Original Research Article

A STUDY OF PROFILE OF PATIENTS REFERRED TO PSYCHIATRY DEPARTMENT FROM OTHERS DEPARTMENTS

Dr Bhanu Pratap Singh[1], Dr Abhimanyu Singh[2]

[1]Medical Officer, Department of Psychiatry, Government, Medical College, Barmer, Rajasthan
[2]Senior Resident, Department of Cardiology, Mahtma Gandhi Medical College and Hospital, Jaipur, Rajasthan

Abstract

Introduction: The aim is to study the Profile of patients referred to Psychiatry department in a Medical College & Hospital in Rajasthan.

Material and Methods: A study of 100 subsequent patients was conducted in psychiatry department, Diagnosis was made by psychiatrists based on ICD-10 guidelines. Data was analyzed using appropriate statistical techniques.

Results: 18.00% of patients were diagnosed as Mixed anxiety & depression followed by depressive disorder 23.00%. Somatoform disorder and acute stress reaction adds 5% each. 3.00% diagnosed as psychosexual disorder followed by nil psychiatric diagnosis 2%, schizophrenia and organic psychosis/delirium 1% each.

Conclusion: Psychiatric co-morbidity may present in acute & chronic physical illness. The C-L psychiatry would play a major role in the management of psychiatric co-morbidity. The General medicine was the main department for referring patients.

Keywords: Psychiatry references from medical& surgical departments, Consultation Liaison Psychiatry.

Introduction

Consultation-liaison (C-L) psychiatry is defined as the area of clinical psychiatry that encompasses clinical, teaching, and research activities of psychiatrists and allied mental health professionals in the non-psychiatric divisions of a general hospital[1]. C-L psychiatry encompasses a broad spectrum of activities. It includes consultation in which a medical specialist provides information of diagnosis and treatment of medical illness, and a psychiatrist assesses and manages the current psychiatric symptoms. Liaison interaction, whereby the psychiatrist becomes an integral part of a medical-surgical team, helps in the recognition of psychological morbidity at an early stage and in the comprehensive management of the patients on the site[2]. Over the years Consultation-Liaison (C-L) psychiatry has contributed significantly to the growth of the psychiatry and has brought psychiatry very close to the advances in the medicine. It has also led to changes in the medical education and in the providing comprehensive management to the physically ill [3]. C-L psychiatrists treat mainly four types of patients: co-morbid psychiatric-medical illnesses; psychiatric disorders directly resulting from a primary medical condition or its treatment, such as delirium; complex illness behavior such as somatoform and functional disorders; and acute psychopathology admitted to medical-surgical units, such as attempted suicides.[3] Currently, the C-L services in India follow the consultation model, wherein a psychiatrist evaluates and manages the patient referred from a physician/surgeon. C-L psychiatry referral rates from other specialties in India are very low (0.06%–3.6%) [1]. The Mental health awareness has lead to psychiatric referrals of patients presenting in various departments. The rate of referral depends on a lot of factors such as physicians and families approach towards the mental illness, treating doctor's willingness to involve a psychiatrist, social taboo associated with seeking advice from a psychiatrist etc [4]

Materials and methods

This cross-sectional study was conducted in the department of Psychiatry. 100 cases were taken which were referred from various specialties to the psychiatry department were evaluated and diagnosed as per the ICD-10[5] guidelines by the consultant psychiatrists. The details of the cases referred were compiled which included the socio-demographic details, psychiatric diagnosis, the referring department. The data collected were analyzed by appropriate statistical techniques.

Results

Table 1: Socio-demographic variables

Gender	Number	Percentage(100%)
Male	60	60.00%
Female	40	40.00%
Mean Age	31.23±2.31 Yrs	
Education		
Illiterate	24	24.00%
Literate	66	66.00%
Marital status		
Single	20	20.00%
Married	78	78.00%
Others	2	2.00%
Religion		
Hindu	88	88.00%
Others	2	2.00%
Muslim	20	10.00%
Opd/ipd		
Ipd	62	62.00%
Opd	38	38.00%

Table 2: Psychiatric references from Medical and surgical departments

Department	Number	Percentage
General medicine	55	55.00%
Ent	11	11.00%
General surgery	10	10.00%
Casuality	10	10.00%
Dermatology	5	5.00%
Gynae & obst	4	4.00%
Respiratory medicine	2	2.00%
Orthopedics	3	3.00%

Table 3: Psychiatric diagnosis – ICD 10

Diagnosis	Number	Percentage
Mixed anxiety & depression	18	18.00%
Depressive disorder	23	23.00%
Dissociative disorder	8	8.00%
Alcohol dependence	5	5.00%
Opium dependence	2	2.00%
Cannabis dependence	3	3.00%
Nicotine dependence	3	3.00%
Polysubstance dependence	5	5.00%
Other anxiety disorder	11	11.00%
Psychosexual disorder	3	3.00%
Somatoform disorder	5	5.00%
Acute stress reaction	5	5.00%
Delirium	2	2.00%
Schizophrenia	1	1.00%
Atpd	2	2.00%
Organic psychosis	2	2.00%
No psychiatric diagnosis	2	2.00%

18.00% of patients were diagnosed as Mixed anxiety & depression followed by depressive disorder 23.00%. Somatoform disorder and acute stress reaction adds 5% each. 3.00% diagnosed as psychosexual disorder followed by nil psychiatric diagnosis 2%, schizophrenia and organic psychosis/delirium 1% each.

Discussion

Maximum references were referred from General Medicine 55.00%, followed by ENT 11.00%, General Surgery 10.00%, Casuality 10.00%, Dermatology 5.00%, and Gynae & Obst (4.00%) which was different from Detha and Bhaskar[4] and goyal et al where neurology, nephrology & oncology references were on higher sides.

In our study 18.00% of patients were diagnosed as Mixed anxiety & depression followed by depressive disorder 23.00%. Somatoform disorder and acute stress reaction adds 5% each. 3.00% diagnosed as psychosexual disorder followed by nil psychiatric diagnosis 2%, schizophrenia and organic psychosis/delirium 1% each, which was different from goyal et al [1] and Detha and Bhaskar[4] where nil psychiatric diagnosis was on higher percentage after the anxiety and depression.

Conclusion

Medically unexplained somatic complaints was the most common reasons for referral and neurotic, stress related and somatoform disorders was the most common psychiatric diagnosis.

References

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