

**Dual Diagnosis Among Patients Admitted To Acute Inpatient  
Psychiatric Treatment Settings In Two Hospitals In Kingston,  
Jamaica, 1998-1999**

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**ABSTRACT**

A systematic sample of 174 psychiatric patients who were admitted to two urban acute inpatient psychiatric units between November 1998 and January 1999 was analyzed to determine the prevalence and characteristics of patients with dual diagnosis and to compare those patients with other patients without dual diagnosis. The diagnoses were ascertained with the Structured Clinical Interview for DSM-IV. 100 patients were from Bellevue Hospital and 74 from the University Hospital of the West Indies.

The prevalence of dual diagnosis was 32% at Bellevue Hospital and 20% at University Hospital. Among those with dual diagnosis, schizophrenia and other psychoses (68%) was found to be the commonest axis I group disorder, followed by bipolar disorder(17%) and major depression(11%).

Eighty-nine percent of patients seen with dual diagnosis had cannabis related diagnoses. Dual diagnosis was more common among male patients (42/47,  $p<0.001$ ) than among females. When

compared to patients who did not have dual diagnosis, these men were found to be younger, in the age range 20-39 years (35/47) . Such comparison, also showed that dually diagnosed patients were more likely to have had a previous or current criminal record with odds ratios of 3.67 and 7.44 respectively.

The prevalence rates of dual diagnosis in this study are similar to those seen in other countries. Although there were some characteristics of the dually diagnosed patients which were similar to that found in studies done in various countries there were few differences. Although not a direct finding of this study, it has been established by previous studies that the fact of having dual diagnosis increases the likelihood of difficulties in diagnosis and treatment. This is further compounded by the absence in Jamaica of any programme to adequately treat these patients. To better inform such treatment planning, future research on dual diagnosis should utilize diverse clinical and functioning measures to make a more detailed needs assessment of these patients.