Synopsis III

Consultation-liaison psychiatry

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Consultation-liaison (C-L) psychiatry, also known as liaison psychiatry or consultative psychiatry is the study, practice, and teaching of the relation between medical and psychiatric disorders. It is associated with all the diagnostic, therapeutic, research and teaching services that psychiatrists perform in the general hospital and serves as a bridge between psychiatry and other specialties. Conceptualising people as whole beings and not separating the MIND from the BODY has been the thread that weaves this area of medical practice. The psychological make-up of a patient and the understanding of the patient as a whole person bring the perspective that may have been overlooked or lost in the doctor-patient relationship. C-L psychiatry with intervention modalities such as group and individual psychotherapy and psychopharmacology enhances the quality of life of the patients.

Edward Billings first coined the term “liaison psychiatry”. In 1902, first designated liaison service at Albany Hospital (New York) was started and the forerunner for medicine-psychiatry units was designated in 1902. Academy of Psychosomatic Medicine (APM) is the organization of C-L psychiatry. 0.6 to 12% of all General Hospital admissions receive psychiatric consultation. Consultation rates are higher in hospitals affiliated with medical schools/colleges and are highest with principal diagnoses of accidents, poisoning, violence, and depression. Other common consultation-liaison problems are suicide attempt/threat, agitation, hallucinations, sleep disorders, confusion, noncompliance, or refusal to consent to procedure, no organic basis for symptoms and in special situations like intensive care units, haemodialysis units, surgical units, transplantation issues, and psycho-oncology.

Need for consultation-liaison psychiatry About 500 million people worldwide are believed to suffer from neurotic, stress-related and somatoform disorders. A further 200 million suffer from mood disorders such as chronic and manic depression. Mental retardation affects about 83 million people, epilepsy 30 million, dementia 22 million, and schizophrenia 16 million (WHO, 1999). Surveys of mental morbidity carried out in various parts of India suggest a morbidity rate of not less than 18-20 per 1000 and the types of illness and their prevalence are very much the same as in the other parts of the world.

Life-time prevalence of mental illness in chronically ill patients is more than 40%, particularly substance abuse and anxiety disorders. It is well established that a chronic state of illness or pain is often associated with depression, anxiety, and regression in functioning. There is also excellent evidence that depression and anxiety enhance the production of pro-inflammatory cytokines, including interleukin 6 (IL-6). They also decrease the immunity. Almost 50% of cancer patients have some psychiatric diagnosis. Diabetes patients are twice as likely as non-diabetics to be clinically depressed. The role of C-L psychiatry in the area of psycho-oncology and acquired immune deficiency syndrome (AIDS) is of greatest importance in prevention, diagnosis, compliance with treatment, and self responsibility. Group therapy improves the quality of life and survival of patients with severe illnesses like AIDS, cancer, melanoma, etc. Integration of behavioural and mental health into general medical care can decrease cost with improving outcome.