



## ASSESSMENT OF PSYCHIATRIC COMORBIDITY AMONG REFERRED INPATIENTS AND EMPHASIS ON CONSULTATION-LIAISON PSYCHIATRY

### Psychiatry

**Dr. Ujjwal Bandyopadhyay**

Assistant Professor M.B.B.S., D.P.M., M.D., FIPS, Head, Department of Psychiatry, ESIPGIMSR & E.S.I.C Medical college, Joka, Kolkata, West Bengal-700104, India

### ABSTRACT

**Background** Study of prevalence and pattern of psychiatric referrals is crucial and gives an insight into the practice of consultation liaison psychiatry. There is lack of literature and awareness regarding the importance of consultation liaison psychiatry. As a result, even today, the rate of psychiatric referral rate in India is low. Thus, the main objective of the study is to assess the rate of psychiatric referral and clinical profile of referred patient.

**Method** It was a cross-sectional descriptive study which enrolls all the consecutive patients who were referred to the psychiatric department from different inpatient department of ESIPGIMSR and E.S.I.C Medical College and Hospital, Joka, Kolkata, India. Data regarding socio-demographic profile, reason for referral, source of referral and psychiatric diagnosis were recorded and analysed using descriptive statistical methods.

**Results** A total of 60 patients were referred for psychiatric consultation with a referral rate of 3.46%. Depressive episodes (15%) is the most common psychiatric condition observed among the referrals. Majority of the referrals were made from casualty department (16, 26.67%) followed by general medicine department (12, 20%). The common reasons for referrals include depression or anxiety (16.67%) and alcohol and harmful substance use and dependence (13.33%).

**Conclusion** Depressive episodes and depression was found to be the most common reason for referral and most usual psychiatric diagnosis. Even after years since the advent of GHPUs, psychiatric referral rates are very low and awareness is needed.

### KEYWORDS:

Consultation-liaison psychiatry, Tertiary care, Co-morbidity, Inpatient

### Introduction

Since last few decades, a medical subspecialty, known as consultation-liaison psychiatry, has gained too much momentum to ignore the emphasis it lays on "open" system of psychiatric care within the general hospital setting. This area of clinical psychiatry involves clinical, teaching and research related activities of psychiatrists and other mental health professionals in the non-psychiatric divisions of general hospital.

In primary health care unit, psychiatric morbidity is found to be as high as 53%(1, 2) and the rate of psychiatric morbidity in hospitalised physically ill-patients is also reported to be 5% to 50%(3). Not only this, psychiatric disorders in patients with chronic physical illness is approximately 42% in comparison to 33% who did not have long term physical disability(4). However, a study carried out among medical inpatients by Maguire et al. proves that about half of the mental disorders remain unrecognised and as a result untreated(5).

In the United States, since the time, the consultation-liaison psychiatry has been incorporated as the subspecialty, the psychiatric referral rates have increased from 2.2% to 12%(6). Contrastingly, the rates reported from India are still disappointing (0.15% to 1.54%). The first General Hospital Psychiatry Unit (GHPU) in India was started at RG Kar Medical College and Hospital, Calcutta, India, in 1933. Today, all the major hospitals have accepted the concept and as a result have functioning GHPUs. Nevertheless, there is still lack of awareness and scarcity of data on psychiatric referral of patients from other units. With this rationale, the study was designed to assess the clinical profile of referred patients, source/department of referral, reason of referral and psychiatric diagnosis in an industrial hospital.

### Methods

It is a cross-sectional descriptive study conducted at ESIPGIMSR and E.S.I.C Medical College and Hospital, Joka, Kolkata, India. It is a multispecialty hospital providing specialist level of care to industrial workers and their dependents. All the consecutive patients from different inpatient department referred to psychiatric department for consultation during 1-month period from 1st of April'17 to 30<sup>th</sup> April'17 were enrolled in the study. All the referred patients were evaluated by a consultant psychiatrist and diagnosis was made according to the diagnostic guidelines, as per ICD-10 (International Classification of Diseases) – Classification of Mental and Behavioural Disorders (7). Data relating to socio-demographic factors and reasons of psychiatric referrals, prevalence and pattern of psychiatric referral and as a result determination of scope of consultation-liaison psychiatry.

### Statistical analysis

Descriptive analysis was calculated in terms of mean and standard deviation for continuous variables and frequency with percentage for categorical variables. All data were analysed using the Statistical Package for Social Sciences (SPSS; Chicago, IL, USA) program, version 15.

### Results

A total of 60 patients aged  $39.4 \pm 12.7$  years were referred to the psychiatric inpatient department over the period of one-month. Among them, there were 50% males. Majority of the patients (33.33%) patients belonged to the age group of 31-40 years. Among referred patients, 20% of the patients were illiterate and 80 % of patients belonged to the rural area. Most of the patients had income less than 15000 INR.

### Prevalence of psychiatric disorders

Depressive episodes (9, 15%) are the most common psychiatric condition observed followed by alcohol or other harmful substance dependence disorder (8, 13.33%). Other major diagnostic categories include dissociative disorder (7, 11.67%), somatoform disorders (6, 10%) and delirium/organic mental disorders (6, 10%). The prevalence of other rare psychiatric diagnosis is described in table 1.

### Department wise referrals

Most of the referrals (16, 26.67%) were from casualty department followed by general medicine department (12, 20%). The referral rate from other departments is outlined in table 2.

### Reasons for referral

The most common reason for referral was found to be depression or anxiety episode (10, 16.67%) and past history of psychiatric illness (10, 16.67%). Patients with history of alcohol or drug addiction and with symptoms like restlessness and tremor (8, 13.33%), and apparent neurological symptoms (8, 13.33%) constituted the second largest group. The other following reasons for referral are outlined in table 3.

It was also observed that among the referred patients only 10 (16.67%) patients had history of psychiatric illness, while no reliable information was available and past psychiatric history was absent in 10 (16.67%) and 40 (66.67%) patients, respectively (Table 4). Coexistence of both psychiatric and physical illness was found in 44 (73.33%) patients, whilst only psychiatric and only physical illness was found in 8 (13.33%) and 8 (13.33%) patients, respectively (Table 5).

**Discussion**

Though the adoption of westernized lifestyle and globalization has made our life luxurious, increasing number of people are becoming victims of psychiatric disorders. Psychiatric referrals have therefore become imperative for proper care and complete management of hospitalized patients. In our study, we found that over the period of one-month only 60 patients were referred for psychiatric assessment in comparison to total 1734 patients that were admitted in the General Hospital Unit. Thus, a referral rate of 3.46 % was observed. This is nearly in accordance with the previous studies from India by Grover et al. where they suggested that the referral rate in India varies between 0.06 to 3.6% (8). Thus, in a developing country like India, awareness pertaining to the importance and benefits of consultation-liaison psychiatry is a worrisome figure.

As mentioned, the mean age of the referred patient was 39.4 ± 12.7 years. Majority of the referred patients belonged to the age group of 31-40 years (33.33%). The most plausible explanation is that at this age an individual bears the highest responsibility relating to family, occupation, finance and child rearing, many a times, culminating into burnout and stress. It is noteworthy that none of the patient aged greater than 60 years was referred for psychiatric check-up. In India and other developing countries, geriatric health problems are often overlooked as being nothing more than senile changes. Many other studies have also reported less incidence of referral for geriatric patient population (9, 10).

The predisposition of a particular gender towards a psychiatric disease is a contentious issue(11-13). However, in our study we found equal probability (50%) of occurrence in both the sexes. The most common psychiatric conditions were observed to be depressive episodes (15%) followed by alcohol dependence disorder (13.33%). This clearly gives an idea about disappointing increase in the depression rates throughout the world. Also, it was observed that highest number of referrals was made from Casualty Department (26.67%) of the General Hospital, followed by General Medicine unit accounting for (20%). Contrastingly, other studies have reported high proportion (more than 50%) of referrals from Department of General Medicine (10, 14, 15). It can be conjectured that casualties like cardiac arrest, trauma caused by road accident or exacerbation of asthma or other respiratory conditions may precipitate stress and depression like symptoms worsening the physical and mental health of the admitted patient.

Though there has been increase in the rates of referral over the time, there is a lack of healthy development in the field of liaison psychiatry. The awareness and training among the clinicians of other fraternities regarding the importance of psychiatric assessment should be encouraged. Moreover, as observed, there are two loopholes. The non-psychiatric clinicians do not attempt to investigate further if the patient is detected with some comorbid psychiatric illness and as a result psychiatric aspect of the disorder remains untreated and neglected. Secondly, if behavioural manifestation of any kind is observed, they believe it to be associated with primary psychiatric cause. They fail to reckon the possibility of physical illness as a primary illness. This practice should be reversed.

**Conclusion**

Depressive episodes and depression was found to be the most common reason for referral and most usual psychiatric diagnosis. Even after years since the advent of GHPUs, psychiatric referral rates are very low and awareness is needed. A multidisciplinary approach should be encouraged and emphasized among medical fraternity.

**Table 1: Prevalence of different psychiatric disorders**

Diagnoses	Nos.
Alcohol harmful use / dependence disorder	08 (13.33%)
Delirium / organic mental disorders	06 (10%)
Deliberate self-harm	04 (6.67%)
Bipolar affective disorder	02 (3.33%)
Puerperal psychosis / depression	02 (3.33%)
Acute and transient psychotic disorder	02 (3.33%)
Schizophrenia	02 (3.33%)
Nonorganic psychosis unspecified	00 (0.0%)
Depressive episodes	09 (15%)
Catatonia	01 (1.67%)
Personality disorder	01 (1.67%)
Phobic disorders	02 (3.33%)

Obsessive compulsive disorder	01 (1.67%)
Adjustment disorders	00 (0.0%)
Dissociative disorder	07 (11.67%)
Somatoform disorders	06 (10%)
Schizoaffective disorders	00 (0.0%)
Non-conclusive / needs information / further evaluation	02 (3.33%)
No psychopathology found	04 (6.67%)
Tic disorder	01 (1.67%)

**Table 2: Department wise referral pattern**

Department	Nos.
General medicine	12 (20%)
General surgery	04 (6.67%)
Gynaecology and obstetrics	04 (6.67%)
Paediatrics	02 (3.33%)
Orthopaedics	04 (6.67%)
Casualty	16 (26.67%)
ENT	02 (3.33%)
Ophthalmology	00 (0.0%)
Respiratory Medicine	08 (13.33%)
Burn Unit	00 (0.0%)
ICCU	08 (13.33%)

**Table 3: Reasons for referral to psychiatry department**

Reasons given for referrals	Nos.
Suicide attempt by different names	04 (6.67%)
Altered sensorium, restlessness and behaviour abnormality	06 (10%)
History of alcohol and drug addiction/restlessness /tremor	08 (13.33%)
Patient apparently having neurological symptoms	08 (13.33%)
Patients with past history of psychiatric illness or treatment	10 (16.67%)
Patients with depression / anxiety	10 (16.67%)
Abnormal behaviour in post-partum period	02 (3.33%)
Patients with medically unexplained physical symptoms	07 (11.67%)
Acute onset if irrelevant talk, behaviour abnormality, aggression, without past history of psychiatric illness or treatment	02 (3.33%)
Non-specific or unclear reason / no reason for referral	03 (5%)

**Table 4: History of psychiatric illness**

Psychiatric illness	Nos.
Having past history of psychiatric illness	10 (16.67%)
No past history of psychiatric illness	40 (66.67%)
No reliable information / informant available	10 (16.67%)

**Table 5: Nature of illness**

Nature of illness	Nos.
Both psychiatric and physical illness	44 (73.33%)
Only psychiatric illness, no physical illness	08 (13.33%)
Only medical illness, no psychiatric illness	08 (13.33%)

**REFERENCES**

- Chowdhury A, Salim M, Sakeb N. Some aspects of psychiatric morbidity in the out-patient population of a general hospital. Bangladesh Medical Research Council bulletin. 1975;1(1):51-9.
- Sen B, Williams P. The extent and nature of depressive phenomena in primary health care. A study in Calcutta, India. The British Journal of Psychiatry. 1987;151(4):486-93.
- De AK, Kar P. Psychiatric disorders in medical in-patients-A study in a teaching hospital. Indian journal of psychiatry. 1998;40(1):73.
- Rush J. Kaplan & Sadock's comprehensive textbook of psychiatry. Kaplan & Sadock's Comprehensive Textbook of Psychiatry. 2000.
- Maguire G, Julier D, Hawton KE, et al. Psychiatric morbidity and referral on two general medical wards. Br Med J. 1974;1(5902):268-70.
- Eilenberg M. Survey of in-patient referrals to an American psychiatric department. The British Journal of Psychiatry. 1965;111(481):1211-4.
- First MB, Reed GM, Hyman SE, et al. The development of the ICD-11 clinical descriptions and diagnostic guidelines for mental and behavioural disorders. World Psychiatry. 2015;14(1):82-90.
- Grover S. State of Consultation-Liaison Psychiatry in India: Current status and vision for future. Indian journal of psychiatry. 2011;53(3):202.
- Seby K, Chaudhury S, Chakraborty R. Prevalence of psychiatric and physical morbidity in an urban geriatric population. Indian journal of psychiatry. 2011;53(2):121.
- Reddy KR. Inpatient Psychiatric Referrals to General Hospital Psychiatry Unit in a Tertiary Care Teaching Hospital in Andhra Pradesh. IOSR Journal of Dental and Medical Sciences (IOSR-JDMS). 1(14):26-9.

11. Saravay SM. Psychiatric comorbidity and length of stay in the general hospital: a critical review of outcome studies. *Psychosomatics*. 1994;35(3):233-52.
12. Aghanwa H. Consultation-liason psychiatry in Fiji. *Pacific health dialog*. 2002;9(1):21-8.
13. Chen C, Yeh S. The present status of psychiatric consultation in Chang Gung Memorial Hospital, Keelung: a report of clinical characteristics. *Changgeng yi xue za zhi/Changgeng ji nian yi yuan= Chang Gung medical journal/Chang Gung Memorial Hospital*. 1996;19(4):331-6.
14. Bhogale G, Katte R, Heble S, et al. Psychiatric referrals in multispeciality hospital. *Indian journal of psychiatry*. 2000;42(2):188.
15. Singh P, Vaidya L, Shrestha D, et al. Consultation liaison psychiatry at Nepal medical college and teaching hospital. *Nepal Med Coll J*. 2009;11(4):272-4.