

The pattern of psychiatric referrals in a tertiary care hospital

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Abstract

Background: Almost all physical illnesses have some psychological component and psychiatric disorders often present with physical symptoms; so psychiatric referral is especially important for the proper management of a patient.

Objectives: The purpose of the present study was to find out the referral pattern of patients to psychiatry department from other disciplines of "Monno Medical College & Hospital" and to come to diagnoses of those referred patients.

Methods: This descriptive cross-sectional study was performed in the department of psychiatry at a tertiary level multidisciplinary teaching hospital from June 2019 to December 2019. Patients referred from outpatient and inpatient departments of different disciplines were taken as study subjects. Psychiatric diagnoses of the patients were conferred by the consultant psychiatrist according to "The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)" diagnostic criteria. A semi-structured questionnaire was used to collect socio-demographic information. The patients were analysed based on important sociodemographic variables, source of referral, and diagnoses conferred. Ethical issues were maintained throughout the study.

Results: A total of 224 patients were referred to the Department of Psychiatry during the study period. Three fourths of the referred patients (171, 76%) were from outpatient departments of different disciplines and one fourth (53, 24%) from inpatient departments of the same. Majority of the patients were referred from the medicine and allied disciplines (194, 86.6%); the most referring departments were gastroenterology (63, 28%), medicine (51, 22%), dermatology (28, 12.5%), neuromedicine (24, 10.7%) and endocrinology (21, 9.4%) respectively. The referrals from the departments of surgery (17, 7.6%) and gynaecology (3, 1.3%) constituted a minority (20, 9%). Common psychiatric diagnoses of the referred patients were generalized anxiety disorder (72, 32%), somatic symptom disorder (44, 19.6%) and major depressive disorder (30, 13.4%).

Conclusions: Patients with psychiatric symptoms and comorbidity come to the outpatient and inpatient departments of mainly medicine and allied disciplines, other than psychiatry itself. We need to increase interaction among psychiatry and rest of the medicine allied departments to enhance overall patient management.

Declaration of interest: None

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Keywords: Tertiary care hospital; Bangladesh; referral pattern; psychiatry; comorbidity.

Introduction

Health is a state of complete physical, mental, social, and spiritual wellbeing, not merely an absence of disease or infirmity.¹ Multidisciplinary approach to health is an essential model to ensure standard mental health service.² Psychiatric disorders carry social stigma all over the world, probably due to abnormal presentation of the patients and their association with mental hospitals. However, the picture is different today as psychiatry units have been functioning independently in medical colleges as well as general hospital settings. In many cases, physical disorders have psychiatric comorbidity.³ The significance of

assessing the psychiatric aspect of the patients is especially important for many reasons. Firstly, the physical illness may directly influence brain and cause psychiatric symptoms. Secondly, the physical disease may cause psychological reaction and produce psychiatric symptoms. Thirdly, some psychiatric disorders may present with physical or somatic symptoms. Fourthly, many patients visit outpatient departments of different disciplines and may be admitted in inpatient department with co-morbid psychiatric illness.³ General hospitals and medical college psychiatric units enable direct interaction of psychiatrists with physically ill patients, bridging the gap between

psychiatry and other medical and surgical specialties. In this way, the referrals to psychiatry are initiated from non-psychiatry departments and play an important role in the general health system.⁴

Pattern of referral to the psychiatric outpatient department (OPD) for psychiatric evaluation depends on many factors; such as awareness of the physician regarding the psychological components of the illness,⁵ severity of psychiatric presentation,⁶ comfort of the physician to refer the patient,⁷ the patient's perception or stigma about being referred to a psychiatrist,⁸ the different sign-symptoms at presentation at different level hospitals,⁹ etc. Usually general medicine constitutes the highest number of referrals to psychiatry units. In case of referrals to psychiatry units from general hospitals of Kuwait, general medicine initiated 74.4% of referrals in comparison to 11.4% referrals initiated by general surgery.¹⁰ In a scenario from India, among the 220 referrals, majority were from medicine departments (52.7%).¹¹ Substance use disorder (26.36%) was the most common diagnosis followed by depressive disorder (23.6%) and somatisation disorder (7.7%).¹¹ From another tertiary level hospital in India, the majority of the psychiatric referrals (59%) were from the department of medicine and the most common reason for referral was medically unexplained somatic complaints (23.1%), followed closely by anxiety (21%) and abnormal behaviour (13.1%). The most common diagnosed psychiatric disorders were neurotic, stress related and somatoform disorders (41.7%), followed by mood disorders (12.9%) and substance use disorders (12.7%).¹²

In Nepal, a neighbouring country of India, 50% of the referrals were from Department of Medicine; the next were surgery department (11.2%) and ophthalmology or otolaryngology (10.3%).¹³ Among the referral cases, depression was diagnosed in 27%, anxiety in 15.5% and substance related problem in 14.5%.¹³ In a tertiary hospital in Austria, the most common psychiatric diagnoses were adjustment disorders (21.4%), depressive disorders (18.5%) and delirium (18.1%), while conducted in 2003 and the most prevalent diagnoses in 2004 were adjustment disorders (24.5%), delirium (18.8%), and depressive disorders (14.3%).¹⁴ In a tertiary level hospital in the capital of Bangladesh, among the referred, generalized anxiety disorder was

the diagnosis in 25% cases followed by major depressive disorder in 10% cases. Referral from the department of medicine and allied subjects was 93 %, followed by department of surgery and allied subjects (6.38%) and department of obstetrics and gynaecology (0.74%).¹⁵ In a tertiary hospital situated in a rural area of Bangladesh, it was observed that the most number of referrals were from the department of cardiology (81, 34%); followed by internal medicine (66, 28%) and neurology (61, 17%), respectively.¹⁶ With this background the objectives of this study were to find out the referral pattern of patients to psychiatry department from different disciplines of this hospital and to confer diagnoses to these referred cases.

Methods

This was a cross-sectional study conducted at a tertiary level multidisciplinary teaching hospital "Monno Medical College & Hospital" from June 2019 to December 2019. Approximately 250 patients come to the hospital on a usual working day. Around 20 patients attend the psychiatric OPD on a working day. Patients who attend the outpatient department of other disciplines, when they are found to have a psychiatric comorbidity or sole psychiatric presentation, are referred to attend the psychiatric OPD. Among these referred patients, who were 15 years of age and above were included in the study. Patients from both sexes were included in the study. All these patients were evaluated by the consultant psychiatrist according to "The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)" diagnostic criteria. A semi-structured questionnaire was used to collect socio-demographic information including age, gender, marital status, educational attainment, occupation, and habitat. The patients were analysed based on important socio-demographic variables, place of initiation of referral and diagnoses conferred. Informed written consents were taken from the study participants or their legal guardians if they were minor; after explaining them the nature and purpose of the study, their right of not taking part in the study, their anonymity in the study, etc. These ethical issues were maintained throughout the study. The data was analysed by using SPSS-17.

Results

A total of 224 patients were referred to the department

of psychiatry during the study period. According to age of the respondents, it was seen that more than two fifths of the respondents (92, 41 %) were within 15 to 30 years of age and about three fourths (160, 71%) of the respondents were between 15-45 years of age. A slight majority were females (122, 54%). More than half of the respondents were currently married (124, 54%), one fourth of the respondents were unmarried (54, 24%) and about one fifth of them (46, 20.5%) were divorced/separated/widowed. Most of the patients came from rural area (138, 61.6%). The highest number of respondents (68, 30.4%), based on education, completed 5 years education. Housewives (76, 34%) were the most prevalent occupational category, followed by the students (50, 22%). Most of the patients (171, 76%) were referred from the outpatient department of other disciplines. (Table 1)

Table 1: Socio-demographic status of the respondents (N=224)

	Frequency (n)	Percentage (%)
Age (year)		
15-30	92	41.1
31-45	68	30.4
46-60	36	16.1
61 and above	28	12.5
Sex		
Male	102	45.5
Female	122	54.5
Marital status		
Married	124	55.4
Unmarried	54	24.1
Divorced	11	4.9
Separated	06	2.7
Widow/Widowed	29	12.9
Educational status		
Illiterate	28	12.5
Primary	68	30.4
Up to SSC	62	27.7
Up to HSC	43	19.2
Graduation and above	23	10.2
Occupation		
Farmer	17	7.6
Housewife	76	33.9
Business	27	12.1
Service	28	12.5
Student	26	11.6
Residence	50	22.3
Rural	138	61.6
Urban	86	38.4
Source of patients		
Inpatient department	53	23.7
Outpatient department	171	76.3

During considering the referrals from different disciplines, it was seen that the majority of the patients were referred from the medicine and allied disciplines (194, 86.6%); the most referring departments were gastroenterology (63, 28%), medicine (51, 22%), dermatology (28, 12.5%), neuromedicine (24, 10.7%) and endocrinology (21, 9.4%), respectively. The referrals from the departments of surgery (17, 7.6%) and gynaecology (3, 1.3%) constituted a minority (20, 9%). Surgery and allied disciplines made up some one-tenth (27, 12%) of the referrals. (Table 2)

Table 2: Department-wise referral (N=224)

Department	Frequency (n)	Percentage (%)
Medicine	51	22.8
Neuromedicine	24	10.7
Gastroenterology	63	28.1
Endocrinology	21	9.4
Dermatology	28	12.5
Paediatrics	4	1.8
Surgery	17	7.6
Orthopaedics	4	1.8
Gynaecology	3	1.3
Cardiology	3	1.3
Otolaryngology	3	1.3
Ophthalmology	3	1.3
Total	224	100.0

Among the respondents, majority were suffering from neurotic disorders (197, 87.5%) and a smaller portion (27, 12.5%) were suffering from psychotic disorders and substance related disorder. Common psychiatric diagnoses were generalized anxiety Disorder (72, 32%), somatic symptom disorder (44, 19.6%) and major depressive disorder (30, 13.4%); and these three disorders totalled to 146 patients or 65% of the referrals. Other neurotic disorders, such as panic disorder, social anxiety disorder, functional neurological symptoms disorder and obsessive-compulsive disorder also had a considerable share among the patient population (50, 22.2%). Psychotic disorders (schizophrenia and bipolar mood disorder) were found in 8.5% of the referred patients and substance related disorders were present in 4% of the respondents. (Table 3)

Table 3: Psychiatric diagnosis of the respondents (N=224)

Psychiatric diagnosis	Frequency (n)	Percentage (%)
Generalized anxiety disorder	72	32.1
Panic disorder	17	7.6
Somatic symptom disorder	44	19.6
Obsessive compulsive disorder	3	1.3

Psychiatric diagnosis	Frequency (n)	Percentage (%)
Social anxiety disorder	16	7.1
Functional neurological symptom disorder	14	6.2
Major depressive disorder	30	13.4
Substance related disorder	9	4.0
Schizophrenia	13	5.8
Bipolar mood disorder	6	2.7
Total	224	100.0

Among the referred patients, 70% patients (n=156) had no comorbid physical disorder, they had only psychiatric disorder. Among the patients having physical comorbidities (n=68), 5.4% patients had hypertension and 5% patients had peptic ulcer disease. (Table 4)

Table 4: Comorbid diagnosis of the respondents (n=68)

Comorbid diagnosis	Frequency (n)	Percentage (%)
Hypertension (HTN)	12	5.4
Peptic ulcer disease	11	4.9
Diabetes mellitus (DM)	7	3.1
Irritable bowel syndrome	7	3.1
Others	23	10.3
DM+HTN	8	3.6

Discussion

This descriptive cross-sectional study was done in the department of psychiatry in a tertiary level hospital to see the referral pattern and to make psychiatric diagnoses of the referred patients. Age distribution showed that more than two fifths of the respondents (92, 41 %) were within 15 to 30 years of age; similar findings was observed in the study conducted in BIRDEM General hospital in 2017.¹⁵ This age group is the more active part of the society and the first episode of various psychiatric diseases usually occur in this age group and they require treatment more than other age groups. In this study, only 12.5% patients were above 60 years of age; older age group was also less in number in BIRDEM general hospital study¹⁵ and another Indian study¹⁷ and this may indicate that the older people's prominent concern with physical ailments. The number of females (122, 54.5%) outweighed males in our study and this was consistent with other studies.^{15,18} Psychiatric morbidity and somatic symptoms are more in female persons and the daytime outdoor setting is not suitable for male working patients to attend which may influence the slightly higher number of females in this study.

In the current study, the percentage of outpatient refer-

rals (76%) were more than inpatient (24%) referrals; it is comparable with the study from National Institute of Neurosciences and Hospital, Dhaka.⁴ In this study, the majority of the patients were referred from the medicine and allied disciplines (86.6%); the most referring departments were gastroenterology (28%), medicine (22%), dermatology (12.5%), neuromedicine (10.7%), and endocrinology (9.4%), respectively. The lion's share of the referrals was from medicine allied departments which was consistent with various previous studies.^{15,16} The higher number of referrals from the gastroenterology department may be explained by the local people's concern with 'gas' in their abdomen and the tendency to reason any physical or psychological complaints occurring from this 'gas'. The number of referrals from general surgery and allied (otolaryngology, orthopaedics, ophthalmology) was 12%. The referral from paediatrics (1.8%) and gynaecology (1.3%) were relatively low. This all is comparable to previous studies done at similar rural settings of our country.¹⁶ Most of the referred patients were suffering from neurotic disorders (87.5%) and a smaller portion (12.5%) were suffering from psychotic disorders and substance related disorder. Similar situation was seen at home and abroad.^{4,13,16} The diagnoses of generalized anxiety disorder (32%), somatic symptom disorder (19.6%) and major depressive disorder (13.4%) summed to 65% of the patients. This was similar to a study done at rural setting of Bangladesh as well as urban setting.^{4,16} The occurrence of psychotic and neurotic disorders among the referred patients were consistent with previous findings in similar rural settings.¹⁹

In this study, comorbid physical disorders were not found in 70% of the referred patients, but they presented in different departments other than psychiatry, with somatic components of psychiatric disorder; this may be due to stigma of being diagnosed with a psychiatric disorder which occurs largely in the population. There were some limitations of the study including short duration, small sample size, lack of informants in some cases and lack of referral note in some cases. A bigger study is needed to fulfil the gap.

Conclusions

Patients with psychiatric symptoms and comorbidity come to the outpatient and inpatient departments of

mainly medicine and allied disciplines, other than psychiatry itself. We need to increase interaction among psychiatry and rest of the medicine allied departments to enhance overall patient management. At the same time, holding regular scientific seminars, symposia and discussion will better inform other physicians regarding psychiatric presentations.

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