Establishing liaison psychiatric services: An old age perspective.

Sir,

I read with interest the paper on Psychiatric consultations in a teaching hospital. Of the total number of patients referred to a psychiatry consultation service, only 19% were in the over 65 age group. This indeed is comparable to the UK where only 20-25% of liaison psychiatric referrals are in the elderly age group. This is rather surprising in view of the fact that the elderly occupy 40-50% of hospital beds, and that 30-50% of them are expected to have or develop a psychiatric problem. Yet in reviews of the literature, a psychiatrist only sees about 3% of the total number of admissions for the elderly. This is just the tip of the iceberg, for countless others must remain undiagnosed or inadequately managed. Depression, dementia and delirium are the 3 commonest diagnoses in this age group. Such maladies contribute to an increase in morbidity, mortality and protracted hospital stay with significant cost implications. As the ageing population increases, this is a problem that will not go away. Therefore, the conclusive remarks of the author that highlights the need for a liaison psychiatric service should be considered carefully.

The aim of the liaison service is to facilitate early detection of mental illness, and to improve management of these cases together with a reduction of inappropriate referrals. How this is best achieved and whether a liaison service can achieve those goals is not always clear. In a retrospective study looking at the 8 years over which a liaison psychogeriatric service was in operation in a British hospital, Anderson et al reported a significant increase in referral rate including a ninefold increase in cases of depression, whilst referrals with no psychiatric disorder declined. Other studies have shown similar results, this goes some way to show the potential benefits of a liaison service in general and for old age in particular. However, the ideal format for Geriatric Liaison has yet to be established. From my own experience of both general and Geriatric Liaison in the UK, having a liaison psychiatrist attending the ward rounds of the specialties with a high psychiatric morbidity, such as Neurology or Geriatric medicine is a successful method for Geriatric Liaison. This facilities appropriate referrals and disseminates knowledge to non-psychiatically trained doctors and nursing staff.

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Reply from Author

I have read with interest Dr. Collingham's comments on establishing Geriatric Liaison Psychiatric services. Liaison psychiatry, besides its teaching objectives, and improving the quality of patients care, may hopefully change the negative attitude of not a few physicians who are skeptical of any useful contribution the psychiatrists may have towards care of their patients. At present, due to a relative shortage of qualified psychiatrists in the Kingdom, it may be appropriate for the psychiatrist to attend the ward rounds of the specialties with the highest psychiatric morbidity, namely internal medicine, including Geriatric medicine on a weekly basis.

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References