Opportunity and quality of medical services in the specialized ambulatory of the psychiatric hospital

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Abstract

Somatic co-morbidities of the psychiatric diagnosis represent an important issue, due to the lowering of the diagnostic threshold through a complex screening and through treatment implications. Modern Psychotropic treatments come with side effects and adjacent somatic disorders raise suspicions on the most relevant antidepressant or antipsychotic. For doctors specialized in somatic diagnoses, the existence of the “psi” symptoms induce a hesitation in pointing to certain investigations. The patient himself explains his symptoms in a different manner. There is a gap in what concerns the late detection of secondary somatic diagnoses in patients already diagnosed with a mental disorder.

Keywords: somatic co-morbidities, psychiatric diagnosis, late detection, diagnostic threshold, symptoms

1. Main objectives

There is a debate going on concerning the need for a specialized Ambulatory in the “Alexandru Obregia” Psychiatric Hospital, which provides internal medicine services, endocrinology, neurology, gynaecology, ophthalmology, ENT and dental services and facilitates the primary diagnosis, as well as the secondary diagnoses, guiding the psychiatric therapeutic decision.
We start from the idea that a judicious screening in the area of adjacent somatic diagnoses in psychiatric patients avoids:

- Subsequent complications of treatment
- Chronic adjacent somatic diagnoses
- "Migration" to psychosomatic pathology
- Psychological dependence of hospitalization

1.1. Materials and methods:

For statistical analysis, we are considering all the psychiatric admissions at the "Alexandru Obregia" Psychiatry Hospital in 2012 (35,000), taking into account, and for statistical analyses purposes, the following:

- Main diagnoses
- Secondary diagnoses, on pathology axis (in conjunction with the primary diagnosis and the treatment regimen)
- Laboratory investigations and para-clinic psychiatric screening (normal blood work, thyroid hormones, CT, EEG, EKG)
- Interdisciplinary checkups / specialized treatments / therapeutic decisions/ team work
- Importance of the psychological/transversal/dynamic evaluation, increase in compliance when conducting investigations and treatment.

1.2. Framework:

Framework 1: We assume that the following diagnoses induce a delay in detection of somatic pathology: somatisation disorder, algic disorder, a somatic-type of delusional disorder, depressive episode, schizophrenia.

Framework 2: We assume that psychiatric patients (regardless of their 1st type Axis diagnosis), who neglect their somatic symptoms, have, as pre-morbid personality, traits similar to: self-aggressiveness, emotional coldness, insufficient contact with their own Self, relationship anxiety, denial of desire, distrust.

Framework 3: We assume that a complete screening on the axis mentioned above (endocrinology, neurology, gynecology, ophthalmology, ENT etc.) results in a focus on two primary benefits:

- an orientation towards the differential diagnosis
- an orientation towards treatment options, by choosing the alternative with minimum secondary effects.

Framework 4: We assume that psychiatric patients meet somatic co-morbidities in approx. 75% of the cases, which decreases the quality of life. This puts the present-day psychiatry in difficulty, increasing the decisional-making period in what concerns choosing the best treatment for the patients.

Framework 5: We assume a difficulty in differentiation: pre-existing somatic pathology / somatisation elements (more or less connected to a “psi-” area perturbation) / adverse reactions to the psychiatric treatment / subsequent and independently-manifested somatic pathology.
1.3. Results

There had been a notable increase in the quality of diagnosis at the "Alexandru Obregia" Clinical Psychiatry Hospital. Also, a more accessible guidance in what regards the secondary and differential diagnoses mean reducing the hospitalization period, by judiciously choosing the treatment regimen, avoiding adverse reactions, and treating multiple pathologies at the same time. Approaching the patient carefully means taking into account his pre-morbid structure and establishing some reasonable therapeutic objectives. In the end, psychiatric patients present an increased compliance to specialized investigations and treatments, as well as to treatments from the somatic area.

1.4. Conclusions and perspectives:

The connected multidisciplinary approach between medical specialties raises the field of psychiatry at a superior level of diagnosis, preventing adverse effects, complications, patients coming in and out of the hospital. The quality enhancement of the medical act and the early detection of co-morbidities significantly increase the quality life of the psychiatric patients.

2. A detailed analysis concerning the quality of life for psychiatric patients:

2.1. Perceptions and perspectives:

Quality of life, according to WHO (World Health Organization) refers to "the individual's perception about his existence in the context of culture and value system in which he lives" defined by his own objectives. Punctually, in terms of patient's quality of life, factors that influence his overall wellness are inextricably linked to his mental health, health-care follow-up and level of degradation or improvement thereof in what concerns his visits / hospital admissions over a longer period of time. On a “quality of life” rating scale, factors such as safety and security, interpersonal relationships, the presence of care-givers, frequent visits of family members, all of these are defining elements in the positive dynamics of the patients' own world. These elements are able to increase the quality of life during hospitalization or, conversely, could decrease it drastically. Positive or negative evaluations of the patient's experience in regard to his medical interventions/ hospital admissions sketches the profile of the medical act and the degree of satisfaction of the hospitalized person proportionally with the activities of the specialized team of doctors.

From the opposite perspective, the activity of the somatic doctor, involved in detecting symptoms and conducting further investigations, is often coupled with the evaluation made by the psychiatrists. Due to the existence of the "psi" type of symptoms, in the patient's anamnesis, the somatic doctor has certain hesitations, a slight disbelief in promptly indicating the specific type of investigation the patient should go under, or even refraining from giving a definite diagnosis. In an effort to make a concrete and rapid exposure of his disease's forms of manifestation, the patient describes his own somatic-type symptoms in a variety of manners, under the impression of his previous symptoms from the area of psychiatry.

In the “Alexandru Obregia” Psychiatric Hospital in Bucharest, the multidimensional gap that brings specialists, in general (and clinicians, in particular), to grips with, is the delayed detection of the second somatic diagnoses in patients already diagnosed with a mental disorder.
Table 1. Patients consulted of co-morbidities during 2011 – 2012

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL NUMBER OF DISCHARGED PATIENTS</th>
<th>TOTAL NUMBER OF PATIENTS TREATED IN OTHER DEPARTMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>35341</td>
<td>10578</td>
</tr>
<tr>
<td>2012</td>
<td>32751</td>
<td>10886</td>
</tr>
</tbody>
</table>

Source: National Statistics Service

The number of patients consulted in the Integrated Ambulatory of the "Alexander Obregia" Psychiatric Hospital in 2012 is higher by 308, compared to the year 2011. This happened despite the decrease in number of patients discharged in 2012, by 2590, compared to 2011.

2.2. Difficulty in providing the right diagnosis:

A significant percentage of psychiatric patients (regardless of their Axis I diagnosis), neglect their somatic symptoms. They have, as a pre-morbid personality-type, central features such as:

- The self-directed aggression,
- Emotional coldness,
- Insufficient contact with their Self,
- Relationship Anxiety,
- Refusal of their pulsation desires,
- Basal distrust.

Efforts made by the specialized personnel to provide the correct diagnosis in patients who present such pre-morbid traits are hampered by the difficulty of gathering medical information, the relevant secondary diagnoses hiding behind the primary symptoms, thus being difficult to detect. A complete screening on the aforementioned diagnoses axis (internal medicine, endocrinology, neurology, gynecology, ophthalmology, ENT) is made according to a carefully and individually tailored medical diagnosis plan, taking into consideration a variety of factors – evolutionary ones, ethical ones, of the quality of the medical services the patient has undergone in the preadmission period etc.

Following this screening, deficiencies and malfunctions in the patient’s organism - both physical and mental - are being revealed, but the two main beneficial results are the focus on a differential diagnosis and guidance on choosing of an optimal treatment. This also helps the clinician, by offering alternative options of treatment with minimal adverse effects on such adjacent somatic pathology.

2.3. Somatic co-morbidity in psychiatric patients:

For both 2011, and for 2012, official data reveals that over a third of the patients admitted to the "Alexandru Obregia" Psychiatric Hospital in Bucharest were treated, in parallel, at other departments of the hospital, apart from the psychiatry departments, showing great variability in the individual development, reflected in how systematic symptomatology works in a psychiatric hospital. By the very nature of their disturbances, somatic co-morbidity in psychiatric patients meets a percentage which sometimes reaches even 75%, which, currently, puts in difficulty the work of the psychiatric specialists by increasing the time it takes to make a decision in choosing the treatment regimen.
Table 2. Patients consulted of co-morbidities during 2011 – 2012, distributed by specialties:

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Allergology and Clinical Immunology</th>
<th>GENERAL SURGERY</th>
<th>Diabetes, Nutrition and Metabolic Diseases</th>
<th>ENDOCRINOLOGY</th>
<th>DENTAL MEDICINE</th>
<th>Internal Medicine</th>
<th>Neurology</th>
<th>Obstetrics and gynecology</th>
<th>OPHTHALMOLOGY</th>
<th>ORTHOMOLGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>276</td>
<td>996</td>
<td>649</td>
<td>758</td>
<td>265</td>
<td>3338</td>
<td>1722</td>
<td>726</td>
<td>1113</td>
<td>735</td>
</tr>
<tr>
<td>2012</td>
<td>244</td>
<td>995</td>
<td>459</td>
<td>677</td>
<td>332</td>
<td>3402</td>
<td>2069</td>
<td>629</td>
<td>1212</td>
<td>867</td>
</tr>
</tbody>
</table>

Descriptive and operational aspect of the clinical activity makes the differentiation between somatic pathology (preexisting to mental disorder), the somatisation elements and adverse reactions following psychiatric treatment to be accomplished with a high degree of difficulty. Although somatisation items may be more or less inherent to a disturbance in the area of “psi”, the somatic pathology, occurring subsequently and developing independently from the disease's progress, raises a whole series of problems, indicating, sometimes erroneously, the evolution and prognosis of the aforementioned disease.

The number of patients consulted in the Integrated Ambulatory of the "Alexandru Obregia" Psychiatric Hospital fluctuates, from year to year, depending on the state of their somatic disease during hospital admission.

Try-outs for detecting and determining the differential diagnosis based on symptoms, feelings and behavior of patients at the time of their admission, slides between the accuracy of an ever-more complex screening process and implications of the psychiatric symptoms in the area the patient is underlining. The challenge of any form of therapy in modern medicine, and especially in the psychiatric hospital, is that of maintaining the patient in a balance, over a longer period of time, stable and uneventful in symptomatic terms, until such a complete (or nearly completed) recovery from the disease takes place. Favorable prognostic index can be changed even due to an inadequate therapeutic strategy. Predictive factors can be based on a history of psychiatric treatment for other disorders, hereditary history of endogenous psychoses, a history of behavioral problems in childhood, etc.
2.4. Interdisciplinary consultation and structured investigation:

Methods used in this study revealed the need for structured, interdisciplinary consultation and phasing the investigation process, as follows:

- Establishing the main diagnoses
- Detecting the secondary diagnoses, based on areas of pathology
- Conducting para-clinic screening investigations in the area of psychiatry (the usual analysis – hormones, thyroid, CT, EEG, EKG)
- Conducting interdisciplinary checkups / administering specialized treatment / decisions over regimen complexity / teamwork
- The importance of initial psychological assessment / transversal or dynamic.

Over the period of hospitalization, treatment methods of an acute episode, regardless of its nature, at a psychiatric patient, must be globally addressed by the patient's specialists team, thus realizing the increase in compliance for investigations and treatment, the stable phase of the disease being maintained both therapeutically, through a carefully tailored treatment regimen and, also, psycho-socially. General psychiatric management coordination strategy must be doubled by the constraints of individual variables. Living standards comparable to those of the general population will succeed, in parallel to the psychiatric treatment plan, to improve the quality of the patient's life.

Table 3. Patients treated of hypertension during 2011 – 2012

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL NUMBER OF DISCHARGED PATIENTS</th>
<th>PATIENTS WITH HYPERTENSION</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>35341</td>
<td>4017</td>
<td>11.37</td>
</tr>
<tr>
<td>2012</td>
<td>32751</td>
<td>4106</td>
<td>12.54</td>
</tr>
</tbody>
</table>

*Source: National Statistics Service*

The number of patients treated in hospital with hypertension has increased by 89 in 2012, compared to 2011, meaning a noticeable deterioration in the health of psychiatric patients. Significant changes occurring inside the body due to hypertension, as a manifested disease, alters the structure of personality, both through intrinsic mechanisms related to organic brain changes, which lead to exaggerating certain personality traits, as well as through psychological mechanisms related to secondary disease connotations, treatment and related limitations.

Table 4. Patients treated of diabetes during 2011 – 2012

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL NUMBER OF DISCHARGED PATIENTS</th>
<th>PATIENTS WITH DIABETES</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>35341</td>
<td>1481</td>
<td>4.19</td>
</tr>
<tr>
<td>2012</td>
<td>32751</td>
<td>1558</td>
<td>4.76</td>
</tr>
</tbody>
</table>

*Source: National Statistics Service*
Number of discharged patients with diabetes increased by 77 in 2012 compared to 2011, accounting for about half of a percent. This is due to the alarming increase in overweight and obesity.

3. The link between somatic symptoms and mental disorders:

3.1. Overweight and diabetic:

Episodes whose occurrence couple with moments of emotional consumption, eating disorders, such as compulsive eating, are those that bring to surface the lack of control over the urge to eat, a lack transformed over time, in a reflex that leads to excessive and dangerous food consumption. From a psychiatric perspective, people suffering from this disorder fall into the temptation of hiding personal problems, being suffocated by feelings of shame, guilt, sadness. Although there is no feeling of hunger, in such episodes of binge eating, the person consumes excessive amounts of food in a very short time until the discomfort caused by stomach distension gets as painful as it could get.

But weight changes are not just a sign of mental disorder, it can signal an endocrine disorders or genetic inheritance, unfortunately combined with easy access to fast-food type of restaurants. The alarming increase in the number of overweight people, concomitant with admissions of patients presenting eating disorders detected at the same time, and the cold analysis of medical statistics in patients with type I or II diabetes, gives an overview of what is currently the real problem – the somatic co-morbidity of psychiatric diagnoses, due to implications onto treatment and also, due to diagnostic threshold reduction through a screening process increasingly more complex.

3.2. Hepatitis:

Number of discharged patients with all types of hepatitis is higher by 115 in 2012, compared to 2011, largely due to drug-addicted patients who acquire the disease and don't obey to certain rules of existence, such as washing their hands, using sterile needles, keeping away from other members of their families or friends who might have contacted the disease earlier or even refusing to go to hospital.

Table 5. Patients treated of hepatitis during 2011 – 2012

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL NUMBER OF DISCHARGED PATIENTS</th>
<th>PATIENTS WITH HEPATITIS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>35341</td>
<td>594</td>
<td>1.68</td>
</tr>
<tr>
<td>2012</td>
<td>32751</td>
<td>709</td>
<td>2.16</td>
</tr>
</tbody>
</table>

Source: National Statistics Service

3.3. Foregone conclusion

The conclusion of the above analysis is expressed more as a concern, the present study is meant to draw attention and further improve the medical services offered to patients with mental illnesses, through efficient and reliable acts of diagnosis, evaluating symptoms according to the investigation process.
4. Conclusions and psychological findings on somatic co-morbidity in mental illness

Psychiatric patients associating somatic co-morbidity are characterized by a lack of energy, rather than by a lack of "appetite in doing anything", so that subjects are trying to solve problems, but they are more scattered in thoughts than in facts. They do not change their mood frequently, but are "fallen" in time and space, dominated by an existential depression that makes them appear less expressive both physically and mentally.

They often experience times when life seems "empty and void", but not at major amplitudes, reason why their answers are pathogenic-marked, but associated with autonomic reactions within normal limits. These subjects don’t realize their own dramatic personality profile. They are individuals, for whom every effort is too hard, especially physical involvements, feeling "drowsy" all the time, even when moving is necessary. They are sad and convinced that nobody likes them, but express low vegetative reactions because they do not even hope to be liked by anyone. Have great feelings of guilt, but they are structural, not connected to some fact, event, occurrence, negative emotions which, although less acknowledged, are intensely experienced. They are doubtful, undecided, which makes them tired and feel energetically "consumed" between alternatives. Self-representation hurts and bothers them, becoming self-critical, victimizing themselves for everything that goes wrong, wanting change, but limiting to the phantasmal plan. Their depression is cold, which affects them less than it affects the others around them.

These people's lives are undefined, because those concerned do not know what they should feel. Their depression creates a slight emotional anesthesia, sufficient to make them doubt the “confidence factor” in other fellows, the act of confession usually made through introversion, limitation, doubled by the fact that this would require too much effort. Isolation is transposed, symbolically, by the act of "no longer opening his soul to others" - the drama of personal loneliness. Sadness, futility and depression are manifested as introversion.

References:


