

# Comorbidity in patients admitted at Mathari Psychiatric Hospital, Nairobi, Kenya.

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## Abstract:

**BACKGROUND:** Knowledge of types and co-morbidities of disorders seen in any facility is useful for clinical practice and planning for services. **AIM:** To study the pattern of co-morbidities of and correlations between psychiatric disorders in in-patients of Mathari Hospital, the premier psychiatric hospital in Kenya. **STUDY DESIGN:** Cross-sectional. **METHODS:** All the patients who were admitted at Mathari Hospital in June 2004 and were well enough to participate in the study were approached for informed consent. Trained psychiatric charge nurses interviewed them using the Structured Clinical Interview for DSM-IV Axis I disorders Clinical Version (SCID-I). Information on their socio-demographic profiles and hospital diagnoses was extracted from their clinical notes using a structured format. **RESULTS:** Six hundred and ninety-one patients participated in the study. Sixty-three percent were male. More than three quarters (78%) of the patients were aged between 21 and 45 years. More than half (59.5%) of the males and slightly less than half (49.4%) of the females were single. All the patients were predominantly of the Christian faith. Over 85% were dependents of another family member and the remainder were heads of households who supported their own families. Schizophrenia, bipolar I disorder, psychosis, substance use disorder and schizo-affective disorder were the most common hospital and differential diagnoses. Of the anxiety disorders, only three patients were under treatment for post-traumatic stress disorder (PTSD). Nearly a quarter (24.6%) of the patients were currently admitted for a similar previous diagnosis. Schizophrenia was the most frequent DSM-IV (Diagnostic and Statistical Manual of Mental Disorders-fourth edition) diagnosis (51%), followed by bipolar I disorder (42.3%), substance use disorder (34.4%) and major depressive illness (24.6%). Suicidal features were common in the depressive group, with 14.7% of this group reporting a suicidal attempt. All DSM-IV anxiety disorders, including obsessive-compulsive disorders, were highly prevalent although, with the exception of three cases of PTSD, none of these anxiety disorders were diagnosed clinically. Traumatic events were reported in 33.3% of the patients. These were multiple and mainly violent events. Despite the multiplicity of these events, only 7.4% of the patients had a PTSD diagnosis in a previous admission while 4% were currently diagnosed with PTSD. The number of DSM-IV diagnoses was more than the total number of patients, suggesting co-morbidity, which was confirmed by significant 2-tailed correlation tests. **CONCLUSION:** DSM-IV substance use disorders, major psychiatric disorders and anxiety disorders were prevalent and co-morbid. However, anxiety disorders were hardly diagnosed and therefore not managed. Suicidal symptoms were common. These results call for more inclusive clinical diagnostic practice. Standardized clinical practice using a diagnostic tool on routine basis will go a long way in ensuring that no DSM-IV diagnosis is missed. This will improve clinical management of patients and documentation



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