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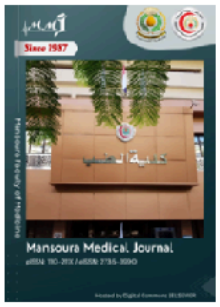

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PSYCHIATRIC CONSULTATION TO MEDICAL AND SURGICAL INPATIENTS IN REGIONAL UNIVERSITY HOSPITAL

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ABSTRACT

Consultation-liaison (C-L) psychiatry is a relatively young subspecialty that is associated with all the diagnostics, therapeutic, research and teaching services that psychiatrists perform in the general hospital. The present study was planed to determine the nature of referrals to a psychiatric consultation service, the type of intervention provided and to understand the difficulties of Consultation-Liaison (C-L) Psychiatry in Mansoura University Hospital (MUH). The study was conducted on 203 consecutive referrals seen over one year and the basic demographic data, DSM-IV-TR diagnosis and recommended interventions were noted. The rate of referrals to C-L psychiatry service was 0.49% of all hospital admission. Males constitute 56.16% of the studied sample, those belonged to productive age group of 25 years to 44 years were 42.86%. 86.7% of the patients were referred from medical departments. The most frequent reasons for referrals were for assessment of cognitive impairment (18.22%) and unexplained physical symptoms (17.73%). The commonest psychiatric diagnosis was depressive disorders (19.21%), followed by delirium (18.23%), adjustment/anxiety disorders (15.27%) and psychotic disorders (14.29%). More interaction between psychiatric team and referring physician is recommended and there is urgent need for teaching medical doctors, nursing and paramedical staff the implications of consultation liaison service.

INTRODUCTION

Consultation-liaison (C-L) psychiatry is a relatively young subspecialty, having been present for only about 40 years. It has evolved from the ashes of the psychosomatic medicine, a long tradition of specialists in psychological medicine working alongside physicians in teaching hospitals [1]. C-L psychiatry is associated with all the diagnostics, therapeutic, research and teaching services that psychiatrists perform in the general hospital and serves as a bridge between psychiatry and other specialties [2].

Recent reviews have examined the epidemiology of the psychiatric disorder in the general medical setting, as many as 30% of patients have a psychiatric disorder [3]. Delirium is detected in 10% of all medical inpatients and is detected in over 30% in some high risk groups [4]. Two -thirds of patients who are high users of medical care have a psychiatric disturbance; 23% have depression, 22% have anxiety and 20% have somatization [5]. Clearly, psychiatric morbidity has an impact on health care economics [3].

Research by Wells et al.(6) has documented the increased cost associated with comorbid medical psychiatric illness; intervention strategies have suggested that elderly patients with hip fractures benefit from psychiatric consultation; they have shorter length of hospital stays and more often discharged home, rather than to a nursing home.

The aim of the present study was to determine the nature of referrals to the psychiatric department from different medical and surgical departments, the types of interventions provided and to understand the difficulties of C-L psychiatry in Mansoura University Hospital (MUH).

SUBJECTS AND METHODS

The study was carried out at MUH which is 1517-beded hospital situated in Eastern Delta region of Egypt; MUH is considered as a tertiary referred center and has a full range of medical and surgical subspecialties and has no long-stay beds.

This study used a prospective approach in which 203 consecutive patients referral to the psychiatry department were assessed over a period of one year from July 2004 to

June 2005. Referring physicians were asked to complete a referral intake form prior to the patients being seen by the research team. This form included basic demographic data, a list of medical problems, current medication and reason for referral. At the time of consultation, two of the research team, completed independent reports of the assessment which included psychiatric diagnosis according to DSM-IV-TR (2000) [7], recommendations made by the consultant to the referring physician for example suggested treatment plan, transfer to psychiatry department for further evaluation and treatment and follow-up arrangements. The data collected regarding the attendance and admission at MUH were obtained from the statistical department of MUH [8].

RESULTS

Total hospital attendance during the study period was 340681 out of which 146078 (42.88%) were males and 194603 (57.12%) were females.

Total hospital inpatients were 41513 out of which 17830 (42.95%) were males and 23683 (57.05%) were females. 203 referrals were made from the inpatient departments for psychiatric consultation, a referral rate of 0.49%. Total medical inpatients were 15147, 8287 (54.71%) males and 6860 (45.29%) females out of which 176 were referred for liaison psychiatry which represented 86.78% of referrals, a referral; rate of 1.1%.

Total surgical inpatients were 26366; 9534 (36.16%) males and 16832 (63.84%) females, out of which 27 were referred for liaison psychiatry which represented 13.3 % of referrals; a referral rate of 0.1%. The mean delay between the receipt of referral and review was 1-2 working days and the patients required an average of 1-8 visits (range 1-3).

Table (1) contains a summary of the demographic information on the subject sample. Age distribution showed pediatric age group, up to 15 years age, was 8.37% of the sample. 25.62% and 42.68% of patients belonged to the 16 years to 45 years age groups respectively. 65 years and above were 10.34%. Males represented 56.16% of the sample and females represented 43.84%. 50.74% of referrals were married and 11.33% were either widow or divorced. The largest number of referrals by far 51.23% from rural areas while only

9.27% from urban areas. The reasons and source of referral and medical diagnoses are summarized in table II. The commonest reasons given in referral letter was for assessment of confusion (18.22%) other reasons included assessment of unexplained physical symptoms (17.73%), depressive symptoms (13.30%), drug abuse (14.29%) deliberate self harm (8.87%) psychotic disorder (8.87%), and others (7.88%) that include family or social problems or neurological condition such as epilepsy and migraine. Medical departments represented 86.70% of referrals while 13.30% from surgical departments. Regarding associated physical illness, gastrointestinal tract disorder was more commonly found in 37.44% of referrals, the next common was cardiovascular disease (18.76%), followed by genitourinary disease (10.84%), more than one physical diagnosis (9.35%), respiratory disorder (8.87%), endocrine/ metabolic disorder (7.88%), Central nervous System (CNS) disorder (6.90%) and musculoskeletal (2.96%).

The general conclusions of the consultants are summarized in table III. The most frequent psychiatric diagnosis was of depressive disorders (19.21%) followed by delirium (18.23%), other diagnoses included respectively adjustment/ anxiety disorders (15.27%), psychiatric disorder (14.29%), no psychiatric diagnosis, somatoform disorders (each 10.34%) substance-related disorders (6.41%). The most common type of recommendation related to medication (68.97%), medication recommendations include antidepressant medication being prescribed in 35.96% of cases and antipsychotic therapy in 25%, other psychiatric agents (Anxiolytic or hypnotic and more the one agent) in 13.3% and 8.87% of cases respectively.

Transfer to a mental hospital was recommended in 4.43% of cases and 21 patients (18.34%) were transferred to psychiatry department for further evaluation and treatment. Follow up arrangement with outpatient psychiatric clinic were made for 69.65% of referrals while follow up with the treating medical team in the remaining 30.05%.

Table (1): Demographic Characteristics of the Sample

Characteristic	N	%
Age:		
0-15	17	8.37
16-24	52	25.62
25-44	87	42.86
45-64	26	12.81
≥65	21	10.34
Sex:		
Male	114	56.16
Female	89	43.84
Marital Status:		
Single	103	50.74
Married	77	37.93
Divorced/Widow	33	11.33
Residence:		
Rural	164	80.79
Urban	39	19.21

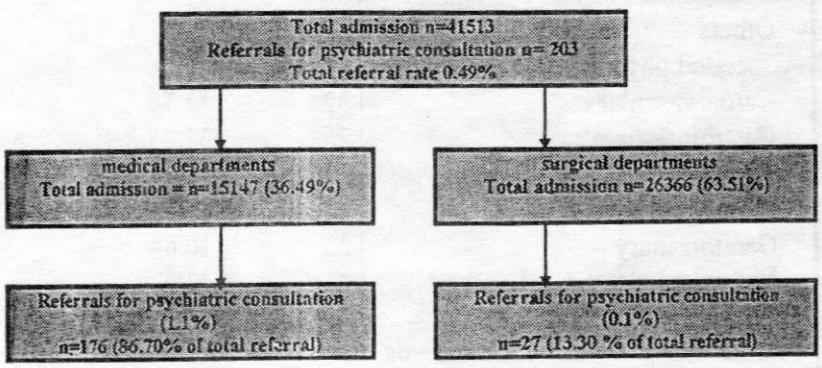
Table (2): Clinical Characteristics of Referred Patients

Clinical Characteristics	N	%
Reason for referral:		
Deliberate self harm	18	8.87
Past psychiatric history	29	14.29
Depression	27	13.30
Psychotic disorder	18	8.87
Drug abuse	22	10.84
Confusion	37	18.22
Unexplained physical symptoms	36	17.73
Others	16	7.88
Associated physical disorders:		
Cardiovascular	32	15.76
Gastrointestinal	76	37.44
Respiratory	18	8.87
Central nervous system	14	6.9
Genitourinary	22	10.84
Musculoskeletal	6	2.96
Endocrine/Metabolic	16	7.88
More than one physical diagnosis	19	9.35

Table (3): Summary of Consultant's assessment

Conclusion	N	%
Diagnosis:		
Delirium	37	18.23
Dementia	7	3.45
Depressive disorders	39	19.21
Adjustment/Anxiety disorders	31	15.27
Somatoform disorders	21	10.34
Psychotic disorders	29	14.29
Substance-related disorders	13	6.41
Others	5	2.46
No psychiatric diagnosis	21	10.34
Recommendations:		
Pharmacological intervention:	140	68.97
Antidepressant	73	35.96
Antipsychotic	66	32.51
Other psychotropic agent	27	13.3
More than one agent	18	8.87
Re-arrange treatment plan	33	16.26
Transfer to psychiatry department	21	18.34
Transfer to mental hospital	9	4.43
Follow-up arrangements:		
Outpatient clinic	142	69.95
Treating medical team	61	30.05

Figure (1): Referrals for psychiatric consultation from medical and surgical departments



DISCUSSION

liaison psychiatry have an important role to play in the management of patients in the general hospital setting. Psychiatric morbidity has been shown to be high in patients in general hospital, up to 35% of new referrals to neurology, cardiology and gastroenterology have a non-organic cause for their symptoms [9].

The age distribution showed that the pediatric age group patients (up to 15 years old were 8.37% from the total sample whilst the patients belong to the age between 25 to 45 years formed 42.86% of the sample, concordant findings were reported by Bhogalel et al. [10].

The higher representation of the young people may be explained as a reflection of increased acknowledgement of emotional disturbances and the greater incidence of drug related problems in that age group [11]. Review article by Wallen et al. [12] stated that 30% of psychiatric referrals were aged 65 years and above. This study had only 10.34% of patients above 65 years old. This difference in the findings could be attributed to the physicians' failure to recognize the psychiatric disorders in old age, low priority for treatment of psychiatric disorders compared with physical disorders and poor access to or dissatisfaction with the psychiatric services in that age group [13].

Males represented 56.16% of the sample and females represented 43.96%, however this contradicts Aghanwa [14] findings that a higher proportion of liaison referrals of female patients in all age groups. The difference could be related to difference in population studied. In present study over than 85% of referrals from medical inpatients services with a referral rate of 1.1% which included higher male than female proportions (63.84%, 36.16%) respectively.

These work results suggested that the majority of psychiatric referrals were either single (50.74%) or divorced /widowed (11.33%). Oyewumi et al. [15] found that 70% of hospitalized patients were single, separated divorced or widowed. These mental problems among hospitalized patients reflect the inadaptability and maladjustment among those persons which support the above observation. In the present study 80.79 % of referrals were coming from rural areas whereas only 19.21% from urban areas,

this indicates a stressful life style in those rural areas. Major changes have taken place in our rural community with emigration of the younger generation to cities, changing social values, the tendency to individualization and urbanization being risk factors for increase in psychiatry morbidity in the village [16].

The proportionally lower rate of referral from surgical departments (13.30% of total referral); a referral rate of 0.1% may reflect limited communication between the two specialties and indicate the need to increase awareness of the role of liaison psychiatry[17]. Previous research has not suggested large difference in the rates of psychiatric morbidity in surgical compared with medical department. However, analysis of subgroups of surgical inpatients have shown lower rates of psychiatric morbidity among elective admissions than in medical words [18].

When reasons for referral were studied, it was found that the common causes of referral was confusion (18.22%), unexplained physical symptoms 17.73%, past psychiatric disorder (14.29%), depression (13.30%) and drug abuse (10.84%). The deliberate self harm, psychotic disorders and others made the rest of the presentation.

Patients presented with confusion had found to constitute the highest rate of the CL population in MUH. This was expected as MUH is a very busy, tertiary hospital managing a wide range of services illness and very complex procedures, surgery and treatments. These illness and treatment can predispose to the development an exacerbation of psychiatry problems including the confusion.

Unexplained physical symptoms is a term used to describe a situation where an individual experiences multiple, ongoing physical symptoms for which their health care provider can find no specific cause. These physical symptoms may include: headaches, fatigue, memory loss, unexpected weight changes, sleep problems, joint pain, skin rash & digestive problems [19]. In this study 17.73% of referrals had unexplained physical symptoms. The most frequent physical symptoms are headache, back pain, chest pain and muscle aches.

Many workers believe that somati-

sation is more common in developing countries which could be the reason for high percentage of patients having unexplained physical symptoms. Sartorius [20] opined that high quality general medical care should include improved recognition and understanding of psychological aspects of physical illness including somatic presentations of psychiatric disorder. According to De and kar [21] the rate of psychiatric morbidity in medical inpatients suffering from chronic physical illness is high.

Past psychiatric history is detected in 14.29% referrals; this agrees with the study of Mendle and Rapport [22] who found that previous hospitalization increase the likelihood of future inpatient referral. Furthermore, the present results go with Hanson and Babingian [23] who added that a history of psychiatric disturbance appears to be a major variable in dispositional decision; patients who had received previous psychiatric treatments were hospitalized more frequently than were patients whose emergency room visit represented their first psychiatric contact.

Frank psychotic disorders was the reason of referral in 8.87% of the sample, this finding is in agreement with Avasthi et al. [24] who reported that the spectrum of psychiatric case material seen in general hospital psychiatry units is much wider than seen in mental hospital where the clinical material is predominantly psychoses. In general medical psychiatry unit a wide range of clinical problems including psychosis, neurosis, personality disorder, organic brain syndrome etc., could explain the lower proportion of psychotic disorders detected in this study.

Deliberate self harm (DSH) which is mostly attempted suicide represented about 8.87% of the total sample. the definition of DSH was as for parasuicide in the WHO/Euro Multi Center Study on Parasuicide usually (an act with non-fatal outcome in which an individual deliberately initiates a non-habitual behavior, that without intervention from others will cause self-harm or deliberately ingests a substance in excess of the prescribed or generally recognized dosage, and which is arrived at realizing changes that the person desires via the actual or expected physical consequences [25].

In a representative sample of DSH

patients who presented to a general hospital in Britain, Haw et al. [26] found a high prevalence of psychiatric disorders 92.2%, the most common diagnoses were depression, substance abuse and anxiety disorders and personality disorder that was identified is 45.9% of patients.

The rate of DSH is lower in the present study 8.87% compared to the findings of Bhogale [10] where 33.14% of patients had attempted suicide, Tay and Ch [27] have also stated that the attempted suicide was the most common cause of referral in their study. Countries with an Islamic culture like Egypt generally exhibit a far lower suicidal rate than other cultures. One of the main credos of Islam is that divine will be expressed in various ways, and man must always subject himself to that will, suicide would be akin to trying to escape the divine will and considered as a crime against Allah, more than murder [28]. Moreover, Shaheen [29] viewed religiosity as a deterrent against suicide. Depressed Moslems may passively wish they were dead or pray to God to take their life away, rather than trying this by themselves [30]. Apart from, fear of police, legal complications and sham also prevents people from disclosing attempted suicide on even bringing patients to the hospital for treatment.

Amongst associated physical illness, gastro- intestinal tract disorder was more commonly found in this study's patients as gastrointestinal tract disorders are more prevalent in this country. The prevalence of bilharzias in Egypt is reaching to 40% in certain areas (Nile delta) [31]. Also Lawer et al.[32] reported that the prevalence of Hepatitis C virus infection in Egypt was ranging between 2 to 28% (mean 22 %); furthermore Hepatitis B virus infection prevalence was about 10-20% [33].

Cardiovascular system and genitourinary tract related complaints were found in 15.76 and 10.84% of patient respectively. Overall, the estimated prevalence of hypertension in Egypt was 26.3% and is increased progressively with age from 78% in 25-34 years olds to 56.6% in those 75 years and older [34]. According to the Annual report of the Egyptian society of nephrology [35] the prevalence of end stage renal disease (ESRD) was 525 patients per million (PPM) in 1996 and 264 PMP in 1998.

Analysis of final diagnoses revealed that depressive disorder (19.21%) was the most frequent psychiatric disorder followed by delirium (18.23%) then adjustment/anxiety disorders, (15.27%), psychotic disorder (14.29%), somatoform disorders (10.34%) and no psychiatric diagnosis (10.34%); the less common was dementia (4.43%), in common with many previous studies [14]. Depressive disorders were the most frequent functional diagnosis, similarly Poyhton [13] and Creed et al. [36] have reported that 24% and 25.5% of medical referrals had depression (as per ICD-10 criteria) respectively. Without a predetermined protocol to define appropriateness of referrals, the estimated level of diagnostic concordance between the referral letter and final diagnosis with regard to depressive symptoms was about 61% concordance. This lower concordance in the present study could be explained by the difficulties in diagnosing depression in hospital setting because of the symptoms of medical illness present, moreover the use of standard criteria in the physically ill will add to this difficulty [37]. Furthermore consultations were usually referred by non-psychiatrically trained physicians who often overlook early symptoms of mental disorders especially when they do not interfere with medical treatment [38].

Cognitive impairment represented 21.68% of the sample (18.23 % delirium, 3.45 % dementia). The high rate of delirium in the present study possibly explained by the fact that in a tertiary care hospital, chronic, poor prognosis and problematic physical illness are expected to be admitted more frequently. In these cases, organic psychiatric conditions could be higher. Also, these findings are in agreement with Trzepacaz [39] who estimated the incidence of delirium in patients admitted to general hospital in America as 18-20%. The American psychiatric association [40] found that up to 80% of patients with terminal illnesses developed delirium near death, the cause of delirium is frequently multifactorial. Delirium is strongly associated with increased morbidity and death, increased length and cost of stay, increased difficulty in the provision of care by nursing, medical and allied health staff [41].

There were few patients (6.41%) having substance-related disorders which is mostly understandable as fair percentage of the referrals were

young, mostly from rural areas with females representing bit little half of the sample. These findings are in agreement with Gabbard et al. 42 who reported that substance abuse are more common over the age of 18 years, more common in men than women and higher in unemployed than among working people. The most common substances used were benzodiazpines, parkinol and hashish while Roger et al. 43 found that alcohol, cocaine and marijuana were the most commons used substances. This may be due to prevalence of alcohol in western countries than the Islamic countries like Egypt.

The shortcomings of this study are that it is a hospital based study with inherent selection bias, limited period of only one year; the consultations referred by medical staff with insufficient psychiatric training. In addition, the physicians'use of clinical diagnosis rather than diagnosis based on a structured interview prevents assessment of diagnostic validity and reliability.

More interaction between psychiatric team and referring physician is recommended and there is urgent need for teaching medical doctors, nursing and paramedical staff, as well as the hospital administrative staff the issues of consultation liaison service. All physicians have to be sensitized so as to be able to detect psychopathology in their patient

Highlighting the importance of CL training and development of well staffed CL team might not only improve the accuracy of studies results but also enhance the value of expanded role of CL service.

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الإستشارة النفسية لمرضى الأقسام الداخلية للأمراض الباطنية والجراحية فى مستشفى جامعى إقليمى

يعتبر الطب النفسى الوصلى فرعاً جديداً يعنى بخدمات الصحة النفسية العلاجية والتشخيصية والبحثية فى المستشفى متعدد التخصصات. ومن هذا المنطلق تعنى الدراسة الحالية إلى تحديد طبيعة المرضى المحولين لقسم الطب النفسى وتحديد أنواع التدخل العلاجى والصعوبات المفترضة فى مستشفى المنصورة الجامعى .

وقد أجرى هذا البحث على ٢٠٣ مريض على مدار عام، تمت فيه جميع البيانات الإحصائية الأولية وكذلك أسباب التحويل والتشخيص النفسى والتداخلات العلاجية، وقد أظهرت النتائج أن نسبة التحويل لخدمات الطب النفسى الوصلى بلغت حوالى ٤٩ر٠٪ من المرضى المقيمين بمستشفى المنصورة الجامعى، وشكل الذكور حوالى ١٦ر٥٦٪ من عينة الدراسة، وكان حوالى ٨٦ر٤٢٪ من مجموع المرضى ينتمون إلى فئة العمر المنتج ٢٥-٤٤ سنة، وتم تحويل ٧ر٨٦٪ من العينة من الأقسام الباطنية المختلفة. وكانت أكثر أسباب التحويل لدراسة الخلل المعرفى (٢٢ر١٨٪) والأعراض البدنية الغير معللة (٧٣ر١٧)، وكانت أكثر التشخيصات تواتراً هو الاضطراب الاكتئابى (٢١ر١٩٪)، والهذيان (٢٣ر١٨٪)، ثم اضطراب التأقلم (٢٧رو١٥٪)، والاضطراب الذهانى (٢٩ر١٤٪). وقد خلصت الدراسة إلى الحاجة إلى مزيداً من الحوار والتفاعل بين الطبيب المحول والفريق العلاجى النفسى وأن يتم التخطيط لبرامج تدريبية فى الطب النفسى الوصلى تشمل كل العاملين فى المستشفيات الجامعية .