

ABSTRACTS

COMORBIDITY OF MENTAL AND PHYSICAL DISORDERS: A CENTRAL PROBLEM FOR MEDICINE IN THE EARLY 21ST CENTURY

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Advances of medicine and the improvement of living conditions contributed to an increase of life expectancy the world over. Longer life offers us more years of work and leisure but it also increases the probability of comorbidity of disorders likely to be more frequent in later years of life. Earlier in life the comorbidity is more likely to involve communicable disorders, particularly in low and middle-income countries; in the years after 1950 comorbidity involves mainly non-communicable diseases. The comorbidity of physical and mental disorders is present throughout life producing high disability, worsening the prognosis of both the mental and the physical disorders, increasing costs of care and reducing the number of disease free years.

The situation is made worse by the current trends of fragmentation of medicine into ever finer specialties. This has been true for branches of medicine dealing with physical disorders over the past four decades: more recently it has emerged as a clear tendency within psychiatry which is splitting into specialties dealing with affective disorders, with neuropsychiatric disorders, with psychosomatic states, with and many others.

The presentation will discuss these tendencies and propose interventions which could respond to problems of management of comorbid mental and physical disorders.

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EPIDEMIOLOGY AND STRUCTURES OF CARE FOR PATIENTS WITH MENTAL AND PHYSICAL COMORBIDITIES

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A huge number of studies have shown that a high proportion of patients with physical illness suffer from coexisting psychiatric disorders. In a study conducted among 993 Austrian inpatients of medical, surgical, gynaecological and rehabilitation departments, 34.6% suffered from some kind of psychiatric disorder. Dementia (13.3%) and minor depression (8.4%) were the most frequent psychiatric conditions, followed by substance abuse (7.2%). The prevalence of all other psychiatric disorders was lower: substance related psychiatric disorders (2.6%), anxiety disorders (2.4%), personality disorders (2.4%), somatoform and eating disorders (2.3%), major depression (2.2%), other organic mental disorders (1.5%), psychoses and bipolar disorders (1.2%).

Nevertheless, in the last 20 years numerous studies and reviews from different countries revealed that people with mental disorders have higher rates of physical illness than the mentally well, and that their risk of premature death due to physical illness is increased. Higher prevalence of cardiovascular disease (e.g. ischemic heart disease, arrhythmia, myocardial infarction), diabetes mellitus, several types of cancer and infectious (e.g. HIV/AIDS) as well as gastrointestinal diseases result in a reduced life expectancy. Overall mortality in patients with a diagnosis of schizophrenia is doubled as compared with mentally well persons.

Causes of "unnatural death" such as suicide and accidents account for only part of this increased mortality; about 60% is due to "natural" causes including physical illness. There are suggestions that almost 50% of patients with schizophrenia may suffer from comorbid physical conditions. Diabetes mellitus, cardiovascular disease, respiratory disease, hypertension, obesity, and the metabolic syndrome are very common conditions in these persons. Schizophrenia has been investigated best, but excess mortality due to physical illness has also been found in other psychiatric disorders, e.g. affective and anxiety disorder.