
Handbook of Consultation-Liaison Psychiatry

Hoyle Leigh • Jon Streltzer
Editors

Handbook of Consultation-Liaison Psychiatry

Second Edition

 Springer

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For Vinnie and Sheila

Preface

This *Handbook of Consultation-Liaison Psychiatry* is intended for psychiatrists, psychiatry residents, primary care physicians, medical students, and all members of health care professions who are interested in psychiatric approaches to patients in medical settings and with medical conditions.

The practice of consultation-liaison psychiatry must be practical and flexible. It has to provide immediate management of an agitated or suicidal patient, it has to deal with gravely ill patients wishing to sign out against medical advice, and it has to deal with an impasse in communication between the patient and the doctor. The consultation-liaison psychiatrist must be knowledgeable and comfortable in dealing with serious as well as not-so-serious medical diseases.

The consultation-liaison setting is widely recognized as an ideal site for training not only for psychiatry residents but also for medical students, primary care residents, and allied health professionals. It is, of course, the primary training site for fellowship training in consultation-liaison psychiatry (psychosomatic medicine). This handbook is intended to be a practical guide for all of them.

The recent designation of *psychosomatic medicine* as a subspecialty of psychiatry has stimulated interest in the interface between psychiatry and medicine. What is the relationship between consultation-liaison psychiatry and psychosomatic medicine? The field of psychosomatic medicine was never intended to be specific to psychiatry or any one discipline. Indeed, in many countries, psychosomatic medicine is most closely identified with other specialties of medicine. Consultation-liaison psychiatry is the clinical application of psychiatry and psychosomatic principles in medical and surgical settings. Consultation-liaison psychiatry is, indeed, a specialty in its own right, with a unique field of knowledge and specific clinical skills beyond that of general psychiatry. This book attempts to describe that knowledge base in a practical and useful manner consistent with the clinical orientation of consultation psychiatry. As discussed in Chap. 1, consultation-liaison psychiatrists have a strong interest in “mind-body” medicine, but it is our belief that “consultation-liaison” psychiatry best denotes the type of practice we describe in this book.

In Chap. 4, we list the common reasons for consultation request and their immediate management. This chapter serves as a portal from which diagnostic syndromes branch out for further evaluation and treatment. Chapter 5, dealing

with psychiatric evaluations in the emergency setting, emphasizes the importance of *the patient's story*, which is a must in understanding the patient.

We believe that *diagnosis* is essential in understanding and treating the illness. In Chap. 7, we discuss the concept of psychiatric diagnosis in some detail, and show that psychiatric conditions are a continuum of evolutionarily adaptive phenomena, and that major psychiatric syndromes are best conceptualized as final common pathway syndromes reflecting a brain dysfunction. In medically ill hospitalized patients, symptoms of anxiety, depression, and psychosis may develop due to or be complicated by the added stress of illness and hospitalization. We adopt DSM-5 classification and nomenclature, which is far less categorical than DSM-IV, and recognizes that major psychiatric conditions are not mutually exclusive but can coexist, especially those with multiple contributions from both genetic influences, developmental influences, and medical diseases and substances. New chapters on adjustment disorders, PTSD, obsessive-compulsive disorders, dissociative disorders, and delirium and neurocognitive disorders have been added as well as a chapter on psychopharmacology in the consultation-liaison setting. Many chapters, especially chapters on psychiatric diagnosis, ethical issues, depression and bipolar disorders, heart disease and depression in the acute setting, among others, have been rewritten or extensively revised to reflect newer discoveries and insights.

Most of this book is written by the editors who have been involved in teaching consultation-liaison psychiatry for more than four decades.

More specialized chapters are written by international experts in the field and provide depth and variety.

This book is primarily for those who are interested in general psychiatry in general hospitals. Although some “subspecialties” in consultation-liaison psychiatry are covered in this book, others such as psychooncology, psychodermatology, and so forth are not included. Covering all areas relevant to CL psychiatry would render the book unwieldy and thus less useful as a clinical guide.

A major development in the USA since the publication of the first edition of the *Handbook* is the implementation of the Affordable Care Act, which encourages the integration of primary care and psychiatry, especially in the outpatient setting. The editors and three contributors, Drs. Lipsitt, Powsner, and Nair, have performed workshops on teaching psychiatry to primary care physicians at the annual meetings of the American Psychiatric Association for more than a decade. A chapter on the *integrated care model* with primary care is added in this second edition.

Advances in genetics, epigenetics, neuroscience, and neuroimaging are rapidly being incorporated in psychiatry. The effects of specific psychotherapy in specific brain areas are being investigated with functional brain imaging, and, soon, receptor-specific and gene-specific designer drugs may revolutionize psychopharmacology. Specific gene x environment interactions are being investigated that may reveal exactly how such interactions, with the

added ingredient of current stress, may result in health or resilience. Consultation-liaison psychiatry is ready to integrate these developments in caring for our patients in the general medical setting.

We are indebted to our students and colleagues who have stimulated and encouraged us to write this second edition of our book. We are grateful to Ms. Janice Stern of Springer for her support in all phases of this endeavor.

Fresno, CA, USA
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