A CROSS-SECTIONAL STUDY ON PHYSICAL COMORBIDITY IN PSYCHIATRY PATIENTS.

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INTRODUCTION

Psychiatric illness affects approximately 450 million people worldwide according to a report by the WHO and is among the most disabling illnesses in the young age group. Evidence has consistently shown that patients with mental illness have greater physical health morbidity and mortality compared to the general population.⁽¹⁾ Many factors have been implicated and include a generally unhealthy lifestyle, side effects of medication, and inadequate physical healthcare.⁽²⁾ Higher rates of suicide and accidents are other known risks. Psychiatric patients are more likely to smoke, have less inclination to exercise, and are prone to poor dietary habits and obesity, the latter through general inertia, the result of the adverse effects of neuroleptic medication, or increased alcohol use. Psychotropic medication is associated with impaired glucose tolerance and diabetes, metabolic syndrome, dyslipidemia, cardiovascular complications, extrapyramidal side effects and sexual dysfunction.

AIMS AND OBJECTIVES

To assess the prevalence of physical co-morbidity in psychiatric patients.

METHODS

A cross-sectional study was conducted in the Department of Psychiatry, Guru Gobind Singh Medical College, Faridkot, Punjab, India to assess the prevalence of physical co-morbidities in psychiatric patients. The study was conducted after clearance from Institutional ethics committee (IEC). The subjects who met the inclusion criteria were assessed using Hamilton rating scale (HAM-D) for depression, Young Mania Rating Scale (YMRS) for bipolar disorder and Positive And Negative Syndrome Scale (PANSS) for schizophrenia. These subjects underwent various investigations for Diabetes Mellitus, Chronic obstructive Pulmonary Disease, Anaemia, Hypertension, seropositivity and Dyslipidaemia.

RESULTS

A total of 105 patients were included in the study in accordance to the inclusion criteria. In the present study, findings were as follows:-

1. Diabetes prevalence in bipolar disorders, schizophrenia and depressive patients was 22.8%, 14.28% and 11.42% respectively.
2. HTN prevalence in bipolar disorders, schizophrenia and depressive patients was 17.14%, 17.14% and 22.8% respectively.
3. Anaemia prevalence in bipolar disorders, schizophrenia and depressive patients was 11.42%, 48.72% and 17.14% respectively.
4. COPD prevalence in bipolar disorders, schizophrenia and depressive patients was in bipolar pts. 17.14%, 17.14% and 22.8% respectively.
5. Dyslipidaemia prevalence in bipolar disorders, schizophrenia and depressive patients was 14.28%, 8.57% and 17.14% respectively.
6. Seropositivity prevalence in bipolar disorders, schizophrenia and depressive patients was 2.85%, 2.85% and 5.71% respectively.

DISCUSSION

From the above results and graphs it has been observed that significant association was present between physical co-morbidities and psychiatric disorders. The results were in accordance with a similar study in past which shows a significant positive association ($p < 0.05$). Estimated prevalence and relative risk (RR) of modifiable risk factors in psychiatric disorders compared to the general population, the overall prevalence 6.2% to 45.9% and has significant positive association ($p = 0.00$).⁽³⁾

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