

EDITORIAL

INTERACTIONS BETWEEN PSYCHIATRIC DISORDER AND PHYSICAL ILLNESS

The vital importance of the mental health of a nation for the overall well being of the population and socioeconomic development is increasingly recognized. In Malaysia, psychiatric disorders were responsible for 8.6% of the total Disability Adjusted Life Years and were ranked fourth as the leading cause of burden of disease by disease categories¹. More and more evidence shows that physical illnesses are strongly associated with psychiatric disorders. Those with physical illnesses have much higher risk of developing psychiatric disorders compared to that without²⁻³. The mechanisms of co-morbidity of psychiatric and physical illness are complex. It is a two-way interaction and there are five different possible ways to describe this⁴⁻⁵.

Co-incidence or By-chance

In clinical practice, the psychiatric illness may be coincidental and unrelated to physical problems, as both physical and psychiatric conditions are common in the general population. Such disorders do, however, complicate the management of the physical illness. For example, depression can predate the onset of the medical illness in up to 25% of patients with co morbid depression, and it is associated with an increase in somatic complaints⁵.

Common cause for both

Here, either patient factors or non-disease factors may have given rise to both; for example, stressful life events in a vulnerable person may precipitate both a stroke and a depressive illness⁶.

Psychological factor or psychiatric disorder cause physical illness

Stress is a known leading aetiology for certain physical illnesses such as hypertension, coronary heart diseases, peptic ulcer disease, acute exacerbation of bronchial asthma etc. Psychiatric disorder can certainly lead to physical complications, for instance, acute renal failure following paracetamol overdose in a patient with depression and the physical complications of chronic substance misuse.

Psychiatric illness contributes to other alterations in health related behaviors, including poor compliance with medications, diet, exercise and utilization of health care services⁵. DSM IV includes a category of psychological factors affecting medical condition, which is intended to cover patients who have an Axis 3 general medical condition and in whom psychological factors adversely affect the course of treatment. The category is broadly defined and the psychological factors include not only mental disorder but also psychological symptoms, personality traits and maladaptive health behaviors⁶.

Physical disease may cause psychological symptoms or a psychiatric disorder

The physical disease may cause the predisposed individual to develop a psychiatric disorder. It can be in a direct or indirect manner. Directly, this may be owing to a presumed direct biological mechanism, especially if the disease involves the endocrine or central nervous systems. For

example, hypothyroid patients have depressed mood while hyperthyroid patients have anxiety symptoms as part of their thyroid symptoms. Indirectly, patient with newly diagnosed physical disorder might develop an adjustment disorder. Overall, two-thirds of depressive illness in general medical wards is a result of the physical illness or its treatment⁷.

Physical symptoms as the presenting complaints of a psychiatric disorder

These are common feature of patients with anxiety disorder, depressive illness and somatoform disorder. Symptoms like headache, unspecific pain and tiredness are the most common presentation at the primary care level⁸. The importance of understanding the mechanisms of the interaction between psychiatric disorder and physical illness should be emphasized not only among the mental health professionals but also among the physicians, surgeons and general practitioners. They should be able to recognize and detect psychiatric problems so that patients would benefit a better holistic treatment.

References

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