

Interruption of psychopharmacologic treatment in General Hospital comparing Surgery and Internal Medicine hospitalized patients

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Introduction

Physicians in general hospitals are frequently faced with decisions regarding the psychopharmacologic management of medically ill patients, yet receive limited psychiatric training and leading to interruption of psychiatric treatment. Literature demonstrate high rates of relapse when medications are discontinued in patients suffering from mood disorders, schizophrenia, and anxiety disorders. (1)(2)

Objectives

The aim of this study is to compare interruption of psychopharmacologic treatment in a general hospital between surgery department and Internal medicine department.

Methods

373 consecutive consultations to a Liaison Psychiatry Service of a General Hospital (Hospital del Mar, Barcelona) were registered from August 2018 to August 2019. Consultations from Surgery and Internal Medicine departments were selected with a total sample of 56. Demographic characteristics of patients, clinical data and main pharmacological treatment were recorded through an “ad hoc” questionnaire. Database information was completed with electronic medical records. Comparative analysis was performed with IBM SPSS Statistics (Chicago INC) using Chi-Square Test for qualitative variables and t-Student test for continuous variables.

Results

From a total of 373 consultations, 30% (8.0%) were from Internal medicine department and were from 26 (7%) general surgery. The most found diagnosis in both services are described in (figure 1). Interruption of treatment was detected in 17.2% of the Internal Medicine consultations and 17.4% of the Surgery consultations. The diagnosis more related to treatment discontinuation was Bipolar disorder (33.3% from the total group of discontinued treatment) (figure 2). The treatment most interrupted were antidepressants (55.6% from total group of discontinued treatment) (figure 3).

Figure 1: Comparison of Mental health diagnosis between general surgery and internal medicine services

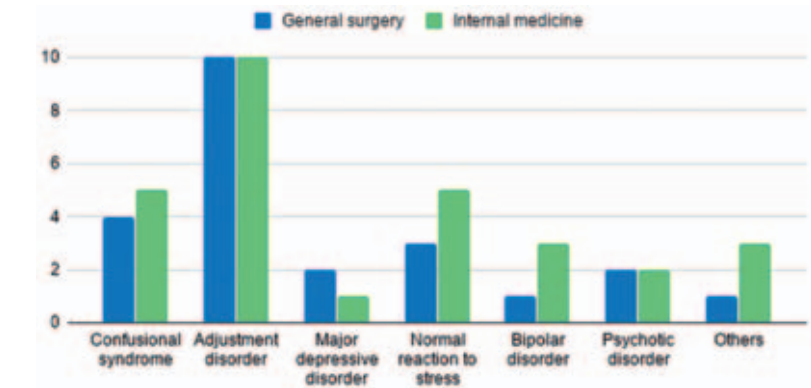


Figure 2: Discontinuation of treatment depending on mental health diagnosis

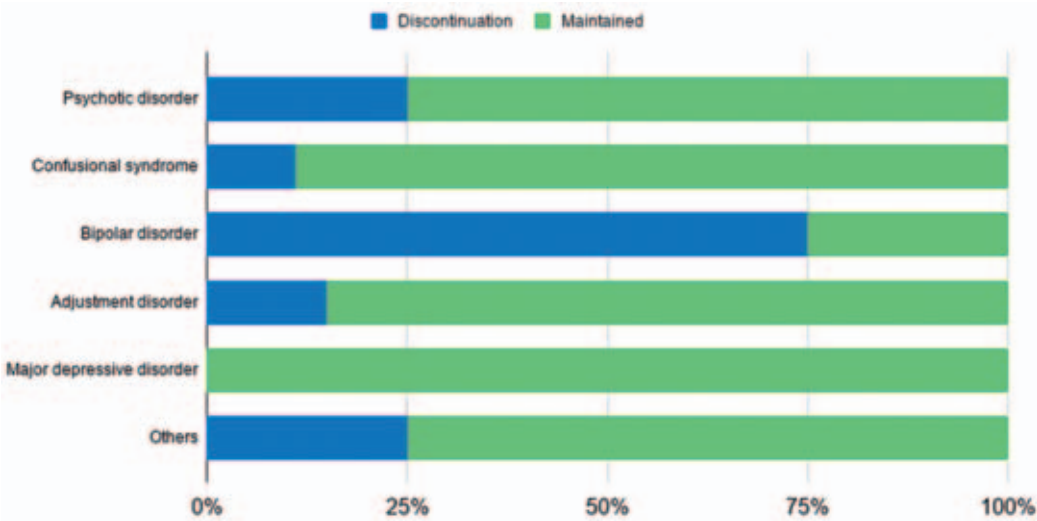
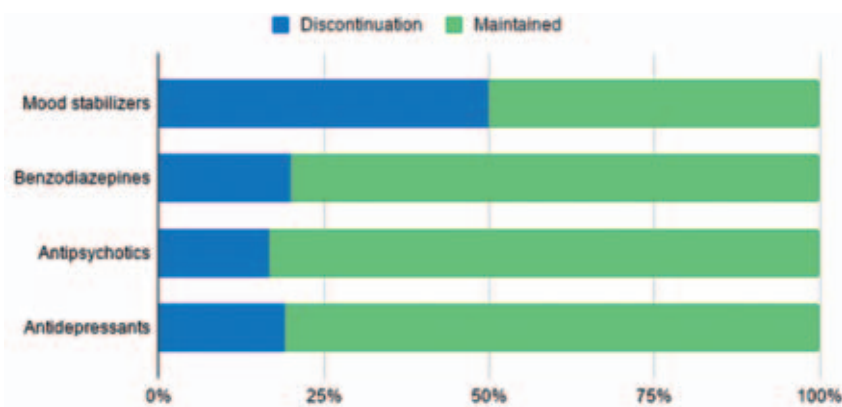


Figure 3: Comparison of discontinuation between different psychotropic drugs



Discussion

According to our results there are differences in treatment discontinuation between psychotropic drugs and mental health diagnosis but not between services admissions. It is important to apply specific programs and adjust protocols in each department, involving Psychiatry Liaison service to help physician making complex psychopharmacologic decisions and to improve mental health patient’s treatment. Ultimately, physicians and patients must make collaborative decisions, weighing the risks and benefits of psychiatric medications.

Bibliography

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