

# Physical illness among psychiatric outpatients in a tertiary care hospital

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## Summary

The presence of physical illness in psychiatric patients not only creates difficulties in the diagnosis and treatment, but also complicates the course of both illnesses. The aim of this study was to find out the proportion of physical illness in patients attending the psychiatric outpatient department in Zainul Haque Sikder Women's Medical College and Hospital. In this descriptive cross-sectional study, 345 respondents were evaluated in a period of 2 years. The respondents included in the study purposively were of ages between 18 and 60 years and fulfilled the criteria for psychiatric disorders according to the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR). Respondents of both sexes and from all socioeconomic and educational backgrounds were included. All the participants were subjected to assessment by history taking and examination; clinical assessment was carried out by a psychiatrist, and appropriate laboratory investigations were performed in relevant cases. This study showed that 41.74% of psychiatric patients had physical illnesses. The generalized anxiety disorder was the psychiatric group in which the highest number of physical illness was present (79.16%). Most prevalent physical condition was hypertension (17.6%). 37.5% of the physical illnesses were diagnosed for the first time at the time of psychiatric consultation. Physical co-morbidities are present in a substantial number of psychiatric patients. Early diagnosis and treatment of physical illnesses should be carried out to improve the physical health of psychiatric patients.

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## Introduction

Medical co-morbidity in individuals with established mental illnesses is an area of great concern.<sup>1</sup> The combined diagnosis of medical and psychiatric illnesses has been linked to increased functional and occupational disabilities<sup>2</sup>, poorer quality of life<sup>3</sup>, and accelerated mortality<sup>4</sup> compared with either diagnosis alone. Medical illnesses affect more than half of those with mental illnesses, particularly among older people.<sup>5</sup> Mental illness has been a strong barrier to effective medical care. Most mental illnesses are associated with medical morbidity and mortality, leading to lower quality of life, decreased functioning, and increased risk of early death.<sup>6</sup> It represents a major health problem, with a 15–30 years shorter lifetime compared with the general population.<sup>7</sup> Individuals with severe mental illness die earlier than those in the general population because of poor health, side effects of medication, and insufficient medical care.<sup>8</sup> There are important reasons for mental health clinicians to be interested in the physical health of their patients. Physical illness is prevalent among more than 45% of psychiatric outpatients and often remains undiscovered.<sup>9</sup> A number of reviews have shown that people with severe mental illness have an increased mortality, about two or three times as high as that in the general population.<sup>10</sup> About 60% of this increase in mortality is due to physical illness.<sup>11</sup> Generally poor levels of knowledge and skill on physical health monitoring in the workforce may contribute to the poor physical health of people with serious mental illnesses.<sup>12</sup> The aim of this study was to determine the pattern of physical illness in psychiatric patients attending the psychiatric outpatient department (OPD) at Zainul Haque Sikder Women's Medical College and Hospital.

## Materials and methods

This study was a hospital based descriptive cross-sectional study with purposive sampling. Study population were the patients aged between 18 and 60 years who came for psychiatric consultation for the first time in psychiatry OPD of Zainul Haque Sikder Women's Medical College and Hospital, Dhaka from January 2012 to January 2014 and were diagnosed as having psychiatric disorder according to the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR) criteria.<sup>13</sup> Patients of both sexes from all social and educational backgrounds were included. Patients with mental retardation, dementia, and physical disability were excluded. After a brief explanation about the study to the patients and any significant care-giver, an informed consent was taken. Total sample size was 345. The socio-demographic profile and information about illness (psychiatric diagnosis, co-morbid physical condition) were recorded on particular sheet. All the respondents were assessed for physical illness by history taking, physical examinations and appropriate laboratory investigations. All respondents underwent liver function test, kidney function test, random blood sugar test, complete blood picture, and urine analysis. In addition, some respondents underwent endocrine analysis, ECG, brain imaging, and ultrasonography, according to the findings of history and physical examination. Data were analyzed using SPSS (version 16).

## Results

The total number of the respondents was 345. Among them 53.33% was female. Their mean age was 38.43 ( $\pm 8.14$ ) years. Most of them were urban residents (56.52%), married (78.26%), housewives (45.22%). (Table 1)

**Table 1: Sociodemographic characteristics of the respondents (n = 345)**

Characteristics	Frequency (n)	Percentage (%)
<b>Sex</b>		
Male	161	46.67
Female	184	53.33
<b>Marital status</b>		
Married	270	78.26
Unmarried	53	15.36
Others	22	6.38
<b>Residence</b>		
Rural	150	43.48
Urban	195	56.52
<b>Occupation</b>		
Service	31	8.99
Housewife	156	45.22
Business	58	16.81
Unemployed	49	14.20
Others	51	14.78

Regarding the psychiatric diagnoses of the respondents, generalized anxiety disorder (GAD) was most prevalent (60%), followed by major depressive disorder (11.88%). (Table 2)

**Table 2: Psychiatric diagnoses of respondents (n=345)**

Psychiatric diagnoses	Frequency (n)	Percentage (%)
Schizophrenia	22	6.4
Major Depressive Disorder (MDD)	41	11.9
Generalized anxiety disorder (GAD)	207	60
Bipolar mood disorder (BMD)	21	6
Substance related disorder (SRD)	20	5.8
Others	34	9.9
Total	345	100

Among the respondents, 144 (41.7%) had co-morbid physical disorders. The most common physical diagnosis was hypertension (17.6%), followed by irritable bowel syndrome (6.95%) (Table 3). The respondents with generalized anxiety disorder had the highest number of physical comorbidities (79.16%) (Table 4).

**Table 3: Physical co-morbidities of the respondents (n = 144)**

Physical co-morbidities	Frequency (n)	Percentage (%)
Hypertension (HTN)	61	17.68
Hypertension (HTN) and Diabetes mellitus (DM)	10	2.90
Irritable bowel syndrome (IBS)	24	6.95
Peptic ulcer diseases (PUD)	18	5.22
Endocrine diseases (Endo)	13	3.77
Others	18	5.22
Total	144	100

**Table 4: Physical co-morbidities with individual psychiatric disorder (n = 144)**

Psychiatric disorders	Physical co-morbidities						Total (%)
	HTN	HTN & DM	IBS	PUD	Endo	Others	
Schizophrenia	2	0	1	0	0	0	3 (2.08)
MDD	5	3	0	1	5	2	16 (11.11)
GAD	48	7	22	17	7	13	114 (79.16)
BMD	1	0	1	0	1	1	4 (2.77)
SRD	4	0	0	0	0	2	6 (4.166)
Others	1	0	0	0	0	0	1 (0.69)

Majority of physical conditions were previously diagnosed (62.5%) but 37.5% respondents were diagnosed with their physical illness for the first time during psychiatric consultation. (Table 5)

**Table 5: Physical diagnosis categories (n=144)**

Traits	HTN	HTN & DM	IBS	PUD	Endo	Others	Total (%)
Newly diagnosed	30	1	8	1	5	9	54(37.5)
Previously diagnosed	31	9	16	17	8	9	90(62.5)

## Discussion

In a recent study conducted among patients attended at psychiatry outpatient department of a private medical college hospital in Bangladesh, it was seen that the presence of Major depressive disorder, Anxiety disorders, Schizophrenia and related disorders, Bipolar mood disorders, and Substance related disorders were 38.6%, 25.8%, 6.4%, 5.5% and 5.3% respectively.<sup>14</sup> These findings were similar to the current study. Physical co-morbidity in patients with established mental illness is an area of great concern. In this study, we found that 41.74% of psychiatric outpatients had physical illnesses; our results were in accordance with those of Aragone's et al., who stated that medical illnesses affect more than half of those with mental illness, particularly among older people, and of Moussavi et al., who reported that physical illnesses occur in more than 45% of psychiatric outpatients and usually remains undiscovered.<sup>5,9</sup> There are several reasons for why people with mental illnesses may experience physical health problems; Robson and Gray discussed four reasons: service-related factors, illness related factors, health behaviour of people with mental illnesses, as well as treatment-related factors.<sup>12</sup> In this study, the highest number of physical comorbidity (79.16%) was in the group of generalized anxiety disorder, which is more than the findings of the study by Ozocan M et al. (2006) and Hasim HM and Fwzy NM (2013) (56.1%, 43.8% respectively).<sup>15,16</sup> This may be related with the psychosocial factors among the respondents. In the current study only 11% depressed patient had physical comorbidity which is different from the study by Hasim HM and Fwzy NM and Rush STAR\*D study where the comorbidity was 50% and 90%, respectively.<sup>15,17</sup> This may be due to the fact that depressed patients were found less in this study. In this study the highest prevalence of physical diagnosis is hypertension 17.6% which was more among anxiety disorder patients. This may be related with physical examination done every patient properly. One of the important findings of the study is that physical diseases were diagnosed for the first time in the course of the study in 37.5% of the respondents. Further, it is our as well as others' (McIntyre and Romano, 1975) impression that most of the psychiatrists routinely fail to physically examine their patients either due to over work or they do not feel the need to do so.<sup>18</sup> Many of them feel uncomfortable with their ability to conduct such an examination.

## Conclusion

Our results indicate that physical co-morbidities are present in a substantial number of psychiatric patients. Early diagnosis and treatment of physical illnesses should be carried out to improve the physical health of psychiatric patients. This will have a positive impact on their quality of life and will reduce disability. In addition, in order to administer appropriate psychiatric treatment to the patient according to the comorbid physical illness, there is a need to integrate physical and mental healthcare services. Further studies with large sample sizes to confirm the influence of physical comorbidity on psychiatric patients are required.

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