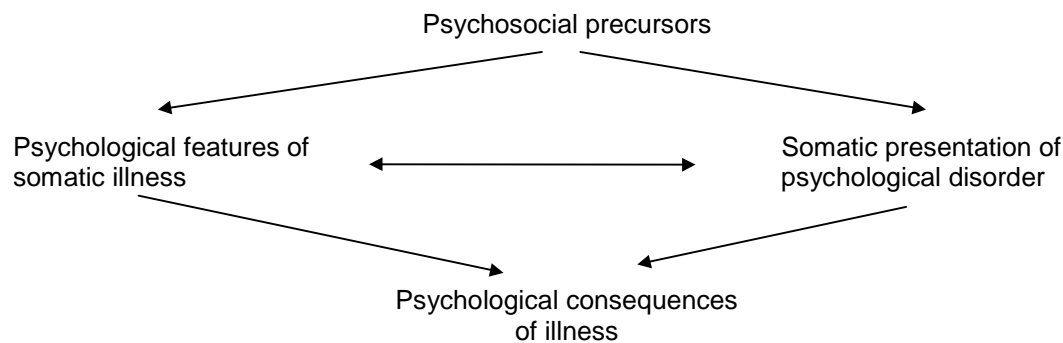


Liaison Psychiatry

"The interface between psychiatry and all other branches of medicine and surgery"
Model



Precursors

- Societal Forces
- Personality
- Life Events

Examples

General Surgery

Peptic ulcer - Patients with gastric fistulae show changes in secretion, vascularity and motility with emotion.

General Medicine

Hypertension - People under stress experience prolonged periods of elevated diastolic and systolic blood pressure while that stress lasts. Over a prolonged period this hypertension becomes irreversible due to peripheral vascular changes.

Ischaemic Heart Disease - Japanese migrants to the USA experience high rates of IHD, not the low Japanese rates. Type A personality a predisposing factor. Widowers over the age of 55 in the first six months after bereavement have a 40% increased mortality rate compared to a control group. High life events scores often precede illness onset.

Somatic presentation of psychological disorder

General Practice

"Calling card syndrome" - A problem in living is presented using gastrointestinal, respiratory or cardiovascular symptoms. Usually these are stress/anxiety symptoms presenting somatically.

Anaesthetics

The Pain Clinic - Pain of psychological origin tends not to conform to known patterns, to last much longer, to rarely waken from sleep and respond to antidepressants more often than to analgesics.

General Medicine

Chronic Hyperventilation - present in 6-10% of outpatients causing symptoms in all bodily systems via the mechanism of respiratory alkalosis. Depressive somatisation particularly presents with pain syndromes in men and in Asian subculture. Chest pain is often a symptom of anxiety disorder, rather than a presentation of angina pectoris. People with hypochondriasis tend to excessively focus on normal bodily sensations and exacerbate these, due to an anxiety/checking loop.

Bulimia Nervosa - patients often present to General Practitioners with exhaustion due to hypokalemia related to repeated vomiting or are picked up by dentists who note that the inner surface of their enamel has been lost from their teeth due to excessive vomiting. They may also present with enlarged parotid glands.

Patients with anorexia nervosa due to excessive laxative abuse, may present with finger clubbing and will often deny their disorder, presenting to their General Practitioner with severe weight loss of unexplained origin.

Munchausen's Syndrome - patients present in medical wards and surgical wards with no specific organic pathology of any kind and who consciously falsify and simulate symptoms in order to obtain hospital admission or drugs.

Munchausen's Syndrome by proxy - occurs when false symptoms and signs, most commonly neurological, bleeding and rashes are seen in a child, the child being brought for investigation by the parent. When the child is separated from the parents, the symptoms invariably disappear. This is seen as a form of child abuse.

Monosymptomatic hypochondriacal psychosis - a disorder with one delusion in relation to a particular part of the body, for example, the belief that the bowel had been severely damaged and was now quite unable to function normally.

Chronic fatigue syndrome - these patients will present with chronic fatigue, repeated viral infections and muscular tenderness. This presentation is often seen in people who have highly demanding lifestyles and very high standards for achievement and success. They continually try too hard to overcome the original viral infection and therefore are trapped in a loop of continued deterioration.

Psychological concomitants/consequences of physical illness

Denial, repression of emotions, can lead to poor compliance with treatment.

Psychotherapy is often needed in relation to psychological difficulties in relation to terminal illness.

Delirium can lead to paranoid ideation, delusions, hallucinations and powerful affective responses such as terror, leading to dangerous behaviour.

Thyrotoxicosis often presents with anxiety.

The following disorders often present with depression:

- Post viral (Myalgic encephalomyelitis)
- Hypothyroidism
- Hyperparathyroidism
- Cushing's Syndrome
- Addison's Disease
- Systemic Lupus Erythematosus
- Parkinson's Disease
- Multiple Sclerosis