General article
Γενικό άρθρο

Mental and Physical Health - A holistic approach

M. Malliori

1st Department of Psychiatry, Medical School, Athens University, Eginition Hospital, Athens, Greece

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The promotion and the protection of physical and, recently, mental health is a globally recognized priority. This is not true though with regard for their interrelationship which has received little attention from both medical branches. It is well known that physical health problems or disabilities are accompanied by or combined with mental health symptoms or disorders and vice versa. The advantages of a holistic, individualized approach, which covers not only the subjective complains of the patient but also the interaction between physical and mental health are well established based upon credible scientific data.

Key words: Mental health, physical health, holistic approach, individualized approach.

One of the most ancient and most revered axioms in Medicine, since the Age of Asclepius and Hippocrates, states that "a healthy mind resides in a healthy body".

This axiom retains its validity nowadays more than ever, especially in the case of mental illness. The impact of mental disorders on the overall burden of disease was likely to be underestimated because of inadequate appreciation of the connectedness between mental illness and other health conditions, due to various economic, social and scientific factors. Therefore the trend has been to neglect or at least marginalise the fact that poor physical health linked particularly with chronic or terminal conditions can make patients susceptible to poor mental health. Persons with an enduring mental illness are at much greater risk of developing certain physical health problems, most notably cardiovascular disease and diabetes and consequently of increasing the already substantial economic cost of the health care treatment, with a direct negative impact on national economies.[1]

This is, for instance, the case of most low and middle-income countries where mental health remains a low priority and of developing countries which tend to prioritise the control and eradication of infectious

diseases. This also applies in developed countries which prioritise non-communicable diseases that cause early death (such as cancer and heart diseases) above those that cause years lived-with-disability (such as mental disorders). Consequently, although the importance of promoting and protecting both physical and mental health is well recognised, the complex interaction between the two has received comparatively little attention until recently. Of course the impact of poor mental health on physical health has been documented for many decades: yet this has only emerged as a major issue in the last ten years, as evidence on this relationship grows rapidly and the results of relevant studies have shown that unless the issue is duly taken into consideration, its social and economic impact shall seriously damage (personal, familial, national, European and global) economy at all levels.[2] For instance, the fact remains that in the WHO European region, mental and neurological problems account for 22% and 17% of the total burden of disease respectively, second only to cardiovascular disease.[3] Also about 14%) of the global burden of disease is attributed to neuropsychiatric disorders which increase the risk for communicable or non-communicable diseases, while conversely many health conditions increase the risk for mental disorders.[4]

These facts have led the WHO European Ministerial Conference Mental Health Plan for Europe of 2005, in Copenhagen, to the conclusion that there can be "no health without mental health", which in essence is nothing more than just a variant verbal formulation of the above ancient Greek medical axiom.

The substance of this slogan, also endorsed, among others, by the EU Council of Ministers and the World Federation of Mental Health, is that mental disorders make an important contribution to the burden of disease worldwide as shown by the WHO Global Burden of Disease Report. This has revealed the degree of contribution of mental disorders by use of an integrated measure of disease burden, named the disability-adjusted life year, (i.e. the sum of years lived with disability and years of life lost). It should be added that of all the non-communicable diseases, neuropsychiatric conditions contribute the most to the overall burden, more than cardiovascular diseases or cancer.

In this context, neuropsychiatric conditions account for up to 25% of all disability-adjusted life-years and up to 33% of those attributed to non-communicable diseases, varying on the income level between countries. Mental disorders are the neuropsychiatric conditions that contribute the most disability-adjusted life-years, especially unipolar and bipolar affective disorders, substance and alcohol-use disorders, schizophrenia and dementia. Neurological disorders such as migraine, epilepsy, Parkinson's disease and multiple sclerosis make a smaller but still significant contribution. More specifically, according to the 2005 WHO's report, 31.7% of all years lived-with-disability are attributed to mental disorders with the unipolar depression occupying the first place among five major contributors (11.8%) followed by alcohol-use disorders, schizophrenia, bipolar depression and dementia. Conversely, the proportion of cases of disability that would not have occurred in the absence of mental disorders could be as high as 0.69%, which suggests that failing health and consequent disability could be the most important contributory cause for late-life depression.[4]

As far as mortality is concerned, the same WHO estimates refer to neuropsychiatric disorders accounting for 1.2 million deaths every year and 1.4% of all years-of-life lost, most of these caused by dementia, Parkinson's disease and epilepsy; only 40,000 deaths were attributed to depression, schizophrenia and post-traumatic stress disorder and 182,000 to use of drugs and alcohol. It should be noted that these numbers are almost certainly underestimated since the report attributes the yearly 800,000 deaths by suicide to intentional injury. However a systematic review of relevant studies identified mental disorders as important proximal risk factors for suicide with a rate of 91% in suicide completers and of 47–74% in a population-attributable fraction.[4]

Schizophrenia is generally acknowledged as a life shortening illness with patients dying on average ten years earlier than the general population (one third due to suicide and increased risk of accidents and two thirds due to poor physical health). Individuals with depression have a 24% increased risk of dying in the next six years compared with the general population.[5]

In parallel, evidence consistently indicates that the mortality rate or many physical illnesses, most notably cardiovascular disease and diabetes (with the exception of most cancers), are significantly higher for people living with enduring mental problems than rates found in the general population, regardless of the type of the mental problem (it was found in England, for example, that the risk of coronary heart disease related mortality was 188% greater than the general population for those aged between 18 and 49 and 76% for those between 50 and 75).[6]

Similar estimates were reached for risk of death from stroke with more than 139% for those aged under 50 and 83% for those over 50.

Beyond the particular issue of mortality and early death, mental health carries an equally strong association with non-communicable diseases such as cardiovascular risk exposures. It was found in that sense that psychoses of people living in London were associated with a 80% increase in the ten year risk of cardiovascular disease and that people with clinically severe depression were at greater risk by 150% of having stroke and heart attack, while those suffering from mild depression were at greater risk by 39%.

Conversely, poor physical health can be a cause of mental health problems. One US based study reported that cardiovascular disease was a significant trigger for depression and anxiety in people over 45 compared to the same age group of the general population (15% versus 7.1%) The same with stroke, chronic obstructive pulmonary disease, cancer, diabetes and arthritis.

Mental disorders also affect other health conditions such as obesity, smoking and medical conditions. One US study reported that 50% of women and 41% of men receiving psychiatric care were obese compared with 27%) and 20% of the general population respectively. Further people with mental problems are twice as likely to be smokers. In the case of medical conditions, such as hypertension, arthritis, peptic ulcer and diabetes, the rate is almost three times greater than that of the general population and the evidence for comorbidity between mental disorder and the disease is much stronger. The prevalence of diabetes in people with schizophrenia being consistently shown to be about 15% compared with a typical community prevalence of 2–3%.[7]

Finally mental disorders also interact with some particular health conditions such as the medically unexplained somatic symptoms and syndromes which are strongly associated with common mental disorders. It should be noted that at least a third of those with somatisation have no comorbid mental disorder.

With regard to communicable diseases- mainly AIDS- which continue to cause substantial death and disability in low and middle-income countries, some indirect evidence shows that people with mental disorder are at heightened risk of contracting HIV/AIDS and that for patients with schizophrenia, mental illness generally precedes HIV infection. Moreover, apart from the psychological trauma the infection itself has direct effects on the central nervous system, and causes neuropsychiatric complications, depression, mania, cognitive disorder and frank dementia, often in combination.

Generally speaking, the interactions between mental disorders and other health conditions are widespread and complex. Mental disorders are risk factors for the development of non-communicable and communicable diseases, and contribute to accidental and non-accidental injuries. For some infectious diseases, mental disorders in infected persons increase the risk for transmission. Many health conditions increase the risk for mental disorder, or lengthen episodes of mental illness. The resulting comorbidity complicates help-seeking, diagnosis, quality of care provided, treatment, and adherence, and affects the outcomes of treatment for physical conditions, including disease-related mortality.[8] For many health conditions, mental illness makes an independent contribution to disability and quality of life.

In a nutshell, mental disorders affect the rate of other health conditions, some health conditions affect the risk of mental disorders either by affecting directly the brain though infection, diabetes etc, or by creating a heavy psychological burden and, finally, some comorbid mental disorders affect treatment and outcome for other health conditions though delaying help seeking and reducing the likelihood of detection and diagnosis. Thus, it is evident that there are inextricable links between good physical and mental health. People living with a range of mental

problems and those coping with chronic or terminal illness as well as permanent disability appear to be at greater risk than the general population for developing co-morbid physical or mental health problems respectively.[9,10] Hence action has to be taken not only by the individual States but also by the European Commission which can play a vital role by endorsing as a starting point for all European development of strategies to promote health holistically. Also the concept of liaison psychiatry might be expanded to include greater collaboration of psychiatrists with other specialities with the primary care sector. Finally, one potential way might be through community based multi-disciplinary primary care teams which would include not only primary care doctors and mental health professionals but also other disciplines such as community nursing and social work. This would aim to take a holistic approach to health promotion, including monitoring physical health needs, providing and monitoring medication and providing advice on healthy living to people experiencing psychoses for the first time aged between 16 and 30. This would be an extremely efficient way to avert, for instance up to 20% of infant stunting in Pakistan if maternal depression was treated more effectively as a relevant study has shown, or to avert up to 15% of suicides in China by interventions to treat major depression as another similar study concluded.

A new European Commission study (HELPS) aims to identify best practice for physical health promotion in mental health and social care. Work is also underway in Europe to bring psychiatrists, dialectologists and cardiologists together to develop a joint statement on how people with severe mental health problems should be monitored for risk of hyperglycemia and cardiovascular disease.[14]

By the same token, mental health professionals should routinely assess their patients to identify and monitor physical health problems, should encourage them to attend regular tests, and should generally place a greater emphasis on lifestyle review and management, since there is a strong link between mental health, poverty and social exclusion and it is well known that those with depression are less inclined to engage in physical activity.

Finally, greater attention should be, given to the use of pharmacological treatment in order to avoid the so called metabolic syndrome and its severe side effects and risks for diabetes and heart diseases.

Ψυχική και Σωματική Υγεία- Ολιστική προσσέγγιση

Μ. Μαλλιώρη

Α' Ψυχιατρική Κλινική, Ιατρική Σχολή, Πανεπιστήμιο Αθηνών, Αιγινήτειο Νοσοκομείο, Αθήνα

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Η διεθνής κοινότητα έχει αναγνωρίσει ως προτεραιότητα την προαγωγή και προάσπιση της σωματικής υγείας και πρόσφατα παρόμοιας αναγνώρισης έτυχε και η ψυχική υγεία. Δεν συμβαίνει όμως το ίδιο και για την αλληλεπίδραση μεταξύ τους, η οποία δυστυχώς τυγχάνει μικρής προσοχής και από τους δύο επιστημονικούς κλάδους. Είναι πολύ καλά γνωστό ότι η σωματική αρρώστια ή αναπηρία συνοδεύεται ή συνυπάρχει με ψυχιατρικά συμπτώματα ή διαταραχές και το αντίθετο. Τα πλεονεκτήματα μιας ολιστικής, εξατομικευμένης προσέγγισης, που καλύπτει όχι μόνο τα υποκειμενικά ενοχλήματα του ασθενούς αλλά και τη διάδραση μεταξύ σωματικής και ψυχικής υγείας είναι αποδεδειγμένα και βασίζονται σε αξιόπιστα επιστημονικά δεδομένα.

Λέξεις ευρετηρίου: Ψυχική υγεία, σωματική υγεία, ολιστική προσέγγιση, εξατομικευμένη προσέγγιση.

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Corresponding author: M. Malliori, Ast. Professor of Psychiatry, Eginition Hospital, 72–74 Vas. Sophias Ave., GR-115 28 Athens, Greece
e-mail: mmalliori@med.uoa.gr