

## ORIGINAL ARTICLES

## Let's Get Physical! A Study of General Practitioner's Referral Letters to General Adult Psychiatry – Are Physical Examination and Investigation Results Included?

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### Abstract

#### Background/Aim

The authors previously conducted a survey of psychiatrists' attitudes to physical examination and investigations of out-patients. The most common reason for not performing such investigations was the expectation that they had already been undertaken by the general practitioner (GP). We decided to test this theory.

#### Method

A series of GP out-patient referral letters to general psychiatry was examined to establish whether findings from physical examination and investigations had been included.

#### Results

One hundred and three letters were examined. None of the letters contained information relating to a physical examination. Only one in twenty had information on investigations despite 4 out of 10 patients in the sample presenting to the GP with somatic symptoms.

#### Conclusion

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. Unless it is clearly stated in the GP referral letter, it is unwise to assume that necessary investigations to exclude physical causes of presenting symptoms have been performed. Suggestions are made to improve communication between GPs and psychiatrists.

Depressive illness alone has been shown to be precipitated or exacerbated by a wide range of physical pathology.<sup>1</sup>

Despite these issues, it is unclear who should undertake the physical investigations of patients presenting with psychiatric symptoms. A survey of attitudes towards physical examination and appropriate investigations in the routine assessment of new outpatients with major depressive disorder<sup>3</sup> found that 90% of consultant psychiatrists believed that physical examination was at least sometimes necessary but that it was rarely done. The most common reason given for not performing a physical examination was an assumption that the General practitioner (GP) had already done it. For this to be reasonable, the GP would have had to undertake the necessary examination and investigation and communicated the results to the psychiatrist. We decided to test whether this occurred in everyday practice.

#### Method

The study was granted approval by the local ethics committee. All GP referral letters to general adult psychiatry received in the course of one calendar month (September 2004) within the Forth Valley Primary Care NHS Trust Psychiatry services were included. Forth Valley is an area in central Scotland with a population of approximately 286,000. It includes areas of both social deprivation and affluence with rural and urban housing. The sample was verified through a medical records referral data base. A standard data abstraction form was used to record basic demographics, past medical history, current medication, somatic complaints, physical examination and blood results. Descriptive statistical analysis was applied to the collected data.

#### Results

The results are summarised in table 1.

**Table 1** - Information included in GP referral letters to general psychiatry

	NUMBER OF LETTERS (n=103)	%
PHYSICAL EXAMINATION	0	0%
BLOOD RESULTS	5	4.9%
SOMATIC COMPLAINTS	41	39.8%
PAST MEDICAL HISTORY	55	53.4%
MEDICATION HISTORY	79	76.7%

### Introduction

Over recent years there has been an increasing interest on the role that physical factors play in psychiatric illness. A BMJ editorial<sup>1</sup> and the National Institute for Clinical Excellence guidelines on Management of Depressive Illness<sup>2</sup> have both highlighted the fact that there is a high rate of physical illness amongst psychiatric patients - much of which goes undetected.

All letters received in September 2004 were included in the survey (n=103). Females made up 52% of the total and the mean age was 36 years.

Many letters did not contain a diagnosis but a wide variety of conditions were referred such as depression, psychosis, anxiety and eating disorders. Somatic complaints were reported in 39.8% of the sample.

No referral letter contained details of physical examination. Only 4.9% reported blood tests performed prior to referral, and 1.9% stated that they would arrange to have bloods taken. There was one letter regarding a patient with alcohol abuse which made reference to raised liver function tests and anaemia but it was unclear whether this was a past or current problem. Medication history was mentioned frequently (76.7%) but past medical history was reported less often (53.4%).

## Discussion

Our study shows that the majority of GP referral letters to general adult psychiatry in our sample do not include details of physical examination or blood results despite the sample having a high level of physical complaints. This has important implications. A missed physical diagnosis in a psychiatric outpatient may have adverse consequences for the patient and medico-legal implications for the doctor.

Our findings reinforce those from previous studies of the content of GP referral letters,<sup>4</sup> although the issue of physical examination was not specifically addressed in these studies. One way to improve the issues about physical examination would be the development of local referral protocols between psychiatrists and GPs. However, it is probably simplistic to suggest that local education of GPs by hospital specialists about the preferred referral letter format would improve the situation. It has been shown that this is rarely successful.<sup>5</sup> Suggestions to improve communication include the use of Integrated Care Pathways<sup>7</sup> or using an electronic referral system as suggested in the recent Kerr report.<sup>6</sup>

It is possible that physical examination and investigations were carried out by some GPs who did not include this information in the referral letter - the results of such may have been abnormal but not communicated to the psychiatrist. A further study looking at a sample of GP case notes to see if this is the case would be interesting.

## Conclusion

It is unwise to assume that necessary investigations to exclude physical causes of presenting symptoms have been performed.

## References

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