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Inpatient Psychiatric Referrals to General Hospital Psychiatry Unit in a Tertiary Care Teaching Hospital in Andhra Pradesh

[1] Dr G. Suresh kumar, [2] Dr K V Rami Reddy, Anushanemani.
Department of Psychiatry;Andhra Medical College;N.T.R.University of Health Sciences;India.

Abstract:
Background*: There is a dearth of studies which are related to consultation-liaison psychiatry in India. The psychiatric referral rates in India are very low, considering the higher rates of psychiatric morbidity in patients who attend various departments of a hospital. Studying the pattern of psychiatric referrals may pave the way for interventions to improve the current scenario.*
Methods*: The study population comprised of all the in patients who were referred for psychiatric consultation from other departments of King George Hospital over a period of one year. Data which was related to socio-demographic profile, source of referral, reason for referral and the psychiatric diagnosis were recorded and analyzed by using descriptive statistical methods.*
Results*: A total of 78 patients were referred for psychiatric consultation. A majority of the psychiatric referrals (84%) were from the department of medicine and the most common reason for referral was evaluation of suicide attempt (50%), followed by abnormal behaviour (23%) and stress neurotic and somatoform disorders(16.6%).*
Conclusion*: There is a need to encourage multi-disciplinary interaction in the management of patients who attend general hospitals, so as to better identify the psychiatric morbidity. Emphasis should be laid on sensitizing the general physicians on common psychiatric conditions so as to increase the provision of psychiatric care to those in need.*

I. Introduction

The first General Hospital Psychiatry Unit (GHPU) in India was started at RG Kar Medical College and Hospital, Calcutta, India, in 1933 [1]. Over the years, the number of GHPUs have increased significantly [2], thus resulting in a greater interaction among psychiatrists, physicians and other specialists. Currently, the consultation-liaison services in India follow the consultation model, wherein a psychiatrist evaluates and manages the patient who is referred from a physician/surgeon [3].

Prior to 2007 General Hospital Psychiatric services in King George Hospital were delivered twice a week on a rotation basis by the existing units.A separate General hospital Psychiatry unit was started in King George Hospital in September 2007. Psychiatric outpatient services are delivered thrice a week and inpatient services are delivered in a 10 bedded Psychiatric ward at King George Hospital.

There is a dearth of studies which have focused on consultation-liaison psychiatry in India. Data from the previous studies have suggested that the referral rates in India are very low (0.06%-3.6%),considering the higher psychiatric morbidity rates (18.42%-53.7%) which have been reported in the studies that have screened patients in other departments for psychiatric morbidity [3]. The most common psychiatric diagnosis among referred patients who were reported in the studies varied, depending on the set up. Studies on inpatient referrals have found Organic Brain Syndrome to be the most common diagnosis [4-6], while those who were referred from out-patient departments were more often diagnosed with neurotic, stress related and somatoform disorders [7, 8]. With this background, a study of psychiatric referrals was conducted, with the objective of assessing the profile of referred patients, source of referral, reason for referral and the psychiatric diagnoses.

II. Material And Methods

The present study was a descriptive cross-sectional study which was conducted at King George Hospital, Andhra Medical College Visakhapatnam. It is a 1030 bedded hospital which caters to a large population of North Coastal AndhraPradesh. The study population consisted of all the inpatients who were referred for Psychiatric consultation from other departments over a period of one year from March 2013 to February 2014. All the referred patients were evaluated by a consultant Psychiatrist and diagnosis was made according to the diagnostic guidelines, as per ICD-10 (International Statistical Classification of Diseases) – Classification of Mental and Behavioural Disorders [11]. Other details like socio-demographic profile, source of referral and reason for referral were also recorded. The data which was obtained was analyzed by using descriptive statistical methods.

III. Results

A total of 78 patients were referred for psychiatric consultation from various departments during the study period. Among them 38 (48.72%) were males and 40 (51.28%) were females. The mean age of the study population was 28.5years with a range of 12 to 70 years. A majority of the patients belonged to the age group of 16 -45 years (n=68, 87.17%). The number of patients in the age groups of 1-15 years and above 45 years were 3 (3.8%) and 7 (8.9%) respectively.

Sources of Referral

[Table/Fig-1] shows the details of different sources (department wise) of psychiatric referrals. A majority of the referrals were made from the department of medicine (n=66,84.61%).Other sources of psychiatric referrals were departments of surgery (n=5, 6.4%), obstetrics and gynaecology.(n=5, 6.4%) and nephrology (n=2,2.5%)

Reasons for Referral

When the reasons for psychiatric referral were analyzed, it was found that the most common reason was the evaluation of suicidal attempt (n=39, 50%).Anxiety (n=8, 10.25%), abnormal behaviour (n=18, 23%) substance use (n=6, 7.6%),medically unexplained symptoms (n=5,6.4%) were the other reasons for referral. [Table/Fig-2] lists the common reasons for referral.

Psychiatric Diagnoses

The most common psychiatric diagnosis [Table/Fig-3] made was psychotic disorders (n=18, 23.07%) Anxiety and somatoform disorders (n=13, 16.67%), followed by and substance use disorders (n=6, 7.9%%). Of the 39 patients who attempted suicide only 3 fulfilled the criteria for a depressive episode.(n=3 3.8%) .The remaining 36 patients attempted suicide in response to an immediate stressor. No psychiatric diagnosis was made in 38 (48.72%) patients

Table 1

Department		
Medicine	66	84.61%
Surgery	5	6.4%
Nephrology	2	2.5%
Obstretrics	5	6.4%
Total	78	

Table 2

Reasons for referral	
Evaluation of suicide attempt	39
Anxiety	8
Substance use	6
Abnormal behaviour	18
Medically unexplained symptoms	5
Others	2

Table 3

Diagnosis		
Psychosis	18	23.07%
Anxiety and somatoform d	13	16.67%
Substance use disorders	6	7.69%
Depression	3	3.8%
Nil psychiatric diagnosis	38	48.72%
Total	78	

IV. Discussion

This study was a modest attempt to recognize the pattern of psychiatric referrals in King George Hospital ,Visakhapatnam. There was slight preponderance of females in both in-patient (51.28%% vs. 48.72%).The data from previous studies has not been conclusive in this aspect. Some studies have shown a male preponderance [7,12,13], while others have reported that female referrals were more common than male referrals [14-16].

Age distribution of the study population showed that a majority of the patients (87.17%) belonged to the age group of 16-45 years. This is higher compared to the results seen in the studies of Aghanwa et al., [14] and Bhogale et al., [7] with 61.6% and 70% of patients in this age group respectively. The proportion of the referred patients in the age group of more than 65 years was 3.84%. This was in accordance to the findings of other Indian studies. Bhogale et al., [7] found that 3.3% of the referred patients were older than 65 years. In contrast, western data suggest that the percentage of referrals in this age group is quite high [18]. This could be due to various local factors like a lesser life expectancy [19], a lack of awareness about geriatric conditions like dementia [20], preference of alternative systems of medicine like ayurveda, homeopathy and unani [21] and family neglect. Also, Indian families have a tendency by to accept geriatric problems as age related and normal

When the sources of referrals were analyzed, it was found that a majority of the patients were referred from the department of medicine 84.61%. This higher than the findings of previous studies which have shown that 54.3% to 64.78% of patients were referred from department of medicine [7,12,13,22].

When the reasons for referral were analyzed, it was found that evaluation of a suicidal attempt was the most common category, which accounted for 50% of the total referrals which is higher than the previous studies.Studies showed values ranging from 9.7% to 33.14% [7,12,14]. It is widely perceived by public that suicidal attempts, being medico-legal cases, are better handled by the government hospitals in terms of legal formalities [24]. This, coupled with the relatively lower treatment costs in government hospitals, may have resulted in an increased inflow of patients following suicidal attempts, to the study hospital.Medically unexplained symptoms account for 6.4%of all the referrals. This was lower than those in the findings in other studies, which have shown that medically unexplained somatic complaints accounted for 30% [15] and 54% [7] referrals. Substance use was the reason for 6.4% of the total referrals. This was similar to the findings of Bhogale etal.,andNehall et al., [7,23]which showed that 2-5%of the referrals were caused by substance use. In contrast, some studies [13] showed that a higher percentage (14.5%) of patients were referred for substance use.Behavioural disturbance accounted for 18 cases 23%of all the referrals of which in 13(16.66%) cases the psychosis was secondary to organic cause –Dementia (4) TB meningitis(3)Epilepsy(6).The rest 5 were cases of postpartum psychosis This was similar to the findings of Bhogale et al.,[7] 25% of referrals were caused by psychosis.

Analysis of final diagnosis revealed that in majority of patients no Psychiatric diagnosis was made. This can be explained by the fact that 50% of the referrals were for the assessment of suicide (n=39) and 36 of the suicidal attempts were in response to an immediate stressor. The most common diagnosis was that of a psychosis (n=18 23%) followed by anxiety and somatoform disorders (n=13 16.67%) followed by substance abuse (n=6 7.69%) .These results are not consistent with the previous studies which show that anxiety and somatoform disorders are the most common diagnoses 36% followed by mood disorders 21% [7].

V. Conclusion

Suicide attempt was the most common reasons for referral.Even after decades of functioning of GHPUs, the Psychiatric referral rates are very low, with general physicians contributing to a majority of referred patients. A multi-disciplinary approach should be encouraged for the management of patients who attend general hospitals, in order to facilitate early recognition and management of psychiatric problems.

VI. Limitations

This is a one stage cross sectional study. The study is limited to one yearThe study is conducted in a government hospital so the results cannot be generalized.

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