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The relationship between Psychosomatic Medicine and C-L Psychiatry: an on-going problem

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PM vs. CLP: what relationship?

- "Disciplines such as (…) **consultation-liaison psychiatry** (…) stemmed from the psychosomatic field (…). Their psychosomatic linkages are crucial for their balanced developments" [Fava & Sonino, 2000]
- "If general hospital psychiatry was the **soil** in which the roots of CLP were planted, than PM was the **fertilizer** that nourished its growth" [Lipsitt, 2001]
- "PM refers to a variety of concepts, from holistic health care to biopsychosocial research to consultation-liaison work. **CLP is a very specific clinical endeavor** that has its roots in GHP, psychobiology and PM" [Ramchadani & Wise, 2004]
- "…CLP, **a clinical derivative** of PM…" [Wise, 2000]

PM the Mind, CLP the Arm? Or rather…

…The pupil has surpassed the master?

Clinical competences of CLP other than *psychosomatic syndromes*

- **Psychiatric disorders or behaviours** (eg attempted suicide, substance abuse, eating disorders)
- **Medical-psychiatric comorbidity**:
  - Medical disorders presenting with psychopathologic symptoms (eg delirium)
  - Medical disorders worsened if psychopathologic symptoms or syndromes occur (eg depression, anxiety, anger…)
  - Psychic disorders predisposed by medical disorders or therapies (eg cardiovascular disorders, stroke, cancer, psychothropics…)
- **Liaison activities**
- **Psychopharmacology** (interactions, psychic side-effects…) and **short psychotherapies**
- **Medical-legal issues**

	PM	vs. CLP
Clinical activities	• The "psychosomatist" as clinician doesn't exist	• Addresses all patients, not just psychosomatic ones • Psychosomatic-related problems are only a small proportion of everyday CLP clinical activities
Education and training	• Under- and post-graduate • Doctor-patient relationship (Balint)	• More in contact with everyday clinical problems and with colleagues of other medical specialties (day-to-day and on-the-field diffusion of the bio-psycho-social approach) • Liaison meetings
Research activities	• Strong interdisciplinary tradition • Biological correlates of the psycho-somatic interface	• Epidemiology of the med-psy comorbidity • Quality management, guidelines, EBM

A matter of terminology? – 1

- Survey by Thompson [1993]: PM was not even among the 5 options of name considered
- The term 'Psychosomatic':
  - "denotes an **ill-defined area** of interest with poorly defined boundaries (…) implies **causation** (…) does not convey the range of activities and the current nature of clinical work" [McIntyre, 2002]
  - often has "**negative associations**", and the exclusion of the word 'psychiatry' is **not acceptable to psychiatrists** [Thompson, 1993]
  - "may (…) **threaten** the consultation psychiatrist, who is constantly trying to demonstrate the validity of psychiatry within medical settings" [Wise, 2000]
  - often has a **negative connotation among the general public** (describes an illness that is imaginary, not important, or even malingered) [Stone et al, 2004]

A matter of terminology? – 2

- The term 'Consultation'
  - Merely refers to an **action**
  - "is exclusionary and fundamentally an **insult** to our psychiatric colleagues" [Bronheim, 1992]
- The name debate is "**a displacement** from concerns about the current economics and other stresses of psychiatric practice" [Thompson, 1993]
- **No term** in the end seemed to be **entirely satisfying** and physicians will in any case continue to call for a "psych consult" [Thompson, 1993]

But the name counts! You are what you're called!...

- To settle the question once and for all (?!)…

…March 2003: The American Board of Medical Specialties finally approves the new subspecialty in Psychosomatic Medicine

The subspecialty in PM (US) – 1

- PM is the **7th subspecialty** in Psychiatry to be approved: PM and CLP seem to have become **two as one**:
  - "PM, **also** known as CLP" [Levin, 2003]
  - "PM, **sometimes** known as CLP" [Hausman, 2002]
  - "CLP or, **as suggested**, PM" [Kornfeld, 2002]

  which **IS NOT TRUE**!
- Psychosomatic **MEDICINE** is a subspecialty of Psychiatry, or of Internal Medicine, or it is not a sub-specialty of anything, because all medicine should be PM (ie bio-psycho-social), and it is rather a **supra-specialty** [McKegney et al, 1991]?
- The approving process: a 15-year "**long-fought battle**" [Levin, 2003], accounting for the established position that **CL psychiatrists** reached through years

The subspecialty in PM (US) – 2

- **CLP** has now to **"change its dress"** (or rather to disguise itself?), ie change titles of textbooks and of training courses (see what happened at Harvard…)
- The (unacceptable) **alternative** is a **plethora of different and competing Services** with less and less defined competences (PM, CLP, behavioral medicine, health psychology, clinical psychology…)
- Expected an **increase in the number of CL fellowship programs** and positions [Saravay, 2003], expanded job market and new career opportunities (…), significant **increase in interest** in CL fellowships [Steinberg, 2003]

Maybe new chances, but also…

The subspecialty in PM (US) – 3

…The subspecialty in PM may be considered as a **cultural defeat for Psychiatry**, after the long way that took start from asylums and, within the net of community psychiatry Services, landed to deal with the boundaries of psychiatry (liaison with PC, GH, other Services…)… It is instead, we think, a **victory for those who didn't love psychiatry**, the psychiatric patient and psychiatrists, who will be accepted only at the condition of changing their nature and name

The situation in Europe

- **UK**: a certification process similar to that in the US goes on
- **Germany**: co-existence of CLP (practiced by psychiatrists; focused on psychiatric disorders with organic origin; pharmacological interventions) and PM Services (practiced by internists and psychologists; addressing traditional psychosomatic disorders, somatization, coping; psychological interventions)
- **Netherlands, UK, Spain, Italy…**: no official distinction of Services, depending on local "traditions"
- The **EACLPP** (European Association for Consultation-Liaison Psychiatry **AND** Psychosomatics): great success of the **recent meetings in Zaragoza, Berlin, etc.**

The relationship between PM and CLP: a summary

- **No point-to-point correspondence** in terms of history and clinical, training and research activities
- **Subspecialty in PM** (in the USA): a **cultural defeat for Psychiatry** or a historical compromise?
- Is there any room in Europe for **solutions different** from that in the US, which overshadows (CL)Psychiatry?
- What **solutions** can we propose **for today controversies**?
  - Multiprofessional teams vs. multi-services
  - The leadership (psychiatrists vs. psychologists)
  - Sharing out of competences – diagnosis, consultation, liaison, psychotherapies, etc… (where multiprofessional teams do exist)
  - The organisational aspects of liaison with General Hospital and Primary Care Physicians

Anyway, at the moment, we can finally state that maybe "the seed, roots and fruit of PM and CLP are inseparable parts of the same plant, in constant commerce with one another. With continuos cross-pollination, both will reap large harvests" [Levenson, 1994; Lipsitt, 2001]

Copia del consulente

POLICLINICO DI MODENA AZIENDA OSPEDALIERA
Divisione di Psichiatria

RICHIESTA DI CONSULENZA PSICHIATRICA-PSICOSOMATICA

MQ 11/02 Rev. 0

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Since 1989, the official name of the Modena CLP Service has been: "Psychiatric AND Psychosomatic Consultation Service"

Serendipity or foresight?!!