

CONSULTATION-LIAISON PSYCHIATRY INTERVENTION IN A SAMPLE OF INPATIENTS WITH MAJOR DEPRESSIVE DISORDER

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Introduction

Major Depressive Disorders (MDD) are overrepresented among patients admitted to nonpsychiatric units of general hospitals (Rentsch et al., 2007). Although it is associated with increased healthcare costs, longer hospital stays and higher functional disability (Egede, 2007), the majority of depressed patients are not identified in this setting.

Aims

The objective of this investigation is to describe the clinical features of a sample of medically ill inpatients with comorbid MDD attended by a general hospital consultation-liaison psychiatry (CLP) service.

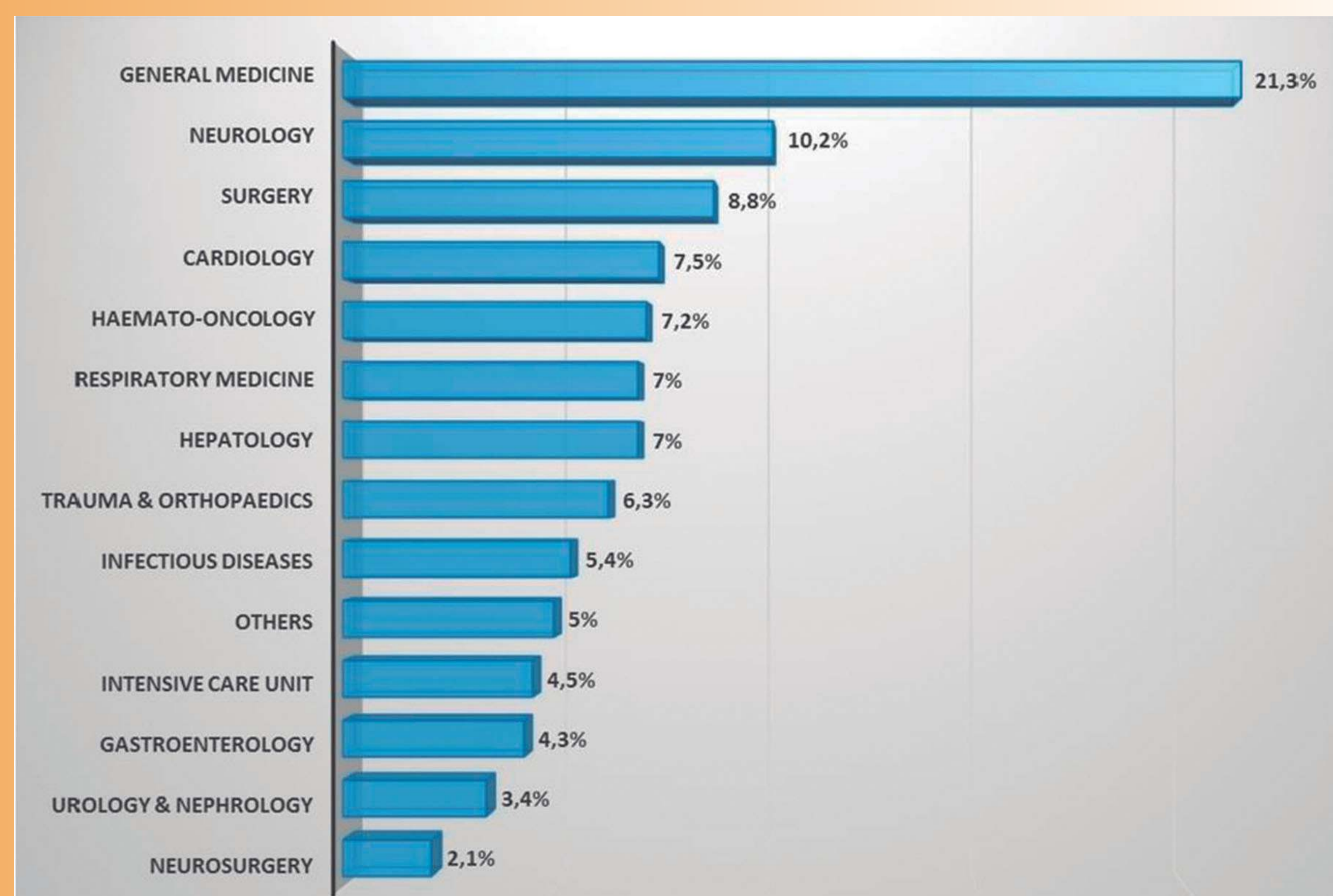
Methods

Descriptive study assessing adult inpatients who met DSM-IV-TR diagnostic criteria for MDD admitted to non-psychiatric units of the University Clinical Hospital of Barcelona (Spain) and who were referred to our CLP service between 2005 and 2015.

Results

During that period, 10287 psychiatric consultations were received, 559 of them (5.4%) concerned patients with MDD. These patients were aged 61.4 ± 16 years and 58% were female. Figure 1 shows the referral sources according to specialty departments. The most frequent reasons for referral to CLP were the assessment of depressive symptoms (52.5%) and suicidal risk/attempt evaluation (14.2%). In respect to CLP intervention, 95.4% of patients with MDD received a psychopharmacological prescription and 73% required 2 or more psychiatric visits. The mean length of the hospital for patients with MDD (20.4 ± 16.5 days) was significantly longer ($p < 0.001$) than that of all the general admissions (6.8 ± 11.2 days).

Figure 1. Referral sources according to medical and surgical departments (n = 559).



Conclusions

The impact of comorbid MDD on hospital stays and utilization of healthcare resources highlights the important role of consultant psychiatrist to improve the management of these patients.

References

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