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# **Associations between mental disorders and chronic physical conditions: Results from the WHO World Mental Health Surveys**

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# The WHO World Mental Health Survey Initiative

- A series of general population psychiatric epidemiological studies carried out in 29 developed and developing countries throughout the world
- Field work oversight by University of Michigan and data analysis conducted by Harvard Medical School

# The World Mental Health Surveys

- Nationally representative household surveys (31 in 29 countries) of adults 18+ (n=178,000)
- Common survey sampling approach, interviewer training, and field quality control procedures
- Common diagnostic instrument, the WHO CIDI: fully standardized face-to-face interview. Mental disorders ascertained via endorsement of multiple symptom and impairment criteria and computerised diagnostic algorithm
- A wide range of other information collected (including chronic physical conditions)

# Initial analyses on mental-physical comorbidity

- Significant associations between 12-month mental disorders (anxiety, mood and substance) and a range of chronic physical conditions in each country
- Mental-physical comorbidity can be due to:
  - mental disorders leading to increased risk of physical disease development/onset
  - Physical disease leading to mental disorder onset
- Sought to investigate this first pathway in more depth

# Investigation of mental disorders predicting onset of physical conditions: research questions

- Are early onset mental disorders associated with the subsequent onset of a range of chronic physical health conditions in adulthood?
- Are childhood adversities associated with the subsequent onset of a range of chronic physical health conditions adulthood?
- Are early onset mental disorders and childhood adversities *independently* associated with physical condition onsets?

# Methods

- **Sample:** 10 WMH surveys (n=18,303)
- **Predictors:** early onset (<21) depressive or anxiety disorders; childhood (<18) adversities (physical abuse, sexual abuse, parent death, parent divorce, parent mental disorder, parent substance abuse, parent criminal behaviour, family violence, family economic adversity)
- **Outcome variables:** adult onset (21 years+) physical conditions  
Self report of doctor's diagnosis of: asthma; hypertension; heart disease; self report of arthritis, chronic headache, chronic spinal (back or neck) pain
- **Analysis:** Survival analysis based on retrospectively reported age of onset information about mental disorders and physical conditions. Cox models assessed risk of the physical condition onset as a function of predictors, adjusting for sex, age, smoking, education, country (and current mental disorder)

Associations of early-onset mental disorders and childhood adversities with adult-onset physical conditions (with mutual adj + adj. for age, sex, smoking, country): hazard ratios

	Asthma	Hypertension	Spinal pain	Heart disease	Arthritis	Headache	Diabetes
Depression or anxiety <21	1.5*	1.3*	1.6*	1.7*	1.4*	1.6*	1.2
1 childhood adversity	1.2	1.0	1.1*	1.2	1.0	1.4*	1.1
2 childhood adversities	1.4*	1.2	1.3*	1.6*	1.3*	1.4*	1.2
3+ childhood adversities	1.6*	1.2*	1.6*	2.2*	1.4*	1.6*	1.6*



# Implications

- Early onset mental disorders and childhood adversities appear to have additive, broad spectrum effects in contributing to later poor physical health
- mental disorders and childhood adversities may contribute to the development of poor physical health through:
  - behavioural pathways
  - biological pathways (e.g., dysregulation of the neuroendocrine pathways involved in the stress response)

# Key publications

- Scott KM et al. (2011). The association of childhood adversities and early onset mental disorders with adult onset chronic physical conditions. *Archives of General Psychiatry*, 2011, 68, 838-844.
- Von Korff M; Scott KM; Gureje O. (Eds). (2009). *Global Perspectives on Mental-Physical Comorbidity in the WHO World Mental Health Surveys*. Cambridge: Cambridge University Press