

EACLPP pages

Psychosomatic medicine and consultation-liaison psychiatry in Hungary

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Psychosomatic medicine (PM) has a strong tradition in Hungary—several leading figures of psychoanalysis were of Hungarian descent. Franz Alexander (1891–1964) who was a Hungarian-American psychoanalyst is considered one of the founders of psychosomatic medicine. Sándor Ferenczi (1873–1933) was a close associate of Freud and has been one of the founders of the “Budapest School of Psychoanalysis.” Hans Selye (1907–1982) was also Hungarian, born in Vienna in the Austro-Hungarian Monarchy, and is perhaps best known for the general adaptation syndrome and stress theory. His work is considered a central element of the theoretical foundations of PM. Michael Balint (1896–1970) developed a group-model for family physicians based on psychoanalytic traditions in the 1950s, which has spread worldwide.

In Hungary, a strong stream of psychosomatic research focused on psychophysiology (E. Grastyán, P. Molnár, M. S. Kopp), which is considered by many as the basic science of PM. Over the last decades, there has also been a strong emphasis on epidemiological research, studies on the effects of chronic stress as well as on behavioral interventions dealing with stress. We have to mention here large-scale population-based epidemiologic studies focusing on mental health issues and health behavior (M.S. Kopp, E. Szádóczky).

After the political changes in Hungary in 1989, the 4 medical schools in the country (Budapest, Szeged, Pécs, Debrecen) adapted the American model, and departments of behavioral sciences were established. According to this

model, subjects relevant to the bio-psycho-social model of medicine are taught over several years in the graduate curriculum. These areas include medical communication, medical sociology, medical anthropology, medical psychology, psychosomatic/behavioral medicine, and bioethics. Included also in the graduate curriculum at most universities is the participation of medical students in “junior Balint-groups.”

The institutes/departments of behavioral sciences teach both graduate and postgraduate courses as well as host PhD programs. The largest in the country is the Institute of Behavioral Sciences at the Semmelweis University Budapest (www.behsci.sote.hu), founded by Mária S. Kopp in 1993. This department plays an important role in the area of PM and Behavioral Sciences in Central and Eastern Europe. The institute has published several textbooks for the subdisciplines of these areas and has maintained a wide range of active international research and teaching collaborations [1–5]. The institute also hosts several professional societies and foundations in the area of psychophysiology and behavioral sciences, including the Selye Society (www.selyesociety.hu).

These strong psychosomatic traditions have an important impact on many current activities in Consultation-Liaison Psychiatry (CLP) in Hungary. Although CLP is an important component of the clinical workload of many colleagues who work in general hospital psychiatric wards, the Hungarian literature on CLP has been very scarce until recently. The first review in the field was published by Füredi and Moussong-Kovács [6], and subsequently textbook chapters and original papers addressed practical [7] and research topics [8,9]. The most extensive study in CLP has been carried out by Vincze et al. [10] in several hospital wards across the country pointing out the high prevalence of mental health issues in the medically ill.

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The first service specialized to CLP in a general hospital was founded in 1997 in Szt. László Hospital, Budapest. The frequent psychiatric comorbidity of special patient populations (HIV- and HCV-infected patients, patients waiting for bone marrow or liver transplantation, etc.) that are treated in this Hospital, established the formulation of the CLP service.

Currently, the most important and rapidly evolving clinical fields in Hungarian CLP include psychooncology, psychocardiology, psychoallergology, gastroenterology/hepatology, gynecology, and an increasing interest arise in psychonephrology and transplant psychiatry [11–13]. Research projects as well as regular CME courses are also organized in these fields. A national conference of psychonephrology has been organized annually since 2007 by I. Mucci, K. Polner, and M. Novák.

There has been a special emphasis on the practice of CLP in the Primary Care setting. The work of the “Konzultáció Alapítvány” (“Consultation Foundation”), which provides CLP service for general practitioners in some districts of Budapest has been described by Ormay and Füredi [14]. Similar work has been developed by the “Ébredések Alapítvány” (“Awakenings Foundation”) led by J. Harangozó and also in group practice by G. Vincze et al. Balint-groups are organized at several locations, often within the framework of collaborative care with the Balint Society.

There was a C-L working group founded within the frames of the Hungarian Psychiatric Association by 11 psychiatrists, working in this field, in 2007. The first activity of this working group was the organization of a one day CLP CME course.

For the future, we need to better organize and formalize C-L services, which are now routinely provided in general hospitals and to further develop the consultation-collaboration model of care in primary care. We have to develop standards of practice, protocols, and guidelines in this field. Integration of the psychosomatic traditions and the bio-psycho-social theory of medicine with C-L service needs

would be a strong basis for our future work in the care of the medically ill patients.

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