

A Pilot Psychiatry Clinic to scope the need for mental health support in complex endocrine conditions

Authors; Dr Shilpa Zacharia*, Dr Nicola Taylor*, Dr Karin Bradley#, *Dept. liaison psychiatry, #Dept. Endocrinology, Bristol Royal Infirmary

Background

The co-occurrence of mental and physical health problems reduces quality of life and impairs outcomes for patients. It is estimated that at least £1 in every £8 spent on long-term conditions is linked to poor mental health. Furthermore, the co-occurrence of mental health conditions with chronic physical conditions increases the cost of care by up to 45%. Hence, mental health comorbidity in patients with chronic physical conditions is associated with significant patient-centred and financial burdens.¹ NHS standard contract for specialist endocrine services recommends that the service should offer “psychological support” and “Integration of patient care across departments within centres”.²

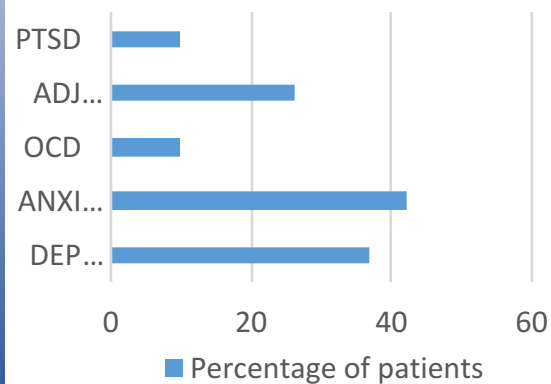
Methods

A Pilot endocrine psychiatric liaison clinic was established for a period of three months at a University Hospital Trust in the Southwest of England. Twenty patients listed for endocrinology outpatient follow up who were identified as potentially needing mental health support were offered appointments. 19 of these patients responded within the time frame and were offered unlimited virtual appointments within the 3 months. Every patient was reviewed between one and five times.

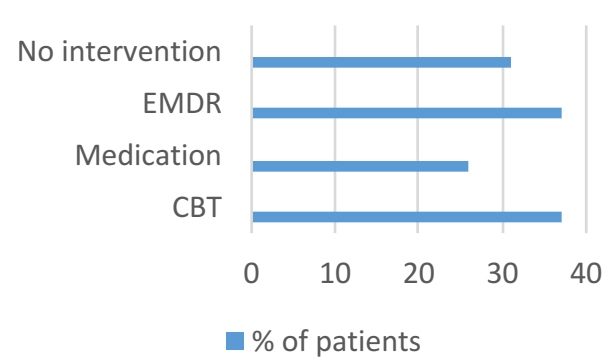
Results

Endocrine diagnoses included Cushing’s disease, acromegaly, multiple endocrine neoplasia, and pituitary tumours. 37% of patients met the criteria for clinical depression, 42% for anxiety, 10% met the criteria for Obsessive Compulsive Disorder(OCD) and 10% for Post traumatic Stress Disorder (PTSD). 26% suffered from problems adjusting to the physical changes secondary to their endocrine condition. Only 10% of patients were already under secondary mental health services. Of the patients reviewed, 37% were recommended for cognitive behavioural Therapy(CBT), 26% required medication, and 37% of patients were also referred for eye movement desensitisation and reprocessing (EMDR) therapy.

Psychiatric diagnoses in Complex Endocrine patients



Recommended management for complex Endocrine Patients



Discussion

Common themes from patients included, feeling alone and lack of support through the physical changes secondary to their endocrine condition. Another running theme was that their mental health was overshadowed by their multiple physical health problems which made it harder to get the help needed. The main limitation to this pilot was the time frame. 3 months was not enough time to do pre and post therapy outcome measures.

Postal surveys were sent and 84% were returned with positive feedback and support for the clinic to continue.

Conclusions

Patients with chronic complex endocrine conditions, although rare, have high burden of mental health conditions, which significantly impact their quality of life, and are often untreated. Addressing this need could improve the quality of patient care, reducing the burden of their physical condition both in terms of quality of life and cost to the NHS.

References

- [1.https://www.kingsfund.org.uk/publications/long-term-conditions-and-mental-health](https://www.kingsfund.org.uk/publications/long-term-conditions-and-mental-health)
- [2.https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-a/a03/](https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-a/a03/)