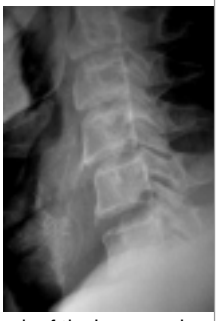
SMJ

SINGAPORE MEDICAL JOURNAL
JOURNAL OF THE SINGAPORE MEDICAL ASSOCIATION

Editorial Office Address
Editor
Singapore Medical Journal
Singapore Medical Association
2 College Road
Singapore 169850
Fax: (65) 6224 7827
Email: smj@sma.org.sg
Website: www.sma.org.sg/smj

Permit No MITA (P) 096/09/2003
ISSN 0037 - 5675



Lateral radiograph of the lower neck.
(Refer to pages 397-403)

Editorial

Anxious patients in the medical setting

L H Peh

Within the setting of the general hospital, up to 60% of patients may present with psychological symptoms. Some of these are psychiatric presentations or complications of medical conditions, while others are medical presentations or complications of psychiatric conditions. A significant number have emotional reactions, commonly anxiety and depression[1,2]. Medical illness may mimic anxiety disorders and anxiety may mimic medical illnesses. Anxiety disorders are sometimes a comorbid condition in these patients.

A local study of referrals from physicians/surgeons to the consultation psychiatric service indicated that neurotic disorders made up 27.2% of the diagnostic categories, with anxiety conditions almost half of these disorders[3]. Examples of these are generalised anxiety disorder, panic disorder, phobias, hypochondriacal disorder, post-traumatic stress disorder and obsessive-compulsive disorder. Somatic manifestations predominate; this often leads to misdiagnosis or delayed diagnosis with increased morbidity and poorer outcome.

Differentiating anxiety as a symptom from anxiety as a syndrome is a diagnostic challenge. The physician or patient may wrongly believe that anxiety and depression are normal, and are unavoidable responses to illness. A psychiatric evaluation is indicated if the mood symptoms are prolonged, and cause distress or interfere with the patient's functioning, adjustment to the physical illness and adherence to treatment.

The patient may view the medical setting as one that is fraught with dangers – internal as well as external. He or she would need to face traumatic procedures that are sometimes perceived as assaults on bodily integrity. If hospitalised, there may be the discomfort of sharing rooms with strangers, exposure to an atmosphere of illness, pain and death, and separation from familiar people and surroundings[2]. Often, there is uncertainty about the illness and the future. Some patients also worry greatly about the cost of hospitalisation or outpatient treatment.

Anxious reactions usually arise from failure to cope with these potentially overwhelming stressors. Common strategies utilised by the patient depend on the premorbid personality, resilience to stress, coping style and psychiatric history. The severity and type of illness – whether acute, chronic, relapsing, progressive or life-threatening – and the nature of treatment (especially major surgery, radiotherapy and chemotherapy) and its side effects, also have a bearing on the adjustment of the patient. Inadequate psychosocial support and the presence of adverse social circumstances are other contributing factors[1].

Anxiety can interfere with evaluation or therapy. Patients may reject vital investigations and treatment because of fear. Such anxiety may be managed with education, support and reassurance from the clinician.

Division of Psychological Medicine
Changi General Hospital
2 Simei Street 3
Singapore 529889

L H Peh, MBBS, MMed, FAMS
Senior Consultant

Correspondence to:
Dr Andrew Peh Lai Huat
Tel: (65) 6850 3528
Fax: (65) 6544 2182
Email: lai_huat_peh@cgh.com.sg

Phobic reactions encountered in those undergoing certain medical procedures such as magnetic resonance imaging may require additional strategies e.g. increasing their sense of comfort, safety and control[2].

Screening procedures and investigations may be anxiety-provoking for patients. Such distress can be reduced by adequate preparation, with counselling where indicated. In the current issue of the journal, there are two important articles on the assessment of maternal anxiety in pre-natal screening for Down syndrome using amniocentesis and maternal serum screening[4,5]. The findings of Ng et al[4] and Lai et al[5] indicate that the context of the screening process is important. Mothers who perceive themselves in the low-risk group do not have significantly higher levels of anxiety; whereas those who see themselves in the high-risk category faced much higher levels of anxiety, despite counselling. It is helpful for such patients if the attending clinicians are aware of and show empathy for their concerns.

Pregnancy is not protective of the emergence or persistence of psychiatric disorders, as once believed[6]. It is an emotionally-laden experience for most women, and is associated with heightened anxiety and increased reactivity of mood. While mild to moderate anxiety may be common in pregnant women, anxiety syndromes such as panic disorder have been associated with a variety of poorer obstetrical outcomes[6]. Treatment of psychiatric disorders in pregnancy requires careful weighing of the risks and benefits of interventions such as medication.

Psychiatric consultation is also important for another group in the obstetrical setting, namely, the post-partum patients. About 85% of women experience mood disturbances during this period, with most of the symptoms being mild and transient e.g. post-natal blues. However, 10% to 15% of post-partum patients may develop a depressive episode or puerperal psychosis[6]. Gynaecological patients may sometimes benefit from a psychiatric consultation. Two of the most common presenting gynaecological complaints – menorrhagia and chronic pelvic pain – are associated with psychological distress[7].

The presence of consultation liaison psychiatric departments in our general hospitals has led to an increased awareness among both physicians and surgeons of the importance of using the biopsychosocial model of disease management. Psychiatric liaison is the active reaching out to the other medical specialties through participation in ward rounds, joint research and setting up of medical-psychiatric clinics for specific patient groups. This process leads to the identification of patients who may benefit from a psychiatric consultation[1]. In this way, many more of the anxious patients in the general hospital setting may be helped. SMJ

REFERENCES

1. Peh LH, ed. Psychiatric Consultations in the General Hospital. Singapore: Hope Story Publisher, 2004.
2. Pollack MH, Otto MW, Bernstein JG, Rosenbaum JF. Anxious patients. In: Stern TA, Fricchione GL, Cassem NH, Jellinek MS, Rosenbaum JF, eds. MGH Handbook of General Hospital Psychiatry. St Louis: Mosby, 2004; 175-201.
3. Peh LH, Tay WK. Psychiatric referral pattern in a general hospital. Singapore Med J 1990; 31:42-5.
4. Ng CCM, Lai FM, Yeo GSH. Assessment of maternal anxiety levels before and after amniocentesis. Singapore Med J 2004; 45:370-4.
5. Lai FM, Ng CCM, Yeo GSH. Does maternal serum screening for Down syndrome induce anxiety in younger mothers? Singapore Med J 2004; 45:375-8.
6. Cohen LS, Nonacs R, Viguera AC. The pregnant patient. In: Stern TA, Fricchione GL, Cassem NH, Jellinek MS, Rosenbaum JF, eds. MGH Handbook of General Hospital Psychiatry. St Louis: Mosby, 2004: 593-611.
7. Hunter M. Gynaecological complaints. In: Bass C, ed. Somatization: Physical Symptoms and Psychological Illness. Oxford: Blackwell Scientific, 1990; 235-58.

Publisher
Singapore Medical Association
Level 2, Alumni Medical Centre
2 College Road
Singapore 169850
Tel: (65) 6223 1264
Fax: (65) 6224 7827
URL http://www.sma.org.sg

Design and Advertising
Equity Communications Pte Ltd
145 Neil Road
Singapore 088874
Tel: (65) 6324 7822
Fax: (65) 6324 7833
Email: enquiries@equity.com.sg

For advertising matters,
call or email
• Charlie Teo at
Tel: (65) 6324 7822
Email: charlieteo@equity.com.sg

Instructions to Authors
Updated version can be accessed at:
http://www.sma.org.sg/smj/instructions.pdf

Printed by Entraco Printing Pte Ltd