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- Pediatric psychosomatic medicine is the term used to:

describe the subspecialty of child and adolescent psychiatry that is dedicated to providing mental health services to youngsters with physical illness

Lipowski defined the specialty as including:

those diagnostic, therapeutic, teaching, and research activities provided by psychiatrists in the nonpsychiatric part of the general hospital.

- Pediatric consultation-liaison psychiatry (CLP), also known as pediatric psychosomatic medicine, is the subspecialty of child and adolescent psychiatry that focuses on providing mental health services to physically ill children and adolescents.

- Consultants specializing in this field must have in-depth knowledge regarding the way medical, neurological, and other conditions; medications; and metabolic problems interact to cause psychiatric symptoms.

- Also important is the ability to understand the interaction between psychiatric and medical issues and to recommend the most appropriate treatments (American Academy of Consultation-Liaison Psychiatry 2019).

- in bringing together these two activities, consultants serve as bridges for the provision of collaborative mental health care services in the pediatric setting.
- 1) coordinated care, in which the consultant and pediatric team are in separate facilities with separate systems, communicating intermittently as initiated by the pediatric team;
- 2) co-located care, in which the consultant and pediatric team are in the same facility with some shared systems and communicate frequently about shared patients, although care may still not be coordinated
- 3) integrated care, in which the consultant and pediatric team are in the same space within the same facility with shared systems and communicate regularly in person, with resultant practice change (Heath et al. 2013).

- The consultant has a complex position within the pediatric setting that requires flexibility and adaptability to perform several interrelated roles:
- assessment and management, patient and family advocacy, liaison activities with pediatric team, and clinical innovation and research.

- the consultant's primary role is to provide psychiatric assessment and management of physically ill children and adolescents. The American Academy of Child and Adolescent Psychiatry's clinician-oriented practice parameter has outlined core principles to guide consultants in approaching pediatric patients and their families who are facing physical illnesses

- In the assessment, consultants aim to identify comorbid psychiatric illness as well as to recognize the direct effects of physical illnesses that mimic emotional symptoms and physical symptoms that are associated with emotional distress .

- Consultants can recognize maladaptive coping styles and behaviors that interfere with a patient’s health care as well as strengths that promote resilience

- Psychiatric disorders play a role in the prediction and development of medical illnesses.

- Research unanimously indicates that a large portion of patients with physical health issues simultaneously suffer from psychiatric disorders of one kind or another, which delays the recovery process for both conditions

- Comorbidity of medical illnesses and psychiatric disorders results in the following: increases symptom load, disrupts functioning, lower quality of life and increasing treatment costs., diminishes responsiveness to treatment, increases hospitalization period, and increases mortality rate

- The rapid growth of psychiatric disorders requires
- psychiatric consultations to be provided on a wider scale, particularly for hospitalized patients.
- Specifically, an early psychiatric referral can have a profound effect on the rate of recovery from other physical illnesses

- Herzog and Stein outlined the goals of a pediatric consultation-liaison psychiatry service as follows:

- 1)to facilitate the early recognition and treatment of psychiatric disorders in physically ill children and adolescents;

- 2) to help differentiate psychological illnesses presenting with physical symptoms;

- 3) to help avoid unnecessary diagnostic tests and procedures;

- 4) to support pediatric patients and their families in coping with their disease and its treatment

- 5) to assist the medical team in understanding the reactions and behaviors of physically ill children, adolescents, and their families.

- referral Questions Three types of consultation requests are made of consultants by pediatric practitioners and/or teams

- 1) diagnostic (e.g., differential diagnosis of somatic symptoms, depression, delirium, or anxiety—What does this patient have?);

- 2) management (e.g., procedural distress, disruptive behavior, pain management, nonadherence, parental adjustment to illness, or medication—Please take care of this patient's behavior)

- 3) disposition (e.g., suicide assessment and psychiatric

- Patients seen in this subspecialty commonly fit into one of three categories:

- 1) patients with comorbid psychiatric and physical illnesses that complicate each other's management,

- 2) patients with somatoform and functional disorders

- 3) patients with psychiatric symptoms that are a direct consequence of a primary physical illness or its treatment.

- The term coincidental comorbidity is used when patients have unrelated psychiatric and physical illnesses

- whereas the term causal comorbidity is used when the psychiatric disorder is a direct result of physical illness and/or has a significant impact on the course or severity of the physical illness.

- Causal comorbidity also captures psychological symptoms that develop as a direct result of the stress of the illness or its treatment.

- Most surveys of pediatric psychosomatic medicine services suggest an increasing demand for consultation in recent years

- Despite this increasing demand, other studies suggest that referral rates for psychiatric consultation for pediatric patients average only 2% of the hospital population, indicating that psychiatric illness in many physically ill children and adolescents goes unrecognized

- Rates of referral may be even lower in countries with less established psychiatric consultation services.

- For example, in a study of 18,808 pediatric in patients in Mexico, Burián et al reported a referral rate of only 0.31%.

- However, McFadyen et al found that both awareness of psychological issues and referrals for psychiatric consultation can be increased as a result of administrative decisions to expand and improve psychiatric services in a general hospital.

- In the group of patients that are referred for consultation, school-age children and adolescents tend to be overrepresented,

- whereas preschool children are commonly underrepresented.

- Physicians, most commonly pediatricians , generate the bulk of referrals, with a smaller number coming from nurses, social workers, child life specialists, and family members

- Most pediatric psychosomatic medicine services report a high frequency of referrals for the assessment of suicide attempts and adjustment to illness

- According to Burket and Hodgin , the major reasons for psychiatric consultation are

- behavior problems, suicide evaluation, depression, and reaction to illness. The high frequency of requests for consultations regarding parents' adjustment to a child's illness suggests that recognition of the effect of the child's illness on parental adaptation is increasing.

Common reasons for pediatric psychiatry consultation requests

- Adjustment to illness
- Delirium
- Differential diagnosis of somatoform disorder
- Disposition and referral
- Disruptive behavior
- Medication consult
- Nonadherence with treatment
- Pain management
- Parental adjustment to illness
- Procedural anxiety
- Protocol assessment
- Suicide assessment

Table 1–1. Models of psychiatric consultation

Model	Consultation activity
Emergency response	Consultation request in response to acute situations, including safety issues such as the suicidal or delirious patient or child abuse.
Case finding	Practice of scrutinizing the pediatrician's caseload in joint rounds to identify patients requiring early psychiatric intervention.
Anticipatory	Identification and screening of high-risk patients for preventive psychiatric services (e.g., psychiatric consultation on bone marrow transplant patients for whom the stress of the treatment is expected to result in adjustment difficulties for the patient and family).
Continuing and collaborative care	Pediatrician and psychiatrist co-manage the patient's treatment (e.g., patient with eating disorders).
Education and training	Activities related to efforts to educate the pediatrician about the identification and management of psychiatric issues in the physically ill child.

Psychiatric Consultations in General Hospitals

- Ultimately, 22 studies were included in this scoping review.

- Requests for psychiatric consultations were highest in Austria and Italy, with 22.6% and 13.6% of cases, respectively.
- The majority of requests were from internal and surgical departments. Consultations were requested more frequently for female patients compared to male patients. mood disorders and substance use disorder were the most diagnostic reports

The diagnosed psychiatric disorders included mood disorders (e.g. depression, bipolar disorder, etc.), personality disorders, cognitive disorders (e.g. delirium, dementia, etc.), adjustment disorder, schizophrenia, and substance use disorders (e.g. drugs and alcohol use disorder, etc.)

As illustrated, the most frequent diagnostic groups were mood and substance use disorders. Delirium and Bipolar disorder were the least frequent diagnoses

delirium

- delirium is a common clinical syndrome seen by the pediatric psychosomatic medicine consultant in general hospital settings.
- It is often unrecognized, overlooked, or misdiagnosed by physicians caring for the patient, and psychiatric consultations are usually requested for depression or agitation rather than delirium.
- The fluctuating nature of delirium often confounds the diagnosis .
- Psychiatrists consulting to pediatricians must be familiar with the clinical symptoms and approach to the treatment of delirium and recognize the risk delirium represents

Mood disorders

- Mood disorders impact the health of children, adolescents, and adults worldwide. The prevalence of MDD is approximately 2% in children and 4%–8% in adolescents

- When compared with the general population, people with physical illnesses are more likely to have mood disorders, specifically depression

- Mood disorders are associated with higher health care costs, adverse health behaviors, significant functional impairment, lost work productivity, occupational disability, and increased health care utilization

- Although much of the research on depression has focused on adults, growing numbers of children and adolescents living with general medical conditions face similar comorbidities. Evidence suggests that youngsters with physical illnesses are twice as likely to have depression as those in the community without physical illnesses. Those with depression are also at increased risk for worse medical outcomes and quality of life

- strong associations between depression and physical illness have been found among adolescents with obesity . headaches , and asthma

- Adolescent depression has been associated with increased risk for medical hospitalizations and suicide

- Also, growing evidence indicates that depression may be a cause or consequence of some physical illnesses, such as cardiovascular disease, HIV/AIDS, cancer, epilepsy, and stroke

- Mania is even less well studied than depression in children and adolescents.

- Evidence suggests that mania is not rare in this age group, although it can be difficult to recognize, and its diagnosis requires careful assessment

adjustment to physical illness

- problems of psychological adjustment to physical illness or injury are common among the pediatric population, supporting the need to screen for depression and other psychiatric disorders

- Although depression is relatively common in physically ill patients, it is frequently underdiagnosed and undertreated

- Studies suggest that pediatricians identify less than 20% of their patients with mental health issues .

SUICIDE IN PHYSICALLY ILL POPULATIONS

- Adult studies have found associations between a variety of physical diseases and completed suicide

- Several studies suggest associations of increased suicide risk in cancer , HIV/AIDS , and end-stage renal disease .

- A comprehensive evaluation with a focus on developmental, environmental, psychosocial, and biological risks or triggers is the best method for assessing the probability of suicide risks in physically ill children and adolescents

- The presence of a life-threatening illness does not explain suicidal ideation.

- The majority of patients with chronic physical illnesses do not attempt suicide.

- Evidence from adult studies suggests that patients with physical illnesses who do attempt suicide have the same risk factors as healthy individuals.

- Physically ill patients who are stable medically and deemed not to be at imminent risk for suicide can be discharged from the pediatric setting with outpatient mental health follow-up
- youngsters with physical illnesses who are at significant suicidal risk should be admitted to an acute psychiatric setting as early as possible.

- Depending on the type and severity of the physical illness, the outside psychiatric facility may or may not accept the admission.

- At the time of referral, the patient's current medical status should be specifically described and clearly communicated to the accepting facility, with transfer occurring only in the context of clear medical stability

Anxiety

- Anxiety may also influence aspects of treatment, including adherence.

- Anxiety is a risk factor for several general medical conditions (e.g., hypertension) and may exacerbate the symptoms of specific illnesses (e.g., asthma, irritable bowel syndrome).

- Symptoms of anxiety may be secondary to the direct effects of an illness, be a psychological reaction to an illness, indicate the presence of a comorbid anxiety disorder, or be a combination of all three

- The consultant needs to appreciate that anxiety symptoms may be caused or exacerbated by a child's emotional reaction to an acute hospitalization and separation from home

- However, interpreting physical symptoms such as tachycardia, shortness of breath, or sweating as symptoms of anxiety may or may not be appropriate, depending on the context in which they arise.

- Specific anxiety symptoms may be present as part of another psychiatric disorder (e.g., depressive or somatoform disorder) or may accompany another disorder as a primary comorbid anxiety disorder

Somatic symptom

- Medically unexplained physical symptoms are common in childhood.
- Although potentially chronic and disabling, they often do not result in referrals for psychiatric evaluation or treatment
- somatoform disorders are characterized by the presence of one or more physical complaints for which an adequate medical explanation cannot be found. The symptoms are severe enough to cause significant distress or impairment in functioning and result in the family seeking medical help.
- Key features of these disorders include a temporal relationship between a stressor and symptom onset, debilitation beyond expected symptom pathophysiology, and concurrent psychiatric disorders

- Between 2% and 20% of children present to medical professionals with “functional” aches and pains that have no known organic cause

- community surveys of children and adolescents suggest that recurrent somatic complaints generally fall into four symptom clusters: cardiovascular, gastrointestinal, pain/weakness, and pseudo neurological

- Large community samples have found that children commonly report recurrent complaints of headache and abdominal pain as well as fatigue and gastrointestinal symptom . Nausea, sore muscles, back pain, blurred vision, and food intolerance are also common complaints

eating disorders

- pediatric psychosomatic medicine consultants often receive requests for mental health consultation with patients who have eating disorders.
- These are serious illnesses that present with both medical and psychiatric symptoms.
- Given the associated disabling morbidity and potential mortality, anorexia nervosa and bulimia nervosa cause troubling and significant distress to patients, their families, and their health care providers.

treatment adherence

- treatment adherence is frequently imperfect in children and adolescents and is a common reason for referral in the pediatric setting

- Nonadherence with treatment is one of the leading causes of hospital admissions, emergency room visits, and mortality

- However, despite its clear clinical importance, medical nonadherence is rarely managed in a systematic way .

- the impact of depression on treatment adherence has been an important area of investigation.

- For physically ill children and adolescents, treatment nonadherence is a serious problem, resulting in significant morbidity and mortality

- The relationship between depression and poor treatment adherence has been demonstrated in many pediatric illnesses, including asthma , HIV disease , renal disease , and diabetes mellitus

- the pediatric critical care setting offers ripe opportunity for mental health consultation, with the application of a variety of assessment and intervention skills.

- In recent years, recognition of patient, family, and staff psychological needs has increased, as have the willingness and resources to address these needs. Children and adolescents requiring critical care hospitalization present with a wide range of medical and surgical concerns that parallel those seen across other pediatric settings

- many aspects of oncology are different for children and adolescents than for adults.

- Differences include not only the types of malignancies that are most common in each age group, the prognoses, and the indicated treatments but also the types of settings in which cancer is treated, the types of services available at these centers, and the use of cancer protocols
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- the American Academy of Pediatrics (2009) has recommended that all children with cancer be treated at a major cancer treatment center and specified the medical, surgical, and psychosocial resources that should be available at such centers.

- These include pediatric social workers, pediatric psychologists, child life specialists, and family support group services.

- research has demonstrated a strong association between certain psychosocial factors and posttransplant outcomes. Thus, the pretransplant psychosocial assessment plays an important role in evaluating the psychological preparedness of potential solid organ transplant recipients.

- Assessments of readiness for organ transplantation often include an exploration of difficulties in coping and of factors that may compromise adherence in the postoperative period . Reviews exploring the clinician's role in evaluating candidates for organ transplantation suggest that pretransplant assessments include an appraisal of the patient's psychosocial strengths and limitations and provide recommendations for interventions to optimize a patient's candidacy for transplantation

- an assessment of the patient’s and family’s knowledge of the transplant procedure, attitude toward transplant, and level of motivation for transplant is crucial to evaluating psychological preparedness for transplantation.

- Factors such as knowledge about the illness and its medical treatment, belief in its treatment, positive personal meaning attributed to the illness, and therapeutic motivation for treatment have been correlated with improved adherence rates in adolescents with chronic illnesses

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- as part of their health care, children and adolescents often experience painful and distressing medical interventions.
- many children also experience more invasive, painful, and anxiety provoking medical procedures. For example, more than 6 million children are hospitalized annually , with another 9.5 million children being seen in emergency departments . Those with serious physical conditions are at an even greater risk for experiencing an increased number of medical procedures. Taken together, the issue of preparation for medical procedures is critical for a large population of children and adolescents