Comorbidity: Clinical Complexity and the Need for Integrated Care.

A Report from a WHO Workgroup

I.M. Salloum (Rapporteur, WHO Workgroup on Clinical Comorbidity) and J.E. Mezzich (Chair, WHO Workgroup on Clinical Comorbidity).

Clinical comorbidities are increasingly recognized as the defining realities of regular clinical care. The multiple and intertwined problems of comorbid clinical conditions represent a major challenge to traditional models of care focusing on single-disease entities. Comorbidity is becoming a global concern given the increased rate of chronic conditions and the growing prevalence of elderly populations worldwide.

The challenge of clinical comorbidity is being addressed by the World Health Organization (WHO) through the establishment of a workgroup composed of invited experts from around the world and from WHO medical officers. The first meeting of this Comorbidity Workgroup took place in 2004. (Figure 1)

Diagnostic Issues Raised by Clinical Comorbidities

The presence of clinical comorbidities poses significant challenges to current psychiatric diagnostic systems. Future development of modern classifications systems cannot afford to ignore the problem of comorbidity.

Since the implementation of modern psychiatric diagnostic systems and the inclusion of the multiaxial diagnostic formats, the diagnosis of comorbidity became a focus of attention for two seemingly opposite reasons. The first reason originated from one of the stated goals of these diagnostic systems, which was to improve their clinical usefulness to enhance patients’ outcome by increasing the ability to recognize and therefore treat all presenting clinical problems. Thus, both the ICD-10 and the DSM (versions III and IV) included a multiaxial format that allows for comprehensive recording of patients presenting problems on multiple domains. This development has significantly enhanced the potential for improved clinical care, and also has highlighted the multiplicity of presenting conditions.

The second reason stems from the lack of documented diagnostic validity for most mental disorders. This current lack of validity raises serious questions about the nature of many forms of mental disorders comorbidity. For example, the question of whether comorbid depression and anxiety disorders are truly independent conditions or whether the two disorders are an expression of one underlying condition has been frequently debated. On the other hand, research evidence has repeatedly demonstrated that comorbid conditions have negative prognostic implications regardless of their arguable diagnostic validity. The clinical significance of an additional anxiety disorder has been highlighted by the well documented increased risk of suicidal behavior for those with comorbid anxiety and mood disorders (1-4). Therefore, given the current state of knowledge of the nature of psychiatric disorders, clinical validity rather than
etiopathogenic validity (5, 6), may represent a key concept in considering comorbidity towards the future development of psychiatric classification systems.

**Enhancing the Usefulness of Current Diagnostic Systems**

Currently, the ICD-10 (7) and the DSM-IV (8) use the multiaxial system to list comorbid disorders, however, they do not explicitly indicate the potential relationship between the co-occurring disorders. Enhancing the current methods of recording comorbid conditions may further improve the clinical validity of future diagnostic systems. Several ways may be used to indicate the presence of multiple disorders. This may include a) a comprehensive listing of all identified disorders as primary, secondary, and tertiary disorders, etc; b) the use of a multiaxial system and listing disorders/problems under the respective axis; c) indicate (through the use of asterix and daggers) the potential relationship between the comorbid disorders; d) the use of special axes (as in the Chinese Classification of Mental Disorders, Third edition) (9) to indicate the relationship between the co-occurring disorders. Expanding research on comorbidity should also be an important consideration for future classifications systems. This is rendered even more urgent and promising by the current advances in genetics and neuroimaging techniques as well as in methodological and epidemiological approaches.

Clinical Comorbidities and the need for a comprehensive diagnostic model

The presence of comorbidity, with its multiple facets and complexities, like no other condition, compel the adoption of a comprehensive diagnostic model as a cornerstone of patient care. In this model, all relevant information about the patient conditions are integrated with the goal of supporting health restoration and promotion of well-being. Thus future classification systems ought to allow for comprehensive assessments of the comorbid disorders at hands, along with resulting disabilities, contextual factors, quality of life, and factors affecting the individual’s healing, recovery, and optimization of health (10).

References