

S53. Consultation-liaison psychiatry

WHAT IS THE DIFFERENCE BETWEEN CONSULTATION LIAISON PSYCHIATRY AND GENERAL PSYCHIATRY?

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Consultation/Liaison psychiatry (C/L) refers to psychiatric or psychological evaluation of patients with concurrent medical diseases or physical injuries. The evaluation may be based on referral of patients (consultation) or be conducted at the wards by working with the staff (liaison). Whatever the setting, there are some major differences between C/L and general psychiatry:

C/L psychiatrists have to be updated on the psychological manifestations of biological disorders. Quite often biological disorders causing mental disturbances are overlooked. Secondly, C/L psychiatrists have to have a fair knowledge of normal psychology and the interrelation between personality traits and responses to medical or surgical disorders. Thirdly, C/L psychiatry demands good working knowledge of the principles of classic and operant conditioning and how these principles can be applied to the treatment of psychological and biological disturbances referred for evaluation and treatment. Three case-vignettes will be presented to illustrate the differences between C/L and general psychiatry.

PSYCHOSOMATIC AND PSYCHIATRIC CONSULTATION LIAISON (CL) SERVICES IN GERMANY: SIMILARITIES AND DIFFERENCES. AN ANALYSIS OF 3.000 CL EPISODES.

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Psychological disturbance in medically ill patients and the medical presentation of psychological disorder (e. g. somatization) influence the well-being of patients and the cost of health care. They are the focus of consultation/liaison (CL) services. Almost nothing is known about the impact of different organization of services and different traditions of psychosocial medicine on the provision of CL services and their outcomes. In Germany, "psychotherapy and psychosomatic medicine" has developed independently of psychiatry and was recently recognized as a second distinct medical specialty in the field of psychological medicine. It is based on the dual and interwoven development of a psychotherapeutic tradition closely associated with psychoanalysis and a psychosomatic tradition within internal medicine, with a recent trend to get away from psychotherapy "schools" and move towards empirically based training schemes and intervention strategies. In its organizational aspects it has placed special emphasis on the development of CL services.

11 German CL services actively participated in the European Consultation Liaison Workgroup (ECLW) collaborative study providing more than 3.000 consecutive cases. CL episodes provided by the 6 "psychosomatic" and the 5 psychiatric services are compared on the following: distribution of diagnoses (ICD-10), reasons for referral, diagnostic and therapeutic interventions, time parameters.

The services clearly differ both in their target patient groups and in their preferred interventions even in comparable patient groups. Psychiatric and psychosomatic services are complementary. Both orientations should be present in the general hospital and well attuned, independent of whether they are provided by two separate departments or either psychiatric or psychosomatic ones.

THE EUROPEAN CONSULTATION-LIAISON WORKGROUP (ECLW) COLLABORATIVE STUDY. I: AN OVERVIEW OF DESIGN AND METHODS

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Goal: The European Consultation-Liaison Workgroup for General Hospital Psychiatry and Psychosomatics (ECLW) started a collaborative study named "The Effectiveness of Mental Health Service Delivery in the General Hospital" grant supported by the European Community 4th Medical and Health Research Program COMAC-Health Service Research. The goal of the study is to assess the types of patients seen and the kinds of services delivered taking provider and institutional factors into account.

Method: It is a cross-sectional study with a duration of one year assessing inpatients admitted to medical surgical wards. For the assessment of the patient-, the provider (consultant and C-L service)- and the institution (hospital and other mental health C-L services) new instruments have been developed. All consultants have been trained and tested against strict reliability criteria for the use of the patient registration form with case vignettes. The training included a course in the use of the ICD10 in the general hospital setting. The data entry has been taken into effect in two coordination centers in Amsterdam and Freiburg. Patient data have been entered in with an optical mark reader including rigorous feedback loops for datavalidation purposes.

In this study 234 consultants from 56 C-L services in 11 European countries have collaborated. They have collected information on 14.723 cases, as well as detailed information on the providers -the consultant and the C-L service- and their institutions.

THE EUROPEAN CONSULTATION LIAISON WORKGROUP (ECLW) COLLABORATIVE STUDY. II: RELIABILITY AND NATIONAL BIASES OF ICD-10 PSYCHIATRIC DIAGNOSES AMONG 220 C/L PSYCHIATRISTS AND PSYCHOLOGISTS IN EUROPE.

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Two hundred and twenty psychiatrists and psychologists from 14 European countries were trained in the reliable use of the ICD-10 classification system applied to C-L psychiatric cases. Following this training, all consultants diagnosed 13 written case stories. 165 consultants (76%) had an overall kappa of at least 0.70, and only 13 (6%) had a kappa below 0.40.

Problems were identified in relation to the classification of adjustment disorders versus depressive disorders. German and Italian consultants attributed delirium more often to alcohol than other European consultants. The description "No psychiatric diagnosis" was used more frequently by consultants from northern Europe (Finland, Netherland, Norway).

The study demonstrates acceptable interrater reliability, but pinpoints some problems and national biases which need to be addressed in future crossnational studies.

THE EUROPEAN CONSULTATION-LIAISON WORKGROUP ECLW COLLABORATIVE STUDY. III: MAIN FINDINGS FROM THE ECLW COLLABORATIVE STUDY.

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The European Consultation-Liaison Workgroup for General Hospital Psychiatry and Psychosomatics (ECLW) has conducted a collaborative study named "The Effectiveness of Mental Health Service Delivery in the General Hospital" grant supported by the European Community 4th Medical and Health Research Program COMAC-Health Service Research in 1991 and 1992 to assess the profile of service delivery across European C-L services.

The results report the great variability in the patients seen and the treatment approaches taken. The extent of service delivery in several illnesses regarded as relevant for C-L psychiatrists such as hipfracture patients and AIDS patients is much lower than expected. Furthermore transcultural differences in the treatment of psychiatric disorders, such as depressive illness varies to a great extent among the participating countries. There is clear evidence that this is also related to effects of manpower, training and consult-rates.

The data will bring a new reality to C-L psychiatrists as it will readjust their view on their work. The study is a baseline assessment required for the development of standards of care for for instance high risk patients and the initiation of a program for continuous quality improvement.