SUMMARY

A series of 92 consecutive referrals for psychiatric opinion made over a fifteen month period from a geriatric hospital was retrospectively examined in order to ascertain the nature of the advice which the geriatricians requested from psychiatrists. These are compared with a series of 41 consecutive referrals over the same period from a large teaching hospital in the same city, these referrals coming from general physicians, urologists, orthopaedic surgeons and genito-urinary surgeons. In the geriatric hospital, assessment and treatment of the depression was the commonest reason for referrals followed by advice on continuing care placement and assessment of confusion. By contrast the commonest reason for referral in the teaching hospital was advice on longstay placement followed by assessment of confused behaviour. In the geriatric hospital group the three commonest diagnoses made by the referrer were: depressive illness, senile dementia and confusional states; the psychiatrists made this last diagnosis much more frequently than the geriatricians. In the teaching hospital group the two most frequent diagnoses made by the referring doctors were dementia and "confusion" used in an unspecified way. In the geriatric hospital acute confusional states were referred much less frequently than in the general hospital. The proportion of patients seen in the teaching hospital with multi-infarct dementia was much greater than in the geriatric hospital. The implications for the appropriate training of psychiatrists and referring doctors in this aspect of liaison psychiatry are discussed as a result of these findings and of a survey conducted prior to the 1982 Cambridge Conference on Recruitment and Training in Psychiatry.

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Introduction

In the United Kingdom, the proportion of over 65s in the population, has probably attained its likely peak at 15% but in the next twenty years the number of the very old – over 80s – will increase by about 40%. Most of this group will be women without husbands, living alone and with a high rate of mental illness and social problems. As more old people with psychiatric disorders are likely to be admitted both to geriatric and general hospitals doctors working there will need to be more knowledgeable and skilled in understanding and managing the problems they present while psychiatrists who will be called upon for opinion will also need more expertise.

We would like to give our experience with ward referrals of over 65s in a geriatric hospital – Chesterton – and a teaching hospital – Addenbrooke's – both situated in Cambridge.

As psychogeriatrician to the Cambridge District P.B. sees the great majority of over 65 ward referrals from Addenbrooke's; Dr Harris, then a research senior registrar, took on the main responsibility for ward referrals from Chesterton over a period of fifteen months. We have looked at these referrals for this period to find out reasons for referrals, what diagnoses were made, the outcome, the association between psychiatric disorder and physical problems and compared the nature of the referrals from the two types of hospitals.

Method

All psychiatric referrals from Chesterton and all referrals over 65 from Addenbrooke's were retrospectively examined over the fifteen month period while Dr Harris was in post in order to determine the main reason for referrals and psychiatric diagnosis made by the referring physicians or surgeons, the main psychiatric diagnosis made by the psychiatrist was then noted. The case notes were looked at to determine the actual physical problems at the time of the referral, the length of the patient's stay in hospital and the outcome of that stay together with the cause of death if appropriate.

Results

90 of the 92 referrals from the geriatric hospital requested advice on short stay patients while all 41 of the teaching hospital referrals were short stay. The age and sex of the patients by hospital and diagnosis for the geriatric hospital are set out in Table 1.

Reasons for Referral

The three commonest reasons for referral which between them covered nearly half of the total were, first advice on the