Triggers for psychiatric consultation in an ambulatory palliative care population : A Two-Year Case Series.

Pasquale Laveglia, MD, Ariel Simantov, MD, Antonio Laveglia, MD, Jonathan Gibbons, MD, Antolin Trinidad, MD PhD

Introduction

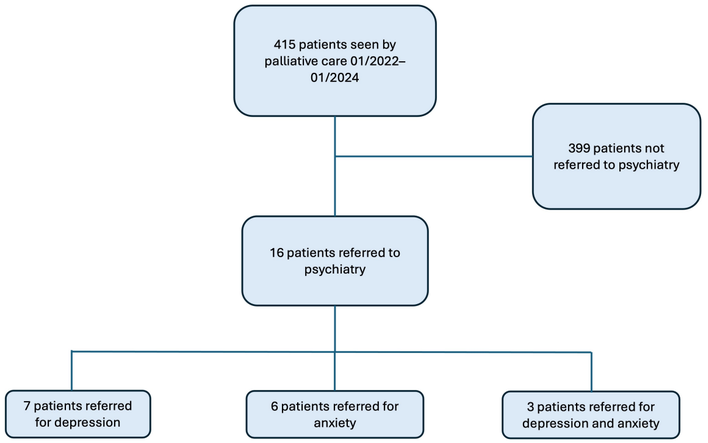
Patients with advanced or terminal medical illnesses face complex psychiatric and psychosocial changes in their lives. Our study explores factors triggering a request for psychiatric consultations among ambulatory palliative care patients. The significance of this study lies on the need to plan future services that best address the common behavioral health care needs of this population.

Methods

Nuvance Health is a multi-hospital healthcare system in New York and Connecticut. It has a robust palliative care service that subsumes inpatient and ambulatory components. In the last 5 years, the palliative care service has actively involved psychiatric care as a consultative offering. Both attending psychiatrists and psychiatric residents are involved in the consultation and co-management of these patients where appropriate. This retrospective study uses data extracted from electronic medical records (EMRs) to investigate the pattern of referrals in general and presenting clinical symptoms in particular to the outpatient psychiatry clinic from the ambulatory arm of palliative care. We retrieved demographic information along with clinical diagnoses.

Results/Discussion

Four hundred and fifteen patients were included in this study over a two-year span from 2022-2024 referred to ambulatory general palliative care from their primary care provider offices of inpatient settings. We chose this period because of the establishment of the liaison between psychiatry and palliative care beginning in this period. A social worker performed the initial screening and interview for psychiatric disorders and other behavioral health issues such as family discord, substance abuse, and general mood problems. Of these 415 patients, 3.85 percent (16/415) were referred to outpatient psychiatry from 2022-2024. Out of the 16 referrals, 11 were female and 5 were male. The average age of the referred patients was 62.5 years old. The majority of the referrals were referred due to clinical symptoms of anxiety and depression (7/16) making up approximately 44%. This was followed by symptoms of solely anxiety (6/16) at approximately 38% and depression (3/16) at 18%. Demographic data is included. The majority of patients have cancer as a primary disease (13/16) for which palliative care follows. Of the cancer patients, approximately 45% were referred to psychiatry with the primary symptom including anxiety and depression. Of non-cancer patient population, approximately 33 % were referred to psychiatry with presenting symptoms of both anxiety and depression followed by 33% with the symptoms of anxiety, and 33 % with depression. Overall, the majority of patients referred for psychiatric treatments reported subjective improvement after psychiatric diagnosis and several follow-ups.



Scheme 1. *Based on a cohort of 415 patients seen by palliative care over a 2-year period, 16 were referred to psychiatry. The triggers for these consultations were either due to depression, anxiety or both.*

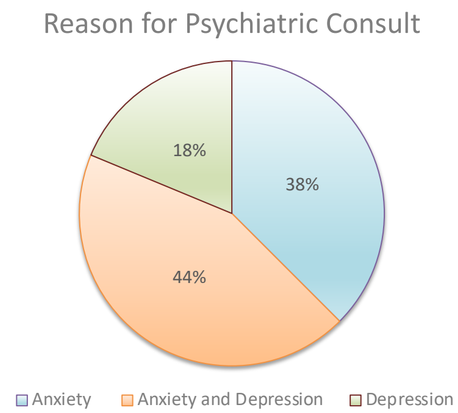


Figure 1. *Of the 16 out of 415 palliative care patients referred to psychiatry, these are the triggers that prompted the consult.*

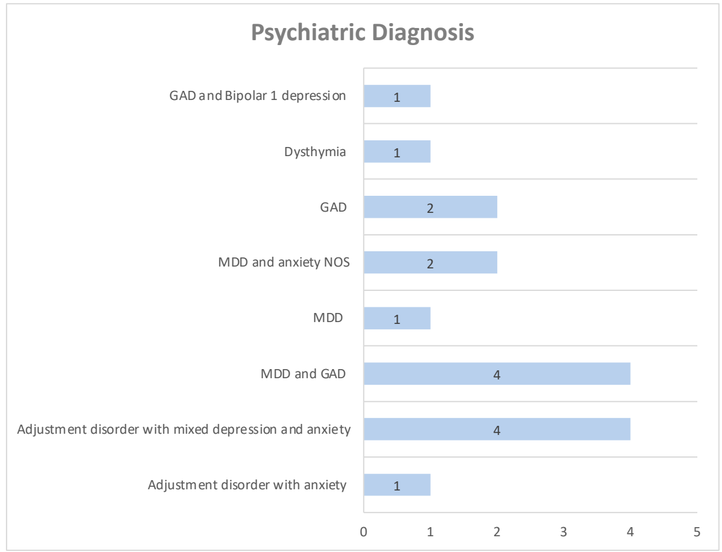


Figure 1. *16 patients were seen by psychiatry after being referred by palliative care. These are the psychiatric diagnoses given to the patients after being seen by psychiatry.*

Discussion

The findings of this investigation highlight the primary triggers for psychiatric consultations by palliative care in an ambulatory setting, with anxiety being the most common, followed by depression. Our data is similar to a purely oncologic cohort at our institution followed by psychiatry in that anxiety was also the main trigger for consultation in that population. (Metha, Roth, 2015) Thus, anxiety seems to play a significant role in prompting oncologists and palliative care social workers to seek additional support from psychiatry, often inquiring about the use of psychiatric medications for these consultees. (Miovic, Block, 2007)

Conclusion

Our study underscores the significance of addressing psychiatric needs among ambulatory palliative care patients with anxiety being the primary consultation trigger, followed by depression. Symptom burden is likely amplified by psychosocial stressors and medical comorbidities. It can be natural for the patient with a newly diagnosed illness to become anxious. At the same time, oncologists and primary care physicians use these presenting symptoms as a factor for further assistance and consultation with psychiatry. It is possible that anxiety can be contagious, as the patient's symptoms often affect the treating physician/clinician, leading them to refer the patient to psychiatry. Anxiety as an emotional response serves as a key driver for multidisciplinary collaboration. Primary care physicians and other providers may have a heightened anxiety sensitivity, perceiving these patients as needing more emotional support. This collaboration between palliative care and psychiatry proves to be highly beneficial.

References

Mehta, R. D., & Roth, A. J. (2015). Psychiatric considerations in the oncology setting. *CA a Cancer Journal for Clinicians*, *65*(4), 299–314

Miovic, M., & Block, S. (2007). Psychiatric disorders in advanced cancer. *Cancer*, *110*(8), 1665–1676