The integration of psychiatry and neurology

Sir,

As a consultant in psychiatry in Vellore, I have come across several cases of neurological disorders presenting with only psychiatric symptoms. These experiences impressed upon me the close relationship between psychiatry and neurology. In the BJP bulletin June 2015 issue, two papers discussed the need for integrating psychiatry and neurology. Since this topic is important, I write this letter to highlight this topic for further discussion.
Hippocrates believed that all psychopathologies arose in the brain.[3] Wilhelm Griesinger, who founded Archives of Neurology and Psychiatry in 1867, taught that psychiatric disorders are actually brain disorders.[1] Most European medical centers followed this tradition and both were integrated as neuropsychiatry. It was claimed that psychiatry is neurology without clinical signs. Although many psychiatrists agreed, others such as Poole and Lishman did not support this concept saying that this concept is too reductionistic.[1] They argued that many psychiatric disorders are produced by psychosocial factors and psychiatrists have to deal with the patient’s feelings, thinking, etc. The advent of psychoanalysis in the USA in the 1930s intensified the separation between psychiatry and neurology. They became two separate disciplines: Pathological brain lesions cause neurological disorders whereas abnormal function of the brain causes psychiatric disorders. Psychiatric patients were isolated in mental hospitals. Psychiatry was divorced from general medicine. This split is becoming narrower, especially after the advent of general hospital psychiatry and with diagnostic neuroimaging. Two main claims for the separation of psychiatry and neurology are the greater importance of psychosocial factors in the etiology of psychiatric disorders and the absence of structural abnormalities in the brain in patients with psychiatric disorders, in contrast to neurological disorders. The neuroimaging findings of structural brain changes of psychiatric patients such as schizophrenia, obsessive–compulsive neurosis, and the finding that psychosocial factors act via epigenetic mechanisms challenge the above two claims.[4]

The boundary between psychiatry and neurology is very blurred. There is much overlap in several diagnostic groups such as epilepsy, autism, delirium, dementia, Tourette syndrome, and Parkinsonism. A condition called N-methyl-D-aspartate receptor encephalitis is clinically indistinguishable from acute schizophrenia.[2] There is much more that unites the two than divides them. Hence, integration is possible and advisable. However, what sort of integration is the best option? A full merger is an option, under the name neuropsychiatry. This gives a new orientation and reduces the stigma and negative perception toward psychiatry. The other option is to keep both psychiatry and neurology as subspecialties of neuropsychiatry under the umbrella diagnosis of neurosciences. Although the boundary between psychiatry and neurology is blurred, there are some important differences which have to be considered. The role of psychosocial factors in the etiology is much more in psychiatric disorders than in neurology. Psychotherapy is one of the main lines of treatment in psychiatry whereas it is only of superficial importance in neurology. A particular type of temperament is important in the making of an effective and successful psychiatrist compared to a neurologist. Therefore, I suggest that psychiatry and neurology be kept as two subspecialties under the umbrella diagnosis of neurosciences, thus confirming that psychiatry is a neuroscience. This has the benefits of an integration and will also account for some of the important differences.

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**REFERENCES**
1. Fitzgerald M. Do psychiatry and neurology need a close partnership or a merger? BJPsych Bull 2015;39:105-7.
2. Reilly TJ. The neurology-psychiatry divide: A thought experiment. BJPsych Bull 2015;39:134-5.
3. Krishnamoorthy ES. An expanding interphase. Frontline 1999;16:1.
4. Peedicayil J. Psychosocial factors may act via epigenetic mechanisms in the pathogenesis of mental disorders. Med Hypotheses 2008;70:700-1.

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