EDITORIAL

Liaison psychiatry special issue (part 1)

Gian M. Galeazzi, **Sergio A. Covarrubias-Castillo** & **Asit B. Biswas**

Gian M. Galeazzi is Professor of Psychiatry in the Department of Metabolic, Biomedical and Neural Sciences, University of Modena and Reggio Emilia, Modena, Italy, and Director of the Department of Mental Health and Drug Abuse of the Azienda USL-IRCCS di Reggio Emilia, Reggio Emilia, Italy.
Sergio A. Covarrubias-Castillo is Professor of Psychiatry at University Center for Health Sjciences, University of Guadalajara, Guadalajara, Mexico, and head of the Department of Psychiatry at the Civil Hospital of Guadalajara 'Fray Antonio Alcade', Guadalajara, Mexico.
Asit B. Biswas, Editor-in-Chief of *BJPsych Advances*, is a consultant psychiatrist with Leicestershire Partnership NHS Trust, Leicester, UK, and Honorary Professor in the Department of Population Health Sciences, University of Leicester, Leicester, UK.
Correspondence Gian M. Galeazzi. Email: gianmaria.galeazzi@unimore.it

First received 26 Aug 2025
Revised 26 Aug 2025
Accepted 2 Sep 2025

SUMMARY
This editorial introduces the first of two special issues of *BJPsych Advances* devoted to liaison psychiatry, reflecting collaborative healthcare for patients presenting with both physical and mental health conditions, whether in acute general hospitals, out-patient clinics, in-patient wards or accident and emergency departments.

KEYWORDS
Liaison psychiatry; delirium; suicide risk assessment; endocrine–psychiatric disorders; clozapine.

Liaison psychiatry, or consultation liaison psychiatry as it is called in some jurisdictions internationally, is not simply a niche subspecialty but rather an area that should be considered central and relevant to all practising psychiatrists in a range of clinical settings, because of the high prevalence of medical comorbidity, the bidirectional interplay between physical and mental health, and the role of the consultant in linking psychosocial with biomedical care (Grover 2023). With this two-part series in *BJPsych Advances* we wish to reinforce the idea of liaison psychiatry as an integral part of psychiatric practice and continuing professional development.

Overview of this issue

In this first special issue we focus on sleep disturbance, delirium, endocrine–psychiatric overlap, suicide risk assessment, functional disorders and psychopharmacology in medically complex patients. Our understanding of these is continually evolving, and hence periodic updates remain essential.

Sleep problems in dementia

Cornforth and colleagues (2025) appraise a Cochrane Review of non-pharmacological interventions for sleep problems in dementia (Wilfling 2023). This is an important clinical area which has for a long time been dominated by the use of hypnotics and antipsychotics, despite their poor evidence of benefit and their considerable risks. Drawing on the Cochrane Review, the authors underline the modest role of pharmacological agents and explore instead the potential of non-pharmacological measures, especially of physical and social activities, and interventions directed at carers. Particularly significant is their observation of the gap between traditional research outcomes (for example, total sleep time) and the outcomes that matter to patients and carers, such as restfulness, daytime functioning and safety. Their appraisal invites us to reconsider these non-drug approaches, even while recognising the practical challenges of their application in under-resourced settings.

Delirium

Yoon and colleagues (2025) provide a thorough review of delirium, summarised in the formula 'spot it, stop it, treat it'. Delirium is still common and devastating, with prevalence rates between 20 and 30% in hospital settings, poor long-term outcomes such as increased risk of dementia, and very high healthcare costs. They recommend the systematic use of rapid screening tools such as the 4 'A's Test (4AT) and the Confusion Assessment Method for the Intensive Care Unit (CAM-ICU), prevention through multicomponent interventions, and a preference for non-pharmacological management. Antipsychotics can still be considered, but only at low doses and for short periods in patients with severe distress or risk, particularly in hyperactive delirium (National Institute for Health and Care Excellence 2010; Burry 2018).

Primary and lithium-related hyperparathyroidism

Singh and colleagues (2025) review primary hyperparathyroidism (PHPT) and lithium-associated hyperparathyroidism, which are of direct psychiatric relevance. PHPT can present with depression, anxiety, fatigue or cognitive impairment, and it is often detected only incidentally during blood tests. Although the results after parathyroidectomy remain mixed, many patients show an improvement in psychiatric symptoms. The review reminds us that psychiatrists should keep a low threshold for testing calcium levels in older people with unexplained psychiatric

presentations. For liaison services, this is a reminder of the importance of always maintaining a medical perspective, avoiding the temptation to attribute symptoms too quickly to functional or primary psychiatric causes.

Suicide risk assessment

Abbas (2025) presents the source–problem–solution–motive (SPSM) model, a structured approach to suicide risk assessment that shifts attention from prediction to understanding. Traditional checklists and categorical 'risk levels' often add little to clinical efficacy. The SPSM model, instead, guides clinicians to explore the origins, the functions and the motives of suicidal thoughts and behaviours. In liaison settings – where crises may suddenly appear in the context of illness or loss, and where many suicidal patients are first assessed in accident and emergency departments – the model offers both clarity and compassion. It is easy to teach, understandable across disciplines and it reaffirms psychiatry's role as facilitator of dialogue and meaning, not only as a gatekeeper for risk.

Paediatric functional gastrointestinal disorders

Stein and colleagues (2025) review paediatric functional gastrointestinal disorders (P-FGIDs), which affect up to a quarter of children worldwide and are associated with psychiatric comorbidity later in life. These disorders, disruptive from both a medical and a psychosocial perspective, are typical of liaison practice. The article summarises the evidence for integrated mind–body interventions, including psychoeducation, cognitive–behavioural therapy (and modifications such as the interoceptive 'body investigator' approach), behavioural and relaxation/exercise programmes, exposure therapy, hypnotherapy, and dietary and lifestyle changes. These approaches aim to help children and their caregivers respond to bodily sensations with curiosity rather than fear. Since P-FGIDs predict later psychiatric disorders, early integrated interventions may relieve present suffering and also influence long-term outcomes.

Cardiac adverse effects of clozapine

Gupta and colleagues (2025) discuss the cardiac risks of clozapine – myocarditis, cardiomyopathy, tachycardia and conduction deficits – providing clear summaries of advances in understanding their incidence, pathophysiology, signs and management. These adverse effects contribute to the underutilisation of clozapine, in spite of its unique efficacy in treatment-resistant schizophrenia. The review points to international variations in monitoring: Australian protocols allow for early detection but sometimes at the price of premature discontinuation, whereas in other countries monitoring can be insufficient. The authors call for balanced and collaborative approaches, where psychiatrists and cardiologists work together, weighing risks against the extraordinary benefits of clozapine, and ensuring that monitoring is proportionate and not excessive.

The classic domains of liaison psychiatry

The topics covered in this issue – sleep, delirium, endocrine disorders, suicide risk, functional conditions and psychopharmacology – demonstrate the enduring centrality of the classic domains of liaison psychiatry. They also highlight some aspects of its evolution: from pharmacological to non-pharmacological paradigms and from exclusionary to integrative diagnostic approaches, for example.

Recent conceptual work confirms that liaison psychiatry is foundational to the whole discipline, not just to subspecialties (Grover 2023). Even with the ongoing debates and developments, the mission of liaison psychiatry remains unchanged: to safeguard the integration of mind and body in medicine and to provide reflective, skilled care across the spectrum of psychiatric and medical practice. Liaison psychiatry is recognised as a subspecialty of general adult psychiatry and of old age psychiatry by the General Medical Council (UK) (Royal College of Psychiatrists 2022).

The coverage in our two liaison psychiatry special issues aims to include medically unexplained symptoms, persistent physical symptoms, mental health conditions associated with long-term conditions and emergency department presentations at various times across the lifespan in different settings.

As readers engage with this series, it is our hope that these 'classic' topics will be seen not as closed chapters, but as questions that remain open, requiring continuous study – familiar challenges that are constantly renewed by scientific progress, clinical complexity and reflective practice.

Author contributions

G.M.G. wrote the first draft; S.A.C.-C. and A.B.B. drafted subsequent iterations and revised the final manuscript.

Funding

This article received no specific grant from any funding agency, commercial or not-for-profit sectors.

Declaration of interest

G.M.G and S.A.C.-C. are members of the *BJPsych Advances* editorial board and A.B.B. is Editor-in-Chief of *BJPsych Advances*.

References

Abbas MJ (2025) A unifying framework for suicide risk assessment: the source–problem–solution–motive (SPSM) model. *BJPsych Advances*, this issue [Epub ahead of print: 14 May 2025]. Available from: https://doi.org/10.1192/bja.2025.18.

Burry L, Mehta S, Perreault MM, et al (2018) Antipsychotics for treatment of delirium in hospitalised non-ICU patients. *Cochrane Database of Systematic Reviews*, **6**: CD005594.

Cornforth F, Baruch B, Bajorek T (2025) Time to forget sleeping pills? Are non-pharmacological measures the answer for sleep problems in dementia? *BJPsych Advances*, this issue.

Grover S, Naskar C (2023) Models of consultation–liaison psychiatry: a scoping review. *Journal of Mental Health and Human Behavior*, **28**: 116–25.

Gupta S, Sayeed A, Singh R, et al (2025) Management of cardiac adverse effects of clozapine. *BJPsych Advances*, this issue [Epub ahead of print: 22 Aug 2025]. Available from: https://doi.org/10.1192/bja.2025.10125.

National Institute for Health and Care Excellence (2010) *Delirium: Prevention, Diagnosis and Management in Hospital and Long-Term Care (Clinical Guideline CG103) (Updated January 2023)*. NICE (https://www.nice.org.uk/Guidance/CG103).

Royal College of Psychiatrists (2022) *Liaison Psychiatry: Royal College of* Psychiatrists *Higher Specialty Curriculum (Sub-Specialty Endorsement) Version 1.0*. RCPsych (https://www.gmc-uk.org/-/media/documents/liaison-psychiatry-curriculum-final-16-june-22_pdf-91451953.pdf).

Singh S, Stokes V, El Kaubaisy AH, et al (2025) Primary hyperparathyroidism and psychiatry: manifestations, causes and management. *BJPsych Advances*, this issue [Epub ahead of print: 6 Feb 2025]. Available from: https://doi.org/10.1192/bja.2024.83.

Stein K, Howarth L, Zucker NL (2025) Mind–body treatments for children with functional gastrointestinal disorders. *BJPsych Advances*, this issue [Epub ahead of print: 27 Jan 2025]. Available from: https://doi.org/10.1192/bja.2024.76.

Wilfling D, Calo S, Dichter MN, et al (2023) Non-pharmacological interventions for sleep disturbances in people with dementia. *Cochrane Database of Systematic Reviews*, **1**: CD011881.

Yoon IA, Galarneau D, Winslow M, et al (2025) Diagnosis, prevention and management of delirium: spot it, stop it, treat it. *BJPsych Advances*, this issue [Epub ahead of print: 4 Nov 2024]. Available from: https://doi.org/10.1192/bja.2024.57.