

Original article

Consultation-liaison psychiatry in tertiary level hospital in Nepal

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Abstract

Background: Consultation-liaison (C-L) psychiatry has emerged as a separate specialty in psychiatry in developed countries. It is an important component of a multidisciplinary hospital. In developing countries, this specialty is being underused and less emphasized. The reason for this could also be due to scarcity of study in this field in developing countries. **Objective:** To assess the socio-demographic and clinical variables of patients referred for C-L psychiatry in a tertiary hospital in western region of Nepal. **Methods:** One hundred consecutive inpatients referred for C-L psychiatry were assessed for socio demographic referrals, reason for referral and their attitude towards psychiatric referral. Each patient was evaluated in detail by consultant psychiatrists and the psychiatric diagnosis made according to the International Classification of Disease-10 (ICD-10) criteria. **Results:** The mean age of the sample was 40.28 years (± 18.76) with male to female ratio of 1.27:1. The department of internal medicine was the most referring department (56%) and majority of the patients referred had positive attitude towards psychiatric referral (94%). Alcohol dependence syndrome (ADS) and intentional self harm (21% each) were the most common psychiatric diagnoses made. **Conclusions:** psychiatry consultation was done mostly by the department of internal medicine and majority of patient had positive attitude toward psychiatric referral.

Keywords: consultation-liaison psychiatry, psychiatric referral.

Introduction

Historically, patients with psychiatric symptoms were treated in the mental asylum separate from the physically ill patients. With the recognition of organicity, superimposed psychological component to medical illness and invention of medical treatment of psychiatric disorders, this field was appreciated and integrated in general hospitals.¹ In spite of the integration of psychiatry department in general hospitals, many medical professions react unfavorably to

the treatment and care of psychiatric patients. However, with more researches and awareness about the mind body interaction in current era, the situation is changing.

Psychiatrists are called upon in multidisciplinary hospitals for the assessment and management of patients with psychiatric disorders who have been admitted for the treatment of medical problems, for assisting with assessment of the capacity of a patient to consent to treatment, for patients who may report physical symptoms as a result of a mental disorder, or patients with medically unexplained physical symptoms, for assessment of patients who have attempted suicide or self-harm etc.

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According to Lipowski, the designation "Consultation-Liaison" (C-L) reflects two interrelated roles of the consultants. "Consultation" refers to the provision of expert opinion about the diagnosis and advice on management regarding a patient's mental state and behavior at the request of another health professional. The term "Liaison" refers to linking up of groups for the purpose of effective collaboration.²

In developed countries, C-L psychiatry has now emerged as a subspecialty within psychiatry. This subspecialty of psychiatry helps in providing psychiatric services to other specialties and it has also helped in reducing stigma related to psychiatric treatment among medical personnel's.

In Nepal, psychiatric disorders were initially treated by traditional faith healers. The medical treatment of psychiatric disorders started from a multidisciplinary hospital, the Bir hospital. Today except for the only one separate mental hospital, most hospitals in Nepal providing psychiatric treatment are multidisciplinary hospitals. But no psychiatry department is running C-L Psychiatry as a separate subspecialty, to the best of our knowledge. Also, the nature and extent of services provided in C-L psychiatry is not much known. Researches in this area are also lacking.

This study was undertaken to assess the socio demographic pattern of patients seen in C-L Psychiatry, the reasons for referring patients to C-L psychiatry, the psychiatric diagnosis of the referred patients, and the awareness and attitude of the patient and attendant towards this service.

Methods

A cross-sectional, prospective study was conducted at Universal College of Medical Sciences and Teaching Hospital, Bhairhawa, Nepal from mid of February, 2013 till mid of December 2013. This hospital, situated in the

western region of Nepal, is a multidisciplinary hospital having separate 70 bedded psychiatry ward. This department here has been providing C-L services regularly. One hundred consecutive patients admitted in various departments of this medical college and referred to the psychiatric department for C-L psychiatry were included in this study. Only patients and their attendants who consented were enrolled in this study. Uncooperative patients were excluded from this study. A self designed questionnaire was administered to each patients to assess their socio-demographic variables, reason for referral, awareness and their attitude towards psychiatric referral. Each patient was evaluated by consultant psychiatrist and their diagnosis made according to the International Classification of Diseases -10 (ICD-10) which is the classification system of the World Health Organization. The data obtained was analyzed by using descriptive statistical methods.

Informed written consent was taken from patient and attendant before enrolling in the study. Ethical clearance was obtained from the ethical review board of Universal College of Medical Sciences before conducting the study.

Results

Out of 100 patients included in our study, most of the patients referred were in the age group 31 to 40 followed by age group 21-30 and 11-20 years. The mean age of referred patients was 40.28 years (± 18.76). More male patients were referred than female (M: F=1.27:1). Patients from Rupandehi district were referred most frequently followed by Kapilvastu and Nawalparasi. Patients from rural area outnumbered those from urban area (4.26:1). Comparatively larger numbers of patients were educated up to lower secondary. Similarly, married subjects outnumbered unmarried and majority of them followed Hindu religion. (Table 1)

Table: 1: Socio-demographic parameters

Socio-demographic variables		Number (n=100)
Age	1-10	1
	11-20	14
	21-30	21
	31-40	26
	41-50	9
	51-60	13
	61-70	11
	>70	5
Sex	Male	56
	Female	44
Address	Rupandehi	58
	Kapilvastu	14
	Nawalparasi	11
	Arghakhachi	8
	Gulmi	3
	Others (Dang, Pyuthan, Nuwakot, India)	6
Residence	Rural	81
	Urban	19
Education	Illiterate	17
	Primary	13
	Lower Secondary	21
	Secondary	18
	S.L.C	9
	Higher Secondary	10
	Bachelor Level	12
Marital Status	Married	84
	Unmarried	16
Religion	Hindu	83
	Buddhist	5
	Muslim	11
	Sikh	1

Regarding occupation, 36% of them were house wife, 19% were farmer, 16% students, 11% shopkeeper, 8% laborer and 10% others.

The monthly income of the patients family was between Rs. 5-10,000 in 32% of the patients followed by Rs. 10-15,000 in 29%, 15-20,000 in 19%, more than Rs. 20,000 in 13% and less than Rs. 5,000 in seven percent of them.

Among the department referring the patients for C-L psychiatry, internal medicine department was in the top, followed by general surgery, gynaecology and obstetrics and orthopaedics (Fig 1).

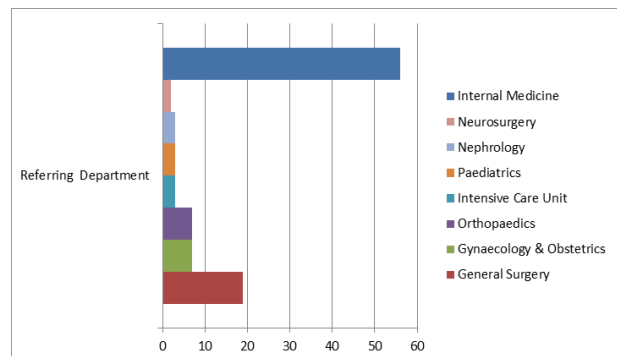


Figure 1: Referring departments

Most of the patients were aware of being referred (76%) to psychiatrist and had a positive attitude towards psychiatric consultation (94%).

Regarding reason for referral, the most common reason given by the physician for referral were for psychiatric evaluation of suicidal attempt (19%) followed by management of withdrawal symptoms (16%) and nonspecific pain symptoms (12%). In 10 cases patients were referred as they were old cases of psychiatry department receiving treatment and then admitted in other departments for associated medical illness. Six patients were referred for management of anxiety symptoms. In five of each cases, referral were made for sleep disturbance, counseling, irrelevant talk, and to distinguish between seizure and pseudoseizures. Disorientation, violent behavior, abnormal behavior restlessness, loss of appetite and irritability were the other reasons mentioned by the physicians for referral.

Alcohol dependence syndrome (ADS) and intentional self harm (21% each) were the two psychiatric disorders most commonly found in patients referred for C-L psychiatry. This was followed by neurotic stress related and somatoform disorders (19%) and schizophrenia and related disorders (13%). Six patients did not meet the criteria for any psychiatric disorders (Fig 2).

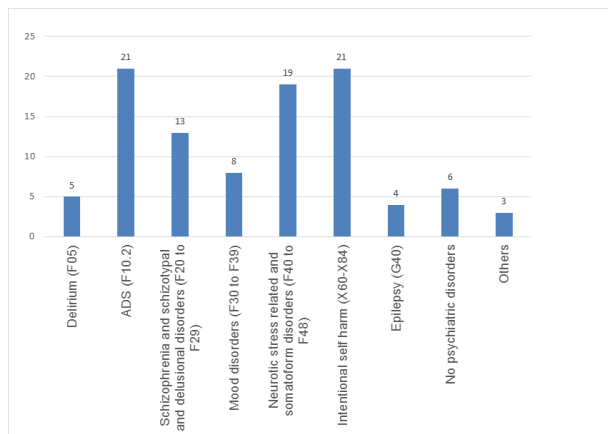


Figure 2: Diagnosis of referred patients

Discussion

In this study most of the patients were in the age group of 31 to 40 (26%) followed by age group 21-30 (21%). One study done in a tertiary hospital in Nepal showed the main age group of referred patients in 21-30 yrs (17.9%) followed by 31-40 years (16.8%) The mean age of our referred patients was 40.28 years (± 18.76). This is in accordance with most of the study which showed the mean age in the range of 37 to 42 years.^{3, 4, 5} Though the participants in one of the study from Nepal were mostly in the age group different from that in our study, but it too had the mean age of participants close to that of our study (42.47)³.

In this study more male patients were referred which is similar to other studies.^{3, 5, 6, 7, 8}

As our study site is located in Rupandehi districts so most subjects were from this district. Most of the population in Nepal stays in rural area and follow Hindu religion. This could be the reason for the finding that more patients of our study belong to rural area and following Hindu religion.

In our study the most frequently referring department was internal medicine. Similarly many such studies done on C-L Psychiatry had medicine department as the most frequently referring department.^{3, 4, 5, 6, 7, 9, 10, 11} However, a review done on C-L Psychiatry in China showed neurology as the most referring department

¹². Also, a prospective study done in a Saudi hospital showed nephrology and haemodialysis as the most referring department⁸. The place where this study was done has a separate haemodialysis unit but does not have a fully functional separate neurology department which may be the reason of not getting maximum referral from neurology department.

A commonly held view among general physicians as well as psychiatrists themselves is that there is a great stigma among patients towards consulting psychiatrists. Contrary to this commonly held belief, great majority of our participants had positive attitude towards being referred to psychiatrists.

Among the one hundred patients referred for C-L Psychiatry, most of them had alcohol dependence syndrome (ADS) and intentional self harm. Some studies had shown neurotic stress related and somatoform disorders as the most common diagnosis.^{5, 9, 12} while this was third most common diagnosed disorder in our study. Other studies has shown depression^{9, 10} and organic brain disorder^{6, 7} The finding of ADS and intentional self harm as the most common diagnosis in our study may reflect the increased awareness among general physician of this medical college regarding the need for psychiatry consultation in every cases of intentional self harm and also the awareness of ADS as a disorder to be treated by psychiatrists.

Limitation of the study: This is a descriptive study. Only inpatient referrals were included as it was difficult to maintain record of outpatient referrals due to lack of resources and time constrain. This study was done in a tertiary care hospital, so its results may not be generalized to other type of settings.

Conclusion

Internal medicine department most frequently referred patients for C-L psychiatry. Most patients were aware and had positive attitude toward psychiatric referral. Assessment of suicidal attempts, management of alcohol

withdrawal symptoms and non specific pain were the three most common reasons for referral. ADS and intentional self harm were the most common psychiatric diagnoses.

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