

The Relationship of Pphysical and Mental Health : Co-occurring Mental and Physical Disorders

Developments in biochemistry, immunology, radiographic imaging, endocrinology, and other disciplines have produced an increased overlap between medicine and psychiatry.¹ Primary care physicians have a growing recognition of the benefits of psychiatric consultation and treatment of their patients.

Many reasons account for the lack of recognition of mental disorders. In medical clinics patients with both physical and psychological distress may be unable to or unwilling to discuss emotional symptoms because they believe physical symptoms are the appropriate problems to present to physicians. Of equal importance is the physicians failure to obtain a psychosocial history from the patient. Most internists have had inadequate training in psychiatry, feel uncomfortable with psychiatric patients, and do not understand how mental disorders may manifest with physical symptoms.

Psychiatrists' involvement in specialized medical units has grown during the past two decades.² Many patients have both a significant medical illness and a psychiatric disorder. Many such patients are elderly and require a combined medical and psychiatric therapeutic approach.³ Medical-psychiatric units have been successfully developed in many medical centres in recent years. Patients with depression and a concurrent medical disease are present in all units. Chronically mentally ill patients have a high prevalence of inadequately treated medical diseases.^{3,4,5}

Over two thirds of people suffering from depression complain of pain with or without reporting psychological symptoms.⁶ Many people have trouble expressing internal emotions, consider mental illness to be a stigma, or simply assume depressive symptoms relate to their personal situations and therefore do not seek treatment. Physical symptoms are more prevalent among women, the elderly, the poor, the children, the culturally diverse populations, the medically ill, and the imprisoned.

The frequency in which serious physical diseases are accompanied by emotional and behavioural problems, symptoms and disorders are well established by research publications in the recent past years.⁷ It has explored how emotional and behavioural disorders that accompany major physical illnesses are often ignored and even discounted in the development of treatment and prevention plans for cardiovascular diseases, diabetes, gastrointestinal disorders, communicable diseases and other illnesses.

World Federation for Mental Health has identified four specific areas of Co-occurrence of Mental disorders with Diabetes, Cancer, Cardiovascular disorder, and HIV/AIDS. The consequences of emotional and mental problems are many fold including successful treatment and management of diabetes, cancer, cardiovascular disease and HIV/AIDS, including the issues relating to compliance to treatment. The World Federation for Mental Health launched action plan and has provided research based background and fact sheets which include a package of information regarding the health consequences of HIV/AIDS, including the psychosocial impact that HIV/AIDS has on victims, their family and especially on children who are orphaned due to the death of parents infected by HIV/AIDS.

Individuals who have a severe and persistent mental disorders including schizophrenia or depression, very often present a variety of physical health problems, like obesity, high blood pressure, diabetes etc. For many of these individuals, quality medical care for their physical health needs is simply unavailable or inaccessible due to the lack of personal financial resources. In many instances, medical problems may result from negative side effects of medication being taken to manage the mental disorder, in turn, physical health problems may serve to encourage noncompliance with prescribed psychiatric medications.

The Century long ideas of separation between so-called "mental and physical" health has no real

relevance to the scientific understanding of health in the 21st Century; yet the myths and misunderstanding persist.⁸ Mental health advocates all over the world have, in almost apologetic posturing said that this false premise should no longer exist and yet these voices continue to go unheard. The time has come to reinforce what we stand for mind and body are inseparable; health is a complete state of well-being and there is no health without mental health.

Prof. Md. Golam Rabbani

Professor of Child, Adolescent and Family Psychiatry
National Institute of Mental Health
Sher-e-Bangla Nagar, Dhaka-1207

References:

1. Harold I. Kaplan, MD, Bengamie J. Sadock, MD. Psychiatry and Medicine. Comprehensive Textbook of Psychiatry / VI, Vol 2, Williams and Wilkins, 1995, p-1637-44.
2. Stewart, - D-E. Physical symptoms of depression : Unmet needs in special populations. J-Clin-Psychiatry. 2003; 64 suppl 7 : 12-6.
3. Abidi; M-A; Gadit, -A-A. Liaison psychiatry and referral rates among hospitalized patients. J-Coll-Physicians-Surg-Pak. 2003 May; 13 (5) : 274-6.
4. Kroenke, -K. Patients presenting with somatic complaints : epidemiology, psychiatric co-morbidity and management. Int-J-Methods-Psychiatr-Res. 2003; 12 (1) : 34-43.
5. Mccall, -N-T, Parks, -P, Smith, Pope, G, Griggs, -M. The prevalence of major depression or dysthymia among aged Medicare Fee for Service beneficiaries. Int-J-Geriatri-Psychiatry, 2002; 17 (6) : 557-65.
6. Fontana-R-J, Hussain, K-B, Schwartz, S-M, Moyer, -C-A, Su, -G-L, Lok, A-S. Emotional distress in chronic hepatitis C patients not receiving antiviral therapy. J-Hepatol, 2002 Mar; 36 (3) : 401-7.
7. L. patt Franciosi, PhD. The relationship of physical and mental health: Co-occurring mental and physical disorder. World Mental Health Day 2004.
8. World Federation for Mental Health. An overview of Co-occurring physical and Mental Health Disorders.
9. Preliminary outline: Section I to IX World Federation for Mental Health P.O Box 16810
10. Alexandria, Virginia 22302-0810 USA, 1-703-838-7543, info @ wfmh.com.