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Non Psychiatric Referral Amongst Hospitalized Psychiatric Patients

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Abstract
Background: *Co morbid medical conditions with psychiatric disorders are very common. Increased mortality, treatment resistance, poor quality of life are the consequences of these co morbidities.*
Aim:*The study was designed to assess prevalence and nature of co morbid medical conditions in psychiatric inpatients being referred to other medical spacialties.*
Methods*: 102 patients of all age groups admitted in Psychiatry department of Assam Medical College and being referred to various medical specialties were selected for the study. Psychiatric diagnosis was made according to ICD -10 .The prevalence and nature of the co morbid medical conditions were assessed according to the diagnosis of respective consultants to where the subjects were referred.*
Result:*84 (82.35%) patients were found to have 92 medical co morbidities. Among them the common co morbidities are skin diseases, infections, neurological, hepato-billiary and cardiovascular disorders.*
Keywords: *medical co morbidity, psychiatric illness*

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I. Introduction

Comorbid medical conditions are very common in patients with psychiatric illnesses, particularly in those suffering from major and severe psychiatric illnesses.The increased morbidity is noticed in all areas of physical health like cardiovascular , respiratory system , hepatobiliary , endrocrinology etc.Underlying psychopathology ,affect of psychotropic medicine, poor life style and family support could be the reason for this association between mental and physical illness . Very often physical signs and symptoms simulate psychiatric illness in such a way that it creates a diagnostic dilemma to both the physician and psychiatrist. In few occasions ,psychiatrists also appear to be less aware about the fact and fail to do an appropriate medical screening of this group of people having high rate of medical co-morbidities .Henceforth a majority of them remain undiagnosed or under diagnosed. KoranyiEK in his study on psychiatric outpatients with co morbid physical illnessobserved undiagnosed and under diagnosedco morbid physical illness in 67% and 50% of patients respectively [1]. Likewise Felker et al reported that50% of psychiatric patients had known medical co-morbiditieswhile 35% had undiagnosed medical conditions and 20% had medical problems that caused their psychiatric illnesses[2].

Co-morbid medical conditions result in treatment resistant, increased frequency and duration of hospitalization, poor quality of life and increased mortality rate. So associated medical conditions become a major increasing concern for mental health professionals in clinical practice.But in India , there is paucity of literature on prevalence of physical illness co-morbid with psychiatric patients , particularly in our area. Therefore the present study attempts to assess the prevalence of co morbid physical conditions in psychiatric inpatients being referred to other medical specialties

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II. Methodology

The study was carried out in psychiatry department, Assam medical college – a tertiary care hospital over a period of one year from June 2006 to May 2007 with the aim to assess the prevalence and nature of co-morbid medical conditions amongst the psychiatric in patientswho were referred to different medical specialties within the study place. The patients of all age groups and sex being referred were selected consecutively for the study except those who were unable or reluctant to give consent. The study sample comprised of 102 patients.Psychiatric diagnosis of the subjects was made according to ICD-10.A semi structured socio-demographic proforma was used to collect the socio- demographic details of the study subjects.

III. Results And Observation

Of 102 subjects the male (63.72%) outnumbers the female. Majority of them were married(56.86%),Hindu (88.27%), educated till higher secondary (37.25%) and self employed (24.45%). The highest number of the patients were found to be hailed from rural areas (73.52%) living in nuclear family (82.35%).(table-1)These 102 patients were referred to various medical specialties for 128 times. Number of referral to Medicine department was accounted the highest (28.43%) followed by Surgery (24.50%), Dermatology (11.76%) and Neurology (11.76%) .Equal number of patients (7.84%) were referred to Orthopedics, Ophthalmology and ENT . Consultation from Cardiology was sought for six patients (5.88%).Five patients(4.90%) were sent to the department of Obstetrics and Gynecology while four were sent to Urology (3.92%) and another four(3.92%) to Upgraded chest clinic.4.90% of patients attended Dental outpatient department on referral from Psychiatry inpatient department. Referral rate to Plastic surgery and Physiotherapy was the least (0.98%).(table-2)From the assessment of respective consultants on referral, it appeared that 84 patients (82.35%) had one or more co - morbid physical health problems. The majority of the patients were found to be suffering from either co - morbid skin problems or various infections(13.18%). Neurological, hepatobiliary along with cardiovascular diseases were accounted for second common associated physical illness (6.59%). The other associated physical conditions were gastrointestinal(5.49%), respiratory(5.49%), dental(5.49) andgynecological diseases (5.49%).Five patients were presented with injury(5.49%) where four had cut injury and the other had head injury.The other co morbid conditions were ENT problems (4.39%) and genito-urinary problems (3.29%). 2.19% of associated medical conditions were diagnosed with suicidal attempt, autoimmune disorders, fracture , arthritis and eye diseases. The least number of patients had either endocrinological or blood related co morbidity (1.09%).(table 3)

IV. Discussion

People with severe mental disorders have a high rate of physical co morbidities. However much of them remain undetected. The present study revealed 82.35% of patients referred to different medical specialties to be suffering from one or more physical illness. Koran et al also found 45% of patients in California'smental health system of having co-morbid physical illnessand of these 47% were not detected by the treating clinician[3]. Similarly Jones et al opined that there was ahigher rate of certain medical conditions in psychiatric patients in comparison to the general population .They revealed gastrointestinal diseases (16%) , hypertension (14%) , heart diseases (13%) asthma (12%) , diabetes mellitus (12%) and malignant neoplasm (3%) co-morbid with psychiatric diagnosis [4].Koranyi et all estimated 43% of their study subjects suffered from associated physical illness [5].Likewise Bunce et al alsofound that 50% of 2395 psychiatric outpatients and 52% of 1448 psychiatric

Co morbid dermatological illness is very common in psychiatric patients. However published studies on skin disorders in psychiatric morbidities are very few. The present study estimated dermatological conditions as the highest prevalence rate of physical co morbidity (13.18%) similar to infection. Kuruvila et all also observed 68.66%of their 300 study subjects being suffered from infective dermatoses while the others from non infective dermatoses.[7] It is obvious from the growing literature that people with severe mental disorders is at high risk for acquiring any infection particularly HIV, hepatitis, tuberculosis etc. Prevalence rates of HIV and Hepatities C infection in schizophrenia as reportedby C F et al. was at a range between 4% to22%. This study also found prevalence of infections similar to dermatological conditions (10.7%)[8].The other common co-morbidities revealed here were the neurological, hepatobilliary, cardiovascular, gastrointestinal, respiratory, gynecological, dental illness and soft tissue injury.These observations replicated observations of other studies conducted by various investigators.Hade et al. observed in their study on in- patients with schizophrenia that comorbid dental condition was50% of the normal population[9]. A study on a large sample of inpatients in a public mental health hospital showed that obesity (24%) ,hypertension(22%), diabetes mellitus(12%), and chronic obstructive diseases (10%) were the most common medical co morbidities (Koran LM et al) [10].

A couple of gynecological conditions may co - exist in people with psychiatric illness as a result of adverse effect of psychopharmacology and or consequence of psychopathology.Amenorrhea, rarely polycystic ovarian tumor are the example of such kind of co-existence. It is now recognized that menstruation disturbance commonly occur in depression, anxiety and psychosis. Bleher et al. in 1998 observed high level of emotional disturbance in 45% of pregnant women with Bipolar disorder[11] .The present study also revealed 5.49% of Gynecologicalco-morbidities in the study group.Incidence of suicide is not very uncommon in patients with psychiatric diagnosis.According to Harries and Barracloughsuicide rates are increased in all psychiatric disorders except dementia[12]. An early psychological autopsy study of 100 suicides in Wessex in England gave a primary diagnosis of depression to 64% and of alcoholism in 15% of those studied[13].However in our study the attempted suicide was found to be 2.19% only.People with attempted suicide very often attends other medical specialties rather than psychiatry. It could be the reason for the observed lower rate of suicide in the present study.

The least prevalence rate of co-morbidity was encountered with endrocrinological conditions and anaemia (1.09%).

V. Limitation

The present study enrolled those indoor patients who were referred to different medical specialties on the basis of history and clinical assessment only. Neither any baseline medical screening nor pathological investigation was taken into consideration prior to the referral.Henceforth it may not reflect this burning problem of comorbidities in psychiatric illnesses as a whole.

VI. Conclusion

Co occurrence of the physical illnesses with psychiatric disorders is very common. It could be a result of neuropsychiatric aspects of the disease process or adverse effect of psychotropic medicines used or psychological burden of the illness .Increased mortality, treatment resistance,poor quality of life is the consequence of these medical co-morbidities. So early detection and necessary medical intervention of those medical comorbidities in appropriate timeis a prime important. Unfortunately study on physical co-morbidities in psychiatric illness is less in our setting. Henceforth more and more research works should be taken to enlighten this area of psychiatry.

Table 1: Socio-demographic Variability:

Variables		n = 102
Age	1 – 10 years	1 (0.98 %)
	11 – 20 years	20 (19.60 %)
	21 – 30 years	30 (29.41 %)
	31 – 40 years	14 (13.72 %)
	41 – 50 years	26 (25.49 %)
	51 – 60 years	7 (6.86 %)
	61 – 70 years	2 (1.96 %)
	71 – 80 years	2 (1.96 %)
Sex	Male	65 (63.72 %)
	Female	37 (36.27 %)
Religion	Hindu	88 (86.27 %)
	Muslims	12 (11.76 %)
	Christian	1 (0.98 %)
	Others	1 (0.98 %)
Occupation	Never employed	10 (9.80 %)
	Currently employed	4 (3.92 %)
	Full time employed	19 (18.62 %)
	Part time employed	4 (3.92 %)
	Self employed	28 (27.45 %)
	Student	16 (15.68 %)
	House Wife	17 (16.66 %)
	Any other	4 (3.92 %)
Marital Status	Married	58 (56.86 %)
	Unmarried	42 (41.17 %)
	Separated	1 (0.98 %)
	Widow/ Widower	1 (0.98 %)
Education	Illiterate	20 (19.60 %)
	Literate	2 (1.96 %)
	Primary Education	11 (10.78 %)
	Middle Education	23 (22.54 %)
	HSLC/ Higher Secondary	38 (37.25 %)
	Graduate	7 (6.86 %)
	Post Graduate	1 (0.98 %)
Family Type	Nuclear	84 (82.35 %)
	Joint	14 (13.72 %)
	Extended	4 (3.92 %)
Locality	Urban	26 (25.49 %)
	Rural	75 (73.52 %)
	Tea Garden	1 (0.98 %)

Table 2: Distribution as per being referred to which Department

Referred Department	No. of referral of patients
Medicine	29 (28.43%)
General Surgery	25 (24.51%)
Neurology	12 (11.76%)
Dermatology	12 (11.76%)
Opthalmology	8 (7.84%)
ENT	8 (7.84%)
Orthopedics	8 (7.84%)
Cardiology	6 (5.88%)
Obstetrics & Gynecology	5 (4.90%)
Dental	5 (4.90%)
Urology	4 (3.92%)
Upgraded Chest Clinic	4 (3.92%)
Physiotherapy	1 (0.98%)
Plastic Surgery	1 (0.98%)

Table 3: Distribution as per Medical Co-morbidity

Medical comorbidy	N = 92
Dermatology	12 (13.18%)
Infections	12 (13.18%)
Neurological	6 (6.59%)
Hepatobiliary	6 (6.59%)
Cardio – vascular	6 (6.59%)
Gastro Intestinal	5 (5.49%)
Respiratory	5 (5.49%)
Soft tissue Injury	5 (5.49%)
Dental	5 (5.49%)
Gynecological	5 (5.49%)
Cut Injury	5 (5.49%)
ENT	4 (4.39%)
Genito urinary	3 (3.29%)
Auto immune diseases	2 (2.19%)
Suicidal Attempt	2 (2.19%)
Fractures	2 (2.19%)
Arthritis	2 (2.19%)
Eye	2 (2.19%)
Endocrinology	1 (1.09%)
Blood related	1 (1.09%)

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