Original Article

A Descriptive study of referral in Department of Psychiatry in Tertiary Hospital in Nepal

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Abstract

Background *There are many definition of liaison psychiatry. The American Academy of psychosomatic medicine has suggested the term "medical and surgical psychiatry". Much of the literature on Consultation Liaison (C-L) Psychiatry concerns the psychiatric assessment and management of patients in a general hospital.*

Method *This was a descriptive study consisting of all the cases referred for liaison psychiatric consultation from inpatient units of various departments of Tribhuvan University Teaching Hospital, between October 2012 to April 2013. Patients of any age and of either gender were included.*

Result *A total of 95 patients were referred from different departments of the hospital for liaison psychiatric consultation within the 6 months period. Majority of the subjects were male .The mean age of the subjects was 42.47 years (±19.98). Neurotic and stress-related disorders were seen associated with female.*

Conclusion*: Mainly young adults and adult between 21-50 years of age are referred for liaison. Neurotic and stress-related disorders (30.5%), organic mental disorders (27.4%) and mental and behavioral disorders due to substance use cases (16.8%) were mainly referred for liaison psychiatric consultation.*

Key words: Consultation Liaison Psychiatry, neurotic and stress-related, organic mental disorder, Nepal

INTRODUCTION

There are many definitions of consultation-liaison psychiatry and there is persisting confusion about the nature of the sub-specialty. Definition may be based on the place of work, the patient group treated and the specialist knowledge and skills of the practitioners. The most common and traditional definition of C-L psychiatrists is defined as a psychiatrist working in a general hospital and it is a branch of Psychiatry that deals mainly with deliberate self harm, medical/psychiatric co morbidity and medically unexplained illness.[1] It is estimated that 21 to 26% of the medical outpatients have psychiatric disorder and life time prevalence of mental disorder in chronically physically ill patients is around 42% compared to 33.0% who did not have long term physical disability.[2] The incidence of mental disorders in hospitalized physically ill patients ranges from 5.0% to 50.0%.[3] A survey in Nepal in 1998, in two different cities of western area reflected a high point prevalence (35.0%) of psychiatric morbidity.[4] In Kathmandu valley about 14.0% of the population has some kind of mental illness.[5]

The medical practitioners of general hospital see high rates of psychiatric illness compared with rates in the community, as well as acute presentations of psychiatric problems, co morbid psychiatric and chronic physical illness, and Somatization who will not attend a community mental health setting.[6] Despite this large potential need, liaison psychiatry services are often underdeveloped and provision varies greatly.[7-8]

Our study was designed to understand the frequency of psychiatric referrals and the pattern of psychiatric morbidity in the tertiary level of hospital in Nepal.

METHOD

Participants

All cases referred for liaison psychiatric consultation from inpatient units of various departments of Tribhuvan University Teaching Hospital, between October 2012 to April 2013, were included in the study.

Statistical analysis

All the patients enrolled in this study were clinically assessed by consultant psychiatrists and clinical diagnosis was based on the ICD-10 WHO diagnostic criteria. The data were analyzed on Statistical Package for Social Sciences (SPSS) using descriptive statistics.

RESULTS

Altogether 95 cases were enrolled in the study. Majority of patients was young adults and adult between 21-50 years of age. Mean age of the sample was 42.47 years (±19.98). The minimum age of patient referred for consultation was 9 years and maximum was 86 years.

Table 1. Age Distribution

Age (Years)	Frequency (n= 95)	Percentage (%)
1-10	2	2.1
11-20	12	12.6
21-30	17	17.9
31-40	16	16.8
41-50	15	15.8
51-60	14	14.7
61-70	9	9.5
>70	10	10.5

Out of total 95 cases enrolled in this study, 58.9% subjects were male and 57% subjects were from urban areas. Twenty eight percent cases were referred by the Department of Internal Medicine, 18.9% from cardio-thoracic department, and 14.7% of the cases from Surgery department. Rests of the referrals were from other department but in lesser numbers. Among the 95 cases referred, Neurotic and stress-related disorders was the diagnosis in 30.5% of the cases followed by organic mental disorders in 27.4% and mental and behavior disorders due to substance use cases in 16.8% of the cases.

Among the organic mental disorder (Category F0-09), organic delirium frankly stood out as the dominant condition.

Table 2. Sex and Area of Referred Patients.

Domicile	Frequency (n=95)	Percentage (%)
Urban	57	60.0
Semi Urban	25	26.3
Rural	13	13.7
Sex		
Male	56	58.9
Female	39	41.1

Table 3. Referring Departments.

Departments	Frequency (n=95)	Percentage (%)
Paediatrics	7	7.4
Internal Medicine	27	28.4
Cardiothoracic	18	18.9
Orthopaedics	10	10.5
Neuromedicine	7	7.4
Surgery	14	14.7
Gynaecology	1	1.1
Burn ward	3	3.3
ENT	4	4.2
Ophthalmology	2	2.1

Table 4. Diagnosis By Consultant Psychiatrists

Diagnosis	Frequency (n=95)	Percentage (%)
Organic Mental Disorders	26	27.4
Disorders due to psychoactive Substance use	16	16.8
Schizophrenia and Delusional disorders	3	3.2
Mood disorders	11	11.6
Neurotic, stress-related and somatoform disorder	29	30.5
Behavioral syndrome	1	1.1
Disorder of Childhood and adolescents	1	1.1
Other conditions associated with mental and Behavioral disorders	8	8.4

ICD-10	Diagnosis	Frequency(*n*=95)	Percentage(%)
F0-09	Dementia Parkinson Disease (F02.3)	1	1.1
	Delirium due to Organic Condition (F05)	20	21.1
	Organic Hallucinosis (F06.0)	2	2.1
	Organic Anxiety Disorder (F06.4)	1	1.1
	Post-encephalitis Syndrome (F07.1)	1	1.1
	Post Concussion Syndrome (F07.2)	1	1.1
F10-19	ADS Acute Intoxication Uncomplicated (F10.00)	5	5.3
	ADS withdrawal State with Delirium (F10.4)	5	5.3
	ADS Abstinence (F10.20)	1	1.1
	Opioids dependence syndrome withdrawal state (F11.3)	4	4.2
	Cannabinoids Induced Psychotic disorder (F12.5)	1	1.1
F20-29	Paranoid Schizophrenia (F20.0)	2	2.1
	Persistent Delusion Disorder (F22)	1	1.1
F 30-39	Moderate Depressive Episode (32.1)	8	8.4
	Severe Depressive Episode with psychotic Symptom (F32.3)	3	3.2
F40-48	Generalized Anxiety Disorder (41.1)	6	6.3
	Panic Disorder (F41.0)	2	2.1
	Anxiety Disorder Unspecified (F41.9)	4	4.2
	Acute Stress Reaction (F43.0)	4	4.2
	Adjustment Disorders mixed anxiety & dep. Reaction (F43.22)	1	1.1
	Reaction to Severe Stress, Unspecified (F43.9)	2	2.1
	Dissociative Disorder (F44)	6	6.3
	Somatization Disorder (F45.0)	3	3.2
F50-59	Nonorganic Insomnia (F51.0)	1	1.1
F90-99	Tourettes Syndrome (95.2)	1	1.5
G24	Dystonia	1	1.1
G40	Epilepsy	4	4.2
G43	Migraine	1	1.1
X 68	Deliberate Self Harm Exposure to Pesticide	3	3.2

The large numbers of Neurotic, Stress-related and Somatoform Disorders (F40-48) were referred by Cardiac Thoracic Department of the hospital. The Organic Mental Disorder (F00-09) and Mood Disorders (F30-39) were major referral of the Internal medicine department. Neurotic, Stress-related and Somatoform Disorders (F40-48) were 8.4% among 21-30 years age group and majority of Organic Mental Disorder referral were above the age 31 years.

DISCUSSION

The liaison psychiatry service at a general hospital provides a natural experiment in which the impact of the work of a single liaison team on patterns of referral could be investigated.

In spite of different number of referral cases in different study, the demographic characteristics of the population of this study are similar to other studies; the mean age of this study is consistent with (42.47 years) with the study of Brown A et.al.[9] Majority of the patients belong to younger and middle age group which is in agreement with many other studies.[9,10,11] It is understood that middle aged individuals have a lot of tension in their daily life and they usually seek help. Very few children were referred for consultation-liasion, it may be because of a separate child guidance clinic running in this hospital. Unlike finding of some other studies [12,13], male is higher in our study than female but this finding is consistent with other studies in South Asia,[10,14] though neurotic and stress related disorders are supposed to be more common in females. Majority of the referrals were from internal medicine like in other studies.[10,12,13] This may be due to high chance of co morbidity with physical illness, as well as physicians also have to deal with the illnesses related to psychological component. Moreover, social stigma on psychiatric illness is very high in our society as well as the people of this society are very less aware about the psychology and its related problems. Because of this social stigma, patients with psychiatric problem prefer to visit a physician first rather than to

psychiatrists, though there are entirely presence of psychological problems. Only 1.1% cases were referred from Gynecology and Obstetrics Department and this ratio was also similar in the study of Dhavale HS in India[10], which may be due appearance of emotional disturbance during menstruation period, gender variation, hormonal effect during pregnancy and Gynecologists and Obstetricians are aware about them as normal phenomenon during pregnancy period.

Neurotic and stress related were the commonest in this study which is similar to other studies.[10, 15] The proportion of depressive disorder found in our study is less than organic and substance induced disorder. In many studies, Mood or Depressive disorder is the commonest referred disorders whereas neurotic is the second commonest disorder in liaison psychiatry.[12, 13,14,16,17] In this study males were found to be diagnosed with organic mental disorders and disorders due to substance abuse whereas females were more commonly related to neurotic and stress related disorder.

The present study shows that the liaison psychiatry services to a general hospital can be associated with significant increase in the referral rate of patient from medical and surgical wards.

There are some limitations of this study. The study was done among patients referred for consultation-liasion within a period of 6 months period so may not represent overall psychiatric referral. The diagnosis was made by a consultant Psychiatrist rather than the use of standardized structured interview and rating scales.

CONCLUSION

Neurotic and stress-related, organic mental disorder and disorder due to substance abuse were the major disorder encountered in consultation liaison psychiatry in tertiary hospital.

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