

# Preface

This *Handbook of Consultation-Liaison Psychiatry* is intended for psychiatrists, psychiatry residents, primary care physicians, medical students, and all members of the health care professions who are interested in psychiatric approaches to patients in medical settings.

The practice of consultation-liaison psychiatry must be practical and flexible. It has to provide immediate management of an agitated or suicidal patient, it has to deal with gravely ill patients wishing to sign out against medical advice, and it has to deal with an impasse in communication between the patient and the doctor. The consultation-liaison psychiatrist must be knowledgeable and comfortable in dealing with serious medical diseases.

The consultation-liaison setting is now widely recognized as an ideal site for training not only for psychiatry residents but also medical students, primary care residents, and allied health professionals. This handbook is intended to be a practical guide for them.

The recent designation of *psychosomatic medicine* as a subspecialty of psychiatry has stimulated interest in the interface between psychiatry and medicine. What is the relationship between consultation-liaison psychiatry and psychosomatic medicine? The field of psychosomatic medicine was never intended to be specific to psychiatry or any one discipline. Indeed, in many countries, psychosomatic medicine is most closely identified with other specialties of medicine. Consultation-liaison psychiatry, on the other hand, is the clinical application of psychiatry and psychosomatic principles in medical and surgical settings. Consultation-liaison psychiatry is, indeed, a specialty in its own right, with a unique field of knowledge and specific clinical skills beyond that of general psychiatry. This book describes that knowledge base in a practical and useful manner consistent with the clinical orientation of consultation psychiatry. As discussed in Chapter 1, consultation-liaison psychiatrists have a strong interest in “mind-body” medicine, but it is our belief that “consultation-liaison” psychiatry best denotes the type of practice we describe in this book.

In Chapter 5, we list the common reasons for consultation request and their immediate management. This chapter serves as a portal from which diagnostic syndromes branch out for further evaluation and treatment. Chapter 26, dealing with psychiatric evaluations in the emergency setting, emphasizes the importance of the *patient's story*, which is a must in understanding the patient.

We believe that *diagnosis* is essential in understanding and treating the illness. In Chapter 6, we discuss the concept of psychiatric diagnosis in some detail, and

show that psychiatric conditions are a continuum of evolutionarily adaptive phenomena, and that major psychiatric syndromes are best conceptualized as final common pathway syndromes reflecting a brain dysfunction. In medically ill hospitalized patients, symptoms of anxiety, depression, and psychosis may develop due to, or be complicated by, the added stress of illness and hospitalization. We preferentially use the term *syndrome*, as we believe this medical term better describes the psychiatric conditions encountered in consultation-liaison settings than categorical *Diagnostic and Statistical Manual*, 4th edition (DSM-IV) *disorders* with specific diagnostic criteria.

Most of this book is written by the primary authors who have been involved in teaching consultation-liaison psychiatry for more than three decades. More specialized chapters are written by international experts in the field and provide depth and variety.

This book is intended primarily for those who are interested in general psychiatry in general hospitals. Although some subspecialties in consultation-liaison psychiatry are covered in this book, others such as psycho-oncology, psychodermatology, and so forth, are not included. To do so would render the book unwieldy and thus less useful as a clinical guide.

Advances in genetics, neuroscience, and neuroimaging are rapidly being incorporated in psychiatry. The effects of specific psychotherapy in specific brain areas are being investigated with functional brain imaging, and soon receptor-specific designer drugs will revolutionize psychopharmacology. Specific gene-environment interactions that may result in health or neurosis, and, combined with stress, major psychiatric syndromes are being investigated. Consultation-liaison psychiatry is ready to integrate these developments in caring for our patients in the general hospital.

We are indebted to our students and colleagues who have stimulated and encouraged us to write this book. We are grateful to Ms. Janice Stern of Springer for her support in all phases of this endeavor. For bulletin board, information, and discussion, please visit the Handbook's website: [www.springer.com/978-0-387-69253-1](http://www.springer.com/978-0-387-69253-1).

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