

Pattern of psychiatric referrals to psychiatric unit in a tertiary care medical college

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Abstract

Introduction: Psychiatric illness have high comorbidity with other disorders. Referred cases from other departments are the major source of patients to the psychiatry unit. Stigma regarding psychiatry illness, lack of awareness, lack of interaction with other department may influence referrals.

Methods: The study population included all the out patients who were referred for psychiatric consultation from other departments of the hospital over a period of eight months. Data which was related to socio-demographic profile, source of referral, and the psychiatric diagnosis were recorded and analyzed by using descriptive statistical methods.

Results: A total of 131 patients were referred for psychiatric consultation, with a referral rate of 1.8%. A majority of the psychiatric referrals (38.2%) were from the department of medicine followed by neurology (23.7%). The most commonly diagnosed psychiatric disorders were neurotic disorders.

Conclusion: The rate of psychiatric referrals was gloomy. Along with awareness education to the patient, there is need of frequent interaction with other department in form of case conference, group interaction etc.

Introduction

As per world health organization, around 450 million people currently suffer from mental disorder. In developing countries, around 75% people with mental health disorders do not receive any kind of treatment.⁽¹⁾

It is well known that stigma, discrimination, lack of awareness and neglect are the major hurdles in the reaching the patient to proper treatment. Among the various pathways toward mental illness care, liaison psychiatry is important source of referral.^(2,3) The consultation-liaison is the services wherein a psychiatrist evaluates and manages the patients who are referred from other clinician.⁽⁴⁾ It is estimated that 10.4% to 36% of the medical outpatients have psychiatric morbidity.^(5,6)

Data from the previous studies have suggested that the referral rates in India are very low (0.06%-3.6%).⁽⁴⁾ Moreover, there is a dearth of studies, which have focused on consultation-liaison psychiatry in India. The objective of our study is to compare the frequency and pattern of psychiatric referral at department of psychiatry Al Ameen Medical College and Hospital Vijayapur.

Materials and Methods

This is a descriptive study carried out in department of psychiatry, Al Ameen Medical College, and hospital. The hospital has all the major specialty and superspecialty departments. The department of psychiatry has 25 bed close ward. Besides that, it provides psychiatric consultation to different departments as per request, and trains undergraduate medical students. The study period was from June 2015 to February 2016. All possible consecutive cases referred from different outpatient were included in the study. The demographic detail, referring department, presenting complaints, physical diagnosis, current treatment, and reason for referral were recorded in the

proforma developed by the department of psychiatry. Then psychiatric diagnosis was made according to diagnosed IV TR. The data, which was obtained, was analyzed by using descriptive statistical methods.

Results

Total number of 131 of patients was referred to the psychiatry from various departments during the study period. Among them 81 were males and 50 females. The medicine department sent the maximum number of consultation, followed by neurology.

Table 1: Frequency of referral

Total no. of patients	7000
Referred cases	131
Frequency of referral	1.8

Table 2: Socio Demographic variables

	Frequency N=131	Percentage (%)
Gender		
Male	81	62
Female	50	38
Family History		
Yes	36	27
No	95	73
	131	100
Education		
Illiterate	9	7%
Primary	18	14%
Secondary	42	32%
College	20	15%
Degree	42	32%

Table 3: Clinical Variables in the referral pattern

	Frequency (N=131)	Percentage
Department		
Medicine	50	38.2
Neurology	31	23.7
Cardiology	17	12.9
Surgery	15	11.5
Orthopedic	10	7.6
ENT	4	3
Gynecology	3	2.3
Dermatology	1	0.8
Total	131	100
Psychiatric Diagnosis		
Adjustment Disorder	1	1.0%
Alcohol Dependence	7	5%
Anxiety Disorder NOS	3	2%
ATP	4	3%
BPAD Mania	2	2%
Conversion Disorder	3	2%
Depression	26	20%
Dhat syndrome	1	1%
GAD	24	18%
OCD	7	5%
Panic Disorder	23	18%
Psychosis NOS	19	15%
Sexual Disorder	4	3%
Somatoform Disorder	7	5%
	131	100%

Discussion

In this study, we have attempted to identify the pattern of psychiatric referrals in a tertiary care teaching medical college.

In our study rate of reference is 1.8%. The previous studies reveal a referral rate of 0.06% to 3.6%.^(4,7) Our finding is comparable with previous studies. However, considering high prevalence of mental disorders (41.3–46.5%) and 10.4% to 36% of the medical outpatients having psychiatric morbidity,⁽⁸⁾ this indeed is a worrying figure. There should be frequent case discussion with other department to improve rate of referrals.

Results suggested that male patients were far in excess than female patients. Some studies have shown a male preponderance while others have reported that female referrals were more common than male

referrals.⁽⁹⁾ This may be due to high male dominance and females are frequently neglected in medical care.

Among the referral cases, 27% have positive family history of psychiatry illness and among them 24% had taken treatment. This was in consistent with findings of previous studies which have shown that 30% of referred have positive family history of psychiatry illness. It highlights aspect about lack of awareness and knowledge among the patient's relatives about psychiatry illness. These findings give emphasis about educating relatives of patient about psychiatry illness.⁽¹⁰⁾

In our study sample, 7% of the psychiatric referrals were illiterate, 14% attended primary school, 32% studied up to matric, 15% were from college education group, while 32% were degree holder. Similar results were seen in the study of.⁽¹⁰⁾

When referral pattern was studied, it was found that majority of the patients (61.9%) were from medicine and neurology. This was in relevant with findings of previous studies which have shown that 54.3% to 64.78% of patients were referred from department of medicine.⁽⁸⁾

The somatic symptoms are very frequent among patient with psychiatry disorder. Patients are unaware of somatic manifestations of psychiatry illness. Most of the patients and relatives do not accept somatic symptoms are psychiatry manifestations. Headaches including tension headache, pseudoseizures and any cognitive problem including pseudodementias were thought to be neurological diseases and attended neuromedicine.⁽¹⁰⁾ Ignorance about the psychiatric origin of somatic symptoms and the stigma which is associated with psychiatric consultations are other factors which may result in patients visiting physicians instead of psychiatrists.⁽¹¹⁾

12.9% reference of patients is referred from cardiology because palpitations, chest discomfort were thought to be cardiac origin and attended cardiology opd. In contrast, some studies⁽¹²⁾ showed that a lower percentage (3.24%) of patients were referred form cardiology, which the authors attributed to less awareness of liaison psychiatry.⁽¹⁰⁾

Referral rates from surgical units in Creed et al. (1993) study was 14% which is in agreement with this study having overall 15.65% referral from surgical and allied departments.^(9,11)

When the psychiatric diagnoses of the referred patients were studied, it was found that neurotic, stress related and somatoform disorders was the most common one (72%). This category includes some of the common psychiatric conditions like panic disorder, generalized anxiety disorder, adjustment disorders, and somatoform disorders.⁽¹³⁾ This finding was consistent with the data of a majority of the previous studies.⁽¹⁴⁾

It is pertinent to note that all of the above-mentioned psychiatric disorders are not only common,

but that they can also lead to a significant functional impairment.⁽¹¹⁾

The WHO has reported that by 2020, unipolar depression is anticipated to be the second most common cause of morbidity in the world, next only to cardiovascular disorders.⁽¹⁵⁾ There is upmost importance of psychiatry referrals.

There were few limitations in our study like it was conducted in period of eight month only, we have not used standardized structured interview, rating scales, tried to look for multiple psychiatric diagnoses and address severity of impairment. Therefore, findings of this study could only serve as guidelines for future study and definite conclusions should not be drawn.

Conclusion

The major psychiatric diagnoses referred were neurotic stress related disorders. With increasing incidence of psychiatric illness along with comorbidity, there should be more interaction, dialogue, and proper system/criteria of referral between psychiatric team and referring physician. There should be focus to reduce stigma, awareness regarding psychiatric symptoms

References

1. Becker AE, Kleinman A. 2013. Mental health and the global agenda. *N Engl J Med* 369:66-73.
2. Gater R, De Almeida E, Sousa B et al. 1991. The pathways to psychiatric care: a cross-cultural study. *Psychol med* 21:761-774.
3. Patel V, Simunyu E, Gwanzura F 1997. The pathways to primary mental health care in high-density suburbs in Harare, Zimbabwe. *Soc psychiatry psychiatric epidemiol* 32:97-103.
4. Grover S. 2011. State of consultation-liaison psychiatry in India: Current status and vision for future. *Indian J Psychiatry* 53:202-13.
5. Krishnamurthy. S., Shamasunder. C, Prakash. O, Prabhakar. N. 1981. Psychiatric morbidity in general practice, a preliminary report. *Indian Journal of Psychiatry* 23, 40-43.
6. Sriram. T.G., Kumar, K. & Moiiy. S. 1987. Psychiatric disturbances in primary health care, a study on their prevalence and characteristics using a sample case detection technique. *Indian Journal of Psychiatry* 23:212-226.
7. Abidi MA, Gadit AA. 2003. Liaison psychiatry and referral rates among hospitalized patients. *J Coll Physicians Surg Pak* 13:274-6
8. Chen CY, Yeh SS. 1996. The present state psychiatric consultation in Change Gung Memorial Hospital, Keelung: a report of clinical charactesticts. *Change-Keng Hsueh* 19:331-36.
9. Creed F, Guthrie E, Black D, Tranmer M. 1993. Psychiatric referrals within the general hospital: comparison with referrals to general practitioners. *Br. J. Psychiatry* 162:204-11.
10. Bhogale GS, Katte RM, Heble SP, Sinha UK, Patil PA. 2000. Psychiatric referrals in multi-speciality hospital. *Indian J Psychiatry* 42:188-94.
11. Narayana Keertish et al. 2013. Pattern of of Psychiatric Referrals in Tertiary Care Teaching Hospital in Southern India *Journal of Clinical and Diagnostic Research*. Aug, Vol-7(8):1689-1691.
12. Neehall J, Beharry N. 1993. The pattern of inpatient psychiatric referrals in a general hospital. *West-Indian Medical Journal* 42:55-157.
13. World Health Organization. The ICD 10 classification of mental and behavioral disorders: Diagnostic criteria for research. Geneva, World Health Organization; 1993.
14. Goyal A, Bhojak MM, Verma KK et al. 2001. Psychiatric morbidity among patients attending cardiac OPD. *Indian J Psychiatry* 43:335-39.
15. Murray CJ, Lopez AD. 1996. Evidence-based health policy. Lessons from the global burden of disease study. *Science* 274:740-43.