Profile of patients seen in consultation-liaison psychiatry in a multidisciplinary hospital

Lata Gautam Poudel [1], Samir Kumar Paudel [2]*

1. Head, Department of Psychiatry National Academy of Medical Sciences, Kathmandu
2. Head, Department of Cardiology National Academy of Medical Sciences, Kathmandu

Abstract

Introduction:

Consultation liaison (C-L) psychiatry is a bridge that interlinks psychiatry with the other branches of medicine. Timely identification of mental disorders and their management in medically ill patients hastens the recovery process, shortens hospital stay, minimizes undue economic burden to the patients, improves patients' co-operation and strengthens doctor- patient therapeutic relationship. Therefore C- L psychiatry has important role in holistic patient management in every hospital setting.

Materials and Methods:

This is a hospital-based retrospective study done in National Academy of Medical Sciences, Bir Hospital, Kathmandu. A total of 420 patients examined by the consultants in different non-psychiatry wards and recorded manually were enrolled in the study. This study was conducted to find out the burden of mental disorders in patients admitted for non-psychiatry causes in different wards. Study duration was one year.

Results:

Out of 420 patients enrolled in the study, 60.71% were males and the mean age of the population was 44.29 + 16.49 years. Age range was 14 years to 90 years. Most of the patients were referred from the medical ward, orthopedic ward and medical ICU. The first three mental illnesses in the study were alcohol dependence syndrome (22.1%), delirium due to medical causes (15.5%) and depressive disorders (14%). 11.90% of the total cases had presented with suicide attempt. Among those who attempted suicide, impulsive act and underlying depression were most observed.

Conclusion:

C-L Psychiatry has a crucial role in diagnosing mental illnesses in patients admitted to non-psychiatry wards so that the holistic approach to the care of patients can be instituted. Addressing the issues from psychiatric aspect improves the outcome of the patients leading to shorter hospital stay and better recovery. Most common mental disorders in C-L Psychiatry in our settings were alcohol dependence syndrome, delirium due to medical causes and depressive disorders respectively.

Key Words:

Consultation Liaison Psychiatry, medical illnesses, patient outcome, Central Nepal

*Corresponding Author

Lata Gautam Poudel

Head, Department of Psychiatry
National Academy of Medical Sciences, Bir Hospital, Kathmandu
Email: drlatagautamp@gmail.com

INTRODUCTION

"Consultation" refers to the provision of expert opinion about the diagnosis and advice on management regarding patients' mental state at the request of another health professional and the term 'Liaison' refers to linking up of groups for the purpose of effective collaboration[1]. Consultation-liaison (C-L) psychiatry, also known as psychosomatic medicine, is a subspecialty of psychiatry that emphasizes on the care of patients with comorbid psychiatric and general medical conditions[2]. This subspeciality of psychiatry plays a crucial role in providing psychiatric care to patients admitted to general medical and surgical services in a multidisciplinary hospital.

Mind and body have a close link with a strong bi-directional association influencing each other. Physical and mental disorders co-exist in many and psychological factors need to be looked into in all disease states. Studies suggest that psychiatric comorbidities can complicate the course of medical illnesses that leads to prolonged hospital stays, increased healthcare utilization and poorer treatment adherence[3].. The psychological response of these physical disorders and their management may not reach a morbid

level(2). Patients hospitalized in non-psychiatric settings are estimated to have psychiatric disorder in 21 to 46 %[4]. By looking into comorbid psychiatric symptoms or illnesses, C-L psychiatry treatments improve overall health outcomes. The role of C-L psychiatry in providing care for patients with medical and psychiatric comorbidity results in a lower rate of readmission after discharge[5]. In recent years, C-L psychiatry has become an essential part of organ transplant team for both donors and recipients. With the evolution in the field of organ transplant, C-L psychiatrists are not only required for pre- and post-operative evaluation of the recipient and potential donor, but they are also required to address the situation in which the donor is reluctant to donate an organ but is unable to tell the family[6]. Lifetime prevalence of mental disorders in patients with chronic medical conditions is 42%, the common causes being drug abuse, mood disorders and anxiety disorders, and it is 33% in those without chronic medical conditions; moreover, in the group of patients with short-term medical or surgical conditions, 30-60% of them have co-existing psychiatric conditions[7]. There is a high correlation between a longer hospitalization and depression[8]. The objective of this study is to find out the common mental illnesses in patients admitted in non-psychiatry wards and address the issues, if any, thus helping patients hasten their recovery.

MATERIALS AND METHODS

This is a hospital-based retrospective study done in National Academy of Medical Sciences, Bir Hospital, Kathmandu. Total of 420 patients referred to and examined by the consultant psychiatrists in different non-psychiatry wards were enrolled in the study. Demographic details of the patients including age and sex, psychiatric illness, referring department and suicide attempts, if any, and their underlying causes were taken from manual record book. Study duration was from 15th September 2022 to 16th September 2023. Ethical clearance was taken from IRB, NAMS. IBM Statistical Package for the Social Sciences version 23 was used for data analysis.

RESULT

Out of 420 patients enrolled in the study, 60.71% were males and the mean age of the population was 44.29 + 16.49 years. Age range was 14 years to 90 years. Maximum number of patients were adults in both genders. Adolescents were least in both [Table-1].

Table 1: Demographic Profile of Patients

Age Groups	Gender		Total	Mean Age in years
	Male	**Female**		
<18 (Adolescents)	7 (1.66%)	10 (2.38%)	17 (4.04%)	44.29 + 16.49
19-44 (Adults)	131 (31.19%)	78 (18.57%)	209 (49.76%)	
45-64 (Middle-aged)	95 (22.61%)	51 (12.14%)	146 (34.76%)	
>65 (Elderly)	22 (5.23%)	26 (6.19%)	48 (11.42%)	

Most of the patients were referred from the medical ward followed by orthopedic ward. Medical ICU was third in the sequence. Least patient referral was from orthopedic ICU. Prospective kidney donors and recepients were referred for pre-operative evaluation and each pair presented together. Figure-1 shows the illustrations.
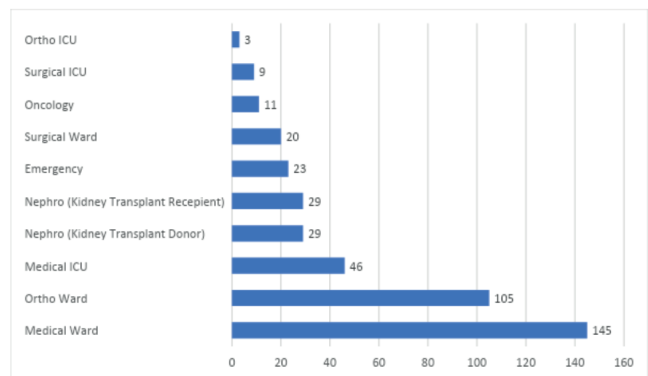

Figure 1: Sources of Referral for C-L Psychiatry

The first three mental illnesses in C-L study were alcohol dependence syndrome (22.1%), delirium due to medical causes (15.5%) and depressive disorders (14%). The fourth group (12.9%) did not reach syndromic diagnosis at the time of examination. This has been shown in Figure-2.
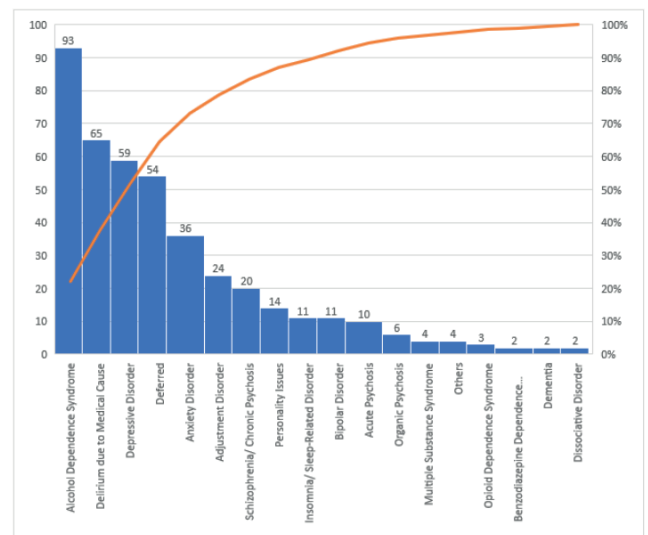

Figure 2: Mental Disorders in Patient Population

11.90% of the total cases had suicide attempt. Among those who attempted suicide, impulsive act and underlying depression were most observed; psychosis related suicidal act was the least common (Figure-3).
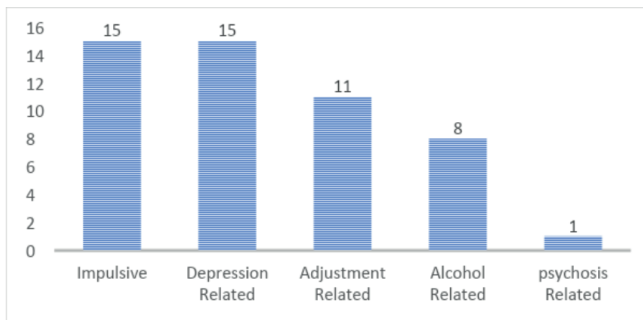

Figure 3: Underlying Causes of Suicide Attempt

DISCUSSION

In our study, 60.71% were males and the mean age of the population was 44.29 + 16.49 years. The age range was 14 years to 90 years. This is akin to the findings observed in a similar study done in western Nepal, which showed male predominance (58.8%) with the mean age of 41.17 ± 18.57 years and the age range of 6 years to 90 years [9]. Another study done in a teaching hospital showed similar findings with the mean age of the study population being 40.28 + 18.76 years with male predominance (56%)[10]. A similar study from Southern India also showed male preponderance (58%) with the mean age of the study population being 38.39 +16.17 years and the age range of 1 to 86 years[11]. These are in contrary to the findings of a study observed in general hospital system in southern Puerto Rico where the mean age of the patient sample was 62.2 years and females (57.8%) outnumbered males.[12] The patient population characteristics show geographical variation[13].

In the current study, adult population (49.76%) out-numbered the other age-groups. Similar finding (41.1%) was seen in the study from western Nepal, where the age-group category was slightly different[9]. In a similar study done in a medical college in western Nepal, adult population comprised of 47% of the total population[10]. The Indian study also showed majority of the patients from the age group of 16-45 years (59.6%)[11]. The mean age of referred patients was 40.28 years (±18.76). More male patients were referred than female

Most of the patients were from the medical ward (34.52%) and it was followed by referral from orthopedic ward (25%).

Medical ICU was third in the order. Least patient referral was from orthopedic ICU. The findings are near to those from the study from GMC, where most of the referrals were from internal medicine (42.3%), followed by ICU (23.3%), surgery (12.8%) and orthopedics (9.8%)[9]. In the study done in a tertiary care hospital in Nepal, Internal medicine, General surgery and Gynecology/Obstetrics were the most commonly referring departments for C-L psychiatry[10]. Gynecology/ Obstetrics department is not there in our center which might have affected the gravity of referrals from different wards. In another similar study from India, majority of the referrals were made from the department of medicine (59%) followed by departments of surgery (8.7%), orthopedics (8.1%) and dermatology (6.9%)[11]. Our study also included cases from high volume Trauma Center in the premises of our hospital, which is the reason why the referrals from orthopedic ward stood atop next to that from medical ward.

Taken together, the first three mental disorders in our study were alcohol dependence syndrome (22.1%), delirium due to medical causes (15.5%) and depressive disorders (14%) respectively. The fourth group (12.9%) did not reach syndromic diagnosis at the time of examination. Among the in- patient referral cases from another center, the most common psychiatric diagnosis was alcohol dependence syndrome (35.5%), followed by anxiety disorder (17.1%), delirium due to general medical condition (12.2%), depression (6.7%), seizure disorder (6.7%) and intentional self-harm (5.5%)[9]. In a similar study done in a tertiary care hospital in central Nepal, somatization (66.1%), anxiety (34.4%) and depression (40.9%) were the most common mental illnesses[14]. Another study done in Puerto Rico showed that major depressive disorders (42%), neurocognitive disorders (33%), anxiety disorders (11%), substance-related disorders (8%), and schizophrenia spectrum (6%) were the five most frequent mental illnesses in patients admitted in non-psychiatry wards[12]. The pattern of mental illnesses varies with geographical and cultural background[15].

In our study, 11.90% of the total cases had suicide attempt. This is lower than what was observed in another similar study from western Nepal (21%). This could be due to better awareness and easier accessibility to health services in the capital city. Impulsive act and underlying depression were most observed; suicidal act related to psychosis was the least common.

CONCLUSION

C-L Psychiatry has an important role in diagnosing mental illnesses in patients admitted in non-psychiatry wards so that the holistic approach in the care of patients can be instituted. Understanding the prevalence and patterns of common psychiatric diagnoses in the C-L setting is essential for optimizing patient care, enhancing interdisciplinary collaboration, informing resource allocation, reducing stigmas and guiding future research and clinical initiatives. Addressing the issues from psychiatric aspects improves the outcomes of the patients leading to shorter hospital stay and better recovery. Most cases were referred from medical ward. Most common mental disorders in C-L Psychiatry in our settings were alcohol dependence syndrome, delirium due to medical causes and depressive disorders respectively. These conditions are treatable and the outcome is gratifying to both the physicians and the patients.

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