



## Survey of the Prevalence of Physical and Psychiatric Co-morbidity of Patients admitted to a Specialist Detoxification Unit

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### Introduction

Substance misuse and dependence are frequently associated with harm to physical and mental health wellbeing. Interventions addressing substance misuse, if done at early stages, can produce large beneficial effects for overall wellbeing. Given this clinically significant overlap, it is important to ask whether this co-morbidity is appropriately recognized and treated in routine practice. The survey was conducted to measure the prevalence of physical and psychiatric co-morbidity on patients admitted to an inpatient detoxification unit.

### Results

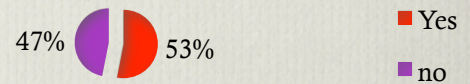
We identified that 34 out of 64 (53.1%, 95% CI of observed proportion 40.2 to 65.7%) of the cohort had identifiable current physical health problems. The prevalence of cardiac symptoms was 19%, vascular disease 16%, liver disease 16% and infectious diseases 19% were also prominent in this cohort. For patients who had a physical health care need, the prevalence of mental health dual diagnosis was also prominent (10 out of 34, 29.4%, 95% CI = 15 to 47.5%). Intervention by a doctor was required for 31 patients out of the 34 during the period of admission (91%). Almost a third (30%) of these required either a referral or liaison with other specialty teams. Four out of the 34 (12%) required immediate transfer on admission to an acute hospital for management of physical health complications

### Method:

This cross-sectional survey identified all patients admitted to an inpatient detoxification unit in Nottingham, UK (The Woodlands) between May 2015 and June 2015. An inception cohort of 64 patients was recruited. Data was collected using a structured proforma based on an electronic records system. Demographic details, current physical and psychiatric history and data on current treatments were collected.

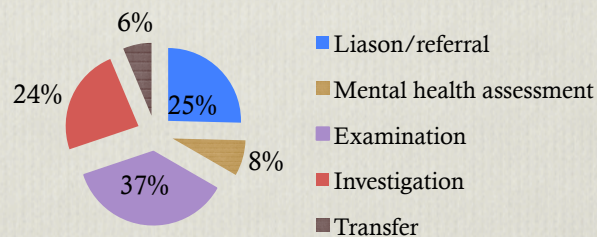


### Current Physical and Mental Health



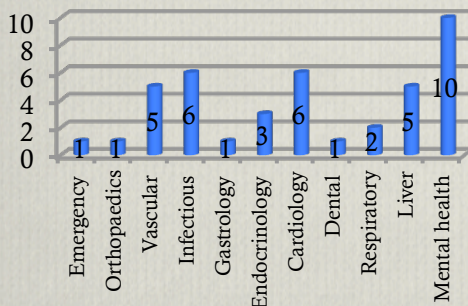
53% of the cohort had identifiable current Physical or Psychiatric Comorbidity

### Type of Intervention



91% required intervention by a doctor. Almost a third required either a referral or Liaison with other specialty. 12% required transfer to acute hospital

### Physical and Psychiatric Co- morbidity



**Conclusion:** This survey highlights the importance of thorough and prompt examination of patients on admission for inpatient detoxification. Over a half had physical problems and almost a third had mental health problems. We often fail to identify such comorbidity in patients. Research is needed to aid identification of high-risk patients and to prioritize and target their care. Commissioners need to take note of this when commissioning services to provide evidence based treatment of comorbid condition in greater proportion of patients.