

Medical Disorders in Psychiatry III Patients



Medical Science

KEYWORDS :

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ABSTRACT

A number of reviews and studies have shown that people with severe mental illness (SMI), including schizophrenia, bipolar disorder, schizoaffective disorder and major depressive disorder, have an excess mortality, being two or three times as high as that in the general population. This mortality gap, which translates to a 13-30 year shortened life expectancy in SMI patients, has widened in recent decades, even in countries where the quality of the health care system is generally acknowledged to be good. About 60% of this excess mortality is due to physical illness. Individuals with SMI are more prone to many different physical health problems. These diseases are also prevalent in the general population, but their impact on individuals with SMI is significantly greater. So this study is about to know clinical profile, laboratory parameters and treatment associated disorders in mentally ill patients and to categorise the medical illness according to systemic involvement, so that will help in to improve health.

INTRODUCTION

The lifespan of people with severe mental illness (SMI) is shorter compared to the general population. As compared to general population physical disorders are more prevalent in people with severe mental illness (SMI). Excess morbidity and mortality is mainly due to nutritional and metabolic diseases, cardiovascular diseases, viral diseases, respiratory tract diseases, musculoskeletal diseases, sexual dysfunction, pregnancy complications, stomatognathic diseases. It seems that lifestyle as well as treatment specific factors account for much of the increased risk for most of these physical diseases. Moreover, there is sufficient evidence that people with SMI are less likely to receive standard levels of care for most of these diseases.

Psychiatrists can play a pivotal role in the improvement of the physical health of these patients by expanding their task from clinical psychiatric care to the monitoring and treatment of crucial physical parameters. Furthermore, psychiatrists can help to educate and motivate people with SMI to address their suboptimal lifestyle, including smoking, unhealthy diet and lack of exercise.

AIMS AND OBJECTIVES

- To study prevalence of medical disorders in patients with mental illness admitted in psychiatric hospital.
- To study clinical profile, laboratory parameters and treatment associated disorders in mentally ill patients.
- To categorise the medical illness according to systemic involvement.
- To study co morbidities in indoor patients with psychiatric problems.

MATERIAL AND METHADODOLOGY

The present study was carried out on 60 patients admitted in Mental Hospital, Ahmedabad between study periods from 1st august 2014 to 30th September 2014.

Type of study:

This is Cross sectional observational study.

Inclusion criteria:

Patients admitted in Mental hospital during study period.
Patients above 18 year of age. (consider because of definition of SMI)
Patient who is able to give history.

Exclusion criteria:

Patient below 18 year of age.
Patient who is not able to give history.

Methods:

With permission of superintendent of mental hospital detailed history regarding the duration of mental illness, date of admission, marital status, medication history, duration of medication, detail of medication and symptoms were noted. In case of female patients, menstrual & obstetric history was noted. Any significant personal, past or family history was elicited with specific reference to occupation, addictions and all prior treatment taken. If require history was taken from care takers and relatives.

Examination:

Patients involved in this study were assessed for complete general examination with anthropometry was carried out, followed by a thorough systemic examination of respiratory system, cardiovascular system, gastrointestinal system, renal system and central nervous system as mentioned in proforma.

Investigations:

All cases were subjected to baseline investigations, this comprised of

Routine investigation: complete blood count, urine routine

& microscopic examination, RFT, LFT, RBS, S.TSH, S. Uric acid, S. Vitamin B12 level, S.Iron, S.Ferritin, Lipid profile, HIV, HBsAg, VDRL. Each patient in this study with expected systemic involvement and need further evaluation was subjected to available and feasible **special investigation** as follows : S. Lithium level, FBS, PPBS, Chest X-Ray, X-Ray Abdomen, Ultrasonography of abdomen and local part, ECG ,2D Echo, NCCT brain and MRI brain was done at civil hospital, ahmedabad.

DATA ANALYSIS AND CONCLUSION

- Schizophrenia, which was most common, which was seen in 61.33% of total patients, followed by BMD in 18.33%, Depression in 13.33%, psychosis in 5% and 1.67% patients was opiod dependent.
- Over all Male: Female ratio was 1:1.
- Most common age group belongs to SMI was 31-40 year in male patient and 31-40 year in female patient.
- Out of total patients, 32.33% were married, 33.33% were unmarried and 13.3% got divorced after marriage.
- Symptoms wise analysis of this study**
- Out of total patient, 33.33%had respiratory complain, 48.3%had cardiovascular complain, 75%had gastro intestinal symptoms, 48.33%had haematological symptoms, 80%had renal symptoms,75%had neurological symptoms and 26.67%had endocrine system related symptoms.

- In this study 26.67% patients had past history of hypertension, 8.3% had diabetes, 5% had CAD and 3.33% patients had thyroid disease.
- In present study, 31.67%patients were addicted, out of these 100% were tobacco chewer, 21.05% were alcoholics, 15.79% patients were ganja and charas addicted , 5.26% were IV drugs abuser and 15.79% patients had multiple addiction.
- 51.67% patients had normal BMI while 15% patients belong to underweight, 21.67% patients were overweight and 11.67%patients falls in to obese.
- According to WHR, 66.67% patients were at risk, 16.67% had average and 11.67% had good control and only 5% patient had excellent control on WHR.

11. From investigation findings,

DISESES	Male	Female	Total
Anemia	26(43.33%)	25(41.67%)	51(85%)
Diabetes	1(1.67%)	2(3.33%)	3(5%)
Hypoproteine-mia	5(8.33%)	5(8.33%)	10(16.67%)
Hypothyroidism	11(18.33%)	11(18.33%)	22(36.67%)
Dyslipidemia	3(5%)	14(23.33%)	17(28.33%)
Vita B12 deficiency	15(25%)	20(33.33%)	35(58.33%)
Immunocompro-mise state	0(0%)	2(3.33%)	2(3.33%)
HbsAg Reactive	2(3.33%)	0(0%)	2(3.33%)
VDRL Positive	0(0%)	2(3.33%)	2(3.33%)

11. From individual SMI wise finding,

DISEASE	BMD (n=11)	Depression (n=8)	Psychosis (n=3)	Opiod Dependent(n=1)	Schizophrenia (n=37)	Total Patient(n=60)
Anemia	10(90.91%)	8(100%)	3(100%)	0(0%)	30(81.08%)	51(85%)
Diabetes	0(0%)	2(25%)	0(0%)	0(0%)	1(2.70%)	3(5%)
Hypertension	3(27.27%)	3(37.5%)	0(0%)	0(0%)	16(43.24%)	22(36.67%)
Hypothyroid	3(27.27%)	5(62.5%)	1(33.33%)	0(0%)	13(35.13%)	22(36.67%)
Dyslipidemia	4(36.36%)	2(25%)	2(66.66%)	0(0%)	9(24.32%)	17(28.33%)
B12 deficiency	7(63.63%)	4(50%)	1(3.33%)	0(0%)	23(62.16%)	35(58.33%)
COPD	0(0%)	0(0%)	0(0%)	0(0%)	3(8.11%)	3(5%)
Epilepsy	0(0%)	0(0%)	0(0%)	0(0%)	2(5.41%)	2(3.33%)
CAD	0(0%)	0(0%)	0(0%)	0(0%)	1(2.70%)	1(1.67%)
CV Stroke	0(0%)	1(12.5%)	0(0%)	0(0%)	0(0%)	1(1.67%)

12. From diagnostic finding,

- Most common disease seen in present study was anemia that was seen in 85% of total patient followed by vitamin B12 deficiency which was seen in 58.33% of patients.
- Hypertension was seen in 36.67% of patients.
- Hypothyroidism was seen in 36.67% of patients.
- Dyslipidemia was seen in 28.33% of patients.
- Diabetes was seen in 5% of patients and COPD was also found in 5% of patients.
- Epilepsy was seen in 3.33% of patients.
- Least common disease found in this study was CAD and CV Stroke that was found in 1.67% of patients each.

13. Hypothyroidism was most commonly seen in those patients who were on tablet lithium. Out of 22 patients who had hypothyroidism, 10 patients were on tablet lithium.

14. 11.67% patients had both high BMI and high WHR. Out of these 37.5% patients had dyslipidemia.

15. As compare to non SMI patients, SMI patients had more prevalence of physical disorder like anemia, vitamin B12 deficiency, hypertension , hypothyroidism, diabetes, COPD, CAD, CV Stroke, epilepsy, HbsAg reactive status.

Comparison with study done by Woodhead et al.significant correlation (P<0.05) was found in patient having Diabetes, Thyroid and Epilepsy. No significant (P>0.05) correlation was found in patients having Hypertension, COPD, CAD and CV Stroke.

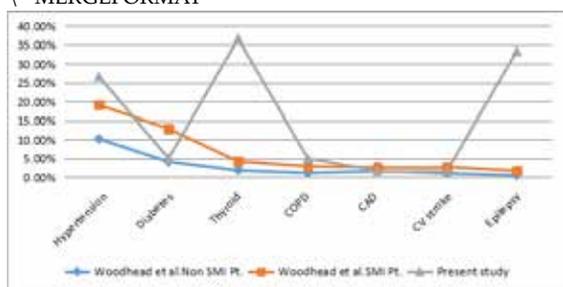
Comparison of present study with other study.

Disease	Woodhead et al. Study 2014		Present study	Z VALUE	P VALUE
	Non SMI patient (n=3,04,297)	SMI patient (n=4,346)	SMI patient (n=60)		
Hypertension	10.2%	19.1%	26.67%	1.318753	0.19
Diabetes	4.1%	12.9%	5.0%	-2.76298	0.0058
Thyroid	1.8%	4.2%	36.67%	5.212894	0.0001
COPD	1.1%	2.9%	5.0%	0.743324	0.459
CAD	1.6%	2.6%	1.67%	-0.55627	0.5823

CV stroke	1.0%	2.7%	1.67%	-0.61584	0.5419
Epilepsy	0.5%	1.7%	33.33%	5.194773	0.0001

Comparison of present study with other study.

* MERGEFORMAT



SUMMARY

- Most common psychiatric illness in mental hospital is schizophrenia followed by BMD.
- Most common age group belongs to SMI patient is 31-40 year.
- Most of SMI patients are unmarried or divorcee.
- Most common complain in SMI patients is pertaining to renal system followed by gastrointestinal and nervous system due to the side effect of lithium and antipsychotic drug.
- Dry cough is most common respiratory complain without constitutional symptoms.
- Exertional dyspnea is most common cardiovascular complain probably due to anemia.
- Dry mouth is most common gastrointestinal system related complain due to side effect of lithium and antipsychotic drug.
- Generalised weakness is most common haematological complain.
- Polyuria is most common renal system related complain followed by polydypsia due to the side effect of lithium.
- Forgetfulness is most common nervous related complain followed by headache because of disease itself , vitamin B12 deficiency or side effect of antipsychotic drug.
- Oligomennorrhoea and amenorrhoea is most common endocrine system related complain in female patients while in male patients it is decrease libido and erectile& ejaculatory dysfunction probably because of side effect of antipsychotic drug.
- 1/3 patients have addiction, most common addiction is tobacco chewing and smoking.
- Most of patient has normal BMI.
- Most of patients has high (At Risk) WHR probably due to less physical activity and weight gain due to side effect of anti psychotic drugs
- All obese patients have high WHR.
- Anemia is most common disease observed in SMI patients followed by Vitamin B12 deficiency.
- Coronary Artery Disease (CAD) and CerebroVascular Stroke (CV Stroke) are least common disease observed in SMI patients.
- Hypothyroidism is most common in those who are on lithium tablet.

Looking to all above findings, our conclusion is that SMI patients should be subjected to anthropometry and routine investigation at regular interval for better care and management.

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