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GUIDELINES IN CONSULTATION-LIAISON-PSYCHIATRY: A CRITICAL COMMENT (TRAC-NR. 1824 5-17-2008)

A. Diefenbacher¹, D. Georgescu², W. Gaebel³

¹Psychiatry, Psychotherapy and Psychosomatic, Ev. Krankenhaus Königin Elisabeth Herzberge, Berlin, Germany, ²Dept. Gerontopsychiatrie, Psych. Klinik Königsfelden, Brugg, Switzerland, ³Klinik und Poliklinik für Psychiatrie und Psychotherapie, Heinrich-Heine-University Duesseldorf, Düsseldorf, Germany

Background and aims: Psychiatric comorbidity of general hospitals inpatients leads to complicated courses of illness and to increased health care costs as compared to patients that suffer from somatic illnesses alone. Such patients are cared for by psychiatric Consultation-Liaison (CL) services. We analyze guidelines that deal with the organization of psychiatric CL-services in USA and the UK, as well with a guideline developed for psychosomatic CL-services in Germany, and a Dutch guideline released in 2008.

Methods: Literature search and review of guidelines.

Results: Existing guidelines in CL-psychiatry are in part controversial with regard to recommendation for treatments, preferences as to concentrate on clinical, or on organizational issues, and differ even in the grade of evidence given to single topics, such as effectiveness of CL-interventions.

Conclusions: To improve the efficiency of CL-psychiatry, guidelines might be important, as well for the treatment of psychiatric diseases in general, but even more so for diseases that are frequent in general hospitals such as delirium. However, reliability of guidelines in CL-psychiatry differing among countries should be improved.