

Cambridge University Press  
978-0-521-82637-2 - Handbook of Liaison Psychiatry  
Edited by Geoffrey Lloyd and Elspeth Guthrie  
Frontmatter  
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## Handbook of Liaison Psychiatry

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Liaison psychiatry, the recognition and management of psychiatric problems in the general medical setting, is an essential component of many doctors' work. Depression, anxiety and somatization disorders occur in about 50% of cases presenting to primary care physicians. The *Handbook of Liaison Psychiatry* is a comprehensive reference book for this fast growing subspecialty. A team of experts in the field cover the full range of issues, from establishing a service and outlining the commonest problems encountered in general hospital and primary care, to assessment and treatment guidelines, working with specific units within the hospital setting, disaster planning and legal-ethical considerations. It will be essential reading for doctors and other professionals concerned with the psychological health of patients in acute general hospitals and in primary care.

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and  
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## Contents

<i>List of contributors</i>	<i>page ix</i>
<i>Preface</i>	<i>xiii</i>

### **Part I Basic skills**

---

1	The development of general hospital psychiatry Richard Mayou	3
2	Establishing a service Stella Morris	24
3	Legal and ethical issues in liaison psychiatry Eleanor Feldman	47
4	Understanding psychological reactions to physical illness Geoffrey Lloyd	64
5	Detection of psychiatric disorders in the general hospital Damien Longson	83
6	The role of the nurse in liaison psychiatry Anthony Harrison	102

### **Part II Common psychiatric problems across the general hospital**

---

7	Functional somatic syndromes Lisa Page and Simon Wessely	125
8	Alcohol problems in the general hospital Jonathan Chick	149

<b>vi</b>	<b>Contents</b>	
9	Drug misuse in medical patients Ilana Crome and Hamid Ghodse	180
10	Sexual problems in medical patients Michael King	221
11	Suicide and deliberate self-harm Julia Sinclair and Keith Hawton	245
12	Delirium Paul Gill, Marco Rigatelli and Silvia Ferrari	270
13	Childhood experiences Mark Berelowitz	290
<b>Part III Working with specific units</b>		
14	Neurological disorders Alan Carson, Adam Zeman, Lynn Myles and Michael Sharpe	305
15	Cardiorespiratory disorders Christopher Bass	365
16	Gastrointestinal disorders Elspeth Guthrie	390
17	Liver disorders Geoffrey Lloyd	416
18	Endocrine disorders Antonio Lobo, M. Jesús Pérez-Echeverría and Antonio Campayo	432
19	Diabetes Khalida Ismail and Robert Peveler	454
20	HIV and AIDS Russell Foster and Ian Overall	474
21	Renal disease Janet Butler	506
22	Musculo-skeletal disorders Chris Dickens and Graham Ash	527
23	Oncology Geoffrey Lloyd	547

<b>vii</b>	<b>Contents</b>	
24	Head and neck cancer Gerry Humphris	564
25	Palliative care Matthew Hotopf and Max Henderson	592
26	Cosmetic procedures David Veale	617
27	Perinatal and gynaecological disorders Kathryn M. Abel	632
28	The intensive care unit Simon Turner, Daniel Conway, Jane Eddleston and Elspeth Guthrie	673
29	The burns unit Jonathan I. Bisson	697
30	Psychocutaneous disorders Nora Turjanski	714
31	Genitourinary disorders David Osborn	733
32	The emergency department Andrew Hodgkiss	751
<b>Part IV Treatment</b>		
33	Psychopharmacological treatment in liaison psychiatry Ulrik Fredrik Malt and Geoffrey Lloyd	763
34	The role of psychological treatments Elspeth Guthrie and Tom Sensky	795
35	Problem cases Damien Longson and Sarah Burlinson	818
<b>Part V Different treatment settings</b>		
36	Developing links with primary care Richard Morriss, Linda Gask, Christopher Dowrick, Peter Salmon and Sarah Peters	847
37	Frequent attenders in primary care Navneet Kapur	871

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[More information](#)

---

**viii**      **Contents**

38	Major disaster planning Jonathan I. Bisson, Jim Bolton, Kevin Mackway-Jones and Elspeth Guthrie	896
	<i>Index</i>	913

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## Preface

The provision of psychiatric services to general hospitals has increased considerably during the last 10 years. New consultant posts have been created, multidisciplinary teams have been established and junior doctors are acquiring experience in an area of psychiatry hitherto denied them. Clinical psychologists have long made significant contributions to this field. They have recently been joined by an expanding number of nurses who have made major improvements particularly to the management of patients with acute behavioural disturbances and of those who have deliberately harmed themselves. But expansion has been uneven, concentrated on university-linked hospitals and dependent on the creative energies of individual clinicians. Many district hospitals in the UK and elsewhere still have a very rudimentary psychiatric service even though the high prevalence of psychiatric disorders in general hospital patients is now widely acknowledged.

This area of clinical practice is known by various terms – liaison psychiatry, consultation-liaison psychiatry, psychological medicine or psychosomatic medicine. Indeed the latter term has been revived by the American Board of Medical Specialties which now recognizes it as a new psychiatric subspeciality with its own training programme and certification examination. Whatever term is used in a particular country the clinical problems are similar, being concerned with the diagnosis and management of patients with combined medical and psychiatric problems and those whose psychiatric disorder presents with physical symptoms. The ultimate goal is to improve the quality of care and the outcome of patients attending general hospitals.

This book aims to provide clinicians from a variety of backgrounds with sufficient information to develop the necessary skills. It covers a wide range of medical specialities and clinical settings. It is concerned predominantly with adult patients although the implications of illness on children are also considered. Within the adult population no age discrimination is made. Our aim has been to

**xiv** Preface

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cover psychiatric problems throughout the entire spectrum from early adulthood to old age. We have also aimed to transcend national boundaries and hope the book will be relevant to clinicians wherever they practise.

The pattern of medical care is changing steadily. More treatment is being conducted in day-patient or outpatient facilities. Those who are admitted to hospital stay for a shorter duration than was the case only a few years ago. These changes create problems for liaison psychiatrists and the provision of treatment needs to evolve accordingly. More clinical work will be provided in outpatient clinics, in conjunction with specialists from other disciplines. Treatment commenced in a hospital environment will be continued in primary care alongside the patient's primary care doctor. However, whatever the setting, the diagnostic and therapeutic skills required remain the same.

A further challenge for liaison psychiatry arises from uncertainties about the funding and management of clinical services. Where medical and psychiatric services are funded separately it is not clear which budget should fund liaison psychiatry. There is a danger that liaison psychiatry will be neglected unless the case for the service is presented persuasively to commissioners. A model which works in one hospital or community setting may not be appropriate in another. Arrangements need to be made which are flexible and responsive to local requirements. It is important that for each service a managerial and funding policy is established, which is agreed by managers of medical and psychiatric services and by those responsible for commissioning healthcare in general.

Although we intend the book to have an international appeal it undoubtedly has a British emphasis with significant contributions from continental Europe. We believe its contents reflect liaison psychiatry as it is currently practised in many parts of the world. We hope it will help clinicians to develop services further and particularly to establish services where none exist at present.

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