Consultation liaison psychiatry at Nepal Medical College and Teaching Hospital

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ABSTRACT

The authors reviewed the all referral cases from different inpatient and outpatient department, in Nepal Medical College and Teaching Hospital. It was a descriptive study. There were 484 referred cases during the study period. Around half the referral were from department of medicine (49.8%), surgery (11.2%), Eye/ENT (10.3%). The referral rate was 1.4%, with an average three cases per day. Among the referral cases depression was diagnosed in 26.9%, anxiety in 15.5% and substance related problem in 14.5%. The consultation liaison psychiatry service is satisfactorily used. Depression, substance use problem, anxiety, deliberate self harm is the main diagnoses in liaison psychiatry.

Keywords: Consultation liaison psychiatry, referral, rate.

INTRODUCTION

Liaison psychiatry is the one of important component of multi disciplinary hospital. It is the linchpin between psychiatry and the other medical specialties. It is estimated that 21 to 26% of the medical outpatients have psychiatric disorders. Lifetime prevalence of mental disorder in chronically physically ill patients is around 42% compared to 33.0% who did not have long term physical disability.[1] The incidence of mental disorders in hospitalized physically ill patients ranges from 5.0% to 50.0%.[2] A survey of two developing towns in western Nepal in 1998 revealed a high point prevalence (35.0%) of conspicuous psychiatric morbidity.[3] In Kathmandu valley about 14.0% of the population have some kind of mental illness.[4] In western study also psychiatric disorder in community was found to be around 25%.[5] Psychiatric morbidity is associated with high utilization of general medical services and compromises patient's functional status and quality of life. Consultation liaison psychiatry enhances the quality of care of medical and surgical patients.[6] Medical setting is ideal venue for screening, triage and confronting psychiatric morbidity. The objective of our study is to compare the frequency and pattern of psychiatric referral at department of psychiatry Nepal Medical College and Teaching Hospital.

MATERIALS AND METHODS

This is a descriptive study carried out in department of psychiatry, Nepal Medical College and Teaching Hospital. The hospital has all major departments except neurosurgery, neurology, endocrinology. The department of psychiatry has 25 bed close ward. Beside that, it provides psychiatric consultation to different departments as per request, trains undergraduate medical and nursing students. The study period was from April 2008 to October 2008. All possible consecutive cases referred from different out patient and inpatient departments were included in the study. The

Table-1: Referring department

Department	No.	Percentage
Medicine	241	49.8%
Surgery	54	11.2%
Eye/ENT	50	10.3%
Orthopedics	43	8.9%
ICU/Post.op	31	6.4%
Emergency	22	4.6%
Obs/Gynae	16	3.3%
Dermatology	15	3.1%
Pediatrics	8	1.7%
Dental	4	0.8%

Table-2: Psychiatric diagnosis

	Frequency	Percentage
Depression	130	26.9%
Anxiety disorder	75	15.5%
Substance related disorder	70	14.5%
Deliberate self harm	41	8.5%
Seizure disorder	40	8.3%
Somatoform disorder	37	7.6%
Organic mental disorder	36	7.4%
Adjustment disorder	22	4.6%
Dissociative disorder	20	4.1%
Psychoses	7	1.4%
No diagnosis	6	1.2%

Table-3: Reason for referral

	Frequency	Percentage
Expert opinion	175	36.1%
Abnormal behavior	80	16.5%
Irrelevant talk	71	14.7%
Suicidal attempt	63	13.0%
Seems depressed	57	11.8%
Not sleeping at night	38	7.9%

demographic detail, referring department, presenting complaints, physical diagnosis, current treatment and reason for referral was recorded in the proforma developed by the department of psychiatry. Then psychiatric diagnosis was made according to ICD-10 diagnostic guidelines.[7]

RESULTS

Total number of 484 of patients was referred to the psychiatry from various departments during the study period. Among them 286 were males and 198 females. The medicine department sent the maximum number of consultation, followed by surgery, Eye/ENT, orthopedics (Table-1). The most prevalent ICD-10 diagnosis was depressive disorder, anxiety disorder, substance related disorder, deliberate self harm and others (Table-2). Psychiatric consultation was sought for expert opinion, abnormal behavior, irrelevant talk and other reasons (Table-3). The frequency of psychiatric consultation was 1.4% (Table-4).On an average 3 cases per day was referred to psychiatry.

DISCUSSION

It has been known that there is a relation between physical illness and psychiatric disorders. Substantial proportion of psychiatric morbidity in medical and surgical patients remain undetected, leading to low rate of psychiatric referral.[8] The psychiatric co morbidity with physical illness alters the course and outcome of both conditions. The depression is strongly related with ischemic heart disease, heart failure and myocardial infarction.[9,10] So it is necessary to identify the psychiatric conditions timely to avoid unnecessary wastage of resources and time. Since this was a hospital based study, we tried to ascertain the frequency and pattern of psychiatric referral. A study done at Patan hospital, there were 120 psychiatric referrals. The majority of referral was from department of medicine and depression was the most common finding.[11] Similar study done at dharan, the most common diagnosis was behavioral and mental disorder due to substance use followed by mood disorder. The most referring department was emergency followed by medicine department, an average of 4 patients was referred.[12] Another study done at same place

Table-4: frequency of referral

Total no. of patients	34,753
Referred cases	484
Frequency of referral	1.4%

showed the maximum number of referral from the department of medicine followed by emergency department. The most prevailing diagnosis was dissociative disorder, substance (alcohol) related problem and depressive disorders.[13] In western study mood disorders, cognitive disorders, substance use disorder were the common diagnosis.[14] The diagnostic categories in our study are comparable with other studies done in the country. However anxiety disorder remains second most common diagnosis in our study. It could be because we have included outpatient referral in the study also. Patients with anxiety tend to complain various physical symptoms and they attend other department before being referred. In our study the most referring department was from medicine and surgery which is similar to a study done at India.[15] This could because most of the patients are seen in the medicine department. Patient with psychological disorders tends to complain with physical symptoms and co morbidity is quiet common and often its difficult to delineate. The rate of psychiatric referral in our study was 1.4%. The rates reported in studies ranges from 0.4% in Fiji,[16] 1.0% in European study[17] to 4.2% in US study.[15] This finding suggest that the consultation-liaison service is satisfactorily used. However our study have limitation, we have not used standardized structured interview, rating scales, tried to look for multiple psychiatric diagnoses and address severity of impairment. In conclusion depression, anxiety, substance use disorder, deliberate self harm etc are the major group of disorders encountered in consultation-liaison psychiatry.

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