



Consultation liaison psychiatry

PIUS KIGAMWA

Definition

- Consultation-Liaison Psychiatry is a subspecialty of psychiatry that incorporates clinical service, teaching, and research at the borderland of psychiatry and medicine.

(Lipowski, 1983)

What is consultation-liaison psychiatry?

- **Liaison psychiatry**, also known as **consultative psychiatry** or **consultation-liaison psychiatry** (also, **psychosomatic medicine**) is the branch of psychiatry that **specialises in the interface between other medical specialties and psychiatry**, usually taking place in a **hospital or medical setting**.
- "Consults" are called when the primary care team has questions about a patient's mental health, or how that **patient's mental health is affecting his or her care and treatment**.

- The psychiatric team works as a "liaison" between the medical team and the patient.

- Issues that arise** include

- capacity to consent to treatment

- conflicts with the primary care team

- intersection of problems in both physical and mental health

- patients who may report physical symptoms as a result of a mental disorder

- The psychiatric team works as a "liaison" between the medical team and the patient.
- Issues that arise** include
 - capacity to consent to treatment
 - conflicts with the primary care team
 - intersection of problems in both physical and mental health
 - patients who may report physical symptoms as a result of a mental disorder

What is consultation-liaison psychiatry's present position?

- The American Board of Psychiatry and Neurology: recommended subspecialty for Consultation-Liaison Psychiatry renaming it Psychosomatic Medicine
- June 2001: American Psychiatric Association Board of Trustees supported application
- 2003: American Board of Medical Specialties approved the recommendation
- *Psychosomatic Medicine became the 7th subspecialty in Psychiatry*

ASSESSMENT

Requests for psychiatric consultation

- The consultant should establish the URGENCY of the consultation (i.e., emergency or routine—within 24 hours). Commonly, requests for psychiatric consultation fall into several general categories:
 1. Evaluation of suspected psychiatric disorder
 - psychiatric history
 - use of psycho-tropic medications
 2. Evaluation of a patient who is acutely agitated.
 3. Evaluation of a patient who expresses suicidal or homicidal ideation.

Requests for psychiatric consultation

- 4. Evaluation of a patient who is at high risk for psychiatric problems by virtue of serious medical illness.
- 5. Evaluation of a patient who requests to see a psychiatrist.
- 6. Evaluation of a patient with a medico-legal situation (capacity to consent)
- 7. Evaluation of a patient with known or suspected substance abuse.
- 8. Breaking of news

Common psychiatric symptoms as reasons for consultation

- Depressed mood
- Agitation
- Disorientation
- Hallucinations
- Anxiety
- Sleep disorder
- Suicide attempt or threat
- Behavioural disturbance

Functional somatic syndromes

Gastroenterology

Functional dyspepsia

Irritable Bowel Syndrome

Cardiology

Atypical chest pain

Neurology

Chronic fatigue syndrome

Common Headache

Rheumatology

Complex regional pain syndromes
(Reflex sympathetic dystrophy)

Fibromyalgia

Gynaecology

Chronic pelvic pain

Orthopaedics

Chronic back pain

Characteristics of effective psychiatric consultant (Goldman, Lee, Rudd, 1983)

1. Talks with the referring physician, nursing and other staff before and after consultation. Clarifying the reason for the consultation is the initial goal
 - 2. Establishes the level of urgency.
 - 3. Reviews the chart and the data thoroughly.
 - 4. Performs a complete mental status exam and relevant portions of a history and physical exam.

Characteristics of effective psychiatric consultant (Goldman, Lee, Rudd, 1983):

- 5. Obtains medical history from family members or friends as indicated.
- 6. Makes notes as brief as appropriate.
- 7. Arrives at a tentative diagnosis.
- 8. Formulates a differential diagnosis.
- 9. Recommends diagnostic tests.

Characteristics of effective psychiatric consultant (Goldman, Lee, Rudd, 1983):

- 10. Has the knowledge to prescribe psychotropic drugs and be aware of their interactions (with somatic therapies).
- 11. Makes specific recommendations that are brief, goal oriented and free of psychiatric jargon and **discusses findings** and recommendation with consultee – **In person** whenever possible.
- 12. Respects patient's rights to know that the identified "customer" is the consulting physician. (maintaining absolute Doctor-Patient confidentiality is not possible for a psychiatric consultant)

Follow-Up

- **At least daily follow-up should be considered for several types of patients:**
- **Those in restraints**
- **Agitated, potentially violent, or suicidal**
- **Delirium**
- **Psychotic or psychiatrically unstable.**
- **Acutely ill patients started on psychoactive medications should be seen daily until they have been stabilized.**



Important fields of C-L activity

- Non compliance
- Delirium
- Dementia
- Transplantation medicine (Bone marrow, heart and lung, liver, kidney, living donations)
- Oncology
- Legal issues (competency)
- HCV, HIV, AIDS
- Addictions
- Perinatal mental health