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Sociodemographic and clinical characteristics of patients admitted to the consultation-liaison psychiatry clinic in a university hospital

Fatma Kartal Sarioglu, Lale Gonenir Erbay

Inonu University Faculty of Medicine Department of Psychiatry, Malatya, Turkey

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Abstract

Consultation-liaison psychiatry is an area of psychiatry researching the links between general medicine and psychosocial situations, and deals with the diagnosis, treatment and monitoring of psychiatric disorders and psychosocial problems accompanying physical diseases. The aim of this study is to review the sociodemographic data and treatment approaches for patients admitted to the consultation-liaison psychiatry unit of a university hospital within one year. The sociodemographic and clinical information for patients admitted to the consultation-liaison psychiatry unit of our hospital's psychiatry ward from August 2015 to November 2016 were obtained by retrospectively investigating the hospital database and patient files and uploading the information to a structured form. Patients in the psychiatry ward were admitted by transfer with 64.9% from the clinic, 16.2% from the emergency service and 10.8% from other wards. The most common physical disease diagnosis of patients was neurologic diseases for 51.4%, endocrinologic diseases for 16.2% and other disease groups for 21.6%. The incidence of psychiatric diagnoses placed according to DSM-V were identified, in order, as psychotic disorders (18.9%), depressive disorders (16.2%), mental retardation (13.5%), somatic symptom disorders (13.5%), bipolar disorder (10.8%), personality disorders (8.1%), oppositional disorder (5.4%), anxiety disorders (5.4%), impulse control and behavior disorders (5.4%) and neurocognitive disorders (2.7%). A total of 10.8% of patients had suicidal thoughts, with 8.1% passive and 2.7% active. Inpatients admitted to our CLP unit, a high rate of 10.8% was identified to have suicidal thoughts. The association of increased suicide risk with many medical diseases shows the necessity of enquiring about suicidal thoughts for each patient. Cooperation between other clinics and CLP will be helpful in increasing the quality of service and offering a more holistic approach to these patients. It appears there is a need for broader cooperation in the area of consultation liaison. This data is considered to form a basis for future studies.

Keywords: Consultation, liaison, psychiatry, sociodemographic data

Introduction

Consultation-liaison psychiatry (CLP) is defined as a branch of psychiatry encompassing the necessary knowledge and skills to manage the psychological problems of patients with physical disease. The CLP model has begun to be applied as a system in hospitals in developed countries and together with advances in modern medicine has been conceptualized as a scientific discipline and upper area of expertise [1]. The intervention areas for CLP focus on assessment of psychiatric consultations requested by patients admitted to other wards; and pharmacotherapy and psychotherapy during patient admission and as for outpatients. Psychiatric accompanying diagnosis lengthens duration of hospital stays and increases repeated admissions to hospital [2]. CLP shortens the duration of hospital stays and lowers treatment costs [3]. Due to intense interest as a result of better knowledge about CLP, a consultation-liaison unit was created within the auspices of İnönü University Faculty of Medicine Department of Psychiatry. This unit provides clinical and in-patient services.

Studies of CLP applications have commonly assessed some clinical variables like the reasons for requesting consultation, distribution of psychiatric diagnoses, clinics requesting consultation and time between the date consultation is requested and is received. During our literature review, we did not encounter any study assessing the in-patient admitted to the psychiatry ward CLP unit. In this study, differently, the aim was to investigate the sociodemographic and clinical characteristics to patients with physical disease admitted to a psychiatry ward CLP unit due to psychiatric discomfort.

Materials and Methods

The sociodemographic and clinical information for patients admitted to the consultation-liaison psychiatry unit of İnönü University Turgut Özal Medical Center psychiatry clinic CLP unit from August 2015 to November 2016 were obtained by retrospectively investigating hospital database and patient files and uploaded to a structured form prepared by the psychiatric specialist and assistant. This form comprised sections including

***Coresponding Author:** Fatma Kartal Sarioglu, Inonu University Faculty of Medicine Department of Psychiatry, Malatya, Turkey
E-mail: fatonkartal@icloud.com

sociodemographic characteristics of patients, hospital stay, number of admissions, form of admission (transfer from clinic, emergency or other wards), current physical and psychiatric diseases, previous psychiatric disease history, psychotic symptoms and suicidal thoughts, stressor factors present or not, history of physical trauma, family history of psychiatric disease, smoking habit, treatment applied during admission and follow-up after discharge. Diagnostic assessments were completed in accordance with DSM-5. The SPSS program version 17 was used for statistical analysis and results are given as percentage values.

Results

Our study included a total of 37 patients, with 15 female (40.5%) and 22 male (59.5%). Sociodemographic and clinical data during admission to the CLP unit were retrospectively investigated.

Sociodemographic characteristics

The mean age of patients was calculated as 44.6±15.81 years. Of patients 51.5% were married, 35.1% were single and 8.1% were widowed or divorced. There were 37.8% who did not have children, 8.1% had one child and 54.1% had 2 and/or more children.

When educational level is examined, 75.7% were primary school graduates, 13.5% were high school graduates and 10.8% were university graduates. Of patients 27% were unemployed, 59.5% were employed and 13.5% were retired. In terms of residence, 62.2% lived in an urban center and 37.8% lived in rural areas (Table 1).

Table 1. Sociodemographic characteristics of patients

Gender	Female	15 (40.5%)
	Male	22 (59.5%)
Marital Status	Married	21 (56.8%)
	Single	13 (35.1%)
	Widowed/divorced	3 (8.1%)
Education Level	Primary school or less	28 (75.7%)
	High school	5 (13.5%)
	University	4 (10.8%)
Employment	Employed	10 (27%)
	Unemployed	22 (59.5%)
	Retired	5 (13.5%)
Number of Children	None	14 (37.8%)
	Single child	3 (8.1%)
	≥2 children	20 (54.1%)
Residential area	Urban center	23 (62.2%)
	Rural	14 (27.8%)

Clinical characteristics

Of patients in the psychiatry ward, 73% were admitted from the policlinic, 16.2% from the emergency service and 10.8% were transferred from other wards. The mean hospital stay was 21.2±15.52 days with mean number of hospital stays 1.89±1.36.

The most common physical disease diagnosis of patients was neurologic diseases for 51.4%, endocrinologic diseases for 16.2% and other disease groups for 21.6%. For 24.3% of patients there was a second additional physical disease diagnosis present.

The incidence of psychiatric diagnoses according to the DSM-V of patients were in order: psychotic disorders (18.9%), depressive disorders (16.2%), mental retardation (13.5%), somatic symptom disorders (13.5%), bipolar disorder (10.8%), personality disorders (8.1%), oppositional disorder (5.4%), anxiety disorders (5.4%), impulse control and behavior disorders (5.4%) and neurocognitive disorders (2.7%). Of patients, 27% had an additional secondary psychiatric disease diagnosis (most common mental retardation at 8.1%).

There was physical trauma history present for 13.5% of patients. For 48.6% of patients, there were stressor factors present in the last 6 months. The rate of family psychiatric disease history was 16.2%. When psychiatric symptoms are investigated, 37.8% had psychotic symptoms. A total of 10.8% of patients had suicidal thoughts with 8.1% passive and 2.7% active suicidal thoughts.

Among patients, 21.6% had history of smoking. Additional drug use was not encountered.

Table 2. Comparison of admission duration and number of admissions of patients according to gender

	Age	Admission Duration	Number of admissions
Female patients n=15 mean±SD)	43.66±14.91	22.73±18.49	1.6±1.35
Male patients n=22 (mean±SD)	45.27±16.7	20.18±13.5	2.09±1.37
Total n=37 (mean±SD)	44.6±15.81	21.21±15.52	1.89±1.36

Table 3. Clinical characteristics of patients

FORM OF ADMISSION	Emergency	6 (16.2%)
	Clinic	27 (73%)
	Other ward	4 (10.8%)
PHYSICAL DISEASE DIAGNOSTIC GROUP	None	4 (10.8%)
	Neurologic disease	19 (51.4%)
	Endocrinologic disease	6 (16.2%)
	Other	8 (21.6%)
DSM-V DIAGNOSTIC GROUP	Psychotic disorders	7 (18.9%)
	Depressive disorders	6 (16.2%)
	Somatic Symptom disorder	5 (13.5%)
	Mental Retardation	5 (13.5%)
	Bipolar Disorder	4 (10.8%)
	Personality disorders	3 (8.1%)
	Anxiety disorders	2 (5.4%)
	Disruptive Disorders-Impulse Control Disorders	2 (5.4%)
	Neurocognitive disorders	1 (2.7%)
SECONDARY PSYCHIATRIC DISEASE	None	27 (73%)
	Mental deficiency	3 (8.1%)
	Other	7 (18.9%)
HISTORY OF PHYSICAL TRAUMA	Yes	5 (13.5%)
	No	32 (86.5%)
PSYCHIATRIC STRESSOR	Yes	18 (48.6%)
	No	19 (51.4%)
FAMILY PSYCHIATRIC DISEASE HISTORY	Yes	6 (83.2%)
	No	31 (16.2%)

When the pharmacological treatments applied during hospitalization are examined; 48.6% of the patients were given single antipsychotic (AP) or antidepressant (AD) treatment, and 43.2% were using a combination of antidepressant, antipsychotic, and mood stabilizer (MS) drug groups. Electroconvulsive therapy (ECT) was also applied to 8.1%. Discharge was with recovery for 48.6% of patients, partial recovery for 21.6% and by their own wishes for 29.7% of patients. After discharge, 35.1% of patients attended check-ups regularly (once a month), with 32.4% attending irregularly and 32.4% not attending check-ups (Table 3).

Discussion

Close cooperation with the CLP unit is very important in terms of psychiatric diagnoses accompanying medical diagnoses and for differential diagnosis. This cooperation will aid in increasing service quality by offering a more holistic approach to patients. There appears to be a need for broader cooperation in the field of consultation liaison.

According to clinical observation and research, individuals with chronic health problems like disease and normal physical activity limitations are found to have higher rates of mental problems and compliance problems compared to healthy people [4].

In our study 89.2% of patients admitted to the CLP unit had additional physical disease diagnosis. Those without physical disease were admitted to the CLP unit with suspicion of organic pathology underlying psychiatric complaints; however no organic pathology could be determined. Of the patients that were consulted and admitted to our CLP inpatient service, 16.2% were assessed in emergency service, 10.8% were assessed in other inpatient services (dermatology and neurology).When studies assessing other wards requesting psychiatry consultations are examined, the departments requesting consultations most commonly were observed to be internal diseases and neurology [5,6].

In our study, though the most common department requesting consultation was the emergency service, the majority of our patients (73%) were patients applying to the psychiatry policlinic as out-patients. However, when all patients are investigated, the most common diagnostic groups among patients were neurologic and endocrinologic diseases. This diagnostic group situation in our study emphasizes the importance and necessity of psychiatry working in cooperation with other departments, as shown by other studies with similar characteristics.

A noteworthy finding is that the most common psychiatric diagnostic group among patients admitted to the CLP unit was psychotic disorders, with 37.8% of patients displaying psychotic symptoms. Many studies in this area have found the most common diagnosis was depressive disorder [7,8]. This situation has been explained as depressive complaints most commonly accompany chronic diseases [9].The reason for the difference in terms of diagnostic incidence in our study compared to other studies may be that these studies assessed consultations requested for patients admitted to other wards.

When treatment administered to patients during admission is investigated, 48.6% received AP or AD treatment, 43.2% used a double or triple medication combination (MS, AD, AP) and 8.1% were administered electroconvulsive treatment (ECT). A study of treatment characteristics found combination treatments were used more often than single medications [10]. The use of single medications was slightly higher in our study, though the use of combinations was also higher compared to previous studies.

Though patients admitted to the CLP unit did not have a history of suicidal attempts, a serious rate of 10.8% was identified to have suicidal thoughts. The association of many medical diseases with increased suicide risk and the fact that a majority of those completing suicide attend a doctor within a month before death shows the necessity to enquire about suicidal thoughts for every patient [11].

Conclusion

In light of data obtained in the study, there is a need to complete more comprehensive and prospective observational studies in full cooperation with other clinics in the future. We believe this data will form the foundation for future studies.

Competing interests
The authors declare that they have no competing interest

Financial Disclosure
The financial support for this study was provided by the investigators themselves.

Ethical approval
Before the study, permissions were obtained from local ethical committee.

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