

Psychiatry: A Hidden Fortress of Diseases

Ahmed N ^{1*}, ElFahar M ², Elboraie H ³, Saleh E ³, Elsaied H ³, Kadry Y ⁴, Rashad Z ⁵

¹Internal Medicine Department Hepatology and Gastroenterology unit, Faculty of Medicine, Mansoura University.

²Plastic Surgery Department, Faculty of Medicine, Mansoura University.

³Psychiatry Department, Faculty of Medicine, Mansoura University.

⁴Specialist neuropsychiatry Faculty of medicine capital university.

⁵Freelance Dentist.

***Corresponding Author:** Ahmed N., Internal Medicine Department Hepatology and Gastroenterology unit, Faculty of Medicine, Mansoura University.

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Abstract:

The prevalence and impact of psychiatric conditions in patients with internal dis-eases represent a complex and significant aspect of healthcare. Understanding the inter-play between physical and mental health is essential for providing comprehensive and effective patient care. Our aim is to show the new generations that Psychiatry deserves respect and awareness of importance, also demonstrates that it's a hidden fortress of diseases.

keywords: psychiatry; psychological; diseases; surgical and mental

Introduction

The prevalence and impact of psychiatric conditions in patients with internal dis-eases represent a complex and significant aspect of healthcare. Understanding the inter-play between physical and mental health is essential for providing comprehensive and effective patient care.[1]

Viewpoints:

Addressing mental health in surgical care cannot be overstated as growing recognition of its impact on recovery and surgical outcomes, integrating psychological support into standard surgical practice should be a priority. This innovative approach offers a holistic model for patient care that can be applied to a variety of surgical fields.

Surgery involves significant physical and emotional stress. The psychological burden of surgery can be categorized into:

- Preoperative Anxiety: patients often experience anxiety related to the procedure, anesthesia, and potential complications.
- Postoperative Depression: patients may experience depression due to the physical changes, prolonged recovery, or perceived loss of function.
- Post-Traumatic Stress Disorder (PTSD): particularly in high-risk surgeries

37% of surgical patients experience moderate to severe anxiety before their procedures, which can negatively affect their recovery, 23% of patients report experiencing depressive symptoms post-surgery, which complicates the healing process and increases the risk of surgical complications. [2] Evidence indicates that insulin is a pleiotropic peptide, critical to neurotrophism, neuroplasticity, and neuromodulation. Moreover, the role of insulin underscores its importance in the development of several neuropsychiatric disorders, including, but not limited to, mechanisms involved in the pathogenesis and progression towards diabetes, obesity, and neurodegenerative disorders, such as Alzheimer's disease. Insulin has effects on normal and abnormal brain function hence targeting insulin-related pathways in the brain may emerge as a new approach for refining treatment of neurological and psychiatric disorders.[3] Chronic psychological stress (CPS) manifests as sustained dysregulation arising from prolonged adaptive responses to chronic endogenous and exogenous stimuli. Clinical evidence indicates that CPS markedly influences cancer progression, with most oncology patients developing detectable stress-related psychological disorders during disease management, CPS compromises immune surveillance through neuroendocrine-mediated hormonal dysregulation, impairing malignant cell recognition and clearance. So, CPS hormones promote tumor metabolic adaptation via hypothalamic-pituitary-adrenal axis-driven metabolic reprogramming, enhancing glycolytic flux to support uncontrolled proliferation. CPS accelerates tumor progression through

reactive oxygen species-induced mitochondrial impairment, DNA damage accumulation, and inflammatory cascades. Notably, CPS induces gut microbiota perturbations that reciprocally amplify tumorigenic processes through microbial metabolite disturbances and neuroimmune crosstalk, creating a self-perpetuating pathogenic loop. Therapeutic strategies to address cancer-related CPS that encompass pharmacological agents targeting neuroendocrine pathways, psychosomatic behavioral interventions, social environment adjustments, and evidence-based traditional Chinese medicine formulations demonstrate potential in cancer prevention, treatment, and outcome optimization. However, challenges remain in achieving precise neuromodulation and minimizing intervention side effects, underscoring the need for mechanism-guided therapeutic innovations.[4] Future work concerning the relationship between psychiatric disorder and functional somatic syndromes must be considered alongside the same relationship with general medical disorders, in which depression may accompany the disorder without necessarily being a causal factor. This should help avoid premature conclusions that psychiatric disorder is a principal factor causing the functional somatic syndromes. Also, we should be aware of possible interactions between psychiatric disorders and other behavioural and metabolic variables to identify the role of anxiety and depression in causing the functional somatic syndrome.[5] Mental disorders of all kinds are associated with an increased risk of onset of a wide range of chronic physical conditions. Current efforts to improve the physical health of individuals with mental disorders may be too narrowly focused on the small group with the most severe mental disorders. Interventions aimed at the primary prevention of chronic physical diseases should optimally be integrated into treatment of all mental disorders in primary and secondary care from early in the disorder course. Co-occurrence of mental and general medical disorders is among the most common and disabling combinations, with approximately 30% of individuals with comorbidity having both a mental and a physical disorder. Other related problems such as substance abuse disorders and social disadvantage can both contribute to comorbidity and exacerbate its effect. What causes these high rates of mental and physical comorbidities? the temporal relationship between mental disorders and incident physical disorders suggests that mental disorders may precipitate the onset of physical conditions. Mental health disorders may cause physiological stress, which can directly result in general medical disorders, or they may indirectly lead to physical disorders through unhealthful habits or reduced access to medical services. Other studies have found that many general medical conditions are also important risk factors for mental health disorders. For example, patients with diabetes, rheumatoid arthritis, and asthma have an increased risk of developing depression. Additionally, poverty and adverse life events are risk factors for both mental and medical conditions in adults. This relationship may be mediated by biological mechanisms (eg, elevated inflammation and heightened stress response) as well as adverse health behaviors (eg, poor diet, inactivity, and substance use)The growing recognition of the need to better integrate public health and clinical models for improving health has particular relevance for clinicians. Addressing comorbidity will include population-based approaches to minimize the new onset of the conditions (1ry prevention), support early detection in high-risk populations (2ry prevention), and implement effective treatment to minimize burden once conditions have developed

(tertiary prevention).To prevent the onset of chronic physical conditions among people with mental disorders, clinicians can engage patients in programs, such as those focusing on physical activity, nutrition, and smoking cessation, that will allow patients to gain skills for managing their health. To address broader social factors that contribute to comorbidity, clinicians can aid patients by connecting them with resources, such as assistance with food or housing. 3ry Prevention entails minimizing disability for patients once they have developed chronic conditions. For patients with comorbidity, optimizing function and quality of life is usually a higher priority than an exclusive focus on managing symptoms and normalizing laboratory values, For instance, patients with depression and diabetes are typically less concerned with their HbA1c levels than with their ability to maintain a job and social relationships in the face of the burden posed by both conditions. Clinicians can initiate discussions with patients about priorities for their overall quality of life and how self-management of their conditions can support those priorities. Comorbidity is a public health problem that demands public health solutions. The study by Scott et al suggests the need for continuing research to better disentangle the complex relationships between mental disorders, chronic physical conditions, and the common risk factors underlying both. In turn, efforts to blend public health and clinical models will be important for preventing and addressing the well-being of individuals with comorbid conditions. [6]

Conclusion and recommendations:

The elevated risk of poor physical health in patients with mental disorders, as well as the risk of mental disorders in people with chronic medical conditions, makes early detection through screening a high priority for these patients. For screening to be effective, however, it needs to be coupled with a plan for treating newly diagnosed conditions. Treatment for comorbidities should involve coordination and collaboration between clinicians to ensure high-quality care for all of the patients' conditions. Effective coordination strategies include shared patient records, communication between clinicians, and care management to follow up with patients and monitor their progress. [6] The new generations must know that Psychiatry deserves respect and awareness of importance, Eventually, it's a hidden fortress of diseases.

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