated factors according to the SRQ in individuals from San Luis de Cumbe Parish, Cuenca Canton.*

Methods and materials: *The study was a cross-sectional quantitative research, with a universe of 6,582 inhabitants of the San Luis de Cumbe Parish, from which a sample of 364 people was taken with a confidence of 95%, margin of error of 5% and prevalence of 50%. The information was collected by means of a sociodemographic survey and the SRQ test. The data were analyzed through tables and graphs with the statistical calculation program SPSS 25 test version. To determine the association between the object of study and the associated factors, the OR was obtained with its 95% CI and the p value to determine the statistical significance. In addition, several bibliographic studies were used as a source, mainly PubMed, Google Scholar and Cochrane.*

Results: *In the study population, 19.2% presented depression, 40.7% had anxiety, 13.2% presented psychosis, 6.6% had epilepsy and 13.2% showed alcoholism.*

Conclusions: *depression and anxiety are the most representative psychopathological disorders found in this study, being more common in young adult women, without leaving behind psychosis and alcoholism present in adults regardless of sex, while epilepsy is more common in males regardless of age group. The Chi-square test between sociodemographic factors and risk factors showed that psychosis, epilepsy and alcoholism are present in people whose marital status is free union. Similarly, it was found that Afro-Ecuadorians have epilepsy, while anxiety was present in those of indigenous and mestizo ethnicity. It is advisable to carry out intervention programs and early detection of any psychopathological disorder is of utmost importance, so that the affected individual can receive timely care and reduce possible complications throughout his or her life. The population should be educated about the risk factors involved in the appearance of these pathologies, so that they can prevent or on the other hand learn to live with them, in addition to motivating people, especially health personnel to conduct new research to contribute to the health of the people not only in this parish but also in others.*

KEY WORDS: *depression, anxiety, alcoholism, psychosis, epilepsy, SRQ, Cumbe, DSM5.*

INTRODUCTION

It is crucial to know the prevalence of mental disorders such as depression, anxiety, alcoholism, psychosis and epilepsy in the communities, as well as to recognize the associated factors. The test self-regulation questionnaire is a tool that allows easy and accurate identification of cases with a high possibility of suffering from any of these disorders.

These psychopathological disorders usually become disabling for the individuals who suffer from them. Sociodemographic factors influence their appearance. It is thought that the origin depends on a combination of biological, psychological and social factors; such as stressful events, family inconveniences, brain diseases, hereditary or genetic pathologies, as well as

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other medical inconveniences. It is interesting to mention that this study was focused on the Cumbe Parish belonging to the Cuenca Canton, which has a higher rate of migration within and outside the country.

In the Americas, an estimated 400 million people suffer from psychiatric and neurological disorders. Worldwide, mental disorders account for about 12% of all existing diseases. According to the World Health Organization (WHO), depression is the most common. In Ecuador, 73.5% of people between 19 and 59 years of age were treated for depressive episodes. It is estimated that anxiety is the main complaint in 11% of individuals in consultation and in 60% of hospital patients; schizophrenia has a prevalence of 38% of all psychiatric hospital admissions and 21.7% of outpatient care(1-5).

The mental health condition not only encompasses the symptomatology that is well defined in the DSM-5 nosological criteria, but also multiple associated factors should be evaluated: biological and psychosocial, there are also protective factors such as good employment, health and education. The determinants of mental health and mental disorders have shown an association, although there are dilemmas for diagnosis, treatment and referral; so many psychiatric screening instruments have been developed that require time and trained personnel. The SRQ test identifies depression, anxiety, alcoholism, psychosis and epilepsy requiring less time and personnel. The Self Reporting Questionnaire is self-administered and designed by the World Health Organization with the aim of expanding the detection and care of mental health problems in primary care services, especially in developing countries. It has a sensitivity ranging from 63-90% and a specificity of 44-95%. Due to the above mentioned, in the following study we try to show which are the most frequent psychopathological disorders in the people of Cumbe parish, as well as their associated factors(6-10).

METHODOLOGY

A cross-sectional quantitative study was carried out on psychopathological disorders: depression, anxiety, alcoholism, psychosis and epilepsy according to the SRQ in individuals of the San Luis de Cumbe parish of the Cuenca canton.

The universe was made up of individuals of majority age of male and female sex. Based on a known universe of 6,582 people, with a confidence level of 95%, margin of error of 5% and considering a prevalence of 50%, a random sample of 364 people was obtained. All those who agreed to participate in the study and signed an informed consent form were included in the study.

Individuals with physical or mental problems affecting communication or the application of the instruments, such as visual problems, hearing loss, dementia, mental retardation and autism, were excluded.
The method used was systematic observation, which helped us to uniformly measure the psychopathological variables using the standardized instrument of the SRQ Test.

To determine the association between mental disorders and the associated factors studied, the OR was obtained, with its 95% confidence interval, and statistical significance was determined by obtaining the p value using the chi-square test. In addition, several bibliographic studies were used as a source, mainly using PubMed, Google Scholar and Cochrane.

DEVELOPMENT

Mental health is a pillar established in the WHO Constitution. The different associated factors alter such harmony among which the socioeconomic one has been the strategy on which all efforts for promotion, prevention, cure and rehabilitation are directed. In industrialized countries, frequent mental disorders have reported a prevalence of 7 to 30%, with an average of 17%. In Latin America, Africa and India, the prevalence exceeded 30%. According to 2017 PAHO statistics there is high prevalence of depression, anxiety, suicide and alcohol use, often going unnoticed and not providing effective treatment. Studies have consistently reported a high prevalence of psychiatric disorders worldwide, especially in developing countries such as Ecuador, where, health research priorities are 19, with schizophrenia, alcohol abuse and depression ranking eleventh in the area of mental health and behavioral disorders(11-14).

DEPRESSIVE DISORDERS

Depression is one of the most commonly observed mental disorders, however, it is often overlooked. This is a clinically detectable mood pathology, different from despondency, normal sadness, or grief reactions.

Primary depressions are depressions that are not related to any other medical or psychological pathology or that have a history of affective disorders. Currently, antidepressant treatment, within clinical pharmacology, is the most effective and safe treatment. To this is added the use of psychotherapy, which aims to make the unconscious conscious and to confront it.

ANXIETY DISORDERS

They are disorders that are characterized by the presence of anxiety or anguish, understood as an effect similar to fear, but unlike fear, it does not have a real and external cause. It includes:

- Specific phobia
- Social phobia
- Obsessive-compulsive disorder
- Post-traumatic stress disorder
- Acute stress disorder
- Distress disorder without agoraphobia
- Distress disorder with agoraphobia
- Agoraphobia without panic disorder
- Generalized anxiety disorder
- Anxiety disorder due to medical illness
- Substance-induced anxiety disorder
- Unspecified anxiety disorder

Anxiety disorders are classified according to specific ICD 10 diagnostic criteria. Among which are included as the most representative; the feeling of nervousness, agitation or tension, feeling of imminent danger, panic or catastrophe, increased

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heart rate, rapid breathing, sweating, trembling and feeling of weakness or tiredness. For the treatment of anxiety the main thing is to establish an excellent relationship with the patient, to listen to him, to give support and to offer to be available if necessary. In addition to following the recommended guidelines, the physician will prescribe medication if the case warrants it.

ALCOHOLISM DISORDERS

The World Health Organization (WHO) defines it as "any form of drunkenness that exceeds traditional and ordinary food consumption or exceeds the boundaries of social customs. It is a disorder suffered by a person when drinking liquor frequently and excessively, in such a way that it can cause problems of all kinds (e.g., family, work, social, psychological, personal and physical). The goal of treatment is prolonged maintenance of total sobriety.

PSYCHOTIC DISORDERS

Psychoses are the most severe mental disorders. In which the loss of contact with reality is very striking, which occurs to varying degrees in many psychiatric disorders, including severe neuroses, but in psychotic disorders this symptom is more characteristic or gross. Although their frequency is not very high, it is essential to be able to identify and treat them. In spite of their severity and dramatic form of presentation, it is possible to treat them adequately on an outpatient basis.

- Acute psychosis
- Chronic psychosis
- Schizophrenia
- Schizotypal disorder
- Disorder of persistent delusional ideas.

The best known psychotic disorder is schizophrenia, which affects the central nervous system and usually begins between 20 and 30 years of age. Its cause is not completely known, but genetic and other factors affecting the development of nervous tissue are known to be important. It is characterized by distortion of thinking, sensory perception and behavior. The individual presents alterations in thinking such as strange or false beliefs, alterations in sensory perception such as auditory hallucinations, the most common, and much less frequent visual or tactile hallucinations, as well as alterations in behavior such as withdrawal and social isolation, disinterest, lack of motivation, distrust, strange behavior, neglect of habits and progressive difficulty in academic or work performance. In the treatment, the first changes are in the motor aspect; later on, medications allow combating hallucinations, delusions and the individual's reactions to other people. Drugs are used to treat agitated, hyperactive and violent individuals.

EPILEPTIC DISORDERS

This is the seizure disorder of most interest, as its frequency is abundant. This chronic disease alters the central nervous system and causes affected individuals to have recurrent seizures, these seizures occur when groups of nerve cells (neurons) in the brain send erroneous signals, the origin is unknown in most cases, in other cases may be associated with a variety of disorders within which are infections of the central nervous system, such as meningitis, brain abscesses, head trauma or intoxication by drugs or alcohol. To speak of epilepsy it is necessary to have suffered at least two crises. These may be focal or partial seizures that originate in a single part of the brain or generalized seizures that are the result of abnormal neuronal activity that emerges rapidly on both sides of the brain. These in turn are subdivided into: absence seizures, tonic seizures, clonic seizures, myoclonic seizures, atonic seizures, tonic-clonic seizures and secondary generalized seizures.The diagnosis is specifically clinical, with evidence of epileptic seizures, loss of consciousness, sudden fall to the ground, body stiffening, violent movements, tongue biting, among others. This stage is followed by a period of relaxation and deep sleep, at the end of which the patient does not remember what happened or where he/she is; he/she complains of headache, muscle pain, dizziness and sleepiness. This picture can be complemented with diagnostic tests such as: computed axial tomography (CT), magnetic resonance imaging (MRI), electroencephalography (EEG). The therapeutic objective during a seizure episode is to avoid physical harm to the patient. The treatment of choice is pharmacological, generally quite effective, the treatment time is indefinite and can take years.

The SRQ (Self Reporting Questionnaire) (Symptom Questionnaire for Adolescents, Young Adults and Adults).

This instrument measures five specific areas: depression, anxiety, alcoholism, psychosis and epilepsy. It is used in adults and adolescents over 16 years of age. In case the person completing the questionnaire does not have at least five years of schooling, the questions should be read to him/her. It consists of 30 questions of easy inquiry, as it presents YES and NO response options, and also investigates specific situations that the person has experienced in the last 30 days, provides the possibility of determining the health situation of the user and assess the presence of a condition that may be affecting their mental health, so its proper management allows early identification, especially of those patients who need treatment so that they can be assisted within the general health system(15-20).

RESULTS

The study population consisted of 51.9% women. Fifty-eight percent were young adults, while 36% were adults. A total of 77.2% were mestizos. While 13.5% were indigenous, 50.8% attended primary school, while 0.5% attended the fourth level. Some 34.6% were merchants, 24.7% had another occupation and 9.3% were artisans. Some 47.5% were married and 24.2% were single.

In the study population 19.2% had depression, 40.7% had anxiety, 13.2% had psychosis, 6.6% had epilepsy and 13.2% had alcoholism.

In this study young adults presented depression in 15.6% of which 24.9% were women compared to 13.1% for men, 36% presented anxiety of which 49.2% were women, while 31.4% were men, 7.1% presented epilepsy of which 7.4% were men and 5.8% were women. Psychosis was evidenced in 18.3% and alcoholism in 10.4% of which 14.8% were women and 11.4% were men.

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In this study, according to ethnicity, mestizos presented depression in 19.9%, anxiety in 44.5%, psychosis 14.6%, epilepsy 7.1% and alcoholism 14.6%.

In this study, according to education, 33.3% presented depression, 45.8% anxiety, 25% psychosis, 8.3% epilepsy and 25% alcoholism, all of whom had no education.

In this study, according to occupation, farmers presented depression in 23.1%, anxiety in 52.8% of the unemployed, epilepsy in 17.6% of artisans, the population with another profession presented psychosis in 14.4% and alcoholism in 14.4%.

In this study, according to marital status, widowers presented 22.7% depression and anxiety in 45.5%, divorcees with psychosis in 23.8% and alcoholism in 23.8%, epilepsy in 15% of persons in free union.

Obtaining depression and anxiety in the test is related to sex; moreover, being male or female is 0.457 (95%CI: 0.264 - 0.791) times more risky to have depression, and this is statistically significant (p=0.005). In addition, being male or female is 0.473 (95%CI: 0.308 - 0.726) times more risky to have anxiety and this is statistically significant (p=0.001).

The variables of psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with sex, and do not constitute a risk or protective factor for producing psychopathological alterations in this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with age according to the adolescent stage, and did not constitute a risk or protective factor for producing alterations in the psyche of this study population.

Obtaining depression and anxiety in the test is related to the young adult who is 1.720 (IC95%: 1.018 - 2.906) times more at risk for having depression, and this is statistically significant (p=0.041) and is 1.578 (IC95%:1.033 - 2.413) times more at risk for having anxiety, being statistically significant (p=0.034).

The variables of psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with young adulthood, and do not constitute a risk or protective factor for producing psychopathological alterations in this study population.

Being an adult is 0.511 (95%CI: 0.278 - 0.944) times more at risk for having psychosis and alcoholism, being statistically significant (p=0.029).

The variables of depression, anxiety and epilepsy did not present a statistically significant association (p>0.05) with the adult, and do not constitute a risk or protective factor for producing psychopathological alterations in this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with age according to the older adult stage, and does not constitute a risk or protective factor for producing alterations in the psyche of this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with any education, and did not constitute a risk or protective factor for producing psychopathological alterations in this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with primary education, and did not constitute a risk or protective factor to produce psychopathological alterations in this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with secondary education, and did not constitute a risk or protective factor to produce psychopathological alterations in this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism, did not present statistically significant association (p>0.05) with third level education, and did not constitute a risk or protective factor to produce psychopathological alterations in this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with fourth level education, and did not constitute a risk or protective factor for producing psychopathological alterations in this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism, did not present statistically significant association (p>0.05) with the occupation of farmers, and did not constitute a risk or protective factor to produce psychopathological alterations in this study population.

Obtaining epilepsy in the test is related to being a Craftsman which is 0.269 (95% CI: 0.099- 0.733) times more risk to have epilepsy and this is statistically significant (p=0.006) < 0.05.

The variables of depression, anxiety, psychosis and alcoholism, did not present statistically significant association (p>0.05) with occupation (artisan), and did not constitute a risk or protective factor to produce psychopathological alterations in this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with occupation (merchant), and did not constitute a risk or protective factor for producing psychopathological alterations in this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with occupation (unemployed), and does not

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constitute a risk or protective factor for producing psychopathological alterations in this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism, did not present statistically significant association (p>0.05) with occupation (Other), and does not constitute a risk or protective factor to produce psychopathological alterations in this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with married persons, and does not constitute a risk or protective factor for producing psychopathological alterations in this study population.

Obtaining psychosis, epilepsy and alcoholism in the test is related to people living in a free union which is 3.301 (CI95%: 0.991- 10.997) times more risk to have psychosis, and this is statistically significant (p=0.04) and is 0.294 (CI95%:0. 122 - 0.708) times more risk to have epilepsy, being statistically significant (p=0.004) and it is 3.301 (95%CI: 0.991- 10.997) times more risk to have alcoholism, being statistically significant(p=0.04).

The variables of depression and anxiety did not present a statistically significant association (p>0.05) with marital status (free union) and did not constitute a risk or protective factor for producing psychopathological alterations in this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with single persons, and did not constitute a risk or protective factor for producing psychopathological alterations in this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with widowed persons, and did not constitute a risk or protective factor for producing psychopathological alterations in this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with widowed persons, and did not constitute a risk or protective factor for producing psychopathological alterations in this study population.

Being of mestizo ethnicity is 0.478 (95%CI: 0.280 - 0.817) times more likely to have anxiety, being statistically significant (p=0.006).

The variables of depression, psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with persons of mixed ethnicity and do not constitute a risk or protective factor for producing psychopathological alterations in this study population.

Being of indigenous ethnicity is 2.659 (95%CI: 1.311- 5.392) times more likely to have anxiety, being statistically significant (p=0.005).

The variables of depression, psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with persons of indigenous ethnicity and do not constitute a risk or protective factor for producing psychopathological alterations in this study population.

Being of Afro-Ecuadorian ethnicity is 0.068 (95%CI: 0.004- 1.120) times more likely to have epilepsy, being statistically significant (p=0.013).

The variables of depression, anxiety, psychosis and alcoholism did not present a statistically significant association (p>0.05) with people of Afro-Ecuadorian ethnicity and do not constitute a risk or protective factor for producing psychopathological alterations in this study population.

The variables of depression, anxiety, psychosis, epilepsy and alcoholism did not present a statistically significant association (p>0.05) with persons of white ethnicity and did not constitute a risk or protective factor for producing psychopathological alterations in this population.

DISCUSSION

In our study we found that in the population under study 19.2% showed depression, 40.7% anxiety, 13.2% psychosis, 6.6% epilepsy and 13.2% alcoholism, of which young adult women predominated in most psychopathological disorders (depression in 24.9%, anxiety 49.2%, psychosis and alcoholism in 14.8%) with the exception of epilepsy in 7.4% of men.These results are related to what Piña, 2018, who showed depression in 17.12% of the population of which 9.88% were women being higher in windows with 12.50%, while Torres determined a prevalence of 6. 2% for major depressive episode compared to WHO where disorders tend to occur more frequently in young people of early ages around 20-25 years, in the review of Perez et al , 2017, depressive disorder has a prevalence ranging from 8 to 12% affecting twice as many women with respect to men where one in ten adults suffer from it, the results differ with the study of Mohamed, 2017, who presented data in 3 European countries: Finland, Poland and Spain, finding that depression was found between 18 and 49 years, widowed and at a lower educational level, the other associated factors included financial problems, higher frequency of outpatient care visits, higher level of disability, more pressing loneliness, and low levels of well-being, in the case control study of Jimenez ,2016, the average age 34. 9 ± 11.4 years, 55.8% women, prevalence of depression was 26.1% where almost a third of young adults present some degree of depression and their risk factors were men with low socioeconomic status, married and under 30 years old(21-25).

Based on the above, it was identified that having depression and anxiety is related to some socio demographic variables such as sex and age, being a woman is 0.457 (95%CI: 0.264 - 0.791) times more risky to have depression being statistically significant (p=0.005) and is 0.473 (95%CI: 0.308 - 0.726) times

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more risky to have anxiety with statistical significance (p=0.001). In addition, being a young adult is 1.720 (95%CI: 1.018 - 2.906) times more risky to have depression with a value of p=0.041 and is 1.578 (95%CI: 1.033 - 2.413) times more risky to suffer from anxiety, being statistically significant (p=0.034). In this regard, Jácome's 2018 research shows that in women, neurotic disorders, secondary to stressful situations and somatoform disorders are the most prevalent with 30.4%, especially the mixed anxiety-depressive disorder with 18.8%, in middle adulthood, neurotic disorders, secondary to stressful situations and somatoform disorders prevail with 31%,gender is seen as a risk variable for suffering from some type of mental illness, with the female gender being the most vulnerable due to factors such as violence, inequality of opportunities, the addition of domestic work, childcare, among other roles. Likewise, in Ecuador it has been identified through outpatient care registered in 2015 that depression and anxiety affect women to a greater extent, occurring three times more than in men, while in Aguilera's project of 2019, in 984 people the male sex older than 65 years followed by 18- 28 years presented greater anxiety and whose only risk factor and associated was having a dysfunctional family.The study of Aguilera and Diaz ,2019, in terms of sex is more frequent in women aged 41.74 years with a ratio of 1. 5-1 similar to that reported by the National Institute of Mental Health, the factors that may explain the female predominance of psychiatric disorders, are psychosocial and sociocultural that include differences in the type of coping of the person, sexual role, other factors that suggest sex differences are the existence of pathological antecedents such as thyroid pathology, genetic predisposition, personality traits, sex hormones, endocrine reactivity to stress, neurotransmitter systems and neuropsychological conclusives; the high rate of young adults may be due to the fact that the older adult population is minimal in the Canton of Cumbe and the sex is consistent with studies from the United States where anxiety is linked to women, inhibited temperament and family history(26-27).

Another risk found in the study is being an adult with 0.511 (95%CI: 0.278 - 0.944) times more risk to have psychosis and alcoholism, being the value of p=0.029. According to the study in the Institute of Neurosciences of 2016 the patients mostly affected with psychotic symptoms are found in women whose prevalence is between 31 and 40 years, while, in the Hospital del Valle in Colombia,2016, 65 % of the patients were men and the age ranged from 13 to 89 years, with an average of 40 years. In the 2016 Ruisoto study, the prevalence of alcohol consumption was 92.24% in men and 82.86% in women. In men, the problematic drinking profile was defined by higher scores on anxiety and depression, especially if they showed higher levels of psychological stress and lower engagement with life. In women, problematic use showed a tendency toward psychological inflexibility, especially in those with less commitment to life.Meneses' 2019 research work shows that poor people without secondary or higher education and who are unemployed, on average, have a higher probability of being heavy alcohol drinkers. In addition to the economic factor, this probability increases if the individual is male, single, older than 65 years and lives in the urban area; the risk factors verified with other studies do not differ in terms of age, but sex may vary according to the population with respect to psychosis and alcoholism(28-31).

It was also found that psychosis, epilepsy and alcoholism are related to people whose marital status is common-law marriage which is 3.301 (95% CI: 0.991- 10.997) times more at risk for psychosis, and is 0.294 (95% CI: 0.122 - 0.708) times more at risk for epilepsy, and is 3.301 (95% CI: 0.991- 10.997) times more at risk for alcoholism, with the same statistical significance for alcoholism, with the same statistical significance for psychosis. 708) times more at risk for epilepsy, and is 3.301 (95% CI: 0.991- 10.997) times more at risk for alcoholism, with the same statistical significance for psychosis and alcoholism (p=0.04) while for epilepsy (p=0.004). These results are similar to those reported by Pajares, in the year 2020, in which the prevalence of mental disorders in people living in free union constitutes 42.75%, followed by singles with 34.02%, married with 13.30%, divorced with 8.07% and widowhood would only be represented by 1.85%. In total contrast with the study conducted in the population of the state of Jalisco, 2019, where it was found that married people represent 73.2% with 10.75% free union and a minimum of 3% for widowers, on the other hand Porcelli and collaborators in 2020, determined that psychosis is less common in people living in free union as in married people representing 15% of the variance of social dysfunctions, while Azurduy Jaliri, and Faicán-Peralta in 2017-2018, obtained as a result that alcoholism and epilepsy is more frequent in married people with 39% and 45.8% respectively.Another case-control study conducted at the Eugenio Espejo Hospital in 2019, determined that according to the data collected, epilepsy is more common in singles 70.1% without employment 52.9% and with depressive symptoms 65.5%.This shows that the mere presence of a partner is not necessarily a protective element because although the crises that are generated in the relationship or that involve an individual psychopathology in each of the spouses/cohabitants, may involve a deterioration in mental balance (32-37).

Being an artisan and being of Afro-Ecuadorian ethnicity are also related to epilepsy, since in this study it was found that there is a statistically significant relationship between occupation (artisan) and epilepsy (OR: 0.269 (95% CI: 0.099-0.733) p=0.006). Likewise, people of Afro-Ecuadorian ethnicity are 0.068 (IC95%: 0.004- 1.120) times more at risk of having epilepsy, being statistically significant (p=0.013); these results are opposite to those also found by Pajares, in his study on mental disorders where it was determined that according to the work they perform the majority 46. 46% would not have a paid job and would dedicate themselves to domestic work, followed by working people 27.48%, those who work for a company (employees) 11.01%, those who work independently 8.29% and students with 6.76%. Orozco and collaborators in 2017, in their study specifically oriented only to people with epilepsy with cord with Pajares, as obtained that the majority 48% are also unemployed, followed by those who no data were obtained on their employment status 24%, those who are in an active job 15% and within (students - retired) 13%.Ocampo on the other hand in 2018 in his study obtained that 31.8% of epileptics are students, 27.8% have no occupation, 26.6% have

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a formal job, compared to 13.8% of subjects who have an informal job. In this context, it should be taken into account that mental disorders, specifically epilepsy, lead to social dysfunction that starts from a limited education caused by the early onset of the disease, low income, financial stress, high work stress and unemployment; in addition to the lack of support from society causing labor barriers, limiting the possibility of getting a better job, increasing stereotypes and existing prejudices. Ocampo also found that epilepsy is predominant in the mestizo ethnicity 91.7% followed by 7% of subjects classified as white, while minorities were the black and Asian race with 0.6%, similarly in a study conducted the Hospital Abel Gilbert Pontón in Guayaquil-Ecuador, 2019 evidenced that the highest number of cases occurred in the mestizo ethnicity with 58.69% while the lowest number of cases occurred in the white ethnicity with 4.34%. These studies are totally opposite to ours. While people of mestizo and indigenous ethnicity have a relationship with anxiety, with their respective statistical significance (OR 0.478 (IC95%: 0.280 - 0.817) p=0.006) and (OR 2.659 (IC95%: 1.311- 5.392) p=0.005). According to Horwath and Weissman, (1995) cited by Cano A. According to Horwath and Weissman, (1995) cited by Cano A. "not everyone has the same probability of developing an anxiety disorder, but there are clearly a number of risk factors that may be different according to each disorder" study in which he emphasized agoraphobia and generalized anxiety being common in the female sex and in the African-American race. Currently there are no studies related to ethnicity and this disorder, although it is because it is not considered a protective or risk factor, so we can say that it is a factor inherent to the person which should be investigated a little more to find some contribution in the genesis of this disorder(38-42).

CONCLUSIONS

Depression and anxiety are the most representative psychopathological disorders found in this study, being more common in young adult women, without leaving behind psychosis and alcoholism present in adults regardless of sex, while epilepsy is more common in males regardless of age group. The Chi-square test between sociodemographic factors and risk factors showed that psychosis, epilepsy and alcoholism are present in people whose marital status is free union. Similarly, it was found that Afro-Ecuadorians have epilepsy, while anxiety was present in those of indigenous and mestizo ethnicity. It is advisable to carry out intervention programs and early detection of any psychopathological disorder is of utmost importance, so that the affected individual can receive timely care and reduce possible complications throughout his or her life. The population should be educated about the risk factors involved in the appearance of these pathologies, so that they can prevent or on the other hand learn to live with them, in addition to motivating people, especially health personnel to conduct new research to contribute to the health of the people not only in this parish but also in others.

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