

Pattern of references in the psychiatry department from different specialties in a tertiary care hospital in Jaipur.

Dr. Srishti Detha¹, Dr. Manju Bhaskar²

¹Post Graduate Resident, Dept of Psychiatry, Mahatma Gandhi Medical College and Hospital, Jaipur.

²Associate Professor, Dept of Psychiatry, Mahatma Gandhi Medical College and Hospital, Jaipur.

Corresponding Author: Dr. Manju Bhaskar.

Abstract

Introduction-Physical health is invariably linked to the mental health. without addressing one's mental health we cannot achieve complete wellbeing of humans. The recognition of mental health symptoms by physician has increased from previous times. This has led to the forthcoming of consultation liaison psychiatry. The study emphasizes at analyzing referral patterns and to understand the lacuna in the proper management for complete remission.

Aim and objectives-The aim of this study is to evaluate the patterns of psychiatric references in a tertiary care hospital in Jaipur.

Material and methods-A descriptive cross-sectional study conducted in tertiary care hospital for a period of 6 months. Diagnosis was made by psychiatrists based on ICD-10 guidelines. Data was analyzed using statistical techniques.

Results - - 380 patients were referred to our department. Majority of them were females (56%) lying in mean age of 42.6 years. Medicine department made the highest number of references. Anxiety was the most common diagnosis made by psychiatrists. There was only 18 % concordance in physicians' and psychiatrists' diagnosis.

Conclusion-Despite having high prevalence of psychiatric illnesses in patients there is very low referral rates. This is mainly because of the lack of awareness about the psychiatric symptoms and negligence of other specialties for these disorders. In a tertiary care hospital there should be comprehensive team-based approach for treating the patient for complete remission of the illness.

Date of Submission: 04-02-2019

Date of acceptance: 21-02-2019

I. Introduction

Health is the fundamental aspect of everyone's life. In early days physical well-being was considered the prime goal of life but in last few years the perception has changed, and health is looked in a holistic way which involves not only physical well being but also mental well-being. Most of the illnesses have a mental element along with the physical elements. This hidden psychological component in the disease has been neglected since ages. But with widespread awareness and acknowledgement of the psychiatric aspect of diseases has brought a fresh perspective towards it. This awareness has led to psychiatric referrals of patients presenting in various departments. The rate of referrals depends on a lot of factors such as physician's and family's approach towards the mental illness, treating doctor's willingness to involve a psychiatrist, social taboo associated with seeking advice from a psychiatrist etc.

These reasons lead to a wide range of variability in the referral rate and pattern. This difference can be seen among different departments of the same hospital, among different hospitals, urban-rural settings, sociodemographic and gender-based referrals. The next variation among references is the cause of the reference.

Its important for physician and other specialists to address the psychological components of the illness as it has a major impact directly or indirectly on the prognosis. If they fail to do so the patient would not have complete and constant recovery.

Psychiatric co-morbidity exists in very high rates in hospitalized patients. In different tertiary care hospitals this rate varies between 5 to 50%.

In today's world, consultation liaison psychiatry has been growing fast owing to the benefits it may render. It is a connecting bridge between psychiatry and all other specialties. Numerous studies have been conducted worldwide which focuses on consultation liaison psychiatry. In this consultation liaison psychiatry model, patient is referred to psychiatrist by primary care physician, where the psychiatrist extensively evaluates and then treats the patients accordingly.

II. Aim and objectives

The aim of this study is to evaluate the patterns of psychiatric references in a tertiary care hospital in Jaipur.

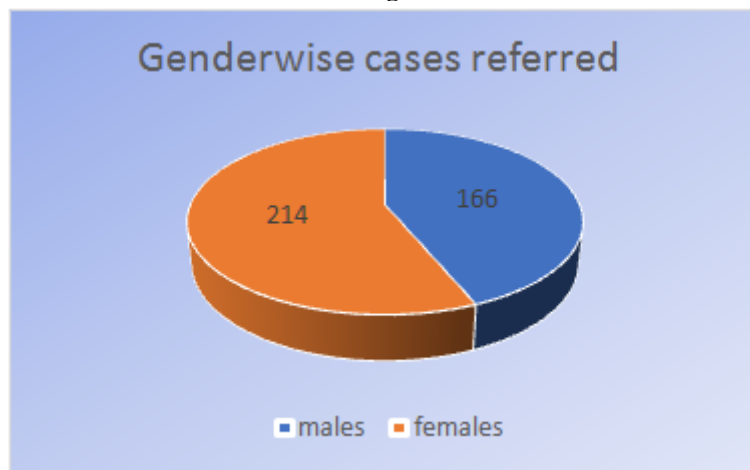
III. Materials and methods

This descriptive cross-sectional study was conducted in the outpatient department of Psychiatry in Mahatma Gandhi Medical College and Hospital, Jaipur. The duration of study extended from March 2018 to September 2018, during which the samples of the study which were the patients referred from various specialties to the psychiatry department were evaluated and diagnosed as per ICD-10 guidelines by consultant psychiatrists. The details of the cases referred were compiled which included the sociodemographic details, reason for the reference, referring department. The data collected were analyzed by descriptive statistical techniques.

IV. Results

In the period of 6 months, a total of 380 cases were referred to our department. Out of these 380, 214 were females (56.4%) and 166 were males (43.6%). (Image 1)

Image 1



Majority of the patients were from rural background, out of the total 380 cases evaluated, 247 were from rural background and 133 were urban. This could be due to lack of awareness and the social stigma associated with mental ailments in among rural populations. (Image 2)

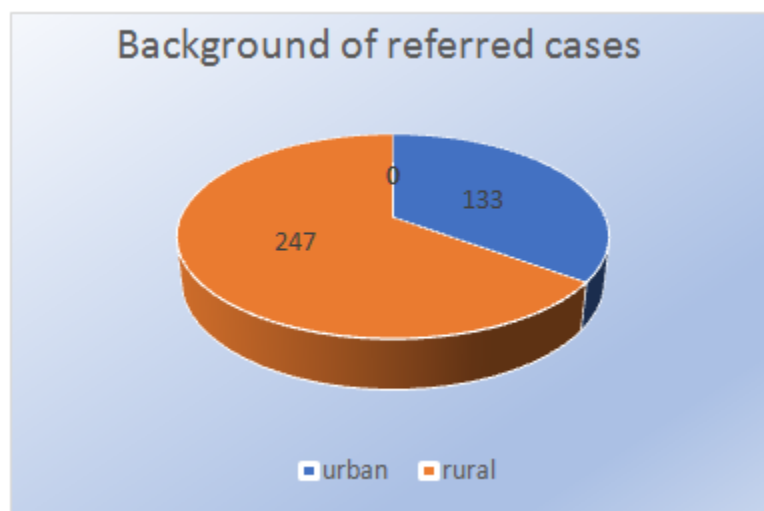


Image 2

Majority references lied in the age group of 30 to 49 years with mean age being 42.6 years. (Image 3)

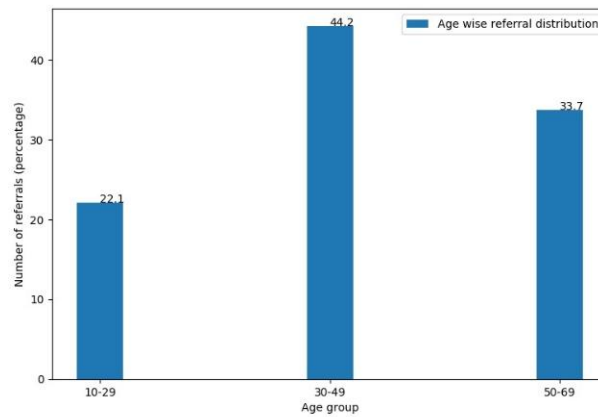


Image 3

Maximum references were sent from the medicine department followed by neurology, cardiology, surgery and gynecology.(Image 4)

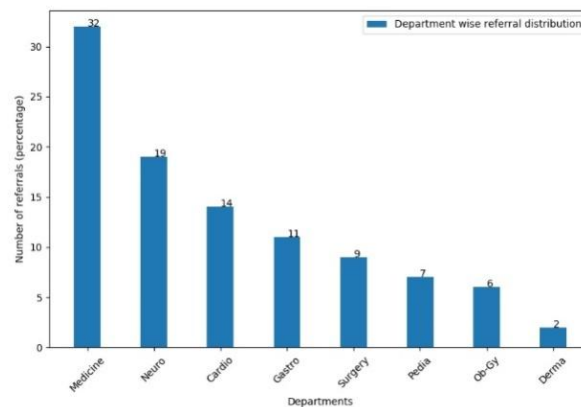


Image 4

Reasons for referral found most commonly were unexplained physical symptoms which included the symptoms of anxiety like palpitations, chest pain etc being the first followed by suicidal tendency, altered sensorium, history of psychiatric illness, low mood, substance use and post-partum and post operation abnormal behavior. (Image 5)

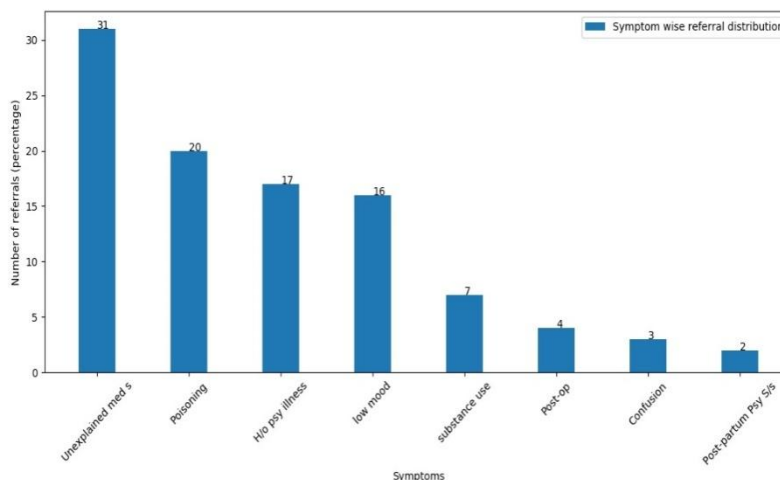


Image 5

The diagnosis that came to be most prevalent in the referred patients were anxiety being the most common, followed by depression, somatoform, substance use- Alcohol use disorders and opioid dependence, nil psychiatry, dissociative disorder, mental retardation, bipolar affective disorder, attention deficit hyperactivity disorder and personality disorders in the order of decreasing prevalence among all the cases referred and assessed. (Image 6)

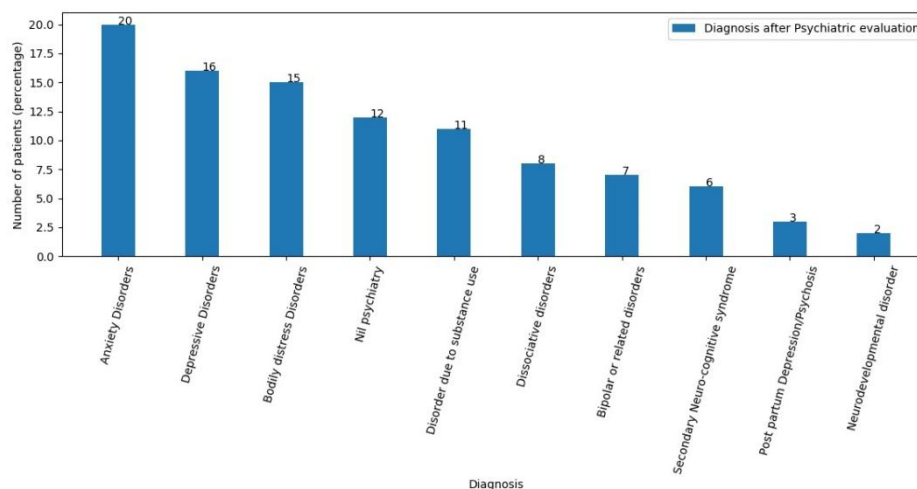


Image 6

The diagnosis made by the referring department and that made by the psychiatrists were compared and it was found that only 18% of the total referred cases were diagnosed correctly on their first acquaintance in the hospital. Rest of the patients were either misdiagnosed or undiagnosed by the referring departments, which explains the importance of prompt psychiatric reference for complete physical and mental healing of the patients.

V. Discussion

Though this study was conducted in a tertiary care hospital in a city, it also caters large rural population. Therefore, most of the referred patients were of rural origin. The study showed more female cases than males. This female preponderance can be attributed to the somatic pain and anxiety being more common in them. This result went in concordance with a study by Shaikh M. AK et al¹ which too had female preponderance in their study.

Most of the referrals were in middle age group, with mean age being 42.6 years. This finding corresponds with a study conducted by De A K². Another study conducted in Europe by Huysse F J³ which had most patients in age group 60-80 years. This can be attributed to better awareness and timely intervention of geriatric health issues in western world than in our country.

Maximum reference was obtained from medicine department followed by neurology, cardiology, surgery and gynecology. Various other studies conducted by Bhogale GS⁴, Dhavale HS⁸ and Shaikh M.AK¹ also had the highest number of references from medicine department. In our study, neurology department sent second highest number of references this finding was peculiar as other studies showed cardiology or surgery ranking second in seeking references from the psychiatry department.

On evaluating the patients in our study, we found that unexplained medical symptoms such as chest pain, palpitations were the foremost amongst all the reasons for referral. This was followed by altered sensorium as the second most common reason for seeking reference. Other reasons for referral comprised of substance use, history of psychiatric illness, suicidal tendency. A study conducted by Pawan Kumar et al⁶ had altered sensorium as the most common reason for referral with vague medical symptoms ranking second. Study conducted by NarayanaKeertish et al⁷ had results in sync with our study having unexplained physical symptoms as the most common reason behind reference from psychiatry. This trend in numerous studies is suggestive of wide prevalence of somatic medical complaints in the Indian society.

On analyzing the final diagnosis made by the psychiatrists, it was found in our study that anxiety ranked first followed by the diagnosis of depression on second, somatoform as third and no psychiatric diagnosis on fourth rank. A study by NarayanaKeertish et al⁷ reported Neurotic Stress related and somatoform disorder as their most prevalent diagnosis among all referrals. Similar results were seen in studies conducted by Bhogale G S⁴ et al and Goyal et al⁵. There were also considerable number of patients in whom no psychiatric diagnosis came out, most of them presented with unexplained physical complaints.

There was a widespread disparity in the initial assessment and diagnosis thought of by the referring doctors and that done by the psychiatrists. The most common diagnosis considered by the physicians was anxiety followed by depression and conversion disorders. Our study found only 18% of synchrony in the diagnosis made by the referring department and the psychiatrist. Similar study conducted by Grover et al⁹ reported 25% match in the diagnosis of the physicians and the psychiatrists. This low percentage prompts at the lesser level of understanding of the psychiatric ailments on physician part.

VI. Conclusion

Keeping in mind the prevalence of these psychiatric ailments in society and their reported cases, it is thus pivotal for consultation liaison psychiatry to be established in all major hospitals. With the new diagnostic criteria and treatment options available, there is a good outcome in most of the psychiatric disorders. But, still in Indian society there is a taboo associated with the word “psychiatry”, so most of the patients with underlying psychiatric disorder present to the medicine or cardiology departments. In such scenario, onus lies on the primary physician to identify the psychiatric symptoms and address them properly. Despite having high prevalence of psychiatric illnesses in patients there is very low referral rates. This is mainly because of the lack of awareness about the psychiatric symptoms and negligence of other specialties for these disorders. Thus, creating the importance of CLP far more than ever before. In a tertiary care hospital there should be comprehensive team-based approach for treating the patient for complete remission of the illness.

References

- [1]. Shaikh M. AK. study of referral pattern for psychiatric evaluation in psychiatric OPD in a rural tertiary care hospital. 13517-49357-1-PB
- [2]. De AK, Kar P. Psychiatric disorders in medical inpatients. A study in a teaching hospital. Indian J psychiatry 1998;40:738.
- [3]. Huyse FJ, Herzog T, Lobo A, Malt UF, Opmeer BC, et al. Consultation-Liaison psychiatric service delivery results from a European study. General Hospital Psychiatry. 2001; 23:124-32.
- [4]. Bhogale GS, Katte RM, Heble SP, Sinha UK, Patil PA. Psychiatric referrals in multi- speciality hospital. Indian J Psychiatry. 2000; 42: 188-94.
- [5]. Goyal A, Bhojak MM, Verma KK, Singhal A, Jhirwal OP, et al. Psychiatric morbidity among patients attending cardiac OPD. Indian J Psychiatry. 2001; 43:335-39.
- [6]. Pavan kumar. A DESCRIPTIVE STUDY OF REFERRAL PATTERN IN DEPARTMENT OF PSYCHIATRY IN A TERTIARY CARE HOSPITAL. /journal-article-file/1340.
- [7]. Narayana keertish. Pattern of Psychiatric Referrals in a Tertiary Care Teaching Hospital in Southern India. 2013 | August | Volume 7 | Issue 8 | Page 1689
- [8]. Dhavale HS, Barve RG. Psychiatric referral pattern in general hospital. J Postgrad Med. 1990 Oct;36(4):199-202.
- [9]. Grover S. State of consultation-liaison psychiatry in India: Current status and vision for future. Indian J Psychiatry. 2011;53:202-13.

Dr. Srishti Detha, Dr. Manju Bhaskar. " Pattern of references in the psychiatry department from different specialties in a tertiary care hospital in Jaipur." IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), vol. 18, no. 2, 2019, pp 54-58.