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# Pattern and Clinical profile of inpatient psychiatric referrals in a tertiary care hospital in north India.

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## Abstract

**Introduction:** Consultation liaison psychiatry (CLP) as a subspecialty is defined as the area of clinical psychiatry that encompasses clinical understanding, teaching and research activities of psychiatrists in the non-psychiatric divisions of a general hospital.

**Aim:** The aim of this study was to access the Pattern and clinical profile of inpatients availing consultation-liaison (CL) psychiatry services in a tertiary care and its associated hospitals.

**Methods:** The study population comprised all inpatients referred for psychiatric consultation from other departments of a tertiary care and its associated hospitals over a period of 3 months. In a semistructured proforma, demographic profile, referring departments, reason for referral, location of referral, and psychiatric diagnosis were recorded and analysed using descriptive statistics.

**Results:** A total of 216 patients were included and assessed after referral from various departments, of which 55.6% were female and 44.4% were male. The maximum referrals were from the medicine department, with abnormal behaviour (25%) being the most common reason for referral, followed by suicide or self-harm (22.2%) and substance use history (12.0%). The most common psychiatric disorder among patients was depressive disorder (26.8%), followed by substance use disorder (21.3%), schizophrenia and psychotic disorders (11.1%), and Anxiety disorder (5.5%).

**Conclusion:** Majority of the referrals were from medicine department and the most common reason for the referral was the abnormal behaviour followed by self-harm. Liaison activities between psychiatry and other disciplines should be augmented, which can lead to a better understanding of psychiatric Symptomatology, early symptom recognition, swift referral and ensuring follow-up, which in turn would be key to improving CLP services.

**Keywords:** Consultation liaison psychiatry, Depressive disorder, Medicine department, Referrals

**Introduction**

Consultation liaison psychiatry (CLP) as a subspecialty is defined as the area of clinical psychiatry that encompasses clinical understanding, teaching and research activities of psychiatrists in the non-psychiatric divisions of a general hospital [1].

The consultation part and liaison are reciprocally complementary. 'Consultation' pertains to the expert opinion provided about the diagnosis, followed by advice on management strategies of a patient's mental state and behaviour at the request of a health professional of another discipline. 'Liaison' refers to joining up of groups for effectual collaboration. The most common reasons for referrals are psychological complications of a medical disorder; cognitive impairment associated with a medical disorder; functional symptoms; abnormal behaviour leading to psychiatric complications: deliberate self-harm, substance use and eating disorder; and physical and psychiatric disorders occurring at the same time [2].

Co-occurrence of mental and general medical disorders is one of the most common and disabling combinations, with approximately 30% of individuals with comorbidity having both a mental and a physical disorder [3].

**Materials and methods**

The present study was a descriptive cross-sectional study which was conducted at Government medical college Srinagar and its associated hospitals which includes a separate maternity hospital, peadriatic hospital, bone and joint hospital and super specialty hospital. The study population consisted of all the inpatients who were referred for psychiatric consultation from other departments over a period of 3 months, from February 2019 to April 2019. After detailed description of the study, written informed consent was taken from the patients. A semistructured proforma was created for the participants with regard to demographic information, department-wise referral, reason for referral, presenting complaints, history of psychiatric illness, substance use history and psychiatric diagnosis. The data was entered into excel sheet and tabulated. The data was analyzed using EpiInfo 7.0. Categorical variables were summarized as frequency and percentage. Continuous variables were summarized as mean and standard deviation.

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 [4]. The study was approved and given ethical clearance by the Institutional ethical committee.

**Results**

A total of 216 patients were referred for psychiatric consultation from various departments during the study period. Out of the 216 patients, 120 (55.6%) were females and 75 (44.4%) were males. The mean age of the study population was 31.45(SD=10.17) years, ranging from 5 to 75 years. The majority of the patients belonged to the 19–45 years age group (n=145, 67.1%).

**Referring department**

Majority of the referrals were from the medicine department (n=96, 44.4%). Other contributors to psychiatric referrals were the departments of surgery (n=30, 13.9%), emergency department (n=25, 11.6%) and obstetrics and gynecology (n=19, 8.8%) as show in table 1.

**Reasons for referral**

The most common reason for referral was having an abnormal behaviour (n=54, 25.0%), followed by alleged suicide attempt or self-harm (n=48, 22.2%), subustance use history (n=26, 12.0%), anxiety/restlessness (n=26, 12.0%) and depression (n=25, 11.6%) as shown in table 2.

**Location of referral**

The majority of calls were placed from medical ward (n=79, 36.6%), followed by super specialty hospital (n=26, 12.0%), emergency ward (n=25, 11.6%), intensive care unit (n=21, 9.7%), burn ward (n=20, 9.3%), maternity hospital (n=19, 8.8%) as shown in table 3.

**Psychiatric diagnosis**

The most common psychiatric disorder among the consulted patients was major depressive disorder (MDD) (26.8%), followed by substance use disorder (21.3%), schizophrenia / psychosis (11.1%), and Anxiety disorder (5.5%). About 7 .4% of patients had no psychiatric diagnosis as depicted in table 4.

**Discussion**

The current study was undertaken to evaluate the Pattern and clinical profile of inpatient psychiatry referrals from other departments in a tertiary care and its associated hospitals. The majority of referrals were in the 19–45 years age range (67.1%), with a mean age of 31.45 years. This observation is consistent with the findings of Tekkalaki et al [4], who reported a mean age of 35.53 years. Similarly about 63.9% of patients in the 16–45 years age range was observed by Avasthi et al [5], along with Bhogale et al, who reported same results [6].

Gender distribution showed female dominance (55.6%), which is similar to the results of Aghanwa et al, and Creed et al,. who reported the female preponderance in their studies [7,8].

In our assessment of referring departments most of the referrals were made by the general physicians (44.4%) which is comparable to previous Indian studies (45%–73.5%) [9,10]. The second largest referrals were made by the general surgeons (13.9%). If orthopedics and General surgery are included, the referral goes up to 19.5%. These rates are comparable to previous Indian studies (14%–28%) [11]. The rates of referral from neurosciences disciplines (5.6%) are close to Indian figures –6.7% [12], but lesser than the Western figures –26.2% [13].

When reasons for referrals were analysed, abnormal behaviour and agitation (25%) topped the list, followed by suicide/self-harm (22.2%). This finding is consistent with the study done by Rastogi et al where it was ascertained that altered level of consciousness and aberrant behaviour, along with psychosis-related behaviour, were the leading reasons for referral, representing 31.9% [14]. Tekkalaki et al [4], found self-harm to be the second leading cause, while Niranjan and Udey found abnormal behaviour to be the most common cause at 30.9%, similar to our study [15]. A significant amount of psychiatric cases among admitted patients are neither recognised nor referred to psychiatrists by general physicians in general hospitals, and such cases are not evaluated for psychopathology with the same enthusiasm as for medical symptoms. Therefore usually when agitation or an abnormal behaviour of patients gets beyond the threshold of the managing staff, only then psychiatric consultation becomes prudent; however, psychological and affective disturbances which are not very troublesome do not warrant psychiatric referral [15,16]. The medico legal implications of suicidal behaviour and self-harm result

in a psychiatric referral in almost all cases admitted for the same, which is clearly reflected in the hierarchical placement of suicidality and self-harm as the second leading reasons for referral.

In the present study, MDD/depression (26.8%) was found to be the most common psychiatric disorder, followed by substance use disorder and schizophrenia and psychotic disorders. These findings corroborate with Risal et al [17], Tema et al [18], Shah and Ozkan [19,20].No psychiatric diagnosis could be established in 9.3% of the cases. It is much lower than that reported in other studies, which may reflect growing awareness and understanding of psychiatric ailments among other specialties [17].

Table 1: Referring department

| Department | Frequency(n) | Percentage |
|---|---|---|
| Medicine | 96 | 44.4 |
| Surgery | 30 | 13.9 |
| Emergency department | 25 | 11.6 |
| Obstetrics and gynecology | 19 | 8.8 |
| Neurology | 12 | 5.6 |
| Orthopedics | 12 | 5.6 |
| Gastroenterology | 10 | 4.6 |
| Peadriatics | 6 | 2.8 |
| Cardiology | 4 | 1.9 |
| Dermatology | 2 | 0.9 |
| Total | 216 | 100.0 |

Table 2: Reason for referral

| Reason | Frequency(n) | Percentage |
|---|---|---|
| Abnormal behaviour/agitation | 54 | 25.0 |
| Suicide/self-harm | 48 | 22.2 |
| Substance use history | 26 | 12.0 |
| Anxiety/Restlessness | 26 | 12.0 |
| Depression | 25 | 11.6 |
| Altered sensorium | 19 | 8.8 |
| Previous psychiatric history | 12 | 5.6 |
| Medically unexplained physical Symptoms | 6 | 2.8 |
| Total | 216 | 100.0 |

Table 3: Location of referral

| Location | Frequency (n) | Percentage |
|---|---|---|
| Emergency ward | 25 | 11.6 |
| Medicine ward | 79 | 36.6 |
| Surgery ward | 6 | 2.8 |
| Maternity hospital | 19 | 8.8 |
| Super specialty hospital | 26 | 12.0 |
| Bone and joint hospital | 12 | 5.5 |
| Peadriatic hospital | 6 | 2.8 |
| Burn ward | 20 | 9.3 |
| ICU | 21 | 9.7 |
| Derma ward | 2 | 0.9 |
| Total | 216 | 100.0 |

Table 4: Psychiatric diagnosis

| Disorder | Frequency(n) | Percentage |
|---|---|---|
| Depressive disorder | 58 | 26.8 |
| Subustance use disorder | 46 | 21.3 |
| Schizophrenia/Psychosis | 24 | 11.1 |
| Anxiety disorders | 12 | 5.5 |
| Delirium | 11 | 5.1 |
| Bipolar disorder | 9 | 4.2 |
| Dementia | 8 | 3.7 |
| Deliberate self-harm | 8 | 3.7 |
| Dissociative disorders | 8 | 3.7 |
| Trauma/Stress related disorders | 6 | 2.8 |
| Personality disorders | 4 | 1.9 |
| Intellectual disability | 2 | 0.9 |
| No psychiatric diagnosis | 20 | 9.3 |

**Limitations**

Our study was a cross-sectional descriptive study which comes with it an inherent set of limitations. In addition, it was of relatively short duration, and being a hospital-based study, it would be unfair to try and generalize out findings in the community.

**Conclusion**

Majority of the referrals were from medicine department and the most common reason for the referral was the abnormal behaviour followed by self-harm.We suggest that psychiatry training should be

given more weightage in the undergraduate medical curriculum, and that more liaison activities such as regular inter departmental meets, case conferences and seminars should be organised between psychiatry and other disciplines, so that a better understanding of psychiatric symptomatology, early symptom recognition, swift referral and follow-up can be ensured, which would be key to improving CLP services.

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