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Consultation Liaison Psychiatry in Tertiary Care Hospital

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***Abstract**: **Background:** The Psychiatric referral rates in India are very low, considering the higher rates of psychiatric morbidity in patients who attend various departments of a hospital. Study of referral pattern to a Psychiatry Department helps us to understand the prevalence of psychiatric disorders . It also helps us to assess the need of sensitization of the primary care physicians and for improvement of General Hospital Psychiatric Units (GHPU).*

***Objective**: To study the frequency and pattern of Psychiatric referral at Department of Psychiatry, GEMS medical college, Srikakulam, Andhrapradesh, India.*

***Material and Methods:** This study was carried in Psychiatry department of GEMS medical college which is a tertiary care hospital. All cases referred from different outpatient and inpatient departments over one year period (November 1, 2018 to October 31, 2019) were included in the study. The subjects were assessed by a semi structured proforma and ICD-10.*

***Results:** A total of 220 patients were referred to our department over a period of one year, majority were from Medicine department (52.7%). Substance use disorder (26.36%) was the most common diagnosis followed by depressive disorder (23.6%) and somatisation disorder (7.7%). The major reason for referral include physical symptoms followed by de addiction and unexplained medical symptoms.*

***Conclusion:** There is a need to encourage multi-disciplinary interaction in the management of patients who attend general hospitals, so as to better identify the psychiatric morbidity.*

***Keywords**: Consultation Liaison Psychiatry, GHPU,medically unexplained symptoms.*

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I. Introduction

Consultation liaison psychiatry dates back to 1922 when Barrett first stated, “Psychiatry has gained the position of a liaison science between medicine and social problems,general hospitals and dispensaries should have psychiatric services coordinated among their medical specialties"[1]. According to Lipowski, consultation liaison is that area of clinical psychiatry that includes all diagnostic, therapeutic, teaching, and research activities of a psychiatrist in the non psychiatric units of a general hospital. Obviously, it is different from other types of consultations because of its liaison function. To conceptualize psychiatry as a medical model and integrate its efforts with other specialties toward the management of medical-surgical patients and will be an accepted challenge for all mental health care professionals. Like its psychosomatic counterpart, consultation liaison psychiatry has to be holistic and has to be founded upon the same conceptual principles, i.e, the interactions among biological, psychological, and social factors[2]. In practice, consultation liaison services remain underutilized. Such resistance or delay by non psychiatric units to make appropriate consultation liaison referrals can have far-reaching consequences. Patients stay longer and are exposed to repeated evaluations in medico surgical units because of a need to seek "missing organic etiology" in spite of overt psychiatric symptomatology.The ongoing discomfort and, most important, increased costs to the patients are well documented[3]. Psychiatric complaints are very common in general medical patient population. In 2003, the American Board of Medical Specialties recognized Consultation liaison psychiatry and approved the issuance of subspecialty certification in “Psychosomatic Medicine” by the American Board of Psychiatry and Neurology. The goal of such subspecialty status was to “promote the psychiatric care of patients with complex medical, surgical, obstetrical, and neurological conditions” and improve training and research in consultation liaison psychiatry[4]. With psychiatry making a move towards a more medical model and with rapid establishment of general hospital psychiatry units all over the world, this subspecialty of psychiatry is getting more and more attention[5]. The rapid growth of general hospital psychiatric units all over the world has provided impetus to consultation-liaison work carried out by the psychiatrists. Today, Liaison Psychiatry has acquired the status of a subspecialty within psychiatry and this has helped shift psychiatry from mental hospitals to a general hospital setting. This has also increased referrals from the non-psychiatric departments and given the psychiatrist an opportunity to directly deal with the physically ill[6]. However, mental disorders in physically ill are underrecognized. Accordingly, mental health professionals have a big role to play in providing holistic care to people with various physical illnesses[7]. With the increasing importance of evidence‑ based practice, the onus is on consultation-liaison services to demonstrate their worth[8]. Research in consultation-liaison Psychiatry from India is also meager when compared to the developed countries. In fact, very little information is available regarding practice and training in consultation-liaison Psychiatry in India. Hence, there is a need for appraisal of consultation-liaison Psychiatry services and training in India. With this background, a study of psychiatric referrals was conducted in Tertiary care hospital with the objective of assessing the profile of referred patients, source of referral, reason for referral and the psychiatric diagnoses.

II. Review Of Literature

Bheemsain Tekkalaki et al 2017,study states that about half of patients were referred from Internal Medicine, followed by Neurological sciences and surgical branches. About 30% of patients had no diagnosable psychiatric disorder. Common reasons for referral were evaluation of medical patient having co‑ morbid psychiatric symptoms, followed by assessment for intentional self‑ harm, past history of psychiatric illness, and substance use[9].

According to Sandeep Grover et al 2015 study,among the three most common psychiatric syndromes seen in CLP setting, delirium figured as one of the three most common diagnoses among 79 (87.8%) institutes, and this was followed by substance use disorders (70%), self‑ harm (60%), and depression (38.9%)[10].

Bhogale et al. (2000) found that 47.57% of indoor referrals and 62.75% of outdoor referrals had unexplained physical symptoms. This group also included those patients who had co-existing physical illness but symptoms were disproportionate to the physical condition. Analysis of final diagnoses in this study discovered that a large majority of the patients had neurotic, stress related, somatoform disorders (indoor 36.76% and outdoor 52.29%) followed by mood disorders (indoor 21.08% and outdoor 18.95%)[11]

A high prevalence of psychiatric morbidity amongst general hospital OPD patients was reported in some studies in India, (36%) Krishnamurthy S et al. (1981)and (10.4%) by Sriram et al. (1987).R.S. Murthy (1998), in his editorial, stated that the developments in the twentieth century have dramatically changed concepts of mental healthcare as a result of new knowledge and has seen a shift from mental illness to mental health[12].

Kelkar et al. (1982) found suicidal attempt (13%), excitement and violence (10%) and altered sensorium (9%) which constituted 32% of the total emergency referrals[13].

Jindal et al.(1980) found a poor referral rate in their study as compared to other studies conducted in India[6]. The in-patient referral rate in their study was 0.15%, as compared to 1.4% in the study by Prabhakaran (1968) and 0.66% in the study by Parekh et al. (1968). Chatterjee and Kutty (1977) reported a referral rate of 2.64% among the out-patients as compared to 0.06% by Jindal et al. Most studies quote about 60% of referrals from general medicine and 14% from surgery and surgical super-specialties.

III. Materials And Methods

A Cross-Sectional descriptive study was carried in the department of psychiatry, Great Eastern Medical School and Hospital ,a tertiary Care Hospital in Srikakulam, Andhra Pradesh .The department of Psychiatry provides psychiatric consultation to different departments as per request. The study period was taken over a period of 1 year (November 1, 2018 to October 31, 2019).

All possible consecutive cases referred from different outpatient and inpatient departments were included in the study.

A written informed consent was taken from the patient or the legally appropriate caregiver. All the referred patients were evaluated by a consultant Psychiatrist.

The demographic details, referring department, presenting complaints and reason for referral were recorded in the Proforma developed by the department of psychiatry. Then psychiatric diagnosis was established as per the ICD-10 (International Statistical Classification of Diseases).

Statistical Analysis

The data which was obtained was analyzed by using descriptive statistical methods

IV. Results

TABLE 1

male	123	55.9%
female	97	44.09%
total	220	

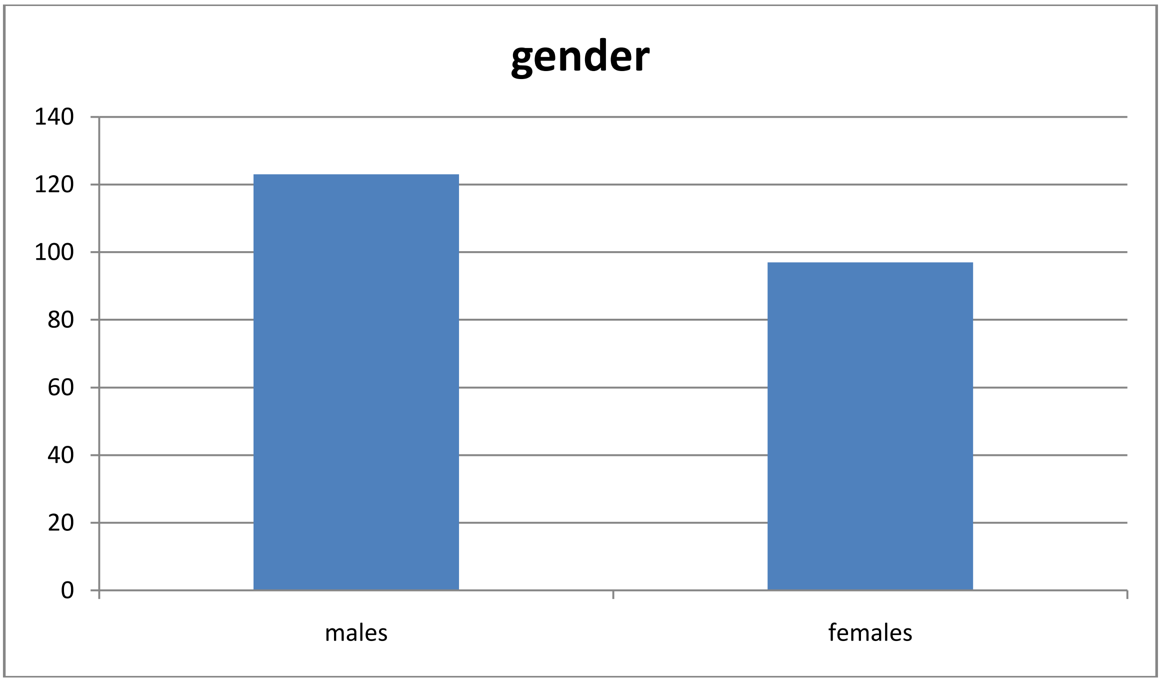

FIGURE 1

A Total number of 220 of patients were referred to the psychiatry unit from various departments during the study period. Among them majority were male. Table 1 shows, Out of 220 patients,123 were male and 97 were female. The Male: Female ratio was 1.26.

Table 2

Age	number	percentage
<10 years	13	5.9%
11-25 years	32	14.54%
26-40 years	107	48.63%
41-65 years	54	24.54%
>65 years	14	6.36%

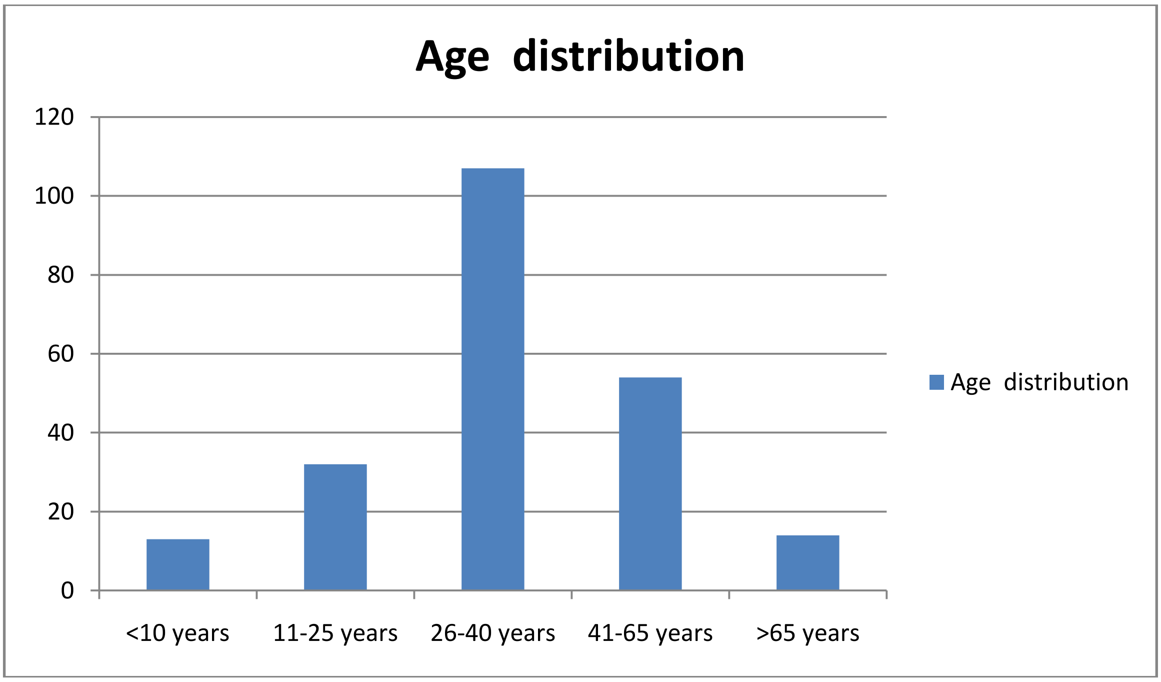

FIGURE 2

Table 2 shows, the average age of patients was 38.99 years with the age range being 5 to 72 years. Majority (48.63%) of patients belonged to adult (26-40) age group followed by 24.54% in the age group 41-65 years,14.54 % in the age group 11-25 years .While elderly ,more than 65 years comprised 6.36%, children less than 10 years age constitute 5.9%

TABLE 3

Departments	number	percentage
General medicine	116	52.7%
Pulmonary medicine	27	12.27%
Nephrology	21	9.5%
Paediatrics	14	6.3%
Gynaecology&Obstetrics	11	5%
Orthopedics	10	4.5%
Surgery	9	4.09%
Casuality	7	3.1%
Neurology	4	1.8%
ENT	1	0.45%
	220	

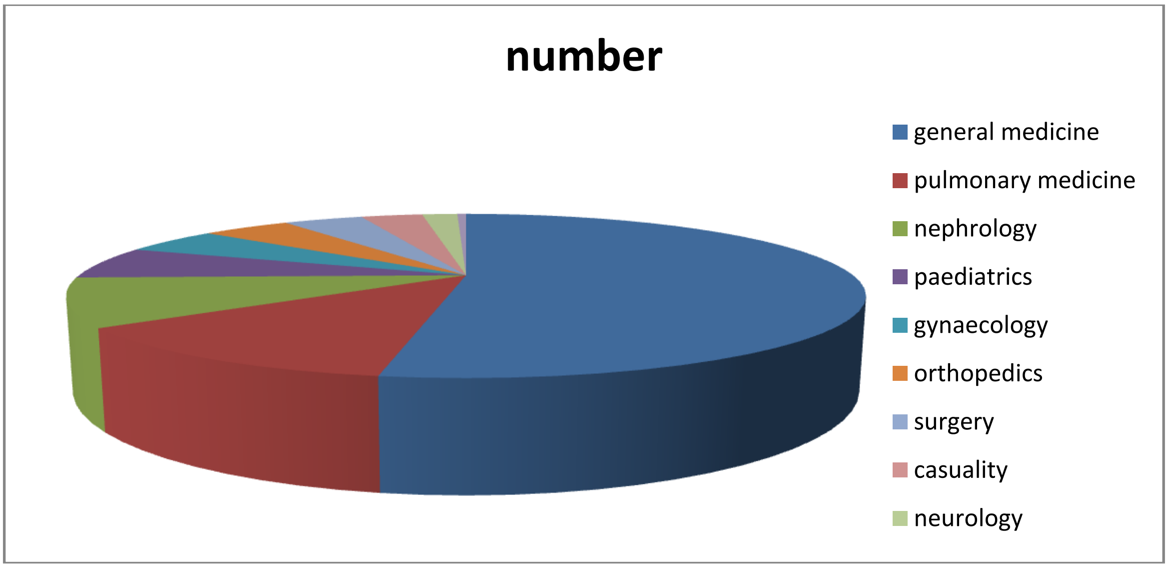

FIGURE 3

Table 3 shows Department wise patterns of references and more than half of the references by Medicine department (52.17%) followed by Pulmonary Medicine (12.27%), Nephrology (9.5%) Other departments include Paediatrics (6.3%),Gynaecology and Obstretics (5%), Orthopedics(4.5%), Surgery (4.09%), Casuality(3.1%), Neurology (1.8%), ENT (0.45%).

TABLE 4

Psychiatric diagnosis	male	female
Alcohol dependence syndrome	58	-
Depression	15	37
Somatisation disorder	8	9
Anxiety disorders	4	12
Delirium	2	1
Mental retardation	10	5
Bipolar affective disorder	4	4
Conversion disorder	3	6
suicide	2	6
Sleep disorder	1	1
Postpartum psychosis		3
Postpartum depression		1
Obsessive compulsive disorder	1	2
dementia	1	-
Post stroke psychosis	1	-
others	10	10
No	3	-
total	123	97

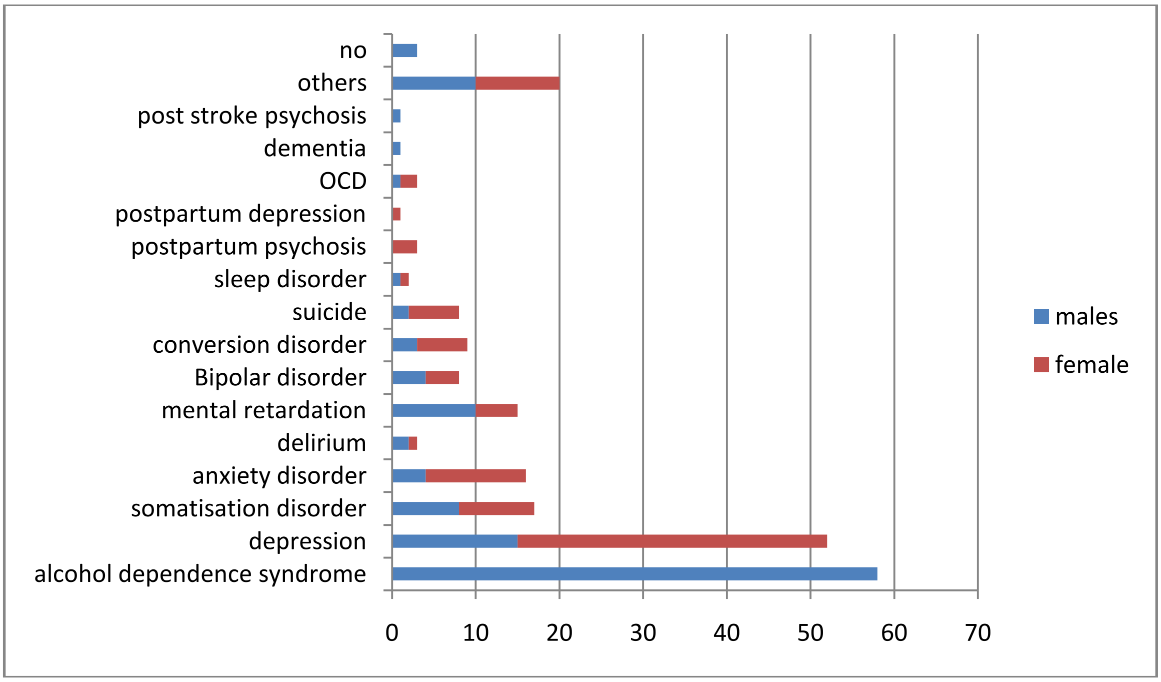

FIGURE 4

The most prevalent ICD-10 diagnosis was substance related disorder(alcohol dependence syndrome)followed by depression, somatisation disorders ,anxiety disorders and others (Table-4).No psychiatry illness was found in 1.36% of the referred cases.

TABLE 5

Reason for Referral	Number	percentage
De-addiction	58	26.36
Physical complaints	70	31.81
Medically unexplained symptoms	23	10.45
Abnormal behaviour	30	13.63
Past history of Psychiatry illness	7	3.18
Self harm	8	3.6
Others	24	10.9

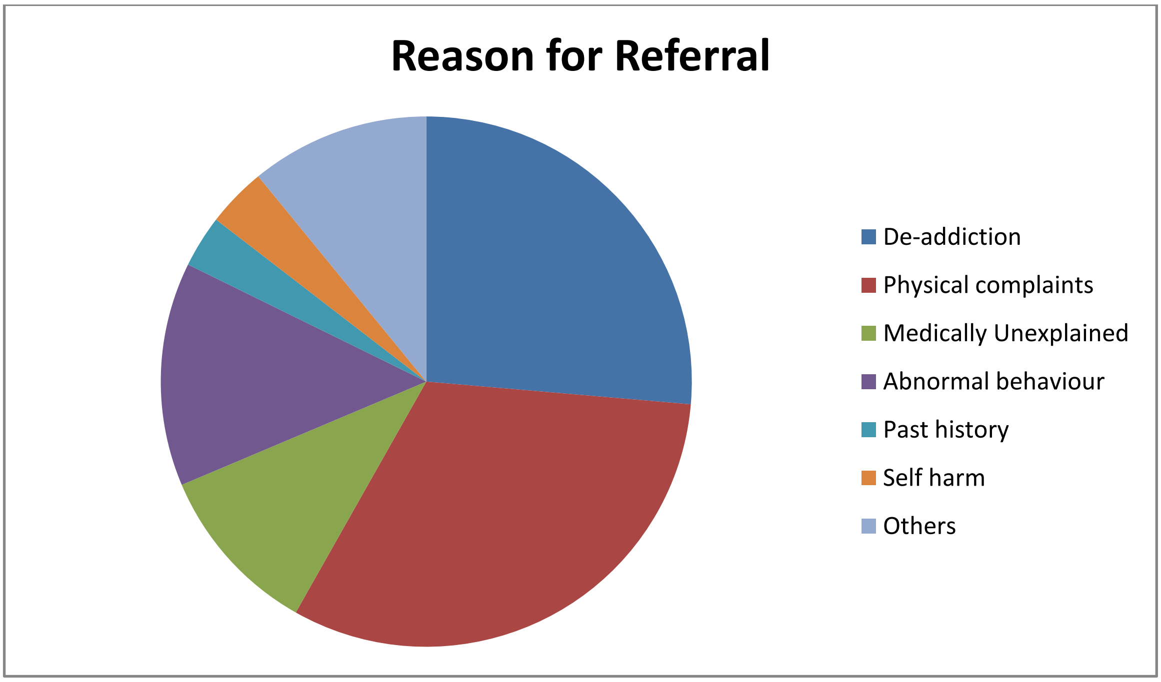

FIGURE 5

The most contributory reasons for referral are physical complaints(31.8%) which included depression, anxiety and sleep disorders cases followed by de-addiction(26.36%).

V. Discussion

Currently, the consultation-liaison services in India follow the consultation model, wherein a psychiatrist evaluates and manages the patient who is referred from a physician/surgeon . Liaison psychiatry is one of the important component of a tertiary care hospital. The consultation–liaison psychiatrist focuses primarily on the quality of life of health consumers in a patient-oriented model. Psychiatric morbidity is associated with high utilization of general medical services and compromises patient's functional status and quality of life. There are many reasons for referring a patient including: problems in diagnosis; the need for investigations; problems with therapy; the need for follow-up; and personal request by the patient[14].

Psychiatric morbidity is quite common among patients suffering from various medical or surgical illnesses. Studies have shown that a substantial proportion of psychiatric morbidity in medical and surgical patients remain unrecognized , leading to low rate of psychiatric referral [15]. The psychiatric co morbidity with physical illness alters the course and outcome of both conditions and therefore timely psychiatric referral and management assumes paramount importance as this approach will prevent unnecessary wastage of time and resources.

Consultation–liaison psychiatrist focuses mainly on the corroboration of the patient's history and clarifies relevant questions and writes a patient consultation report for future reference and follow-up. It aims to deliver cost-effective, comprehensive mental health care services to inpatients and outpatients across practice settings[16]. Psychiatric complaints are very common in general medical patient population. It is also observed that psychiatric consultations in general hospitals can reduce treatment expenses, mortality, morbidity, and length of hospital stay.

The most common psychiatric diagnosis among referred patients who were reported in the studies varied, depending on the set up.In our study, substance abuse disorder(alcohol dependence syndrome),26.3% was found to be the most common diagnosis among the patients referred to the Psychiatry department which correlated with findings of Singh et al.[17] which showed that 14.5% of the referrals were caused by substance use and another study by Nimisha et al [18] found to be 37.25%. In other Indian studies it was the less common diagnosis after depressive and anxiety disorders[15,16.] This may be because of the traditional use and excessive prevalence of Alcohol in the catchment area of our hospital, and also majority of references were from medicine and surgery department where physically ill patients due to alcohol use are consulting in OPD or require admission and they refer them for control of withdrawal symptoms and de addiction.

Depression (23.6%) remains second most common diagnosis in our study. Probable reason for this could be that the patients tend to report various physical symptoms and consult other departments before being referred to Psychiatry.

No psychiatry illness was found in 1.36% of the referred cases possibly due to various factors like non-response to conventional treatment and abnormal illness behaviour. This was also somewhat similar to study of north and south India where 2.5% and 7.3% of referred patients had no any psychiatric abnormality respectively [15,16].

Majority of patients belong to younger and middle age group which was in agreement with studies by Bhogale G S,RastogiR ,BrownA ,Dhavale H S and Aghanwa H[11,19,20,21,22].
In our study more male patients were referred for psychiatric consultation than female patients. Some studies have shown a male preponderance [11,17]. while others have reported that female referrals were more common than male referrals [22]. The greater prevalence of male patients referred for psychiatric evaluation in our study can be explained by the fact that maximum number of referrals were for patients who had alcohol abuse.

In our study the most referring department was from General medicine. This was in agreement with findings of previous studies which have shown that 54.3% to 64.78% of patients were referred from department of medicine [11,17,23,24].Therefore, inadvertently the patients visit general physicians for the treatment of their physical symptoms [25]. Ignorance about the psychiatric origin of somatic symptoms and the stigma which is associated with psychiatric consultations are other factors which may result in patients visiting physicians instead of psychiatrists[22].

When the reasons for referral were analyzed, it was found that physical complaints was the most common category, which accounted for 31.81% of the total referrals. On diagnosic evaluations of those cases ,most of them found to be co morbid psychiatric illness with physical illness . Next Substance use was the reason for 26.36% of the total referrals. Some studies[11] showed that a lower percentage (2-5%) of patients were referred for substance use .Surprisingly, the number of referrals following self harm/suicidal attempts were less (3.6%) as compared to higher figures seen in other similar studies, which showed values ranging from 9.7% to 33.14% [11,22,23].

With psychiatry making a move towards a more medical model and with rapid establishment of general hospital psychiatry units all over the world, this subspecialty of psychiatry is getting more and more importance. The implications of the above findings are that more attention is needed in strengthening the liaison services with departments of medicine and the other specialties. Adequate undergraduate training in psychiatry may help in better identification of psychiatric problems in these patients; it may also change the attitude of young doctors toward psychiatry.

The WHO has reported that by 2020, unipolar depression is anticipated to be the second most common cause of morbidity in the world, next only to cardiovascular disorders [26]. Also, the recent introduction of safe and effective psychotropic medication has improved the prognosis of many psychiatric conditions , which were once considered to be untreatable. In this context, psychiatric referrals are of utmost significance, as patients with psychiatric illnesses generally tend to consult other specialists before being referred to a psychiatrist.

However our study has limitations. We have not used standardized instruments like structured interview schedules, rating scales to assess for multiple psychiatric diagnoses and severity of psychiatric illness.The results of this clinic based study cannot be generalized to community settings.

VI. Conclusion:

Consultation Psychiatry through the referral system is only a tip of the iceberg of the actual potential of psychiatric involvement in general hospital practice. Further research needed to realize the actual potential of consultation-liaison psychiatry in a tertiary hospital setup and should focus on interventions that can improve referral rates through early recognition of the common psychiatric conditions, with particular emphasis on sensitizing the general physicians, who are the most common source of psychiatric referrals.

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