

Psychopharmacological intervention in patients with adjustment disorder referred to a consultation-liaison psychiatry service over a 10-year-period

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INTRODUCTION

Adjustment disorder (AD) is among the most frequently diagnosed mental disorders in clinical practice although it has received little attention from the research community [1]. Its psychobiology is unclear and there is a low level of evidence about the effectiveness of the psychopharmacological treatment recommendations [2]. AD has a high prevalence in certain clinical settings, especially in those that care for medically ill hospitalized patients, like consultation-liaison psychiatry (CLP) services [3], [4]. However, there are few studies specifically investigating the acute psychopharmacological interventions of patients with AD referred to CLP.

AIM

The main objective of this study is to examine the psychiatric and psychopharmacological interventions in a sample of patients with AD receiving CLP service in a general hospital over a 10-year-period.

METHODS

Longitudinal descriptive study, using a standardized computerized clinical database. We assessed adult patients with AD (DSM-IV-TR criteria), admitted to non-psychiatric units of the University Clinical Hospital of Barcelona (Spain), who were consecutively referred to our CLP service between 2005 and 2014. We performed a descriptive analysis of the following variables: age, gender, personal psychiatric history, sources (medical specialties), reasons for referral and psychiatric and psychopharmacological interventions.

RESULTS

Clinical characteristics of the sample:

During that period, 9,808 psychiatric consultations were requested. 1,569 of these consultations (16%) concerned patients with the diagnosis of AD (subtypes: 40.9% with depressed mood, 32.8% with anxiety and 26.3% with mixed symptoms). They were aged 54.9 ± 17.5 years and 53.7% of them were female. A 53.2% of patients had previous psychiatric history.

Sources and reasons for referral:

The main referral sources according to departments were Haemato-Oncology (20.5%), Surgery (10.9%) and Cardiology (8.5%). The two most frequent reasons for referral were for the assessment of depressive symptoms (49.4%) or anxiety (27.2%).

Psychiatric and psychopharmacological interventions:

The mean percentage of patients with AD that needed a psychopharmacological prescription after the psychiatric evaluation was 90.2%. As shown in Table 1, the main recommendations of psychopharmacological intervention were selective serotonin reuptake inhibitors (44.2%), other antidepressants (22.9%) and benzodiazepines (15.2%). During hospitalization 28% of the patients with AD were given only one consultation by our CLP team, 47.8% of them were visited 2–3 times and the rest (24.2%) required a more extensive follow-up. The majority of the patients (84.4%) were recommended for further psychiatric health care after discharge.

Table 1. CLP recommendations of psychopharmacological treatment (n = 1569).

| Psychopharmacological treatments | % |
|--|-------------|
| Selective Serotonin Reuptake Inhibitors | 44.2 |
| Citalopram | 28.1 |
| Sertraline | 7.6 |
| Paroxetine | 4.5 |
| Fluoxetine | 4 |
| Other antidepressants | 22.9 |
| Mirtazapine | 10.2 |
| Venlafaxine | 4.7 |
| Trazodone | 2.4 |
| Others | 5.6 |
| Benzodiazepines | 15.2 |
| Second-generation antipsychotics | 6 |
| Quetiapine | 4.5 |
| Others | 1.5 |
| No treatment | 9.8 |
| Others | 1.9 |

CONCLUSIONS

In accordance with previous research, our results suggest that CLP interventions for AD are similar to those for other psychiatric disorders, with a high rate of psychopharmacological prescription (mainly antidepressants) and a similar need of clinical time [3]. Although the treatment of AD relies primarily on psychotherapeutic measures [4], some factors like a reduced time of assessment and follow-up in daily clinical practice or the lack of psychologists in general hospital CLP teams can lead to an overprescription.

REFERENCES

- [1] Bachem R, Casey P. Adjustment disorder: A diagnosis whose time has come. J Affect Disord. 2017 Oct 23;227:243-253. doi: 10.1016/j.jad.2017.10.034.
- [2] Casey P. Adjustment disorder: new developments. Curr Psychiatry Rep. 2014 Jun;16(6):451. doi: 10.1007/s11920-014-0451-2.
- [3] Strain JJ, Smith GC, Hammer JS, McKenzie DP, Blumenfeld M, Muskin P, et al. Adjustment disorder: a multisite study of its utilization and interventions in the consultation-liaison psychiatry setting. Gen Hosp Psychiatry. 1998;20(3):139-49.
- [4] Strain JJ. Trauma and stressor-related disorders 2: adjustment disorders. In: Leigh H and Streltzer J, editors. Handbook of Consultation-Liaison Psychiatry. New York: Springer; 2015. p. 243-58.

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