

# PSYCHIATRIC REFERRALS IN A MULTIDISCIPLINARY HOSPITAL

Javed Akhtar, Saeed Farooq, Ashfaq Ali

*Department of Psychiatry,  
DHQ Hospital, Bannu &  
Postgraduate Medical Institute,  
Lay Reading Hospital, Peshawar*

## ABSTRACT

**Objective:** To evaluate the pattern of psychiatric referrals and to study the various diagnostic categories associated with physical disorders.

**Material and Methods:** The study was conducted at Khyber Teaching Hospital Peshawar over a period about three months. There were 100 psychiatric referrals during the study period. Patients were assessed on a structured proforma and psychiatric morbidity was classified according to ICD-10.

**Results:** Out of 100 patients, females (62%) outnumbered the males. The most common reasons for the referral were unexplained physical symptoms (40%) and disruptive behavior (15%). Depression was the most common diagnosis made (40%). More than two third of the patients (72%) were referred from medical units. 8% had no psychiatric morbidity.

**Conclusion:** There is a need for greater dialogue and interactions between referring doctor and consultant psychiatrists.

**Key words:** Psychiatric referrals, Multidisciplinary hospital, Liaison psychiatry.

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## INTRODUCTION

Establishment of psychiatry units in general hospitals have provided opportunities for interaction between psychiatrist and other medical specialists during the previous two decades in Pakistan. Similarly the rate of psychiatric morbidity in

medical inpatients is also continuously reported high in different studies in developing countries.<sup>1-6</sup> Moreover high prevalence of psychiatric illnesses is reported among general hospital OPD patient.<sup>6,7</sup>

The developments in the 20<sup>th</sup> century have dramatically changed concepts of mental healthcares as result of new informa-

tions and saw a shift from mental illness to mental health. Lipowski<sup>3</sup> in 1988 insisted that biological as well as psychological factors should be considered in the diagnosis, treatment and prevention of diseases. The association between physical illness and psychiatric morbidity may be in the form of emotional reaction to physical illness or as a wide range symptomatology of physical illness.<sup>3</sup>

Although psychiatric services are well established in the tertiary care teaching hospital and provide liaison services, but liaison psychiatry is not established as a subspecialty in Pakistan. Consequently these is little if any data on the patterns of psychiatric comorbidity in patients suffering from physical disorders. This study was planned with the following objectives.

1. To know sociodemographic variables and reasons for psychiatric referrals.
2. To know possible relationship between psychiatric and physical illnesses.
3. To study the attitude of physicians towards psychiatric illness.

## MATERIAL AND METHODS

This study was carried out in Khyber Teaching Hospital Peshawar which is a 1200 bedded multispeciality hospital which drains its population from whole of the province.

The study was limited to inpatient psychiatric referrals only. Requests were made from all the medical and surgical units and patients were attended within twenty four hours of time of the call. The relevant data was collected on a structured Proforma, consisting of general demographic details and relevant psychiatric informations.

Only those patients who were of the age, above 15 years and who could communicate were included in the study. Those with moderate to severe mental

retardation and with serious medical conditions were excluded from the study. Study period was about three months.

Diagnostic criteria for different psychiatric conditions were based on 10<sup>th</sup> edition of "International Classification of Diseases", (ICD-10).

## RESULTS

There were hundred inpatient psychiatric referrals during the period of about three months. Among them 62 % were females and 38% were males. Majority of patients were married (62%), 31% were unmarried and 7% were widows or separated.

Age distribution showed that significant majority belonged to the age group of 15-20 years( 28%), followed by 41-50 years (19%). Only 6% were of the age above 60 years.

68% of the patients were illiterate, while 16% were matriculate and 12% had education up to primary level.

Regarding socioeconomic status, 60% belonged to lower social class, while only 5% could be grouped into upper class. Only 6% of the cases reported drug abuse

### REASONS FOR REFERRALS

S. No.	Psychological/Physical problem	%age
1	Vague somatic symptoms	40
2	Disruptive behavior	15
3	Pseudosiezures	10
4	Sadness	8
5	Decreased appetite	8
6	Involuntary movements	8
7	Deliberate self harm	4
8	Past history of psychiatric illness	4

TABLE-1

COMMON PSYCHIATRIC  
DIAGNOSIS

S. No.	Psychiatric diagnosis	% age
1	Depressive episode	57
2	Conversion reaction	24
3	Delirium	14
4	Acute schizophrenia	6
5	Secondary parkinsonism	6
6	Dementia	5
7	Anxiety neurosis	4
8	Post partum psychosis	4
9	Adjustment disorder	4
10	Deliberate self harm	4
11	No psychiatric diagnosis	6

TABLE-2

(alcohol cannabis). Departmentwise referral was as follows: 72% from medical units, 24% from surgical units and 4% from gynecological units.

Analysis of the diagnosis revealed that majority of the patients had mild to moderate depression (40%), followed by Dissociative disorder (24%). Other diagnostic categories were, Delirium (14%), Acute schizophrenia (6%), Secondary Parkinsonism (6%) Dementia (5%), Post partum psychosis (4%) and Deliberate self harm (4%).

Reasons for referral were as following: Vague somatic symptoms (40%), disturbed sleep (21%), disruptive behavior (15%), headache (15%), pseudo seizures (10%) and deliberate self harm (4%). In majority of the referrals, probable diagnosis made by the physicians were "Anxiety Neurosis", "Depression" and "Hysteria". In 17% of cases no psychiatric diagnosis was mentioned.

## DISCUSSION

This study was carried out in Hayat Shaheed Teaching Hospital which is one of

the three teaching hospitals in provincial capital. The population of the study therefore represents broadly the demographic structure of the population in general.

In our study of 100 hundred consecutive cases, females were far in excess than males. Chen and Yeh reported more males than female in a hospital in Taiwan, but Creed et al reported female preponderance in psychiatric referrals.<sup>4</sup> Our study perhaps reflects the higher prevalence of anxiety and depression in female population.<sup>9</sup>

Age distribution shows that about 70 % of the cases belonged to the age group between 15 to 50 years. Similar finding have been reported by Aghwana et al from West African general hospital and Bhogale et al from a multispeciality hospital in India.<sup>2,3</sup> In our study there were only 6 patients above the age of 60 years which is in agreement with the findings of Bhogale et al.<sup>3</sup> Wallen et al stated that 30% psychiatric referrals belonged to the age group above 65 years.<sup>10</sup> The difference in the age group perhaps reflects the older age group being over represented due to longer life expectancy in western countries. Secondly old age group patients may adopt alternate methods of treatment.

Sixty eight patients in our study were illiterate, which generally represents the literacy rate in our country. Our figures cannot be compared with those reported in west. Although Bhogale et al in India reported majority of the patients in educated group, but they commented that their figures did not represent the Indian population in general.<sup>3</sup>

Only 6% of the patients reported substance abuse. This figure was in line with the Canadian and Western studies carried out by Michalen and Nihall and Beharry, respectively. They reported 5 % substance dependence in inpatients psychiatric referrals.<sup>11,12</sup>

In study of referral sources, it was found that majority of referrals were from medicine and allied specialties. Our figures are in agreement with those of Chen and Yeh and Bhogale et al.<sup>3,5</sup> This may be due to greater sensitivity of physicians in the index hospital for psychological distress. More over the fact that a number of physical disorders such as hepatitis, myocardial infarctions etc are associated with much higher psychiatric morbidity.

When reasons for referral were studied, it was found that majority of the patients (40%) were referred for unexplained physical symptoms. The same was reported by Creed et al, Fryne et al and Bhogale et al.<sup>3,4,7</sup> Creed et al reported that 30% of patients had unexplained physical symptoms. It is believed that somatization is more common in developing countries which could be the reason for high percentage of patients with unexplained physical symptoms.<sup>13</sup> Aggressive and disruptive behavior was another common reason (15%) and responsible for the greatest demand for urgency of attendance by the psychiatrist. Turbuck reported this figure of "Management difficulty" as 18% and Creed et al reported it as 30%.<sup>1,4</sup>

As expected in our sociocultural setup, deliberate self harm was the reason for referral in only 4% of cases. This was in contrast to very high figure reported by Turbuck.<sup>1</sup> Moreover suicide attempts are under reported on many occasions.<sup>3</sup>

Overall the most frequent diagnosis made on consultation was that of depressive episode. This is a consistent finding in literature and reflects the common occurrence of depression in association with different physical disorders. It also shows its common presentation in the form of symptoms simulating physical illness.<sup>14</sup> Fryne et al and Creed et al reported depression as the commonest diagnosis in liaison psychiatry.<sup>4,7</sup>

The conversation disorder was the second on list of most common diagnosis in our study representing 24% of patients. Turbuck reported it, occasionally under the category "Neurotic stress related and somatoform disorder, while Creed et al, reported it in 4% of cases only.<sup>1,4</sup>

These figures represent the fact that conversation disorder is still one of the most common psychiatric disorders in developing countries. Acute Organic Brain disorder was found in 14% of cases. It is in line with figure reported by Creed et al (12%) while Andrew F and Fryne et al reported it in 4% of cases only.<sup>1,4,7</sup>

In our study schizophrenia was found in 6% of cases, which agrees with the findings of Nehall and Beharry who reported it as 5% in West Indian Hospital.<sup>12</sup>

However the results of this study should be very carefully taken in consideration due to certainly limitations of the study like:

1. Study period was of limited three months only.
2. Pediatric group was excluded from the study.
3. Referred patients were not followed up after consultation.

Therefore the findings of the study can serve only as guidelines for future study.

## CONCLUSION

1. More interaction between psychiatrist and physician is needed.
2. An organized consultation-liaison set-up can minimize the economic burden on health delivery system of the country.

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### Address for Correspondence:

Dr. Javed Akhtar,  
C/o Shams Medicos,  
Railway Road,  
Bannu.