



EPA CONSULTATION LIAISON PSYCHIATRY AND PSYCHOSOMATICS SECTION REPORT 2020

SECTION COMMITTEE MEMBERS:

Chairperson: Prof. Diogo TELLES-CORREIA

Co-chairperson: Dr. Dan GEORGESCU

Secretary: Dr. Giorgio MATTEI

Councillor:

LAST SECTION COMMITTEE ELECTIONS HELD:

Date: 26/06/2020

Venue: Online Meeting due to the CoViD-19 emergency

ACTIVITIES OF THE SECTION IN 2020:

Meetings/events

Section Meeting (online due to CoViD-19 emergency)

Description:

Minutes of the 13th meeting of the EPA Section on Consultation-Liaison Psychiatry and Psychosomatics held online (Microsoft Teams), on Friday 26th June 2020 hrs. 09:30-11:00.

1. To record the names of those present and to receive apologies for absence

Present

António Barbosa – Portugal

Albert Diefenbacher – Germany (Chair)

Dan Georgescu - Switzerland (Secretary, Keeper of the minutes)

Krzysztof Krysta – Poland

Gilbert Lemmens – Belgium (joined the meeting towards the end)

Giorgio Mattei – Italy (Councillor)

Diogo Telles Correia – Portugal (Co-Chair)

Mihai-Viorel Zamfir – Romania

Apologies

No apologies were received.

2. To approve the agenda of the meeting

The agenda of the meeting was adopted without changes.



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3. To approve the minutes of the previous meeting

The minutes of the meeting held on Sunday 7th April 2019 in Warsaw were approved with no further comments.

4. New section members

New members (according to EPA Extranet): Raluca Sticlosu (Romania), Jacopo Santambrogio (Italy), Alameda Luis (UK), Kaisa Luoto (Finland), Mihai-Viorel Zamfir (Romania), Andriy V. Samokhvalov (Canada), Elena Daniela Buhars Ramocea (Romania), Pritam Chandak (India).

5. Section Renewal Report 2020

Our section currently has 55 members that is seven more members than in the previous year.

There has been slightly less activity since the last meeting than in previous years. Among these, the Annual Scientific Conference of the EAPM in Rotterdam (International Program Committee: Silvia Ferrari, International Scientific Committee: Ronald Burian, Joanna Rymaszewska), the World Congress of the ICPM in Florence (President: António Barbosa, Scientific Advisory board: Albert Diefenbacher) and the Two-day C-L workshop at the DGPPN Congress (Chair: Ronald Burian), are to be mentioned, as members of our section have been actively involved.

6. Past, current and future congress activities

Albert Diefenbacher reports that the DGPPN has canceled its annual congress as a face-to-face event. All courses have been postponed to 2021. The 2020 congress will take place as an online event.

Various ideas, such as medication in transplantation are discussed as part of the planning of future activities. Two major topics will be in the foreground: Transplantation Issues and COVID-19 Issues. A workshop on C-L Psychiatry during the COVID-19 Pandemics is proposed (workshop directors: Giorgio Mattei and Diogo Telles). A symposium, chaired by Diogo Telles and co-chaired by Giorgio Mattei, is also proposed. In this context, the composition of the section team is also discussed. It turns out to be important that the "old" now step back and make room for new ideas from the younger ones. The dice have been thrown - a new team is needed.

Krzysztof Krysta will contact Dr. Michael-Mark Theil in Braunschweig, as he has done a study on the effects of COVID-19 on people with intellectual disability. Giorgio Mattei suggests a contribution from Modena and would like to ask Silvia Ferrari about it. Albert Diefenbacher will ask James Rundell, who is past president of the Academy of C-L Psychiatry, whether he can report on the US experience with COVID-19. Giorgio Mattei suggests the neuropsychiatric consequences of COVID-19 and the PTSD after COVID-19. Albert Diefenbacher suggests the topic of telepsychiatry.



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There are two possibilities for the symposium with the following working titles:

Different countries, different experiences

Psychiatric aspects of COVID-19 (such as delirium, depression)

Diogo Telles suggests combining the two titles: Different countries, different experiences in the psychiatric management of COVID-19. Mihai Zamfir suggests the topic: Organizing mental health care during the COVID pandemic.

At the DGPPN Congress 2021, Ronald Burian will offer the C-L course.

Krzysztof Krysta reports on the project he initiated on the virtual reality topic in Intellectual Disability. He will submit the symposium on Virtual reality in the rehabilitation of ID patients as a joint symposium of the MHID and C-L Psychiatry and Psychosomatics sections.

Both the workshop entitled "Psychopharmacology in Medically Ill" and the symposium will be submitted by Giorgio Mattei and Diogo Telles.

7. Section board elections

According to the EPA statutes, the following positions are mandatory for each section: chairperson, co-chairperson, secretary. The Section may elect additional Section Board members as councillors.

The following candidates stand for election: Diogo Telles for the function of the chair, Dan Georgescu for the function of the co-chair and Giorgio Mattei for the function of the secretary. Diogo Telles is elected unanimously, with one abstention, Dan Georgescu is elected unanimously, and Giorgio Mattei is elected unanimously, with one abstention.

It is discussed whether the position of councillor can be filled since Virgil Radu Enatescu has not been in touch for quite some time. Albert Diefenbacher will ask Andrea Fiorillo whether it is possible to elect councillors at a later date. Krzysztof Krysta does not want to run for office yet, but is still waiting. Mihai Zamfir explains that he is a new member of the section and would like to get involved, but only when he has more experience.

8. CME Courses in CL Psychiatry and Psychosomatics

Berlin CL-Course 2020 Consultation-Liaison Psychiatry and Psychosomatics (Berlin, 4-5 September 2020) (Chair: Albert Diefenbacher)

9. CL-Meetings in Europe 2020 – 2021



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EAPM Conference, Vienna, 2-5 June 2021

10. Any other business

Giorgio Mattei suggests that online meetings should take place more frequently. Albert Diefenbacher proposes a meeting in October.

Since he is now completing his thirteen-year office, he thanks for the good cooperation during his tenure and ends the meeting. The new Chair Diogo Telles thanks those present for electing him. He also thanks Albert Diefenbacher for the work he has done and asks him to continue to get involved in the section.

Finally, he also thanks Dan Georgescu for his many years of service as the section's secretary.

Dates and venues of future meetings and section activities

Next section business meeting probably online, during the EPA Congress 2021 (10-13 April 2021).

The meeting was closed at 11:00.

Location: Online meeting

Start date: 26/06/2020

End date: 26/06/2020

Presentations at non-section events

Physical activity, nutrition and mental health in times of CoViD-19 pandemic

[Attività fisica, alimentazione e salute mentale all'epoca del covid-19]

<http://www.matmodena.it/mat-2020/14/>

Setting:

Week of Mental Health of the Modena Mental Health Department, Italy

Online meeting

Presenter: Dott. Giorgio Mattei

Event Start date: 16/09/2020

Event End date: 16/09/2020

Acknowledged as official Section presentation? Yes

FUTURE ACTIVITIES:



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Publications

Mental health research and practice: scientific evidence and clinical experience

Journal:

Book

Authors:

Section members

Confirmed: Diogo Telles-Correia, Giorgio Mattei
We are currently waiting for other colleagues' confirmation.

(Expected) Publication date: 31/12/2021

Acknowledged as official Section publication? Yes

Other Section activities

Description:

Ongoing research

STUDY PROTOCOL

IMPACT OF THE COVID-19 PANDEMIC ON GENERAL HOSPITAL PHYSICIANS WORK AND MENTAL HEALTH: A CROSS SECTIONAL STUDY

JANUARY 2021

EPA Section on Consultation-Liaison Psychiatry

Introduction

On 11 March 2020, the World Health Organization (WHO) declared the novel Corona Virus-19 Disease (CoViD-19) a pandemic (WHO, 2020). Since then, the world has been experiencing an unprecedented public health crisis, with consequences not only for physical health but also for the mental health of the population. A particularly vulnerable group is health care professionals. From the very beginning, concerns arose with respect to the health outcomes of the pandemic on professionals working in health care facilities (Torales et al., 2000).

Several studies have assessed the impact of the pandemic on the mental health of healthcare professionals, including doctors, especially those who fight directly in the front line ((Vanhaecht et al.,



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2020) Lv et al., 2020). On the other hand, less attention has been paid to the impact of the pandemic on a global level, i.e., on all medical community, including those professionals who were not directly involved in the health care in CoViD-19 dedicated hospital wards and services.

The present study aims to fulfil this gap. Building on previous observation, we hypothesized that the pandemic may have impaired the work of this group of medical doctors, and potentially their health, thus favoring burn out and mental health symptoms.

This project aims to study the impact of COVID-19 in the usual clinical practice of doctors of different specialties who support patients admitted to a general hospital, and also in their mental health.

The study was carried out by the Consultation-Liaison Psychiatry Section of the European Psychiatric Association.

Aim

General

To assess the impact of CoViD-19 on the usual clinical practice of doctors of the various specialties who support inpatients in general hospitals, and on their mental health.

Specific

To study what is the impact of COVID-19 in the usual care of non-covid inpatients

To know what is the impact of COVID-19 in the usual care of inpatients affected by COVID-19

To study what was the impact of COVID-19 on all doctors' mental health

To evaluate if there is any difference between the mental health of doctors who frequently care for COVID-19 patients and those who do not or only occasionally care for these patients

Methods

Study design

This is a cross-sectional study.

The study protocol will be sent to the Ethical Committee of each hospital involved for evaluation.



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No data are available to calculate the sample size a priori. Therefore, to enroll participants, a snowball approach will be adopted. Specifically, each liaison psychiatrists of the Consultation-Liaison Psychiatry Section of the EPA will identify the doctors working in the different wards of his/her general hospital, in order to send them an e-mail with the link to the online questionnaire to fill in.

The questionnaire has the following structure. In the first part, socio-demographic information is collected. In the second part, questions concerning working with non-CoViD-19 patients are asked. In the third part, questions concerning working with CoViD-19 patients are asked.

Questionnaire on medical doctors in general hospitals during the covid-19 pandemic

Please answer the following multiple choice questions, and comment your thoughts in the space after the item "comments":

FIRST PART: SOCIO-DEMOGRAPHICS:

Age:

Gender: Male/Female

Nationality:

1. Are you a

a) Specialist

b) Resident

1

2. Years of experience in the medical field ____

SECOND PART: QUESTIONS REGARDING NON-COVID HOSPITALIZED PATIENTS

3. In which conditions do you assist non-CoViD-19 hospitalized patients? (please tick the correct answer/s)

a) face to face consultations using protective face mask

b) face to face consultations using a protective uniform

c) consultations using patients` mobile phone

d) consultations using internal phone line in the hospital



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e) consultations based on the interview with the doctor responsible for the patient

4. Did the covid-19 pandemic have had an impact on the way you approach hospitalized non-CoViD-19 patients?

- a) Nothing
- b) Slight impact
- c) Moderate impact
- d) Severe impact
- e) Very Severe impact

In what way? - Comments: _____

5. Did the number of non- COVID-19 inpatients that you treated during this period changed?

- a) You had less patients
- b) You had the same number of patients
- c) you had more patients

6. In non-COVID-19, do you think that the more common types of diagnosis of inpatients changed during this period?

- a) yes
- b) no

In what way? - Comments: _____

THIRD PART: REGARDING COVID-19 HOSPITALIZED PATIENTS

7. Do you use to care for COVID-19 hospitalized patients?

- a) Never
- b) Occasionally



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- c) Sometimes
- d) Frequently
- e) Very Frequently

If your answer is Never or occasionally, the questionnaire ends here. If your answer is sometimes, frequently, very frequently please continue answering the following questions:

9. Did you had any specialized training before addressing such patients?

- a) yes
- b) no

10. In which way did you consult COVID-19 inpatients? (please tick in the correct answer/s)

- a) face to face consultations using protective face mask
- b) face to face consultations using a protective uniform
- c) consultations using patients` mobile phone
- d) consultations using internal phone line in the hospital
- e) consultations based on the interview with the doctor responsible for the patient

12 Regarding COVID-19 patients how frequently did they had a comorbid psychiatric diagnosis?

- a) Never
- b) Ocasionally
- c) Sometimes
- d) Frequently
- e) Very Frequently

11 What were the most frequent psychiatric disorders? (being 1- the most frequent and 6 the less frequent).



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Adjustment disorder

- b) Anxiety disorder:
- c) Depressive disorder:
- d) Delirium:
- e) Psychotic disorder:
- f) Other (please specify): _____

12 Regarding all the COVID-19 inpatient patients you cared for, was it necessary to ask for a liaison psychiatry consultation to help the management of their psychiatric disorder?

- a) Never
- b) Occasionally
- c) Sometimes
- d) Frequently
- e) Very Frequently

13) During the period you have consulted COVID-19 inpatients how frequently you (personally) experience any of the below? (please tick in the correct answer/s)

- 1) anxiety
 - a) Never
 - b) Occasionally
 - c) Sometimes
 - d) Frequently
 - e) Very Frequently



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- 2) depressive mood
 - a) Never
 - b) Occasionally
 - c) Sometimes
 - d) Frequently
 - e) Very Frequently

- 3) hopelessness, helplessness
 - a) Never
 - b) Occasionally
 - c) Sometimes
 - d) Frequently
 - e) Very Frequently

- 4) flashbacks
 - a) Never
 - b) Occasionally
 - c) Sometimes
 - d) Frequently
 - e) Very Frequently

- 5) nightmares
 - a) Never
 - b) Occasionally



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- c) Sometimes
 - d) Frequently
 - e) Very Frequently
- 6) fear
- a) Never
 - b) Occasionally
 - c) Sometimes
 - d) Frequently
 - e) Very Frequently

Other symptoms, please comment: _____

14) While consulting COVID-19 inpatients did you experience any of the below? (please tick in the correct answer/s)

- 1) Fear of being contaminated
- a) Never
 - b) Occasionally
 - c) Sometimes
 - d) Frequently
 - e) Very Frequently
- 2) Fear of contaminating family members
- a) Never
 - b) Occasionally



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- c) Sometimes
 - d) Frequently
 - e) Very Frequently
- 3) Fear of contaminating patients
- a) Never
 - b) Occasionally
 - c) Sometimes
 - d) Frequently
 - e) Very Frequently
- 4) Fear of dying
- a) Never
 - b) Occasionally
 - c) Sometimes
 - d) Frequently
 - e) Very Frequently

Other fears. Please comment: _____

15. Did you need a psychological/psychiatric support in your work during this period (or after it) due to your assistance to COVID-19 patients

- a) yes
- b) no
- d) in some situations

16. Did you tested positive for COVID-19 at any time?



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a) yes

b) no

17) Please write some comments on some lessons you learned with this situation, and with some problems you had to face with it:

Comment: _____

FOURTH PART: HOSPITAL ANXIETY AND DEPRESSION SCALE (Zigmond & Snaith RP, 1983)

Italian validation: Constantini et al., 1999.

Statistical analysis

Descriptive statistics will be performed using means, medians, frequencies, standard deviations, and ranges. The inferential analysis will be performed by means of correlations and multiple logistic regressions. All statistics will be performed with STATA 12.1 (College Station, TX).

Limitations

This study has several limitations that need to be acknowledged. First, its cross-sectional, observational nature does not permit inferential conclusions. Yet, such study design made the research feasible, and the findings of this research may be used to design future, prospective studies. The lack of a control group represents a second limit of this study. A third limit is represented by the fact that no baseline data (i.e., before the onset of the pandemic were available).

References

Costantini M, Musso M, Viterbori P, Bonci F, Del Mastro L, Garrone O, Venturini M, Morasso G. Detecting psychological distress in cancer patients: validity of the Italian version of the Hospital Anxiety and Depression Scale. *Support Care Cancer*. 1999 May;7(3):121-7. doi: 10.1007/s005200050241. PMID: 10335929.

Torales J, O'Higgins M, Castaldelli-Maia JM, Ventriglio A. The outbreak of COVID-19 coronavirus and its impact on global mental health. *Int J Soc Psychiatry*. 2020 Jun;66(4):317-320. doi: 10.1177/0020764020915212. Epub 2020 Mar 31. PMID: 32233719.

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<https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19> 11-march-2020 (Last access: 11 January 2021)

Zigmond AS, Snaith RP (1983) The Hospital Anxiety and Depression Scale. *Acta Psychiatr Scand.* 67:361–370.

Event Start date: 31/01/2021

Event End date: 31/01/2021

Description:

Ongoing research

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 - b) Resident
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 - b) face to face consultations using a protective uniform
 - c) consultations using patients` mobile phone
 - d) consultations using internal phone line in the hospital
 - e) consultations based on the interview with the doctor responsible for the patient
4. Did the covid-19 pandemic have had an impact on the way you approach hospitalized non-CoViD-19 patients?
 - a) Nothing



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- b) Slight impact
- c) Moderate impact
- d) Severe impact
- e) Very Severe impact

In what way? - Comments:

5. Did the number of non- COVID-19 inpatients that you treated during this period changed?

- a) You had less patients
- b) You had the same number of patients
- c) you had more patients

6. In non-COVID-19, do you think that the more common types of diagnosis of inpatients changed during this period?

- a) yes
- b) no

In what way? - Comments:

THIRD PART: REGARDING COVID-19 HOSPITALIZED PATIENTS

7. Do you use to care for COVID-19 hospitalized patients?

- a) Never
- b) Occasionally
- c) Sometimes
- d) Frequently
- e) Very Frequently



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If your answer is Never or occasionally, the questionnaire ends here. If your answer is sometimes, frequently, very frequently please continue answering the following questions:

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- a) yes
 - b) no
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- 11 What were the most frequent psychiatric disorders? (being 1- the most frequent and 6 the less frequent).
- Adjustment disorder
- b) Anxiety disorder:
 - c) Depressive disorder:



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- d) Delirium:
- e) Psychotic disorder:
- f) Other (please specify):

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- a) Never
- b) Occasionally
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13) During the period you have consulted COVID-19 inpatients how frequently you (personally) experience any of the below? (please tick in the correct answer/s)

- 1) anxiety
 - a) Never
 - b) Occasionally
 - c) Sometimes
 - d) Frequently
 - e) Very Frequently
- 2) depressive mood
 - a) Never
 - b) Occasionally



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- c) Sometimes
- d) Frequently
- e) Very Frequently 3)hopelessness, helplessness
- a) Never
- b) Occasionally
- c) Sometimes
- d) Frequently
- e) Very Frequently
- 4) flashbacks
- a) Never
- b) Occasionally
- c) Sometimes
- d) Frequently
- e) Very Frequently
- 5) nightmares
- a) Never
- b) Ocasionaly
- c) Sometimes
- d) Frequently
- e) Very Frequently
- 6) fear



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- a) Never
- b) Occasionally
- c) Sometimes
- d) Frequently
- e) Very Frequently

Other symptoms, please comment:

14) While consulting COVID-19 inpatients did you experience any of the below? (please tick in the correct answer/s)

- 1) Fear of being contaminated
 - a) Never
 - b) Occasionally
 - c) Sometimes
 - d) Frequently
 - e) Very Frequently
- 2) Fear of contaminating family members
 - a) Never
 - b) Occasionally
 - c) Sometimes
 - d) Frequently
 - e) Very Frequently
- 3) Fear of contaminating patients



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- a) Never
 - b) Ocasionaly
 - c) Sometimes
 - d) Frequently
 - e) Very Frequently
- 4) Fear of dying
- a) Never
 - b) Ocasionaly
 - c) Sometimes
 - d) Frequently
 - e) Very Frequently

Other fears. Please comment:

15. Did you need a psychological/psychiatric support in your work during this period (or after it) due to your assistance to COVID-19 patients

- a) yes b)no
- d) in some situations

16. Did you tested positive for COVID-19 at any time?

- a) yes
- b) no

17) Please write some comments on some lessons you learned with this situation, and with some problems you had to face with it:

Comment: _____



EPA CONSULTATION LIAISON PSYCHIATRY AND PSYCHOSOMATICS SECTION REPORT 2020

FOURTH PART: HOSPITAL ANXIETY AND DEPRESSION SCALE (Zigmond & Snaith RP, 1983)

Italian validation: Constantini et al., 1999.

Statistical analysis

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Limitations

This study has several limitations that need to be acknowledged. First, its cross-sectional, observational nature does not permit inferential conclusions. Yet, such study design made the research feasible, and the findings of this research may be used to design future, prospective studies. The lack of a control group represents a second limit of this study. A third limit is represented by the fact that no baseline data (i.e., before the onset of the pandemic were available).

References

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Event Start date: 31/01/2021

Event End date: 31/01/2021



EPA CONSULTATION LIAISON PSYCHIATRY AND PSYCHOSOMATICS SECTION REPORT 2020

FUNDING IN 2020

Income: None

Source(s) of funding: None

Expenditure: None

Balance: None

EPA Treasurer audit: No

Confirmation that income / expenditure is via EPA: No