

# Clinical Profile of Patients Brought Under Consultation-Liaison Psychiatry A Hospital Based Study

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## Abstract:

**Aims and objectives.** The aim of this study is to evaluate the clinical profile of patients brought under Consultation-liaison psychiatry in a general care hospital.

**Materials and Methods:** The present study was a descriptive cross-sectional study conducted in Sher-e-Kashmir Institute of Medical Sciences which is multi-specialty teaching institution. The study was carried out for a period of one year from December 2018 to December 2019. The study population comprised of inpatients as well as outpatients referred for psychiatric consultation from other departments. The semi-structured pro forma was made. The cases were evaluated and diagnoses were made as per the International Classification of Diseases-10 (ICD-10) criteria. **Results:** In our study total no. of patients were 232, out of these patients majority of the patients were males, majority of the patients 44 (18.96%) were referred from plastic surgery and general medicine, most common reason among referred patients was depressive symptoms, Majority of the patients had diagnosis of depressive disorder followed by Delirium. **Conclusion:** Our study illustrates the importance of Psychiatric consultation for various other departments in a hospital setting. A multi-disciplinary approach should be encouraged for the management of patients who attend general hospitals, in order to facilitate early recognition and management of psychiatric problems.

**Keywords:** Consultation-Liaison Psychiatry, Depression, Delirium, Referral.

**Abbreviations:-** CLP, BPAD, PTSD.

## I. INTRODUCTION

In 1922 Barrett first stated in Psychiatric Annals that "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"<sup>[1]</sup> Consultation-liaison psychiatry (CLP) is defined as a subspecialty of psychiatry that involves providing clinical service, teaching and carrying out research between psychiatry and medicine.<sup>[2]</sup> CLP provides comprehensive mental health care services to inpatients as well as in outpatients and to promote the psychiatric care of patients with complex medical, surgical, obstetrical, and neurological conditions.<sup>[3],[4]</sup> CLP has two main parts (1) to provide expert

advice for the referred patients and (2) The liaison part which includes education for patients, requesting physicians and patient's families/caregivers.<sup>[5]</sup>

Physical illnesses are often associated with psychological manifestations which are distressing for both patients and the caregivers. The psychiatric comorbidities associated with medical disorders remain mostly less recognized and undertreated. In general medical settings approximately 30% of all patients and 18.42%–53.7% of patients seen in various out-patients settings exhibit psychiatric disorders. But according to studies the psychiatry referral rates for these patients is found to be very low i.e 0.06%–3.6%.<sup>[6],[7],[8],[9],[10],[11],[12],[13]</sup>

Very few studies are available at present related to CLP. Therefore this study was conducted to evaluate the clinical profile of patients brought under CLP in a general care hospital.

## II. MATERIALS AND METHODS

The present study was a descriptive cross-sectional study conducted in Sher-e-Kashmir Institute of Medical Sciences which is multi-specialty teaching institution. The study was carried out for a period of one year. The study population comprised of inpatients as well as outpatients referred for psychiatric consultation from other departments. The semi-structured proforma was made. The cases were evaluated and diagnoses were made as per the International Classification of Diseases-10 (ICD-10) criteria.<sup>[14]</sup> Informed consent was taken from patients and those who were not able to give consent, in those cases consent was taken from the reliable caregiver. Those patients who did not want to participate in the study and whose caregivers did not give informed consent were excluded. Each patient was individually interviewed along with the proforma prepared specifically for the study to gather information on parameters pertaining to socio-demographic data, source of referral, reason for psychiatry referrals and psychiatric diagnosis. The anonymity of the participants was ensured and confidentiality of data was strictly maintained. Care was also taken that no harm came to the patients during evaluation.

### III. INSTRUMENTS

**Semi-Structured Proforma :** The semi-structured pro forma was made to document the information regarding socio-demographic data, source of referral, diagnosis of the physical condition, reason for psychiatry referrals, psychiatric diagnosis.

**ICD-10** (International Classification of Disease, 10th edition) classification of mental and Behavioral Disorders.

**Statistical Analysis:-** All data thus collected was tabulated and analysed statistically using SPSS software version 20.0 under guidance of a statistician and conclusions were drawn.

### IV. RESULTS

		No. of patients	Percentage of patients
Gender	Males	144	60.06%
	Females	88	37.93%
Residence	Urban	78	33.62%
	Rural	154	66.37%
Age	Upto 18 years	8	3.44%
	19-40years	92	39.65%
	41-60years	68	29.31%
	>60 years	64	27.58%

In our study total no. of patients were 232, out of these patients majority of the patients were males 144 (60.06%) and females were 88 (37.93%), most of the patients belonged to rural areas 154 (66.37%) and 78 (33.62%) were

from urban areas. As far as age is concerned majority of our patient were in the age group of 19-40 years 92 (39.65 %), followed by 41-60 years 68 (29.31%), > 60 years 64 (27.58%) and upto 18 years 8 (3.44%).

**Table shows distribution of patients referred from other departments**

Department	No. of patients	Percentage of patients
Plastic surgery	44	18.96%
General Medicine	23	9.91%
Endocrinology	22	9.48%
Accident Emergency	20	8.62%
Gynaecology & obstetrics	16	6.89%
Neurology	16	6.89%
ICU	15	6.46%
Dermatology	14	6.034%
Medical Oncology	14	6.034%
General surgery	12	5.17%
Neurosurgery	9	3.879%
Surgical oncology	8	3.88%
Orthopaedics	6	2.58%
Cardiology	4	1.724%
Urology	4	1.724%
Paediatrics	3	1.29%
Nephrology	1	0.431%
Gastroenterology	1	0.431%

In our study majority of the patients 44 (18.96%) were referred from plastic surgery, 23 (9.91%) were referred from general medicine, 22 (9.48%) were referred from Endocrinology, Accident Emergency 20 (8.62%), Gynaecology & obstetrics 16 (6.89%), Neurology 16 (6.89%), ICU 15 (6.46%), Dermatology 14 (6.034%), Medical Oncology 14 (6.034%), General surgery 12 (5.17%), Neurosurgery 9 (3.879%), Surgical oncology 8 (3.88%), Orthopaedics 6 (2.58%), Cardiology 4 (1.724%),

Urology 4 (1.724%), Paediatrics 3 (1.29%), Nephrology 1 (0.431%) & Gastroenterology 1 (0.431%).

<b>Table shows Reason for referral wise distribution of patient</b>		
<b>Reason for referrals</b>	<b>No. of patients</b>	<b>%age</b>
Patients with Depressive symptoms	49	21.12%
Previous history of psychiatric illness/treatment	32	13.793%
Patients with Anxiety symptoms	28	12.068%
Behavioural Disturbances (Including Aggressiveness/Irrelevant talking/ Altered sensorium)	25	10.775%
Substance Use (Intoxication/Addiction/withdrawal)	21	9.051%
Suicidal behaviour/Deliberate Self Harm	18	7.758%
Reduced Sleep	17	7.327%
Sexual Problems	15	6.465%
Non-specific symptoms (not explained medically)	14	6.034%
Clearance for surgical procedures	13	5.60%

The most common reason for referral among referred patients was depressive symptoms 49 (21.12%), followed by patients who had previous history of psychiatric illness/treatment 32 (13.793%), Patients with Anxiety symptoms 28 (12.068%), Behavioural Disturbances (Including Aggressiveness/Irrelevant talking/ Altered

sensorium) 25 (10.775%), Substance Use (Intoxication/Addiction/withdrawal) 21 (9.051%), Suicidal behaviour/Deliberate Self Harm 18 (7.758%), Reduced Sleep 17 (7.327%), Sexual Problems 15 (6.465%), Non-specific symptoms (not explained medically) 14 (6.034%) and Clearance for surgical procedures 13 (5.60%).

<b>Table shows psychiatric diagnosis of all referred patients</b>		
<b>Psychiatric diagnosis</b>	<b>No. of patients</b>	<b>%age</b>
<b>Depressive disorder</b>	<b>48</b>	<b>20.689%</b>
<b>Delirium</b>	<b>26</b>	<b>11.2%</b>
<b>No psychiatric diagnosis</b>	<b>21</b>	<b>9.051%</b>
<b>Bipolar affective disorder</b>	<b>19</b>	<b>8.189%</b>
<b>Acute stress Reaction</b>	<b>18</b>	<b>7.758%</b>
<b>Post-Traumatic Stress Disorder</b>	<b>16</b>	<b>6.89%</b>
<b>Somatoform Disorder</b>	<b>14</b>	<b>6.034%</b>
<b>Other mental disorders due to brain damage and dysfunction and to physical disease.</b>	<b>11</b>	<b>4.741%</b>
<b>Generalised Anxiety Disorder</b>	<b>9</b>	<b>3.87%</b>
<b>Premature Ejaculation</b>	<b>8</b>	<b>3.44%</b>
<b>Mental and Behavioural disorders due to multiple drug use and use of other Psychoactive substances</b>	<b>8</b>	<b>3.44%</b>
<b>Erectile Dysfunction</b>	<b>7</b>	<b>3.017%</b>
<b>Dissociative disorder</b>	<b>6</b>	<b>2.586%</b>
<b>Post-partum Depression</b>	<b>6</b>	<b>2.586%</b>
<b>Personality disorder (emotionally Unstable – borderline type)</b>	<b>5</b>	<b>2.1551%</b>
<b>Post-partum Psychosis</b>	<b>3</b>	<b>1.293%</b>
<b>Schizophrenia</b>	<b>2</b>	<b>0.862%</b>
<b>Delusional disorder</b>	<b>2</b>	<b>0.862%</b>
<b>Trichotillomania</b>	<b>2</b>	<b>0.862%</b>
<b>Childhood Autism</b>	<b>1</b>	<b>0.431%</b>

Majority of the patients had diagnosis of depressive disorder 48 (20.689%) followed by Delirium 26 (11.2%), No psychiatric diagnosis 21 (9.051%), Bipolar affective disorder 19 (8.189%), Acute stress Reaction 18 (7.758%), Post-Traumatic Stress Disorder 16 (6.89%), Somatoform Disorder 14 (6.034%), Other mental disorders due to brain damage and dysfunction and to physical disease 11 (4.741%), Generalised Anxiety Disorder 9 (3.87%), Premature Ejaculation 8 (3.44%), Mental and Behavioural disorders due to multiple drug use and use of other Psychoactive substances 8 (3.44%), Erectile Dysfunction 7 (3.017%), Dissociative disorder 6 (2.586%), Post-partum Depression 6 (2.586%), Personality disorder (emotionally

Unstable – borderline type) 5 (2.1551%), Post-partum Psychosis 3 1.293%, Schizophrenia 2 (0.862%), Delusional disorder 2 (0.862%), Trichotillomania 2 (0.862%), Childhood Autism 1 (0.431%).

## V. DISCUSSION

In our study most of the patients were males 144(60.06%) similar results have been found in a study by Pavan kumar et al<sup>[15]</sup> where males out-numbered females. Another study by Narayana et al also<sup>[16]</sup> found the similar results. While as our results were in contrast with Anurag et al.<sup>[17]</sup> where female patients were more than males.

Age distribution showed that majority of our participated patients were in the age group of i.e, 19-40 years i.e 92 (39.65%), similar findings have been found in other studies they observed that 70.26% and 70.6% of the patients were having ages between 16 years and 45 years.<sup>[18],[19]</sup>

In our study 64 (27.58%) patients belonged to above 60 years of age which is in concordance with Wallen et al.<sup>[20]</sup> stated that 30% psychiatric referrals were aged above 65 years while as other studies which showed contrast results with our study were Bhogle et al.<sup>[19]</sup> (5.40% ) and Jhingan et al.<sup>[21]</sup> reported similarly that only 8% patients were above the age of 60 years. But Farooq Khan et al<sup>[22]</sup> in their study had more than 60% were above the age of 80 years.

In our study majority of the patients 44 (18.96%) were referred from plastic surgery followed by general medicine in Contrast with other studies in which more than 50% of referrals from department of general medicine.<sup>[23],[24],[25],[26],[27]</sup> Reason could be that in our study majority of the patients were males and belonged to a age group of 19-40 years. Males are at greater risk for road traffic accidents due to their greater participation in activities such as driving vehicles, an active social life and some of them uses psychoactive substance which in turn makes them vulnerable for road traffic accidents. This age group (19-40 years) is recognized as a phase of great personal independence, social excitement, intense mobility and careless driving on the roads.<sup>[28],[29],[30]</sup>

Another important factor that needs consideration is the armed conflict that has prevailed in Kashmir since last three decades and leads to large number of admissions due to firearm injuries in hospitals which is also found in some studies from Kashmir<sup>[31],[32]</sup> Conflict not only exposes a population to traumatic violent events but also impacts negatively on their mental health.<sup>[33],[34],[35]</sup>

In our study third most common referrals were from endocrinology department (22 i.e 9.48%) reason being that many endocrine disorders such as hypothyroidism, hyperthyroidism and diabetes are commonly associated with psychiatric manifestations. It has mostly been observed that patients with sexual problems are more likely to consult an endocrinologist before approaching for psychiatric consultation. In our study patients referred from accident emergency were 20 (8.62%) almost similar results were found in a study by Gurram et al.<sup>[36]</sup> In our study 16 (6.89%) patients were referred from Gynaecology & obstetrics was consistent with other studies.<sup>[37],[38]</sup>

The most common reason among referred patients was depressive symptoms 49 (21.12%), followed by patients who had previous history of psychiatric illness 32 (13.793%), similar findings was found in a study by Ujjwal bandyopadhyay et al.<sup>[39]</sup> Other studies also found depressive symptoms as the common reason for referral.<sup>[40],[41]</sup> The second most common reason for referral among our study sample was history of past psychiatric illness or treatment (13.793%), similar findings was found in a study by Patra et al.<sup>[42]</sup>

The other common reasons for referral in our study were patients with anxiety symptoms 28 (12.068%), behavioural disturbances (Including Aggressiveness/Irrelevant talking/ Altered sensorium) 25 (10.775%), Substance Use (Intoxication/Addiction/withdrawal) 21 (9.051%), Suicidal behaviour/Deliberate Self Harm 18 (7.758%), Reduced Sleep 17 (7.327%), Sexual Problems 15 (6.465%), Non-specific symptoms (not explained medically) 14 (6.034%) and Clearance for surgical procedures 13 (5.60%).

In our study, depressive disorder 48 (20.689%) was found to be the most common diagnosis among the referred patients consistent finding with other previous studies.<sup>[43],[44],[45],[46],[47]</sup> Delirium as the second most common diagnosis 11.2% which was lower than what was reported in other studies.<sup>[9],[40],[42]</sup> No psychiatric diagnosis could be established in 21 (9.051%) of the cases which is consistent with study by patra et al.<sup>[42]</sup> and Makhal et al.<sup>[41]</sup> But it is in contrast with other studies where no psychiatric diagnosis were given to large number of patients (43.1%).<sup>[48]</sup> Bipolar affective disorder (BPAD) was found in 19 (8.189%) similar in a study by Makhal et al.<sup>[41]</sup> but in a study by patra et al<sup>[42]</sup> percentage of BPAD patients was lesser.

Interestingly in our study a good number of patients were diagnosed as traumatic stress disorder i.e Acute stress Reaction 18 (7.758%) and Post-Traumatic Stress Disorder 16 (6.89%) in contrast to other study by Makhal M, et al.<sup>[41]</sup> where patients with diagnosed with traumatic stress disorder were less in number. The reason could be that Kashmir is among the most vulnerable places for various psychological sequelae because of the long standing conflict of more than three decades. In our study other psychiatric disorders less than 5% were Other mental disorders due to brain damage and dysfunction and to physical disease 11 (4.741%), Generalised Anxiety Disorder 9 (3.87%), Premature Ejaculation 8 (3.44%), Mental and Behavioural disorders due to multiple drug use and use of other Psychoactive substances 8 (3.44%), Erectile Dysfunction 7 (3.017%), Dissociative disorder 6 (2.586%), Post-partum Depression 6 (2.586%), Personality disorder (emotionally Unstable – borderline type) 5 (2.1551%), Post-partum Psychosis 3 (1.293%), Schizophrenia 2 (0.862%), Delusional disorder 2 (0.862%), Trichotillomania 2 (0.862%), Childhood Autism 1 (0.431%).

The above findings suggest that most of the physical disorders have psychological component associated with them. It is very important to impress upon the specialists from other disciplines to focus on psychological symptoms which can improve the outcome of various physical illnesses. Psychiatric referrals have therefore become very important for proper care and complete management of patients. Therefore it is very important to create multi-disciplinary teams with the psychiatrist mediating consultation liaison psychiatry services. The awareness among the clinicians of other specialities regarding the importance of psychiatric assessment should be encouraged. Psychiatrists should know about their role in the practice of medicine, beyond managing the primary psychiatric

disorders and must have extensive clinical knowledge and understanding of diverse medical disorders and their relationship to psychological symptoms. The consultation liaison psychiatrist must have the knowledge and experience of indications, efficacy, side effects, and drug interaction of psychiatric medications with other medications. Therefore, this collaborative approach would not only reduce hospital stay but also improve the quality of life of patient and reduces the burden of physical illness. There is also need for research in the field of consultation- liaison Psychiatry in a hospital setup to focus on effects of interventions, like sensitizing other specialists, especially physicians, regarding psychiatric problems and their varied clinical presentations.

## VI. CONCLUSION

Our study illustrates the importance of psychiatric consultation for various other departments in a hospital setting. The present study suggests that there should be awareness among clinicians about psychiatric manifestations of various physical illnesses. A multi-disciplinary approach should be encouraged for the management of patients who attend general hospitals, in order to facilitate early recognition and management of psychiatric problems.

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