

COMORBIDITY OF MENTAL AND PHYSICAL DISORDERS: A MAIN CHALLENGE TO MEDICINE IN THE 21ST CENTURY

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The comorbidity of mental and physical disorders - forgotten or neglected by public health authorities and medical educators until recently - is a main challenge to medicine in the 21st Century. This type of comorbidity has grave consequences: it worsens the prognosis of the comorbid diseases and increases the likelihood of complications of all the conditions that are involved. It increases the cost of treatment and enhances the probability of permanent or long lasting impairment and consequent disability.

The comorbidity of mental and physical disorders is on the increase. The successes of medicine prolong life thus adding years at risk for comorbidity. People suffering from chronic diseases – such as cancer, cardiovascular illness, chronic obstructive pulmonary illness and diabetes are likely to live longer and are at particularly high risk to develop a mental disorder comorbid to their chronic illness. The lifestyle of many in modern times – with highly caloric food, sedentary occupations, continuing high levels of stress from sources that cannot be controlled by the individual concerned - also contributes risks for comorbidity. Environmental pollution is probably responsible for the continuing growth of incidence of allergic and hyperergic disorders and the breakdown of traditional families increases the probability of early childhood abuse which contributes to heightened vulnerability for and higher incidence of a number of disorders – e.g. cardiovascular illness and depression in adult age.

The epidemic increase of comorbidity unfortunately coincides with the growing fragmentation of medicine into ever more specialized sub-disciplines. Within psychiatry there are specialists in early schizophrenia, bipolar disorders, eating disorders; hand or even thumb surgery has become a discipline separate from general surgery. The super-specialization within medicine is to a large extent a consequence of the vast increases of knowledge and the need to develop very special skills; the unfortunate side effect of this development is that super-specialists have very superficial knowledge of the rest of medicine and are reluctant to deal with any disorder that is outside their narrow zone of specialty. General practitioners overwhelmed by the discoveries of the complexity of diseases, by new diseases and by the

multitude of administrative tasks often do no more than send the patient to specialists who concentrate on the diseases because of which the patient was sent to them and disregard comorbid conditions.

The diagnosis of the comorbid disease is thus often delayed, particularly when comorbidity involves a mental and a physical illness. The consequences of this delay are often tragic. Diseases which could be effectively treated remain unrecognized and often render the life of the patient not only more miserable but also shorter. Thus, the life expectancy of people with schizophrenia is, on average, twenty years shorter than of people who do not have schizophrenia. In part this excess of death is due to violent death – suicide and consequences of violence to which people with schizophrenia are often exposed – but most of the loss of life years is due to unrecognized and untreated physical illness. Complications of diabetes are up to four times more frequent if the patient also suffers from depressive disorders (Katon et al. 2010) People with myocardial infarction have will have a higher mortality if they also suffer from anxiety (Glassman et al. 2011) The rehabilitation of people with severe impairments is considerably more complex and less successful if the person who is being rehabilitated also suffers from a mental disorder.

The answer to the challenge which the comorbidity of mental and physical disorders represents will be found in changes of the medical education and the education of other health care workers which is still placing its focus on specific diseases and the functioning of an organ that has produced it rather than on the person who suffers from that disease but might well have other diseases and problems. The answer is also, partially, in the organization of health services and in the structure of health insurance companies. The governmental agencies which license medications will also have to change their principles and seek ways to ensure that medications can be effectively applied in the treatment of people who suffer from more than one disease at the same time: trials of new medications for example will have to be conducted in people who have other, concomitant diseases rather than in people who are suffering only from the target disease.

It is to be hoped that dealing with the challenge of comorbidity of mental and physical illness will also help to bring psychiatry closer to the rest of medicine. This would help to deal with comorbidity but it would also improve the image of psychiatry, enhance its usefulness to society and facilitate its practice. General medicine would also benefit from the contribution that psychiatry can make to a comprehensive and humane treatment of people with physical and mental illness – whether they occur together or separately.

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References

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