

Pattern and Prevalence of Psychiatric Consultations in Other Non-Psychiatric In-Patient Facilities in the University of Port Harcourt Teaching Hospital (UPTH): A 5-Year Review.

Type of Article: **Abstract**

Nkporbu A.K., Ugboma L.O., Essien A.A., Stanley P.C.

Department of Neuropsychiatry, University of Port Harcourt Teaching Hospital, Port Harcourt.

BACKGROUND

The tendency of other medical conditions to comorbid or present with psychiatric complications is on the increase. Several studies have put the prevalence of psychiatric co-morbidity with medical conditions at about 10- 20%, with an unmatched diagnostic ability by most clinicians. This has resulted in poor management and unfavourable outcomes.

AIM

The aim of this study was to determine the pattern and prevalence of psychiatric co-morbidity with other medical conditions in other non-psychiatric wards in UPTH.

METHODS

Approval for the study was obtained from the ethical committee of the hospital. A record was kept of all the consultations to psychiatry from every other unit in the hospital over 5 years. Both the psychiatric and non-psychiatric diagnoses made were all noted. Cases selected included any clinical conditions with comorbid psychiatric disorders while patients with only psychiatric diagnosis seen especially in the Accident and Emergency Department were all excluded from the study. The cases were reviewed by consultant neuropsychiatrists and psychiatric diagnoses were made using the DSM-IV TR diagnostic criteria. The total admissions in each unit of the hospital over the period under review were also determined.

RESULTS

The study showed that out of a total admission of 54,745 in the entire clinical department within the period, 3217 consultations (representing 5.9%) were made to psychiatry. Out of this figure, 2778 cases of psychiatric co-

morbidities were diagnosed. (Representing 86.4% of total consultations). This shows a prevalence of psychiatric comorbidity (consultations) of 5.1%. Internal Medicine was the highest, 604(22%) followed by Surgery with 496 (17%), Accident and Emergency, 320 (12%), Obstetrics and Gynaecology 280(10%), Orthopaedic 267(9%), Burns and Plastics 266(9%), Paediatrics 244 (9%), Ophthalmology 147(5.3%), ENT 102(4%) and ICU the least with 27(1%). The common cases found were acute and chronic organic mental disorders, reactive depression, substance abuse, puerperal psychosis, generalized anxiety, adjustment disorders, but of particular note were acute organic mental disorders and reactive depression which were the most common in the department of Internal Medicine, with the highest comorbidity.

CONCLUSION

The prevalence of psychiatric comorbidity is low in UPTH, reflecting either a decreased ability of medical specialists to recognize psychiatric cases, or reluctance of some non-psychiatric specialists or even the relations of the patients, to invite fellow psychiatrists. There is need for sensitization among clinicians to increase or widen their clinical acumen to recognize cases needing psychiatric attention and equally increase their willingness to make necessary and timely consultations and/or referrals.

Keywords: Pattern, Prevalence, Psychiatric consultations, UPTH.

Correspondence: Dr. Kennedy A. Nkporbu

E-mail: nakpigi2008@yahoo.com