

Prevalence of morbid jealousy among inpatients in a psychiatry unit in Sri Lanka

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Background

Morbid jealousy includes a range of irrational thoughts and emotions, with associated unacceptable and abnormal behaviour. Common forms of psychopathology are delusions, obsessions and overvalued ideas.

Aims

To determine the prevalence of morbid jealousy in psychiatric inpatients, describe the different phenomenological forms, and range of associated behaviours.

Methods

All inpatients treated at University Psychiatry Unit, NHSL during a three month period were examined. Those who had 'morbid jealousy' were evaluated regarding psychopathology, emotions and associated behaviours.

Results

Of 145 patients admitted during the study period, 76 were in an intimate relationship. Of these, 35 (46.05%) were male.

Mean age was males 49.6 years, females 42.72 years. Commonest diagnoses were schizophrenia (22.36%), unipolar depression (19.73%), alcohol problems (17.10%), and bipolar mania (15.78%). Morbid jealousy was identified in 13 (9 male, 4 female). Overall prevalence was 17.10% (95% CI 8.64%-25.56%). The psychopathology of morbid jealousy was overvalued ideas (n=7, 53.84%), delusions of jealousy (n=4, 30.76%) and obsessional (n=2, 15.38%). Associated behaviours included verbal accusations (n=13), interrogations (n=12), checking (n=11), stalking (n=5), threats/ acts of violence (n=8), increased demands for sex (n=4) and excessive demonstration of love (n=2).

Conclusions

The prevalence of morbid jealousy is high in psychiatry inpatients in Sri Lanka.

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Introduction

Morbid jealousy has captured the interest of many in the field of psychiatry with a wide range of literature available on the subject, most notable and comprehensive being that by Shepherd (1). It has been defined in various ways and the nomenclature is confusing. The wider definition refers to jealousy in couple relationships which lead to distress in one or both partners, and causes a disruption of the relationship (3).

In morbid jealousy, the psychopathology is primarily the preoccupation with a partner's sexual infidelity. This preoccupation can be a delusion, obsession or an overvalued idea (4). The distinction between these forms is sometimes difficult but important as it has implications in management (5). Clinical features consist of a range of irrational thoughts and emotions, and associated unacceptable or abnormal behaviours (6, 7). The jealous person and more so his partner, suffer immense distress due to the behaviours associated with the jealousy. These behaviours range from stalking the partner, restricting the partner's life, physical violence to even killing the partner. The behaviours are different in males and females (8). A positive role of jealousy has also been described where it is seen as a sign of love and caring (6).

A study of hospitalized patients reported a prevalence of 1.1% in delusional jealousy. In the same study delusional jealousy was most frequent seen in 'organic psychoses' and least in affective disorders (9). The organic aetiology of morbid jealousy has been recognised widely. A series of five cases describe

patients with conditions such as cerebral infarcts, head injury following road traffic accident and meningioma, who developed morbid jealousy (10). Morbid jealousy is also associated with dementia (11).

Morbid jealousy holds a prominent place in literature and has been used by novelists and dramatists ranging from Shakespeare to Kalki. The classic example in literature is that of Othello, who kills his wife Desdemona and commits suicide as a result of his morbid jealousy (12).

Culture plays a role in the expression and clinical manifestations of morbid jealousy. A series of cases from Sri Lanka show that the prevalence is equal in males and females (2). There is very little data on the prevalence of morbid jealousy in different settings in Sri Lanka and the cultural aspects of this phenomenon have not been explored in depth. The aim of this study was to establish the prevalence of morbid jealousy among in-patients in a psychiatry unit.

Method

This is a descriptive cross sectional study which included all the inpatients admitted to the University Psychiatry Unit, National Hospital of Sri Lanka during a three month period from October 2012 to January 2013. The University Psychiatry Unit consists of an inpatient, liaison, out patient and day units (14). Compared to out patients who are mostly in remission, inward patients are admitted due to acute exacerbation of the illness (14).