

Original Article

Study of referral pattern for psychiatric evaluation in psychiatric OPD in a rural tertiary care hospital.

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Abstract:

Health includes both physical and psychological well being of an individual. There is strong chance that every physical illness has psychological component and in many cases psychological disorders present with somatic symptoms; so psychiatric referral is very important to the proper management of a patient. The aim of this study was to find out the pattern of referral from different outpatient departments in a tertiary level hospital in rural setting of Bangladesh. In this descriptive study total 237 patients were evaluated in 7 months period and most of the diagnoses were anxiety disorders (40%), major depressive disorder (35%) and somatoform disorders (17%). Departments of medicine (cardiology 34%, internal medicine 28% and neurology 26%) referred most of the patients than the surgical or gynecological departments.

Introduction:

Holistic approach to health is the most appropriate model to health service and along with physical, psychological well being, even spiritual well being is now considered in the complete health of an individual. Almost in every physical disease, there is a psychological component in being ill of a person. Person being ill comes to hospital outpatient department and it is the first interface to the interaction with the health care system. So, it may be the appropriate place to assess the mental state of the patient and also to identify any psychiatric condition that may present with physical symptoms.

The significance of assessing the psychological state of the patients is very important for many reasons. First, the physical disease may directly influence brain and cause psychological symptoms. Secondly, the disease may indirectly cause psychological reaction and produce psychological symptoms. Thirdly, many psychological disorders may present with physical or somatic complaints.

Pattern of referral to the psychiatric OPD for psychiatric evaluation depends on many factors, such as awareness of the physician regarding the psychological components of the illness, willingness of the physician to refer the patient, patient's perception about being referred to psychiatrists, etc to mention few. And it varies significantly across different hospitals. In one study, it was found that, the referral rates varied up to 25-fold among the practitioners¹.

The pattern also varies to different departments. In a general hospital of Kuwait, The department of general medicine referred 74.4% of patients in contrast to 11.4% referred by the department of general surgery². In other study in India, Belgaum, 83.17% of the patients were referred from general medicine, medicine allied and medical superspeciality departments³. Similar findings were found in a study done in Bombay, where Physicians referred maximum cases than surgeons and gynaecologist⁴.

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Socio-demographic variables also differ among the hospitals. In one study in Belgaum, More than two-third of the referrals was male patients and belonged to the productive age group of 16 years to 45 years³. In the Bombay study, males were also referred more than females⁴.

The causes for referral also vary according to the hospitals. The most common reason for referral was for assessment of a suicide attempt in the inpatient group, and the absence of organic cause for patients' physical symptoms in the outpatient group. Acute situational disturbance that resulted in a suicide attempt was the most common psychiatric diagnosis (26%), followed by depressive illness (19.5%) and organic psychotic disorders (8.2%)². In a tertiary hospital in Austria, the most common psychiatric diagnoses were adjustment disorders (21.4%), depressive disorders (18.5%), and delirium (18.1%)⁵. The reasons for referral also differ according to the departments. Like, from the department of neurology, the most common causes for referral are conversion symptoms, as pain and pseudoseizures⁶.

The aims of this study are to find out the pattern of psychiatric referral in Khwaja Yunus Ali Medical College and Hospital (KYMCH), which is a rural tertiary care hospital in Bangladesh.

Study Place:

The Khwaja Yunus Ali Medical College and Hospital (KYMCH) is located 21 kilometers from the Bangabandhu Setu (Jamuna Bridge) and 28 kilometers from Sirajgonj city. Most of the patients came from the Rajshahi division and south-west region of Bangladesh. Approximately 400 patients come to the hospital daily. Almost all disciplines are available in this hospital. On an average 10 patients attend in the psychiatric OPD daily.

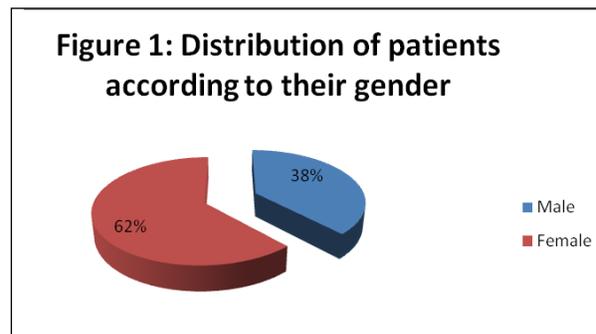
Methodology:

Patients were recorded serially (consecutively) as they were referred. The duration of the study was 7 months (from October, 2010 to April, 2011). Patient's age, sex, residence, number of symptoms, their durations, psychiatric diagnoses were taken as variables along with respective departments of referral. Data were handled with Statistical Package for Social Science (SPSS) -17.

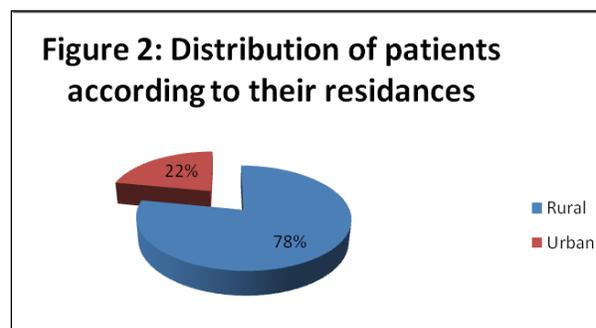
Results:

Total 237 patients were referred from all the departments within this 7 month period. Most of the

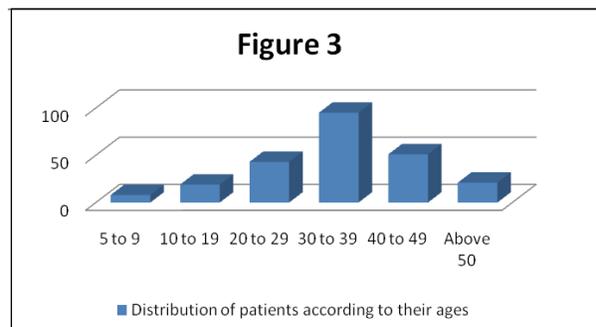
patients were female (147, 62%), as shown below (Figure 1) -



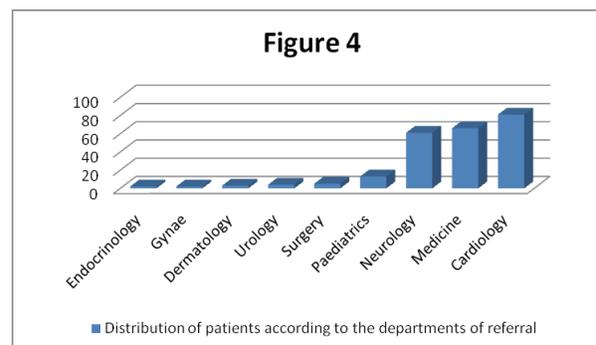
Most came from rural (185, 78%) background, as indicated by the figure below (Figure 2) -



Patient's distributions according to their age are given below (Figure 3) and most of them are between the ages of 30 to 39 years -

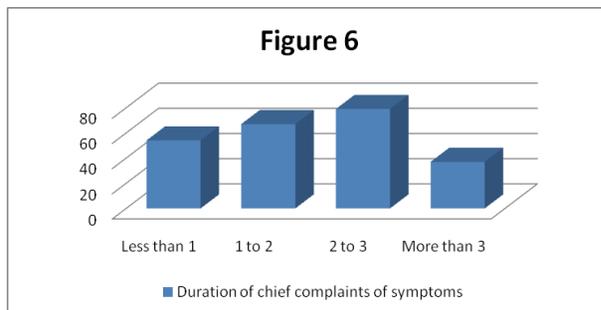
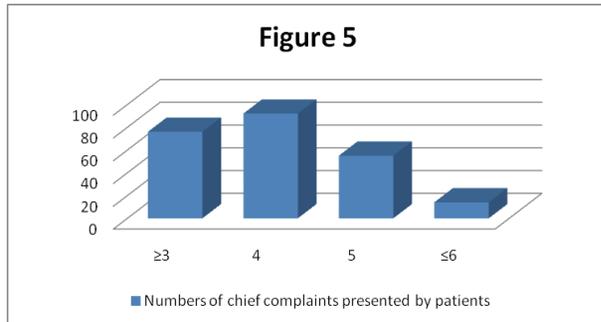


The pattern of referral from different departments are shown below (Figure 4) -

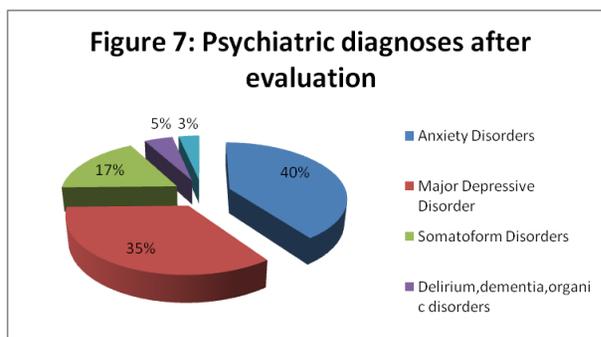


From the diagram it can be seen that, the top three departments to refer are cardiology (81, 34%), internal medicine (66, 28%) and neurology (61, 17%) respectively.

The number of presenting complaints and their durations are given in the following figures (figure 5 & 6) respectively -

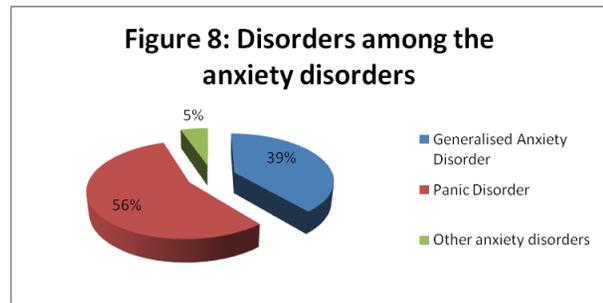


The diagnosis made after psychiatric consultation are the followings (Figure 7) -

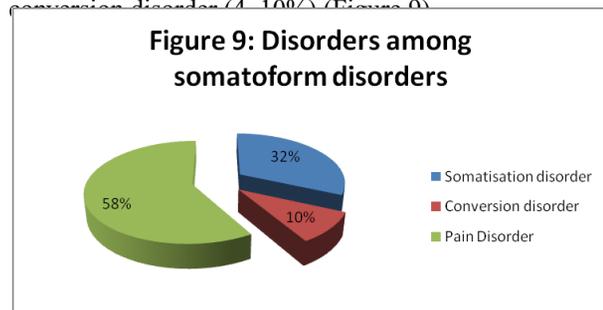


The diagnoses were made by DSM-IV-TR. The most prevalent diagnosis was anxiety disorders (95, 40%) followed by major depressive disorder (82, 35%) and somatoform disorders (41, 17%).

Among the anxiety disorders panic disorder (53, 56%) was most frequent followed by generalized anxiety disorder (37, 39%) (Figure 8). Disorders included in others category (5, 5%) is obsessive compulsive disorder, adjustment disorder and stress related



Disorders among the somatoform disorders are pain disorder (24, 58%), somatization disorder (13, 32%) and conversion disorder (4, 10%) (Figure 9)



11 (5%) of the patients are included in the category of Delirium, Dementia and Organic disorders; epilepsy was included in this group and 8 (3%) are included under Others, which includes psychosis, mental retardation, etc.

Discussion:

This study was descriptive in nature and no correlation was done. As the hospital is located in rural setting, most of the patients were from rural background (185, 78%). In this study most of the patients are female (147, 62%) and this may be explained by the tendencies of females to present their problems through somatic complaints. But this greater portion of female patients is not similar with the study done in Belagaum, India³, where male patients were more. This may be due to the area where the patients came from or due to the presentation of the female patient with bodily symptoms.

As for the departments of referral, the departments of medicine referred most of the patients, which is consistent with the studies conducted both in Kuwait² and India^{3,4}. Cardiac department referred most of the patients (81, 34%) and this likely indicates that the somatic symptoms of anxiety are

As most of the referral was from cardiac department, the most psychiatric diagnoses are anxiety disorders (95, 40%); among them panic disorder was most frequent (53, 56%). The second most diagnosis in this study was major depressive disorder (82, 35%) and this raises our concern about the importance to identify depression in our daily practice. These findings are almost similar with the study in Austria⁵. But it is different from result of the study done in Kuwait², where referral for current suicidal attempt (26%) was the first cause. Pain disorder (24, 58%) was the most frequent disorder among the somatoform disorders, which likely indicates the nature and severity of the tension headache in this population group.

Conclusion:

From the above findings it is evident that the importance of psychiatric referral is very crucial to the complete management of the patient. It is particularly important, to raise awareness regarding the psychological aspect of any illness of a patient.

References:

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