Detecting psychiatric morbidity in the medically ill

Developing a screening tool for Indian population

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Abstract—Thereare very few objective assessment tools available for identifying mental health problems in patients with medical illnesses. The available tools are suitable for western population, expensive, and we hardly have any tool to screen psychiatric morbidity in general hospital setting in India. Objective: To develop a screening measure to detect psychiatric morbidity in people with medical illnesses. Design & Methodology: Screening tools for psychiatric morbidity in general population cannot be used for those with medical illnesses, as these have items which are common features of medical illnesses, like bodily symptoms, fatigue, loss of concentration and disturbance in biological functions. The tool for screening psychiatric morbidity should not have such items, as these would lead to false enhanced scores. There are four stages of developing this screening instrument and this tool is under development and validation process. A recently developed screening instrument for psychiatric morbidity in general population is being modified for use in medically ill persons in the present study. The mental health issues in medically ill were identified by discussion with physicians from diabetes centre and those dealing with chest diseases and psychiatry consultants. Ten mental health related items were identified which the physicians noted often in their medically ill patients. These changes were evaluated by a consultant clinical psychologist to see appropriateness of the screening measure. Results: A final screening tool for detecting psychiatric morbidity in medically ill has been evolved. This tool will be applied to population suffering from respiratory, endocrinological, cardiovascular diseases and cancer population from Rajiv Gandhi Institute of Chest and Tuberculosis, Samatvam clinic and Kidwai Memorial Institute of Oncology respectively. In the next phase the sensitivity and specificity of the instrument will be determined. Conclusion: The screening tool would be able to screen the patients attending general hospital setting for psychiatric morbidity. This would enable physicians to provide appropriate level of care through medications, psychotherapy or referral to a specialist or complementary and alternative medicine.

IndexTerms: medically ill, psychiatric morbidity, screening.

INTRODUCTION

WHO defines Health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity [1]. Invariably physical and mental health are two sides of a same coin or two wheels of a cart, malfunctioning of either of them can lead to gross imbalance in an overall individual health. What is an impact of them on each other? A clear distinction is often made between 'mind' and 'body', but when considering a health concern these should not be separated. Poor physical health can lead to an increased risk of developing mental health problems. Similarly, poor mental health can negatively impact on physical health, leading to an increased risk of certain chronic conditions like Diabetes, COPD, Cardiovascular diseases. [2]

Psychologically and biologically plausible explanations are available for how factors such as stress, negative affect, Major depressive and anxiety disorders might influence immunity and immune system–mediated diseases [3]. For example, Depression has been linked to 67% increased risk of death from heart disease and 50% increased risk of death from cancer. In psoriasis, approximately one third experience anxiety and depression. [4].

There has been significant interaction of diabetes and psychiatry. In 17th century Thomas Willis speculated that diabetes was caused by "*long sorrow and other depressions*." Sir Henry Maudsley explained that "Diabetes is a disease which often shows itself in families in which insanity prevails" in "The Pathology of Mind" published in 1879. Insulin coma therapy was used as a psychiatric treatment. Over last few years it has been studied with a great interest [5]. Around 45% cases of mental health issues are undetected among patients

being treated for diabetes. Some of the psychiatric disorders of particular relevance with regard to diabetes include delirium, substance use disorders, depression, anxiety, psychotic illness like schizophrenia, eating disorders. [6]. Medically ill persons with comorbid mental disorders showed a significantly decreased overall physical and psychosocial quality of life compared to persons without mental disorders [7].

A study from respiratory unit has shown high rate of psychiatric morbidity (58%) with panic and other anxiety disorders (34%) being particularly prevalent [8]. It is a fact that many psychological concerns go unnoticed or unidentified in patients with cancer due to unavailability of screening tool and probably health professionals lack training in communication skills to elicit psychiatric concerns. Appropriate referrals to psychological services are necessary when patients requiring help are identified [9].

There are approximately 7 to 8 well established tools for detecting psychiatric morbidity in general hospital setting: Hospital Anxiety and Depression Scale (HADS), the Cognitive Behavioural Assessment Hospital Form (CBA-H), the Beck Depression Inventory (BDI), the two and nine-item Patient Health Questionnaire (PHQ-2, PHQ-9), the Depression Interview and Structured Hamilton (DISH), the Hamilton Rating Scale for Depression (HAM-D/HRSD), and the Composite International Diagnostic Interview (CIDI) [10)]. Which tool is best for identifying psychiatric morbidity is still unclear. It is crucial to not consider overlapping symptom domains in the tool which routinely being used for psychiatry population and also the cultural context where symptom domains might differ from each other. Thus there is a need to be able to address these issues by developing a culturally valid tool for medically ill persons which would suit and identify optimum mental health concerns [10]. Most of the tools that are being used are adapted from western population and invariably contrast with Indian population where we actually face enormous difficulty in translation and lack in reflecting patient's psychopathology. Also tiredness and fatigue, sleep and appetite disturbances, somatic symptoms etc. often coexists with physical disorders like diabetes, COPD and Cancer and most of the available tools can not differentiate it from physical disorders. Screening tools for psychiatric morbidity in general population cannot be used for those with medical illnesses, as these have items which are common features of medical illnesses, like bodily symptoms, fatigue, loss of concentration and disturbance in biological functions. The tool for screening psychiatric morbidity should not have such items, as these would lead to false enhanced scores. Thus we need to give special consideration to them by developing a sensitive tool. Further before intervening particular psychiatric problem we need to detect it as in most of the cases it goes unnoticed. The available tools are suitable for western population, expensive, and we hardly have any tool to screen psychiatric morbidity in general hospital setting in India.

METHODOLOGY

There are four stages of developing this screening instrument and this tool is under development and validation process. Primary investigator has made formal 30 minutes qualitative interview with medical specialists including physicians from diabetes centre, those dealing with chest diseases and psychiatry consultants for reflecting their expertise in detecting psychiatric morbidity and frequently asked questions by them to patients as well as patient's routine mental health concerns were noted. Then we started applying this tool with 10 pilot patients from Rajiv Gandhi Institute of Chest and Tuberculosis (RGICT), Samatvam clinic of endocrinology (SAMATVAM) and Kidwai Memorial Institute of Oncology (KMIO). Results and interpretation of them were discussed with clinical psychology consultant. A newly developed screening instrument for psychiatric morbidity in general population is being modified for use in medically ill persons [10]. It consists of 28 items focussing on various mental health dimensions. Each item is scored from 0 to 4. What score is likely to be a mental health concern is to be identified through second phase of the study which will screen pilot subjects and statistical cut off will be determined. The mental health issues in medically ill were discussed with physicians from diabetes centre and those dealing with chest diseases and psychiatry consultants. Ten new mental health related items were identified which the physicians noted often in their medically ill patients. These changes were evaluated by a consultant clinical psychologist to see appropriateness of the screening measure. Thus the newly developed tool has 38 items. Third phase of the study include assessment of 200 patients from each institute using the developed tool. The fourth and final phase includes determining sensitivity and specificity through application into community sample and sample consisting of psychiatric patients. It is an easy to administer tool and may help to screen psychiatric morbidity in medically ill. Although this may not be the complete tool but it is a first of its kind in India and is likely to be helpful to identify mental health related concerns. Good thing about it is that it covers almost all common mental health disorders and not focussing only on depression like earlier tools.

RESULTS

Following are those ten domains in table-1 which were added into existing tool after interviewing physicians and evaluation by clinical psychologist. The new tool contains 38 items and will be used for detecting psychiatric morbidity in patients with medical illness:

Table-1

1) I have fear of death
2) I have fear that my illness will recur again
3) My illness has become or is a burden to my family
4) I am feeling upset and not interested in carrying out activities like before or I lose my enthusiasm to carry out activities since the time I came to know about my illness.

5) I feel angry about or I do not feel happy about myself without any reason.
6) I do not feel the urge or like having meal
7) I have vague feelings after taking medications for my illness.
8) I feel weak and lethargic.
9) I am not able to concentrate on my work and not able to continue my job.
10) I worry a lot about cost of my treatment /surgery/intervention.

The tool can be rated on Likert scale from 0 to 4 as shown below. This will give maximum score of 152and minimum score of 0. In the next phase as mentioned cut off score, assessment of large sample using the tool and sensitivity and specificity of the instrument will be determined.

Always	Mostly	Some-times	Rarely	Never
4	3	2	1	0

This tool will be applied to population suffering from respiratory, endocrinological, cardiovascular diseases and cancer population from Rajiv Gandhi Institute of Chest and Tuberculosis, Samatvam clinic and Kidwai Memorial Institute of Oncology respectively.

CONCLUSION

There is high prevalence of mental disorder in chronicmedical conditions. Before intervention are being done there is high expectation from a health care specialist to identify mental health concerns that either precipitate or accelerate the medical condition. Hospital Anxiety and Depression Scale has been used for detection of anxiety and depression in cancer patients in India [11], however, it had its own limitations and challenges [12, 13]. However till now there was no tool developed in India to detect psychiatric morbidity in medically ill patients.Implication of the study is that we shall be able to screen the patients attending general hospital setting for psychiatric morbidity and would be able to provide appropriate level of care through medications, psychotherapy, complementary and alternative medicine or appropriate tertiary care referral.

COPYRIGHTFORMS

Not Required.

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