An Update on Consultation-Liaison Psychiatry

Jan Fawcett, MD

This issue of Psychiatric Annals, guest edited by Dr. Britta Ostermeyer, is a valuable update on consultation-liaison (CL) psychiatry. The first article, “The Psychiatric Consultation-Liaison Service: Function and Foilies,” reviews what encompasses an effective psychiatric consultation. The article also details specific foilies that may reduce the efficiency of psychiatric consultations in the hospital setting.

The next article, “Delirium and Dementia: Bedside Assessment of Confusional States,” wonderfully reviews the bedside diagnosis and management of delirium and dementia. The authors describe several statistics about the occurrence of neurocognitive disorders in the hospital setting that are particularly astonishing to me as I have just celebrated my 83rd birthday.

The third article, “Somatic Symptom and Related Disorders,” explains the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, revisions as they relate to the diagnosis, symptoms, and treatment of this condition. Prevalence estimates for this diagnosis are much higher in treatment situations than I would expect; the authors are helpful in explaining the source of some of those diagnostic and treatment matters.

The fourth article, “Acute Management of Substance-Related and Addictive Disorders: A Review,” describes patient management for those who present to the emergency department or a hospital setting with intoxication and withdrawal symptoms from alcohol, stimulants, opioids, and cannabinoids, which is a common occurrence in present times.

The final article, “Chemotherapy, Immunotherapy, and Psychotropic Use in Cancer Patients: A Review of Psychiatric Side Effects,” discusses several widely used oncology medications that may produce adverse psychiatric reactions in patients with cancer. This seems to be a rapidly growing area for CL psychiatrists to address given the pace of cancer research.

CL psychiatry is a fusion of psychiatry and general medicine. When practiced with skill, knowledge, cultural awareness, and compassion, CL psychiatry can assist patients in meeting their mental health goals. This issue highlights our contemporary clinical obligations to all patients, and I thank all of the contributors for providing these updates on CL psychiatry.

REFERENCE