IMPACT OF MEDICAL COMORBIDITY IN A PSYCHIATRIC INPATIENT UNIT – A TWO YEAR RETROSPECTIVE STUDY (2016-2017)

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Background and aims

Psychiatric patients are at increased risk for medical conditions such as hypertension, dyslipidemia, obesity, asthma, chronic bronchitis, gastric ulcer, diabetes and coronary heart disease. These diseases may be the result of the psychiatric disorder directly, adverse effects of pharmacotherapy or incidentally coexist.

Medical comorbidity (occurrence of two clinical disorders in the same patient) is present in at least 50% of psychiatric inpatients and there is the general impression that these comorbidities are frequently not recognized, misdiagnosed and under treated. It is typically associated with worse psychiatric outcomes, reduced functioning over time and higher services use, including prolonged length of stay.

This work aims to determine the prevalence of concurrent medical comorbidity patients admitted to a psychiatric hospital-based unit and its impact in length of stay and chosen treatment.

Materials / Methods

Data recording the admissions to the Department of Psychiatry of Hospital Garcia de Orta (Almada, Portugal) between 2016 and 2017 were retrospectively analyzed. Diagnoses were coded according to International Classification of Diseases, 10th edition (ICD-10).

Results

776 admissions

had at least one medical comorbidity

Around **27%** had two or more medical comorbidities diagnosed

The most common medical comorbidities were:

- These diagnosis were equally distributed between all major psychiatric syndromes (schizophrenia, bipolar affective disorder and unipolar depression).
- The patients had the same average age (45 y) and sex distribution.
- Length of stay at the hospital (~22 days) was **not affected by concurrent medical comorbidity** ($p < 0.001$).

Conclusion

Medical comorbidities are present in half of patients admitted for psychiatric disorders. Although the impact of medical comorbidity in the outcome of psychiatric patients is well known, mainly in ambulatory care, the presence of other diagnoses did not result in prolonged hospital stay in this sample. Affective and psychotic disorders did not differ in comorbidity prevalence, which also differs from the results available from similar studies.

References:

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