Referrals to Psychiatric Service in United Arab Emirates: An Analysis of the Content of Referral Letters

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Abstract:

Objectives: To study all psychiatric referrals by General Practitioners (GPs) to the psychiatric service at Al-Ain Hospital for 7 years starting from July 1997 till December 2003. The study examined the appropriateness of referrals and the quality of information presented in the referral document. Also, it studied the outcome of this referral including the response of the psychiatrist.

Method: The case notes of all patients referred from the Primary Health Centres to the psychiatric service of Al-Ain Hospital for the period specified were studied. The data related to the GP referral were obtained from the copy of the referral letter, in the case notes. The information included: identifying data, reason for referral, symptomatology, relevant medical history and investigations, provisional diagnosis, recommended action, and the response of the psychiatrist. The diagnosis in the referral letter was compared to the International Classification of Diseases, 10th edition, Primary Health Care version [ICD-10 (PHC)], and to the final diagnosis in the case notes for agreement.

Results: among the whole sample of 503 GP referrals there were 309 males (61.4%) and 179 (35.6%) females and 15 (3%) missing data. The mean age was 32.8 years (SD=13.7), with mean age for UAE nationals 31.4 years (SD=15.58) and expatriates as 34.3 years (SD=11.32) with significant difference between the two groups (t=2.253, p=0.03), 74.2% expatriates males with significant difference, and 15 missing data. Analysis of the referral letters showed that Diagnosis was clearly indicated in 380 (77.2%), was not mentioned in 112 (22.8%) of the referral letters, with 11 missed data. Psychiatrists agreed with the GP diagnosis in 205 of them (41.7%), but considered diagnosis inaccurate in 175 (35.6%) of these cases. All the referred patients had been seen by psychiatrists. However, replies of the psychiatrists to the GPs referrals were made only in 29 patients (5.9%); 4 of these replies were written and the 2 copies of the letter were kept in the file. No reply was written in 460 cases and 14 missing data. Also physical examination and investigations were not mentioned in the majority of referrals.

Conclusion: There is poor quality of GP referral letters and obvious poor response rate of psychiatrists to the GPs. This is an indication for urgent need for intensive training to GPs advising them to include particular items of information in future referrals.

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Introduction

General Practitioners (GPs) have good opportunities for early diagnosis of psychiatric disorders; however the stigma and denial present in these disorders, particularly in developing countries, make detection, referral to specialised service and management difficult. This is unfortunate, since effective medical, psychological, and social interventions have been introduced for use in both general practice and psychiatric services.

GP's referral letters are one of the powerful channels of communication between primary and secondary care. In previous studies the pattern and appropriateness of referrals have been emphasized as indicators of good practice. [1, 2]

Some areas in the referral letter have been identified as markers for the quality of information communicated to the specialist. [3] However, it has been noticed that GPs are very variable in their referral habits. Several factors have been shown to affect referral by GPs of people with psychiatric problems to psychiatric services. [4,5] Patients characteristics which may influence referral include age, gender, social class, type and severity of problem, distance from the practice and the patient's and/or family's attitude toward referral. GP practice characteristics which may influence referral include size, urban or rural setting, distance from hospital and workload of list. Individual GP characteristics which may influence referral include age, experience, training, interest in psychotherapy, and tolerance of uncertainty and sense of autonomy. [6, 7]

Although most studies of GP referrals have investigated the wide variation in factors influencing GP detection and referral, little is known about the quality of GP referral letters. [8] The quality and quantity of GP referral letters is particularly important as they are central to the process of case allocation. Additionally the timing and nature of the psychiatrist response is primarily determined by the GP referral letter.

The aim of this work was to study all referrals by GPs to the psychiatric service at Al-Ain Hospital for 7 years starting from July 1997 till December 2003. The study examined the appropriateness of referrals and the quality of information presented in the referral document. Also, it studied the outcome of this referral including the response of the psychiatrist.

Al Ain Psychiatric Service

Primary health care services in the UAE are offered from primary health care centres distributed among residential and industrial areas. UAE nationals and expatriates with valid visas are entitled for treatment in the clinics nearest to their homes. The health centres open from 8.00 am till 10.00 pm; with two shifts, morning and afternoon, each with a different set of staff. The staffs of each shift are composed of 2-3 family doctors, a group of nurses, a pharmacist, and secretaries. Patients needing specialist care or investigations are sent to the city general hospital [9].

The psychiatry in-patient and out-patient facilities in Al Ain city-UAE exist in the District General Hospital site. It has an open referral policy and the members of the multi-disciplinary team offer a variety of treatment modalities. Al Ain city is the fourth largest city in the United Arab Emirates with a population of 348,000 (2003 estimate).

Method

We carried out a retrospective descriptive survey of case notes of all patients between the age of 18-65 years referred by GPs between January 1997 and December 2003 to the psychiatric service at Al Ain general hospital. All case notes are stored for 20 years in Al Ain hospital. A form detailing the needed information has been developed. The form used as our study instrument was completely devised by us and has not been validated in any earlier study. However, a pilot analysis was undertaken on 20 case notes and then it was revised. We found the final form useful and easy to apply without leaving too many ambiguities. The data related to the GP referral were obtained from the copy of the referral letter, which is usually kept in the case notes. We identified various aspects regarding GP referral letters which were useful in determining an appropriate response and the sample was therefore analysed along the following parameters:

degree of urgency – reason of referral- indication of types and severity of symptoms- relevant life events or difficulties- family history of psychiatric disorder- relevant medical history- past psychiatric history- treatment given- physical examination and any investigations have been done- mental state examination.

The diagnosis in the referral letter was compared to the International Classification of Didseases-10th edition, Primary Health Care version [ICD-10 (PHC)], and to the final diagnosis in the case notes for agreement.

The final psychiatric diagnosis in the case notes was reviewed according to the criteria used in Al-Ain psychiatric Department, which is

Chapter Five of the International Classification of Diseases, 10th edition (ICD 10).

Analyses were performed using the Statistical Package for Social Sciences (SPSS, version 15). Descriptive statistics were used to summarize socio-demographic and clinical characteristics of the sample

As expected in most retrospective studies, some data were missing on occasional cases, hence the total Number (n) of various variables better is observed.

Ethical approval was obtained from the Faculty of Medicine and Health Sciences Local Ethics Committee.

Results

During this period there were 503 total GP referrals. The mean age was 32.8 years (SD=13.7), with mean age for UAE nationals 31.4 years (SD=15.58) and expatriates as 34.3 years (SD=11.32) with significant difference between the two groups (t=2.253, p=0.03), 74.2% expatriates males with significant difference, and 15 missing data. Some of the important demographic and clinical characteristics of the sample with differences between findings from native UAE citizens and expatriates are given in Table I.

Analysis of content of GP letters

Table (1) presents data on the letters analysis. Diagnosis was clearly indicated in 380 (77.2%), was not mentioned in 112 (22.8%) of the referral letters, with 11 missed data. Psychiatrists agreed with the GP diagnosis in 205 of them (41.7%), but considered diagnosis inaccurate in 175 (35.6%) of these cases. All the referred patients had been seen by psychiatrists. However, replies of the psychiatrists to the GPs referrals were made only in 29 patients (5.9%); 4 of these replies were written and the 2 copies of the letter were kept in the file. No reply was written in 460 cases and 14 missing data. The reply letter contained full history, mental state examination, diagnosis according to the ICD-10 and medication prescribed. The total number of patients who had been admitted after assessment was 135 patients (26.8%). Eighty five (16.9%) patients discharged after first assessment, all of them had just relationship problems. Thirty patients (6%) referred to the psychologist.

Table (2) presents data on the final diagnoses from psychiatrist case notes. The most commonly presented diagnoses were depressive disorder 129 (25.6%), anxiety disorders (Generalised anxiety, OCD, adjustment disorder) 117 (23.3%), and relationship problems 115 (22.8%). However, only a few referrals 57(11.3%) were for relationship problems alone with clear relevant life events. There was no significant difference between the UAE citizens and expatriates in the most variables of the contents of the GP letters.

Discussion

Mental health is important areas in primary care where, according to WHO, at least 24% of patients suffer some sort of mental disorder, the most common are anxiety and depression.[10] However, they seem to go undetected and untreated in 50-75% of cases. [11] In order that GPs can properly recognize anxiety and depression, they need to be aware of the prevalence to give it proper attention. However, there is lack of reliable epidemiological psychiatric base line data or large-scale community surveys in the Arab world. [12] This partly related to the very concept of mental disorder itself, which may vary widely in divergent cultures [13], and the methodological problems of assessment and evaluation. There is scarcity of valid, reliable and culture relevant Arabic psychiatric research instruments. There are doubts about the scales, which were originally designed for use in other cultures, due to problems relating to the linguistics and conceptual equivalence. [14] In a recent published study in Abu-Dhabi, United Arab Emirates, about 60% of GPs could not identify the discrimination features between depression and anorexia and 85% did not recognise that cold cures interact significantly with antidepressants. More than 50% of the questions received a low percentage of correct answers. Authors concluded that GPs lack important information required for anxiety and depression. [15] In our study although the distribution of presenting diagnosis is nearly consistent with either local or international diagnosis in primary care service [8,9,16,17], The psychiatrists agreed with less than half of the GPs diagnosis, which is less than other studies in the West (two thirds) [8], but consistent with Abu Dhabi study. [15] Possibly the explanation for that is about 50% of GPs working in UAE come from other Arab countries(North Africa and Middle East) and the other 50% from Indian Subcontinent (India, Pakistan, and Bangladesh). [18] This complex set up of different languages, cultures and health beliefs complicates the provision of care which is the interface between patients and the health system. [15]

Table (1). Baseline demographic and clinical characteristics by nationality.

	UAE national n (%)	Expatriates n (%)	$\chi 2$	P
Age group			24.61	0.001
0-20 years	58 (23.6)	21 (9.1)		
20-40 years	144 (58.5)	153 (66.2)		
40-60 years	31 (12.6)	31 (12.6)		
More than 60	13 (5.3)	6 (2.6)		
Gender			22.93	0.001
Male	136 (53.3)	173 (74.2)		
Female	119 (46.7)	60 (25.8)		
Employment status			4.15	0.368
Student	20 (7.8)	10 (4.2)		
Unemployed	5 (2.0)	5 (2.1)		
Manual	9 (3.5)	12 (5.1)		
Others	10 (3.9)	6 (2.5)		
Not mentioned	212 (82.8)	203 (86.0)		
Religion			10.69	0.001
Muslim	253 (99.6)	219 (94.8)		
Others	1 (0.4)	12 (5.2)		
Marital status			13.58	0.009
Single	17 (6.6)	8 (3.4)		
Married	36 (14)	18 (7.7)		
Divorced	3 (1.2)	1 (0.4)		
Widow	4 (1.6)	0		
Not mentioned	197 (76.7)	208 (88.5)		
Degree of urgency			2.07	0.355
Urgent	7 (2.7)	3 (1.3)		
Routine	10 (3.9)	6 (2.6)		
Not mentioned	239 (93.4)	226 (96.2)		
Reason of referral			6.73	0.08
Opinion	21 (8.2)	11 (4.7)		
Admission	0	4 (1.7)		
Treatment	25 (9.8)	24 (10.3)		
Not mentioned	210 (82)	195 (83.3)		
Mental state examination			1.61	0.20
Adequate	49 (19.1)	35 (14.8)		
Inadequate	207 (80.9)	201 (85.2)		
Medical history			1.08	0.58
Adequate	20 (7.8)	15 (6.4)		
Inadequate	35 (13.6)	39 (16.5)		
Not mentioned	202 (78.6)	182 (77.1)		
Past Psychiatric history			1.31	0.73
Adequate	22 (8.6)	25 (10.6)		
Inadequate	79 (30.7)	77 (32.6)		
No past history	4 (1.6)	5 (2.1)		
Not mentioned	152 (59.1)	129 (54.7)		
Family psychiatric history			4.24	0.24
Similar illness	1 (0.4)	1 (0.4)		
Other illness	2 (0.8)	0		
Non	4 (1.6)	9 (3.8)		
Not mentioned	250 (97.3)	226 (95.8)		
Treatment given			1.65	0.65
Appropriate	21 (8.2)	27 (11.5)		
Inappropriate	3 (1.2)	2 (0.9)		
No treatment given	116 (49.4)	116 (49.4)		
Not mentioned	100 (38.9)	90 (38.3)		
Life events and difficulties			3.80	0.05
Mentioned	36 (14.1)	20 (8.5)		
Not mentioned	220 (85.9)	216 (91.5)		
Symptomatology			0.86	0.35
Information adequate	136 (52.9)	115 (48.7)		
Information inadequate	121 (47.1)	121 (51.3)		
Physical examination and investigation			0.49	0.78
Mentioned	186 (72.7)	178 (75.4)		
Not mentioned	70 (27.3)	58 (24.6)		
Compatibility with GP diagnosis			11.13	0.004
Compatible	105 (40.9)	100 (42.6)		
Different	79 (30.7)	96 (40.9)		
Not mentioned	73 (28.4)	39 (16.6)		
Response of psychiatrist			5.09	0.08
A reply written and a copy sent to GP	18 (7.1)	7 (3.0)		
A reply written and 2 copies kept in the file	3 (1.2)	1 (0.4)		
No reply was written	234 (91.8)	228 (96.1)		

Table (2). Diagnostic status of GPs referral to out-patient psychiatric unit.

Diagnosis	Frequency	Percent
Depression	129	25.6
Generalised anxiety	89	17.7
OCD	18	3.6
Adjustment disorder	10	2.0
Substances misuse	16	3.2
Schizophrenia	26	5.1
Personality disorder	14	2.8
Sexual dysfunction	4	0.8
Nocturnal enuresis	8	1.6
Bipolar disorder	32	6.4
Acute psychosis	10	2.0
Organic psychosis	5	1.0
Somatoform disorder	10	2.0
Epilepsy	2	0.4
Conversion disorder	4	0.8
Mental retardation	6	1.2
Delusional disorder	3	0.6
ADHD	1	0.2
Sleep disorder	1	0.2
Relationship problems	115	22.8
Total	503	100.0

The finding that 94 per cent of GPs referrals had no replies from psychiatrists should be treated with high concern. One of the possibilities is the number of professionals who work in the field of psychiatry is still far below that needed to meet with the mental health needs. In addition, the lack of secretarial support in the out-patient psychiatric clinic will make the administration work, writing letters, add to the burden of clinical work and lack of enough time. Furthermore, there was a small minority of the letters mentioned the urgency of the referrals, inconsistent with previous findings, nearly one fifth. [19] This could have important implications in the level of response of psychiatrists to the GP request and the need of the patient. The GPs who fail to make such an item clear present the psychiatric team with a dilemma as to whether non-indication represents a non-urgent referral. [8]

Medical history and prescribed medication were cited in nearly 22 and 61 per cent of referrals respectively. Medication was cited in 62 per cent of the referrals in the Pullen and Yellowlees [20] which is consistent with our study and 34% in Burbach and Harding [8] studies which is poorer compared to us. However, citing medical problem was nearly consistent with the later study (29%). These variations between different studies could be due to the different settings of primary care services in different part of the world. Furthermore, other authors [21] showed that details of physical examination and blood tests are not routinely included in referral letters to general psychiatry. This may lead to missed diagnoses of primary or secondary physical illness in psychiatric presentations.

The lack of significant difference between UAE citizens and expatriates in the contents of the GP letters supports the lack of training and knowledge rather than the attitude of the GP toward nationality. This is supported by local studies in the Arab World. [12-15] Okasha and Karam survey of the Arab World showed a consensus about the need for public mental health education, increasing the number of psychiatrists, upgrading the training and education of mental health professionals, the development of preventive and curative community mental health care services and the development of a mental health act.[22]

The importance of this study is that it is the first study to investigate the content of referral letters of GPs to the psychiatric services in the Arab world. Our study has some limitations. The first one comes from the inherent nature of retrospective studies with the occasional occurrence of missing data. Second, the sample population was limited to data from Al Ain city; therefore, our results may not be representative of the entire country. Finally, the data sheet was not comprehensive and did not include valid research tools. These limitations notwithstanding, our results corroborate previous research suggests that there is strongly need for structure training for GP in psychiatry to look after the psychiatric patients and their families. This will give a better and lasting

support and care than hospitals. The more orientation of GPs to mental health will support the preference of patients and their families to attend the GP. In addition, the natural course of the referral system and the family role of support can give a better service for mental patients.

Conclusion

In the light of the poor quality of GP referral letters and the poor response rate of psychiatrists to the GPs, there is urgent need for intensive training to GPs advising them to include particular items of information in future referrals. Additionally, the psychiatric team should audit the replies sent by team members to GPs following initial assessment.

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