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RESEARCH ARTICLE

CLINICAL AND SOCIODEMOGRAPHIC PROFILE OF PATIENTS PRESENTING TO CONSULTATION LIAISON PSYCHIATRY CARE IN A TERTIARY CARE HOSPITAL IN SOUTH KASHMIR

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Abstract

Background: Consultation-liaison psychiatry is a sub specialty of Psychiatry that involves the study, practice and teaching of the relation between medical and psychiatric disorders. There is relatively insufficient data that studies the profile of consultation-liaison psychiatry across developing nations.

Aims: To study the clinical and sociodemographic profile of patients presenting to consultation-liaison psychiatry care in a tertiary care hospital in south Kashmir.

Materials & Methods: The present study included all the patients who were referred to Psychiatric department ,both inpatients as well as outpatients ,over a period of one year from January 2020 to December 2020.Data was collected using a semi structured pro forma and diagnosis was made using ICD-10 diagnostic criteria.

Results:600 patients were included in our study, 332 of whom were females. Majority of patients belonged to age group of 21-40 and were residents of urban areas. The most common source of referrals included Cardiology followed by General Medicine. Depressive symptoms followed by suicidal attempts formed the majority of reasons for referral. The most common diagnosis established was Major Depression followed by Substance Use disorders.

Conclusion: C L Psychiatry plays a significant role in bridging the gap between physical and mental illness and is vital for providing an integrated health service to the patients.

Introduction:-

Consultation-liaison (CL) psychiatry emerged almost 60 years ago, as an attempt to bridge the gap between psychiatry and other non-psychiatric branches of medicine. CL psychiatry serves clinical, academic, and administrative and research functions. CL psychiatry provides comprehensive mental health services to the patients who present with a number of medical, surgical, neurological, and gynecological conditions[1]. Liaison refers to the

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educational functions, which involve the education of patients and their relatives regarding the conditions and often involves involuntary and emergency hospitalizations[2]. CL psychiatry demonstrates the importance of studying the psychosocial aspects of each patient, as they influence the course, therapeutic response and outcome of the illness [3].

Edward Billing, who pioneered CL Psychiatric services in American hospitals in 1930's asserted that,"The integration of the principles of psychiatry with those of the other branches of medicine reduces diagnostic and therapeutic floundering and shortens the hospital stay for the patient and thereby saves the hospital, patient and community money[4]. Though for many decade, CL psychiatry remained a marginal area of special interest, the scope is growing over the years. It has given rise to sub-specialties like psychobiology, psycho- nephrology, psycho-endocrinology and psycho-oncology [5]. CL psychiatry helps to study the psychological manifestations of illness and injury, somatization in its various forms, the prevalence of psychiatric morbidities in medical treatment settings, and the patterns of referral to psychiatrists[6]. Studies have shown that the referral rate to CL psychiatry in India is much lower (0.15%-1.54%) than in developed countries (2.2% -12%), which reflect the fact that more efforts need to be taken to prioritize and understand the need for improvement in CL psychiatric services in our country [7].

Limited studies are available in relation to CL psychiatry, therefore this study was conducted to study the profile of patients brought under CL psychiatry in a tertiary care hospital in South Kashmir.

Objective:-

The objective of our study was to access the clinical and socio demographic profile of patients presenting to consultation liaison psychiatric services at a tertiary hospital in South Kashmir.

Materials &Methods:-

The present study was a time bound cross-sectional study, conducted over a period of one year, from January 2020 to December 2020 in Government Medical College, Anantnag. The study population comprised of both inpatients as well as outpatient referrals to Psychiatry from other departments of the hospital. Informed consent was taken from the patients or a reliable caregiver in case of minors and severely ill patients. The patient who did not give consent were excluded from the study. A semi-structured pro forma was used to assess the socio-demographic profile, source of referral and cause of referral. Diagnosis was established by a consultant Psychiatrist using the ICD-10 diagnostic criteria. Descriptive analysis was statistically computed using Statistical package for Social Sciences SPSS) Version 24.

Results:-

Table 1:- socio-demographic profile of patients.

	Male (N =268)	Female (N=332)	Total
Domicile			
Urban	72	124	196
Rural	196	208	404
Age			
<20 years	31 (5.1%)	15 (2.5%)	46
21-40 years	139 (23.1%)	153 (25.5%)	292
41-60 years	50 (8.3%)	120 (20%)	170
>60 years	48 (8%)	44 (7.3%)	92

A total of 600 patients, formed our study sample. Females formed the majority with a number of 332 (55.3%), while the percentage of males was 44.6. Most of the patients were residing in rural areas 404 (67.3%) of Anantnag. Regarding the age parameters, majority of the patients were in the age group of 21-40 years with 153 females (25.5%) and 139 males (23.1%). This was followed by females in the age group of 41-60 years which were 120 in number (20%). The percentage of males in the age group of 41-60 (8.3%) and above 60 years (8.0%) was almost similar.

Table 2:- Distribution according to source of referral among cases.

Source of referral	No of pts	%age
cardiology	186	31%
General Medicine	98	16.3%

Neurology	54	9%
Accident &Emergency	42	7%
ICU	32	5.3%
Surgery	34	5.6%
ENT	24	4%
paediatrics	08	1.3%
Gastroenterology	90	15%
Orthopaedics	20	3.3%
Nephrology	05	0.8%
Dermatology	07	1.1%

Regarding the source of referral, majority of our patients 186 (31%) were referred from department of Cardiology. This was followed by General medicine 98(16.3%) and Gastroenterology departments (90 (15%). Patient referrals also included from Neurology 54(9%), Accident and Emergency 42 (7.0%), ICU 32 (5.3%), surgery 34 (5.6%). Departments of ENT and Orthopaedics referred 24 (4.0%) and 20 pts (3.3%) respectively. Lesser number of patients were referred from Paediatrics 8 (1.3%) , Dermatology 7 (1.1%) and Nephrology 05 (0.8%).

Table 3:- Reasons for referral to Psychiatric OPD.

Reason for referral	**Male**	**Female**
Depressive symptoms	54	86
Anxiety symptoms	26	48
Attempt to suicide/Deliberate self –harm	16	68
Physical symptoms not explained medically (limb weakness,aphonia,unresponsive spells)	10	47
History of substance use/intoxication/withdrawals	56	0
Sexual problems	54	0
Non- specific somatic complaints	20	28
Behavioural management/altered sensorium/agitation	16	32
Sleep problems	26	8
Clinical protocol/clearance for surgery	08	05

The most common reason for referral was a history of depressive symptoms (23.3%) followed by cases with attempt to suicide and self-harming behaviour (12.6%). This was followed closely by patients with anxiety symptoms (12.3%). Other reasons for referral included unexplained medical symptoms (9.5%), substance use and withdrawals (9.3%),multiple nonspecific somatic complaints (8%), behavioural problems like aggressiveness, irrelevant talking, altered sensorium etc (8.0%),sleep problems (5.6%) and clearance for surgery (2.15%)

Table 4:- Psychiatric Diagnosis of referred Patients:

	Psychiatric dx	No of patients	%age
1	Major Depressive Episode	129	21.5%
2	Substance use Disorders	56	9.33%
3	Somatoform disorders	48	8%
4	Dissociative Disorders	46	7.6%
5	Delirium	42	7%
6	Generalised Anxiety Disorders	34	5.6%
7	Obsessive compulsive disorders	32	5.3%
8	Premature Ejaculation /Erectile Dysfunction	26	4.3%
9	Acute stress disorder	25	4.1%
10	Bipolar Affective Disorder	21	3.5%
11	Dementia	20	3.3%
12	Panic Disorder	20	3.3%
13	Personality disorders	18	3.0%
14	Intellectual Disability	10	1.6%
15	Other mental disorders due to brain damage or other physical	10	1.6%

	illness		
16	Attention deficit hyperactivity disorder	10	1.6%
17	Postpartum psychosis	10	1.6%
18	Post-traumatic stress disorder	10	1.6%
19	Postpartum depression	8	1.3%
20	No psychiatric diagnosis	8	1.3%
21	Schizophrenia	6	1.0%
22	Childhood Autism	5	0.83%
23	Grief reaction	4	0.66%
24	Paradoxical Insomnia	2	0.33%

The most common diagnosis was Major depression as seen in 129 patients (21.5%). This was followed by substance use disorders 56 (9.33%) somatic symptom disorder 48(8%), dissociative disorders 46(7.6%) and delirium 42 (7.0%). The other diagnosis made were Generalised Anxiety Disorder 34 (5.6%), Obsessive compulsive disorders 32 (5.3%), premature Ejaculation and Erectile dysfunction 26 (4.3%). Trauma and stressor related disorders were seen in 25 (4.1%) with Acute stress disorder and in 10 pts (1.6%) with Post traumatic Stress Disorder. Dementia was reported in 20 elderly patients (3.3%).Panic disorder 20 (3.3%) and personality disorders 18(3.0%) were also reported.10 patients each (1.6%) of Intellectual Disability, post- partum psychosis, ADHD and mental disorders caused by brain damage and physical disorders were seen. In about 8 patients (1.3 %) diagnosis of Post-partum depression was made and in another 1.6% no psychiatric diagnosis could be established. Schizophrenia was reported in 06 patients (1.0%). Childhood Autism was seen in 5 children (0.83%). Grief reaction was seen in 4 pts (0.66%) and paradoxical Insomnia in 2 pts (0.33%).

Discussion:-

In our study, majority of referred patients were females(55.5%), which has been also reported in studies conducted by Aghanva et al [8] and Risal and Sharma [9],who found females comprising 56% and 54% respectively. Studies conducted by Anurag et al [10] also, reported female preponderance .This is in contrast to studies by Narayana et al [11] and Pavan Kumar et al [12], where males outnumbered females.

Majority of our patients belonged to the age group of 21-40 years (48.6%), which is consistent with some other Indian studies by De AK et al [13] and Singh G et al [14]. Keertish et al also reported that majority of patients in their study were in the age group of 16-45 [15]. Regarding the domicile, urban dwellers were in majority at 67.3%, which corroborates with study conducted by Ramdurg et al [16]where 78% the cases lived in urban areas.

The most common referring department in our study was cardiology (31%), which can be explained by the fact, that most patients with depression and anxiety attribute their symptoms to cardiac causes and since Psychiatry is still being stigmatised to a large extent, they report initially to a cardiologist [17]. Referrals from General Medicine formed the second largest group at 16.3%, which has been consistent with other studies conducted by Ansari et al [18] and Rothenhausler et al [19], who found that referrals from medicine department were 74.4% and 31% respectively. Sharp et al found that 60.2% referrals came from physicians [20]. Keertish et al, 15 and Risal and Sharma 9 also found that maximum referrals to psychiatry came from medical wards. The referrals from Neurology (9%) has been consistent with other Indian studies 20 but are lesser than western figures (26.2%) [21.]

Referrals from emergency department were 42 (7%), which is similar to study conducted by Gurram et al [22].There were significant less number of referrals from surgical wards (5.6%) than what has been found in previous studies [23.]

The most common reason for referral was found to be depressive symptoms (23.3%), which has been reported in studies by Strain JJ [24] and Makhal M et al [25]. Some other Indian studies by Parekh et al and Prabhakaran N[26, 27] also report preponderance of depressive symptoms as cause of referral. The second most common cause for referral was suicide attempts (12.6%), which includes parasuicidal behaviour and Deliberate Self –harm (DSH) which has been reported as the most common reason in studies by Mondal et al [28] and Devasagayam and Clark [29.] Wand et al found that the most common reason for referral was assessment of suicide risk [30]. Clark and Smith found Depression followed by suicide risk as the main reason for referral to psychiatry which is consistent with our study[31.]

In our study, the most common diagnosis was a major depressive episode at 21.5%. This is a finding corroborated by studies conducted by Aghanva et al 8 and Clark and Smith [32], who reported that depression (29.9%) and mood disorders (55%) were the most common diagnosis. Sharp et al 20 found that the diagnosis of mood disorders (32.9%) and neurotic, stress related and somatoform disorders were common in their study. The second most common diagnosis was substance Use disorders (9.33%) which was the most common diagnosis in study by kaur et al [33].Alcohol dependence syndrome also formed a major proportion of cases in the study conducted by Patra et al [34]. Dissociative disorders were 7.6%, which are much lower than reported in previous studies[26, 27.] Delirium was reported in 7.0% patients, which is in contrast to studies by Patra et al 34, where delirium was the most common diagnosis at 21.6%.Bipolar Affective Disorder (3.5%)and schizophrenia(1.0%) were much less in contrast to earlier studies [26],where they represented a much higher percentage.

In our study, the diagnosis reported at less than 5% included trauma and stress related disorders (4.1%), which are also less in number in studies by Makhal M et al [25]. Post- partum depression and Post- partum psychosis were not much significant at 1.3% and 1.6% respectively. In 1.3% cases, no psychiatric diagnosis was established, which has also been seen in other studies like Patra et al [5]and Makhalet al[25.] The percentage of such cases is much lower than previous studies like by Avasthi A et al [34]where such undiagnosed cases where higher. This reflects growing awareness and understanding of psychiatric illnesses among other specialities.

Limitations

Our study was time bound, cross sectional study as a result of which follow up status of these patients could not be ascertained. Also, our study being hospital based, the results could not be generalised to the community.

Conclusion:-

C L Psychiatry is fast emerging as a branch of Psychiatry that aims to bridge the gap between physical illnesses and mental disorders, in order to provide optimal heath care to the patients. Despite the fact that our study was conducted at a well-established tertiary care centre with adequate departments, we observed that there is still lack of awareness and knowledge among health care workers regarding this sun speciality. More awareness is required regarding the role of consultation-liaison services in medical institutions for proper utilisation of Psychiatric services and integrated approach to patient management.

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Conflict Of Interest

Nil

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