

# Somatic Comorbidities in Hospitalized Psychiatric Patients at Meknes Psychiatric Service: A Qualitative Study of 130 Cases

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## Abstract

## Original Research Article

Psychiatric patients often present with somatic comorbidities, complicating their treatment by influencing the course of the mental illness and response to therapies. This study, conducted at the psychiatric department of Meknes Hospital, analyzed a sample of 130 patients hospitalized between January and December 2023. Data were collected from medical records and semi-structured interviews, including psychiatric and somatic diagnoses as well as treatments received. The analysis revealed that 75% of the patients had at least one somatic comorbidity, the most common being hypertension (40%), type 2 diabetes (30%), and cardiovascular diseases (25%). The results show that the simultaneous management of psychiatric and somatic disorders is complex, often due to medication interactions and insufficient coordination between mental health services and other medical specialties. Healthcare professionals identified an urgent need for additional training and improved coordination of care to better address these challenges. In conclusion, the study highlights the importance of an integrated care approach for psychiatric patients with somatic comorbidities, recommending continuous training programs for caregivers and better coordination between medical services to improve care quality and reduce complications related to comorbidities.

**Keywords:** Somatic comorbidities, Hospitalized patients, Diabetes, Cardiovascular diseases, Gastrointestinal disorders, Chronic respiratory conditions.

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## I. INTRODUCTION

Patients hospitalized in psychiatric units often present with somatic comorbidities, which significantly complicate their medical management. Somatic comorbidities such as cardiovascular diseases, diabetes, chronic respiratory disorders, and gastrointestinal conditions have a significant impact on the progression of mental disorders and the response to psychiatric treatment. The presence of these comorbidities can exacerbate psychiatric symptoms and complicate treatment management due to potential drug interactions and increased side effects.

In psychiatric services, recognizing and managing somatic comorbidities is essential to ensuring holistic and effective patient care. However, the prevalence and specific types of somatic comorbidities in psychiatric services remain under-researched in many regions, including Morocco. The lack of local data on this subject complicates the development of adapted and effective care strategies for this vulnerable population.

International studies have shown that psychiatric patients have a higher risk of developing somatic comorbidities compared to the general population. For example, a meta-analysis by De Hert *et al.*, (2011) revealed that patients with schizophrenia had a higher prevalence of cardiovascular diseases and type 2 diabetes compared to individuals without mental disorders. Similarly, a study by Walker *et al.*, (2015) showed that patients with mood disorders are more likely to suffer from metabolic disorders.

In Morocco, data on somatic comorbidities in psychiatric inpatients are scarce. The Moroccan healthcare system, while facing numerous challenges including limited access to specialized services and insufficient resources, has yet to adequately address the integration of somatic and psychiatric care. A recent study conducted in Casablanca indicated that somatic comorbidities were present in more than 60% of patients admitted to a psychiatric hospital, highlighting the need for further research in other regions of the country.

The primary objective of this study is to examine the prevalence, nature, and implications of somatic comorbidities in patients hospitalized in the psychiatric service of Meknès. By qualitatively analyzing 130 cases of patients admitted between January and December 2023, this research aims to provide essential empirical data that could guide the design of integrated care strategies tailored to this population. Additionally, this study seeks to identify the specific clinical challenges encountered by healthcare professionals in the simultaneous management of psychiatric and somatic disorders, and to propose recommendations for improving the quality of care.

The importance of this study lies in the need to better understand the complex dynamics between mental and physical health, especially in a context where resources are limited and where mental health and somatic care services are often siloed. Indeed, the integration of somatic care into psychiatric treatment is increasingly recognized as an essential approach to improving clinical outcomes and the quality of life for patients. However, implementing such approaches remains a major challenge in low-resource healthcare systems, as is the case in Morocco.

This study makes a significant contribution by providing data specific to the Moroccan context and offering insights into best practices for managing somatic comorbidities in psychiatric services. This research also aims to raise awareness among policymakers and health authorities about the importance of developing public health policies that consider the complex needs of psychiatric patients.

In conclusion, this study is part of a broader effort to fill gaps in mental health research in Morocco, particularly concerning the interaction between mental disorders and somatic comorbidities.

## II. METHODOLOGY

### 1. Study Context:

The study was conducted in the psychiatric service of Meknès hospital, a reference health facility for mental disorders in the region. Meknès psychiatric hospital plays a crucial role in providing specialized care to patients with various psychiatric conditions, including schizophrenia, bipolar disorder, mood disorders, and anxiety disorders. As a referral center, this hospital serves patients not only from Meknès but also from surrounding regions, making it an ideal location for studying somatic comorbidities in a psychiatric context. The hospital serves a diverse population, including patients from various socioeconomic backgrounds, allowing for a comprehensive and representative analysis of somatic comorbidities in a psychiatric setting.

Integrating somatic care into psychiatric services is essential to improving patients' quality of life, as patients with severe mental disorders are often at high

risk of developing chronic somatic diseases. However, managing these comorbidities in psychiatric services is complex due to the interactions between psychiatric and somatic treatments, as well as the often limited resources in Moroccan public hospitals. This study aims to explore these challenges in the specific context of Meknès hospital, highlighting the needs and gaps in the care of psychiatric patients with somatic comorbidities.

### 2. Population and Sampling:

The study sample consists of 130 patients hospitalized in the psychiatric service of Meknès hospital between January and December 2023. The inclusion criteria were broad and included all patients admitted during this period, regardless of their primary psychiatric diagnosis, to capture a representative picture of somatic comorbidities in psychiatric patients. This non-probabilistic sampling method, often used in exploratory qualitative studies, allows for maximizing the diversity of cases studied, which is crucial for identifying different types of somatic comorbidities and their impacts on the management of psychiatric disorders. The objective was to collect sufficiently diverse data to identify trends and recurring themes in the management of somatic comorbidities in a psychiatric setting.

The sample size was determined based on available resources and the capacity of the psychiatric service, as well as the study objectives. The 130 patients included in the study represent a significant sample that allows for an in-depth analysis of the trends observed in this specific population.

### 3. Data Collection:

Data were collected from patients' medical records, which provide detailed information on medical history, psychiatric and somatic diagnoses, treatments received, as well as clinical and paraclinical examination results. These medical records are a valuable source of information for understanding the complexity of cases and the clinical challenges associated with the simultaneous management of psychiatric and somatic disorders.

In addition to reviewing medical records, semi-structured interviews were conducted with patients and medical staff. Interviews with patients provided information on their subjective experience of the illness, including somatic and psychiatric symptoms, as well as their perception of the care received. Interviews with medical staff, including psychiatrists, nurses, and other healthcare professionals, provided perspectives on the clinical challenges encountered in managing somatic comorbidities, as well as on integrated care practices in the psychiatric service.

This mixed approach to data collection, combining quantitative (medical records) and qualitative (interviews) data sources, allows for triangulating information and strengthening the validity of the study's

conclusions. Data triangulation is a strategy commonly used in qualitative research to ensure a deep and nuanced understanding of the phenomena studied, particularly in complex contexts such as the management of somatic comorbidities in a psychiatric setting.

#### 4. Data Analysis:

A thematic qualitative analysis was conducted to identify the main types of somatic comorbidities, their prevalence, and their clinical implications. Thematic analysis is a flexible method that allows for identifying recurring themes from qualitative data and is particularly suited for exploring new issues in complex clinical contexts.

The analysis revealed several recurring themes, including the complexity of managing drug interactions between somatic and psychiatric treatments, the need for ongoing training for medical staff on managing comorbidities, and the challenges related to coordinating care between different hospital services. These findings provide a solid foundation for formulating practical recommendations aimed at improving the care of psychiatric patients with somatic comorbidities in the context of the Moroccan healthcare system.

### III. RESULTS

#### 1. Demographic and Clinical Characteristics of Patients:

**Table 1: Demographic and Clinical Characteristics of Patients**

Characteristic	Value
Total number of patients	130
Men	68 (52.3%)
Women	62 (47.7%)
Average age ( $\pm$ standard deviation)	45 years ( $\pm$ 12 years)
Most common psychiatric diagnosis	Schizophrenia (35%)
Secondary psychiatric diagnosis	Mood disorders (30%)
Other psychiatric diagnoses	Anxiety disorders (20%)

The study sample included 130 patients hospitalized in the psychiatric service of Meknès hospital between January and December 2023. Among these patients, 68 were men (52.3%) and 62 were women (47.7%), with an average age of 45 years ( $\pm$  12 years). This gender distribution is consistent with trends observed in other studies on hospitalized psychiatric populations, where a slight male predominance is often reported. The average age of patients, in their forties, also corresponds to ages typically associated with the emergence or exacerbation of severe psychiatric disorders such as schizophrenia and bipolar disorder.

The most common psychiatric diagnoses in this sample were schizophrenia (35%), followed by mood disorders such as major depression and bipolar disorder (30%), and anxiety disorders, which accounted for 20% of cases. These percentages reflect the clinical profiles frequently observed in psychiatric services, where schizophrenia and mood disorders are the most common reasons for hospitalization due to their severity and the complexity of their management.

#### 2. Prevalence of Somatic Comorbidities:

**Table 2: Prevalence of Somatic Comorbidities**

Somatic Comorbidity	Prevalence
Hypertension	40%
Type 2 diabetes	35%
Chronic respiratory disorders	20%
Cardiovascular diseases	15%
Gastrointestinal disorders	15%

The results of this study show that 75% of patients (n=98) presented with at least one somatic comorbidity, highlighting the high frequency of these conditions among hospitalized psychiatric patients. This high prevalence of somatic comorbidities is consistent with the findings of other international studies, which indicate that patients with severe mental disorders are often prone to chronic physical health problems.

The most frequently observed somatic comorbidities in the study sample were hypertension, present in 40% of patients, type 2 diabetes, which affected 35% of patients, and chronic respiratory

disorders, diagnosed in 20% of cases. Cardiovascular diseases, including hypertension, were particularly common, reflecting the high prevalence of risk factors such as smoking, poor diet, and lack of physical activity often associated with psychiatric disorders. These cardiovascular comorbidities are concerning because they can worsen the prognosis of psychiatric disorders and increase the risk of mortality in this population.

Additionally, type 2 diabetes, which was present in 35% of patients, is a well-known somatic comorbidity associated with psychiatric disorders. Several factors contribute to the increased risk of

diabetes in psychiatric patients, including the use of certain antipsychotic medications known to induce metabolic side effects such as weight gain and insulin resistance. The high prevalence of diabetes in this study sample highlights the need for regular monitoring of metabolic parameters in psychiatric patients, particularly those treated with atypical antipsychotics.

Chronic respiratory disorders, such as chronic obstructive pulmonary disease (COPD) and asthma, were also common in the study sample, affecting 20% of patients. These disorders are often associated with smoking, a habit that is more prevalent among people with psychiatric disorders compared to the general population. Smoking is also a significant risk factor for cardiovascular and metabolic disorders, further complicating the management of patients with psychiatric comorbidities.

Gastrointestinal disorders, including peptic ulcer disease and irritable bowel syndrome, were present in 15% of patients. These disorders are often associated with stress and anxiety, common symptoms in psychiatric populations, and can be exacerbated by certain psychiatric medications, such as antidepressants and antipsychotics, which have gastrointestinal side effects.

### **3. Implications of Somatic Comorbidities for Patient Management:**

The presence of somatic comorbidities in psychiatric patients has significant implications for their management and care outcomes. First, the coexistence of somatic and psychiatric disorders complicates diagnosis and treatment. For example, somatic symptoms such as fatigue or chest pain can be misinterpreted as psychosomatic manifestations or side effects of psychiatric treatments, leading to delays in the diagnosis and management of potentially serious conditions. This diagnostic complexity underscores the importance of integrated care, where somatic and psychiatric care providers work closely together to ensure comprehensive management of patients.

Additionally, somatic comorbidities often require the use of multiple medications, increasing the risk of drug interactions and adverse effects. In this study, it was found that 60% of patients with somatic comorbidities were on polypharmacy, defined as the use of five or more medications simultaneously. Polypharmacy is a common phenomenon in psychiatric settings, where patients are often prescribed a combination of psychotropic drugs and medications for their somatic conditions. However, this practice increases the risk of drug interactions, which can have serious consequences, particularly in elderly patients or those with multiple comorbidities.

One of the key challenges identified in this study is the lack of systematic monitoring of drug

interactions and adverse effects in psychiatric patients with somatic comorbidities. This lack of monitoring can lead to the emergence of iatrogenic complications, such as metabolic disorders or renal failure, which can worsen the patient's overall health status and complicate the management of their psychiatric disorder. The study highlights the need for regular reviews of treatment regimens by multidisciplinary teams, including psychiatrists, general practitioners, and pharmacists, to minimize the risks associated with polypharmacy.

Another important finding of this study is the need for ongoing training for healthcare professionals on the management of somatic comorbidities in psychiatric patients. The interviews conducted with medical staff revealed a lack of knowledge and skills in this area, particularly concerning the identification of early signs of somatic disorders and the management of drug interactions. This gap in training can lead to suboptimal care and exacerbate the health disparities faced by psychiatric patients.

Finally, the study highlights the importance of coordination between different hospital services in managing psychiatric patients with somatic comorbidities. The lack of communication and collaboration between psychiatric and somatic care providers is a major obstacle to the effective management of these patients. The study suggests that the implementation of integrated care pathways, where patients receive coordinated and continuous care from a multidisciplinary team, could significantly improve care outcomes for psychiatric patients with somatic comorbidities.

## **IV. DISCUSSION**

### **1. The Complex Interplay Between Psychiatric and Somatic Health:**

The findings of this study underscore the complex interplay between psychiatric and somatic health, where the presence of one type of disorder can exacerbate the other. Psychiatric disorders often lead to behaviors and lifestyle factors, such as poor diet, lack of physical activity, and substance abuse, which increase the risk of developing somatic comorbidities. Conversely, the presence of chronic somatic conditions can worsen psychiatric symptoms and reduce the effectiveness of psychiatric treatments.

This bidirectional relationship between psychiatric and somatic health highlights the need for an integrated approach to care, where mental and physical health are addressed simultaneously and holistically. The high prevalence of somatic comorbidities in psychiatric patients, as revealed by this study, suggests that psychiatric services need to adopt a more proactive approach to identifying and managing these comorbidities. This approach should include regular screening for somatic disorders, particularly



cardiovascular, metabolic, and respiratory conditions, which are highly prevalent in this population.

## 2. *Challenges in Managing Polypharmacy:*

Polypharmacy is a major challenge in the management of psychiatric patients with somatic comorbidities, as it increases the risk of drug interactions and adverse effects. The study revealed that a significant proportion of patients were on polypharmacy, which complicates their clinical management and increases the risk of iatrogenic complications. This finding is consistent with other studies that have highlighted the dangers of polypharmacy in psychiatric patients, particularly those with multiple comorbidities.

To address the challenges of polypharmacy, the study recommends the implementation of regular medication reviews by a multidisciplinary team, including psychiatrists, general practitioners, and pharmacists. This team-based approach can help identify and prevent potential drug interactions, adjust treatment regimens to reduce the risk of adverse effects, and ensure that patients receive the most appropriate and effective medications for their conditions.

## 3. *The Need for Ongoing Training and Education:*

The study also highlights the importance of ongoing training and education for healthcare professionals on the management of somatic comorbidities in psychiatric patients. The interviews with medical staff revealed a lack of knowledge and skills in this area, which can lead to suboptimal care and exacerbate the health disparities faced by psychiatric patients. This finding underscores the need for targeted training programs that focus on the identification and management of somatic disorders in psychiatric patients, as well as on the safe use of medications in this population.

Training programs should also emphasize the importance of a multidisciplinary approach to care, where healthcare professionals from different specialties work together to provide comprehensive and coordinated care for patients. This approach can help bridge the gap between psychiatric and somatic care and improve outcomes for patients with complex health needs.

## 4. *The Importance of Integrated Care Pathways:*

The study suggests that the implementation of integrated care pathways, where patients receive coordinated and continuous care from a multidisciplinary team, could significantly improve care outcomes for psychiatric patients with somatic comorbidities. Integrated care pathways can help ensure that patients receive timely and appropriate interventions for both their psychiatric and somatic conditions, reducing the risk of complications and improving their overall quality of life.

Integrated care pathways should include regular screening for somatic disorders, personalized treatment plans that take into account the patient's psychiatric and somatic needs, and ongoing monitoring of treatment outcomes. These pathways should also facilitate communication and collaboration between different healthcare providers, ensuring that patients receive seamless and coordinated care across different services and settings.

## V. CONCLUSION

This study highlights the high prevalence of somatic comorbidities in patients hospitalized in the psychiatric service of Meknès and underscores the need for integrated and multidisciplinary approaches to care. The findings suggest that psychiatric services should adopt a more proactive approach to identifying and managing somatic comorbidities, with a focus on regular screening, medication reviews, and ongoing training for healthcare professionals.

The study also emphasizes the importance of integrated care pathways, where patients receive coordinated and continuous care from a multidisciplinary team. By addressing the complex interplay between psychiatric and somatic health, these pathways can help improve care outcomes and reduce health disparities for patients with severe mental disorders.

### Recommendations:

- **Implement Regular Screening Programs :** Psychiatric services should implement regular screening programs for somatic disorders, particularly cardiovascular, metabolic, and respiratory conditions, which are highly prevalent in this population.
- **Enhance Medication Management :** Implement regular medication reviews by a multidisciplinary team, including psychiatrists, general practitioners, and pharmacists, to address the challenges of polypharmacy and reduce the risk of drug interactions and adverse effects.
- **Promote Ongoing Training and Education :** Develop targeted training programs for healthcare professionals on the management of somatic comorbidities in psychiatric patients, with a focus on the identification and management of somatic disorders and the safe use of medications.
- **Develop Integrated Care Pathways :** Establish integrated care pathways that ensure coordinated and continuous care for psychiatric patients with somatic comorbidities, with regular screening, personalized treatment plans, and ongoing monitoring of treatment outcomes.
- **Facilitate Multidisciplinary Collaboration :** Encourage communication and collaboration between different healthcare providers to

ensure that patients receive seamless and coordinated care across different services and settings.

- Raise Awareness Among Policy Makers: Advocate for the development of public health policies that recognize the complex needs of psychiatric patients and promote the integration of somatic and psychiatric care in the healthcare system.

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