This issue of Psychiatric Annals focuses on consultation-liaison (CL) psychiatry. CL psychiatry dates back to 1922 when Barrett first stated, “Psychiatry has gained the position of a liaison science between medicine and social problems...general hospitals and dispensaries should have psychiatric services coordinated among their medical specialties.”¹ In 2003, the American Board of Medical Specialties recognized CL psychiatry and approved the issuance of subspecialty certification in “Psychosomatic Medicine” by the American Board of Psychiatry and Neurology.² The goal of such subspecialty status was to “promote the psychiatric care of patients with complex medical, surgical, obstetrical, and neurological conditions” and improve training and research in CL psychiatry.²

The CL consulting psychiatrist must have extensive clinical knowledge and understanding of diverse medical disorders and their relationship to abnormal behavior symptoms.³ The CL consultant must also have extensive knowledge of psychotherapeutic and psychopharmacological interventions in hospitalized patients with complex medical conditions. This requires knowledge and experience of indications, efficacy, side effects, and drug interaction of psychiatric medications with other medications in medically compromised patients.

Approximately 30% of all patients in general medical settings exhibit psychiatric disorders, with delirium being detected in 10% of all medical inpatients and 30% in certain high-risk patient groups.³ An alarming two-thirds of high-frequency users of medical services have a psychiatric disorder, most commonly depression (23%), anxiety (22%), and somatic symptom disorder (formerly somatization disorder) (20%).³ As one would anticipate, the high psychiatric comorbidity to other medical disorders in hospitalized patients significantly increases their length of hospital stay. Lastly, psychiatric comorbidity remains vastly underrecognized and undertreated in these hospitalized patients.

In this issue, we communicate pertinent clinical information that the savvy CL psychiatrist must know. The authors are highly experienced senior contributors, many with CL or other psychiatric or psychological subspecialty training, who are paired with junior faculty and residents. The reader will first be able to study the case report, “A 61-Year-Old Inpatient with Visual Hallucinations and Agitation,” by Dr. Qaiser S. Khan and colleagues introducing the clinical topic of CL psychiatry. This case is followed by the article, “The Psychiatric Consultation-Liaison Service: Function and Follies,” on the must-know nuts and bolts of CL psychiatry by Dr. John Laurent and colleagues. As patients with delirium are frequently referred to the CL psychiatrist, Dr. John F. Linck and colleagues discuss and distinguish delirium from dementia in the article, “Delirium and Dementia: Bedside Assessment of Confusional States.” The next article by Dr. Jessica Holster and colleagues reports on “Somatic Symptom and Related Disorders,” for which CL psychiatrists are also frequently consulted. These disorders present much more commonly in medical than psychiatric clinical care settings. Next, Dr. Elizabeth Foote and Dr. Charles H. Dukes review acute management options in the article “Acute Management of Substance-Related and Addictive Disorders: A Review.” Lastly, Dr. Natalie Kurkjian and colleagues focus on chemotherapy, immunotherapy, and psychotropic drug use in cancer patients in the article...
“Chemotherapy, Immunotherapy, and Psychotropic Use in Cancer Patients: A Review of Psychiatric Side Effects.” The burden of cancer worldwide is significant. It is among the leading causes of death worldwide. In the United States approximately 39.6% of all people will be diagnosed with cancer in their lifetime, and an estimated 1,685,210 new cases will be diagnosed in the US in 2016. Accordingly, the CL psychiatrist must be highly competent in directing psychiatric care in cancer patients. We would like to thank Ms. Maggie Lynn Montgomery, Research Management Coordinator, for editing all of the manuscripts for this issue.

REFERENCES

Disclosure: The author has no relevant financial relationships to disclose. doi: 10.3928/00485713-20170308-01

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