Consultation-Liaison Psychiatry in Germany, Austria and Switzerland
Advances in Psychosomatic Medicine

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Foreword

It is fitting that the 26th volume in this series reviews Consultation-Liaison Psychiatry in Germany. In 1960 the first volume of *Advances in Psychosomatic Medicine* began with a statement from Prof. Jores: ‘The psychosomatic approach to disease is still fighting for genuine recognition and a firm place in the teachings of modern medicine’. Four decades later, the statement can still be considered valid. Nevertheless this is a very exciting time for consultation psychiatry in Germany as well as the rest of Europe. The vigorous role of the European Association of Consultation-Liaison Psychiatry and Psychosomatics underscores how significant a role this subspecialty plays in forming a bridge from psychiatry to the rest of medicine. The evolution of consultation psychiatry in Germany is unique within Europe due to the role of a distinct specialty of psychosomatics. Only because of pioneers such as Dr. Diefenbacher, has this distinct subspecialty of psychiatry itself become important in Germany today. While North American psychiatrists are familiar with the contributions of Griesinger, Kraepelin, Bonhoeffer and Schneider to psychiatry, they are rarely aware of the psychosomatic influence of German internists who founded psychosomatic divisions within their departments of medicine. Volume 11 of *Advances in Psychosomatic Medicine* reviews the German psychosomatic medicine model that utilizes internal medicine specialists and psychologists. Their clinical forums include dedicated inpatient units and outpatient clinics. Their theoretical model is strongly psychodynamic and psychophysiologic. The parallel medical liaison divisions were established in the United States, wherein internists, such as George Engel in Rochester and Franz Reichsman in Brooklyn, never achieved formal specialty status. Their role in the education of medical
students, however spawned the biopsychosocial approach which continues today as an important message for health care personnel in providing comprehensive treatment. Within North America consultation-liaison psychiatrists evolved to carry on the biopsychosocial tradition and work as ambassadors of psychiatry to the rest of medicine. Dr. Diefenbacher trained with James Strain and returned to Berlin to lead this movement which is now a recognized subspecialty in the United States. This volume demonstrates his vigorous activity and tremendous achievements. It is thus that these dual traditions of a unique psychosomatic department and consultation-liaison psychiatry within traditional psychiatric departments lead to such interesting clinical and research experiences.

Consultation-liaison psychiatry in Germany has received relatively less attention than psychosomatic medicine. To this end, it is a great delight to have this volume that reviews a wide variety of important topics that have become a focus in Europe, North America, Australia and Japan. The concluding section on the debate ‘The relationship of consultation-liaison psychiatry and psychosomatics in Germany’ should be a fascinating topic for those not familiar in the nature and history of these two parallel disciplines. Prof. Malt’s international perspective makes this a particularly valuable section.

In conclusion, this 26th volume of *Advances in Psychosomatic Medicine* represents the extraordinary advances we have made in our field. Although Prof. Jores’ hopes have not been fully realized, we are far closer to them now than in 1960.

*Thomas N. Wise*
Series Editor
As psychiatry is no longer confined to state mental asylums but has become integrated into general hospitals, consultation-liaison (C-L) psychiatry is increasingly being regarded as its foothold within the realm of somatic medicine. The beginnings of the field were in the USA during the 1920s and 1930s [1], but nowadays it can be regarded as an international approach to the treatment of patients with psychiatric and somatic comorbidity [2].

The publication of this volume coincides with the publication of the first German textbook on Psychiatry within Medicine, the first of its kind written in the German language [3]. It attempts an overview of the development of C-L psychiatry in Germany, Austria and Switzerland.

First, the aspects of C-L psychiatric service delivery are presented, beginning with reviews of national developments within the 3 countries. Psychiatric comorbidity in general hospital inpatients as well as mental disorders in the outpatient setting are discussed, followed by psychogeriatric C-L service delivery in elderly patients. The section is concluded by an overview of screening instruments for psychiatric disorders in somatically ill patients.

The Special Section features disorders relevant to C-L psychiatry, beginning with depression, alcohol abuse, and delirium, such disorders being crucial to inpatient (as well as outpatient) C-L service delivery. The chapter on suicide attempts delineates part of a nationwide effort in Germany to establish so-called competence centers for several psychiatric disorders, such as schizophrenia, dementia and, of special relevance to C-L psychiatry, depression and suicide. An important topic of outpatient service delivery, somatoform disorders, is presented by medical psychologists: The field of behavioral medicine that is
about to emerge, at least in Germany, has been pushed forward mostly by this non-physician professional group [4]. The section is concluded by the topics of chronic pain syndromes and sleep disorders.

Finally, there is a Debate Section. Non-German readers are usually not aware that in Germany there are two distinct board-certified physician specialties dealing with patients with psychiatric illnesses, usually referred to as ‘psychiatrists’ and ‘psychosomaticists’. Hence, C-L services in some hospitals may be provided by two different physician-run service types, e.g. ‘C-L psychiatry’ (what this book is about) and ‘C-L psychosomatics’. This special German way is not well understood abroad. The discussants, psychiatrists, as well as psychosomaticists, German as well as international, provide succinct viewpoints of this situation from different angles to enable the reader to form his or her own opinion about whether, or to what extent, this dichotomy is helpful or not in the practical clinical care of patients with psychiatric and somatic comorbidity.

Finally, I would like to thank Thomas Wise and Steven Karger for the invitation to publish this book; Thomas Nold and the staff of Karger Publishers for their editorial assistance and, with special emphasis, my co-workers, Hans Hübner, MD, for translating and editing several chapters, and Kerstin Herrmann for her, as usual, exemplary way of running the secretariat.

Albert Diefenbacher

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