Comorbidity of mental and physical illness: a major challenge

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Challenges for mental health programmes

• Stigma attached to mental illness and all related to it
• Comorbidity of mental and physical illness
• Vagueness of the definition of mental health and of interventions to deal with it

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Comorbidity

Comorbidity, e.g. because of aging, better care,

Unity of medicine

Time

Strength

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Comorbidity of mental and physical illness

• Comorbidity of mental and physical illness produces higher mortality of the mentally ill
• Comorbidity increases losses of human and social capital by significantly increasing the disability related to illness
• The gaps within the health system and stigma of mental illness make adequate treatment rarely possible.

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Depression and physical illness

• Physical illness is considerably more frequent in people with depression
• Depression is a risk factor for a variety of physical illness
## Verona, 1982-2001: Avoidable mortality (SMR) for persons with mental disorders

<table>
<thead>
<tr>
<th>Category</th>
<th>SMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients</td>
<td>4.31</td>
</tr>
<tr>
<td>Males</td>
<td>6.13</td>
</tr>
<tr>
<td>Females</td>
<td>2.84</td>
</tr>
<tr>
<td>Schizophrenia et al.</td>
<td>4.83</td>
</tr>
<tr>
<td>Severe mood disorders</td>
<td>4.86</td>
</tr>
<tr>
<td>Mild mood disorders</td>
<td>2.41</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>18.84</td>
</tr>
<tr>
<td>Neurotic/somatoform</td>
<td>2.48</td>
</tr>
<tr>
<td>Personality disorders</td>
<td>3.03</td>
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</tbody>
</table>

Norman Sartorius 2009
Depression in people with other diseases

Cancer (depending on location) 13-57%
Diabetes 9-27%
Myocardial infarction 30-50%
Coronary disease and Congestive heart failure 20%
Reasons for high prevalence of physical illness in depression

- Immunological
- Self neglect
- Consequences of treatment
- Consequences of suicidal attempts
- Developmental (e.g. childhood adversity)
Childhood adversity, depression and cardiovascular illness (odds ratios)

<table>
<thead>
<tr>
<th>Childhood adversity events</th>
<th>Cardiovascular illness</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1.24</td>
</tr>
<tr>
<td>2</td>
<td>1.60</td>
</tr>
<tr>
<td>3 or more</td>
<td>2.40</td>
</tr>
<tr>
<td>Early onset depression</td>
<td>1.91</td>
</tr>
</tbody>
</table>

Van Korff et al (2009)
Comorbidity and disability (days/months)

<table>
<thead>
<tr>
<th></th>
<th>Developing countries</th>
<th>Developed countries*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression (and anxiety)</td>
<td>3.5</td>
<td>4.5</td>
</tr>
<tr>
<td>Comorbid depression (and anxiety)</td>
<td>7.0</td>
<td>9.0</td>
</tr>
</tbody>
</table>

* Average for Belgium, France, Germans, Italy, The Netherlands and Spain

Von Korff et al (eds) 2009
313,586 patients in VA hospitals had diabetes and of those 25% (76,799) had a mental disorder as well depression, anxiety, psychosis, substance abuse or personality disorders.)

Except for those with anxiety they received fewer HbA tests, fewer eye examinations, no LDL tests and had poor lipemic and glycemic control.

Frayne et al, Arch. Intern. Med., 2005
Unmet needs for health care of people with mental illness in Europe

• In a general population in Belgium, France, Germany, Italy, the Netherlands and Spain 6% of those seen had a mental disorder.
• 48% of the people with mental health problems had no formal health care compared to 8% of those with diabetes.

Alonso et al, BPJ 2007
Conclusions

• Depression is frequently comorbid with physical illness such as cardiovascular illness or cancer
• Depression comorbid with other illness leads to disproportionally high disability
• Some of the causes of depression and somatic illness are the same
• Treatment of both comorbid illnesses at the same time is necessary and possible
Conclusions (continued)

• Current existing health care systems are not suited for the treatment of comorbid conditions and need reform

• Some of the preventive measures would not only diminish the incidence of depression but also lead to a decrease of certain physical illness

• Prevention of depression alone or comorbid requires collaboration of several social sectors.

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