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Mental and physical comorbidity in an Arab national primary health care setting

Statement of the Problem: A considerable number of patients attending the primary health clinics suffer from co-morbid psychiatric disorders.

Objectives: To estimate the prevalence of the comorbidity between common mental disorders (anxiety/depression/ somatization) and common chronic physical illnesses among primary health care attendees, and explore the relationship of comorbidity with type of illness and socio-demographic characteristics.

Method: The Physical Health Questionnaires (PHQ-SADs) were administered to a randomized sample of 1046 primary clinic attendees in all the five governorates of the country over a 5-month period. Physical diagnoses were ascertained by the attending physicians based on ICD-10 criteria.

Results: Of 1046 respondents, 442 (42.25%) had at least one mental disorder, while 670 (64.1%) had a physical illness diagnosis, viz: diabetes mellitus (37.01%), hypertension (34.18%), heart diseases (7.2%) and non-chronic physical illnesses (9.4%). Physical comorbidity was significantly associated with older age, divorce, illiteracy, and poorer living conditions. Just over one third 34.4% (360 out of 1046) of the patients had physical-mental comorbidity. 53.7% (360 out of 670) of those with physical illness had mental comorbidity while 21.8% (82 out of 376) of those without physical illness had at least one mental disorder (OR=4.1, P<0.001). The commonest comorbid mental disorders were somatization and the simultaneous presence of all 3 mental disorders. There was an increase in the prevalence of mental disorders with increase in the number of physical illnesses. Similarly, the severity of mental illnesses (higher psychopathology scores) was associated with the increasing number of physical illneses. Subjects with heart diseases and asthma consistently had higher psychopathology scores.

Conclusion: The findings call for the primary care physicians to be sensitive to the psychosocial context of patients who present primarily with physical conditions; more so for patients with multiple medical illnesses and social disadvantage.

Biography

Muhammad Ajmal Zahid is a Professor of Psychiatry, Faculty of Medicine, Kuwait University. He obtained his basic Medical degree from the King Edward Medical College, Lahore, Pakistan in 1975 and membership from the Royal College of Psychiatrists, UK in 1985. His areas of interest include psychosocial correlates of severe mental illness, workplace violence among the health care professionals, and psychiatric morbidity in general hospital medical outpatient and primary health care settings. In addition, he has been involved in development of the Undergraduate Psychiatric Curriculum. His achievements include development of (A) a somatic inventory to identify psychiatric morbidity in the physically ill patienets and (B) a violence scale to estimate the prevalence and the degree of violence among the medical health professionals. He has authored 35 publications and is recepient of numerous research and academic awards.

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