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Comorbidity: a common problem in consultation-liaison psychiatry

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Psychiatric and medical co morbidity is one of the most serious problems in general hospital patients and medico-surgical out patients in primary care settings. As many as 30–60% of general hospital inpatients have diagnosable psychiatric disorders. Many studies stressed that non-psychiatrists find it difficult to detect coexisting mental disorders, especially depression, personality disorders, organic mental disorders, etc. On the other hand, the medical staff frequently feels inadequacy in the understanding and confronting with behavioural reactions like noncompliance as well as with other situations, thus producing the concept of the "difficult patient". The therapeutic team of C-L Psychiatry should register all relevant medical and psychiatric disorders and should rate the level of complexity of the case. According to the biopsychosocial approach the consultant can assist in altering the medical relationship to a dynamic interaction between patient – doctor in which family members and caregivers play a significant role. The core of interaction between referral doctor and consultant psychiatrist is the teaching procedure which is most effective when done at the bedside on case-by-case basis. Somatopsychic and psychosomatic approach, patient-doctor communication, medical psychology and psychosocial adjustment of the patient are most essential training issues. Recent trends concerning the practice of C-L Psychiatry such as the development of multidisciplinary teams, new subspecialties e.g psycho oncology, psychonephrology, etc. have reinforced the effort towards a more global biopsychosocial rehabilitation of the patient.