

# Psychiatry in primary care

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# Primary care and mental health

- 1 in 4 people seeking primary health care services have a significant mental health condition.

Spitzer, *JAMA* 1999; Kessler, *Arch Gen Psych* 2005

- >50% of people treated for depression receive all treatment in primary care.

Katon, *Arch Gen Psych* 1996

- Only 41% with mental health conditions receive any treatment

Wang, Lane, Olfson et al; *Arch Gen Psych*, 2005

- Management of common chronic illnesses often includes a need for changes in behaviors (e.g., diet & exercise).
- People's life problems and stresses affect their health and their health care.

# Why primary care is best for detection of mental health problems

- Primary care setting is convenient for psychiatric consultation for many reasons:
  - Usually primary care physicians are well known to patients .
  - No stigmatization .
  - Proximity of the primary care centers .
  - Physical symptoms are common in psych. disorders specially, anxiety & depression .

# Depression

- Depression is one of the most commonly encountered chronic conditions in PCS.
- Almost 75% of pts. Who seek help for depression do so in primary care .
- In spite of that depression is still under-recognized and under-treated, due to different reasons involving, pt.& doctors ...

# How to improve detection & treatment

- Improving attitudes and knowledge of care providers.
- Screening for depression(PHQ9).
- Patient education about depression.
- Collaboration with special psych. centers.

# Medical consultation

- It has been shown that :
  - Having a mental illness increases the likelihood of a person going to his doctor
  - 25% of consultations can be regarded as attributable to psychiatric morbidity .
  - The majority of people with psychiatric disorders present with somatic symptoms
  - The most common disorders are anxiety and depression .
  - Psychiatric disorders are more common in women than in men .

# Detection Of Psych. Disorders In P C

- Patients who's problems are detected are usually those with obvious features of psychiatric disorders.
- People who present with physical symptoms are more likely to be missed
- Patients with physical and psych. disorders are likely to have their psychiatric disorder missed .
- Pt. may fail disclose distress due to he/she believe
  - psychiatric disorders are sign of weakness
    - Doctors do not deal with psychiatric problem .
    - Doctors do not have the time or inclination to help .
    - The somatic problems are not caused by stress
    - Doctors don't need to know the persons emotional problems .
    - Doctors will reject their emotional difficulties .

- Doctor who are better at detecting psychiatric disorders:
  - make early eye contact with the patient .
  - Clarify the person presenting complaint .
  - Show empathy .
  - Are sensitive to emotional cues .
  - Are less authoritarian .
  - Use appropriate psychiatric questions.
  - Make supportive comments .
  - Spend less time talking and less interruptions to patient, give less information at the beginning .

# 3-Year Incidence of 10 Common Symptoms and Proportion of Symptoms with a Suspected Organic Cause



Kroenke K, Mangelsdorff AD. Common symptoms in ambulatory care: incidence, evaluation, therapy, and outcome. *Am J Med.* 1989;86:262-266.

# How common are physical symptoms in the general population?

- 85-95% of community respondents experience a new symptom every 1-2 weeks
- Health maintenance organization ( HMO ) enrollees using a diary report a new symptom every 5-7 days
- Patients with anxiety/depression present a new symptom nearly every day

# Stress and common symptoms

- Stress can cause physical symptoms (e.g., headaches) and perpetuate them.
- Stress lowers threshold for medical care seeking
- Stress makes us worry that an ambiguous bodily sensation is due to disease

# Who goes to the primary care doctor with a common symptom?

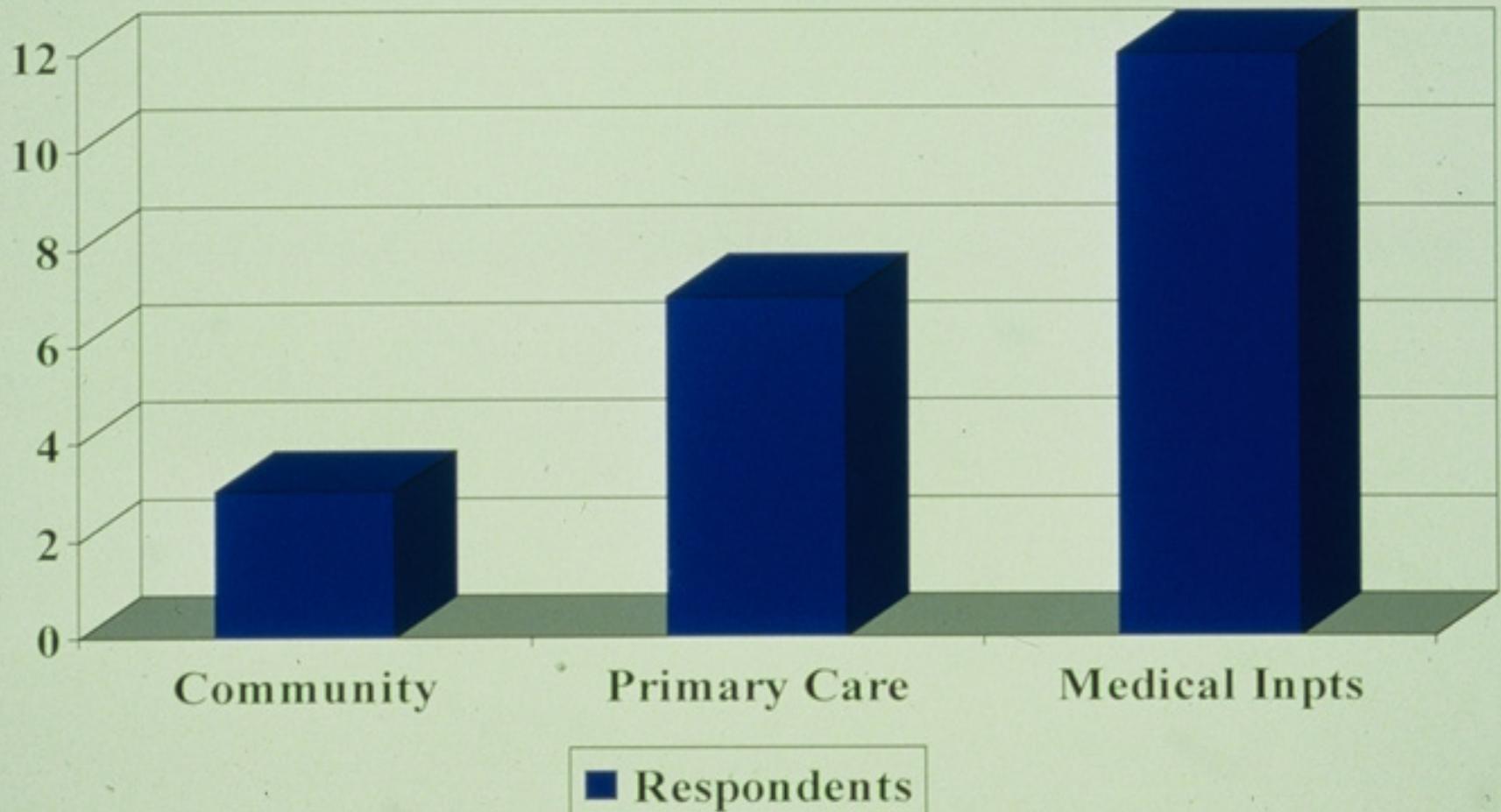
- People with GI complaints<sup>1</sup>, fatigue<sup>2</sup> or migraine headache<sup>3</sup> in the community are significantly more likely to seek health care when they have psychological distress or a DSM disorder

<sup>1</sup>Drossman et al, 1998 Walker et al,1992

<sup>2</sup>Walker et al, 1993

<sup>3</sup>Stewart et al, 1992

# Prevalence of Major Depression in 3 populations



# Cost of Depression

- Data is based on computerized pharmacy, outpatient registration and cost-accounting data from a large staff-model HMO
  - Compared mean annual health care costs of 4,289 patients treated for depression with antidepressants vs. mean annual health care costs of 21,360 comparison enrollees

Simon and Von Korff, 1993

### III. Cost of Depression



(ANOVA for log-transformed cost:  $F=1838$ ,  $p<.001$ )

Depression Comparison

## II. Cost of Depression

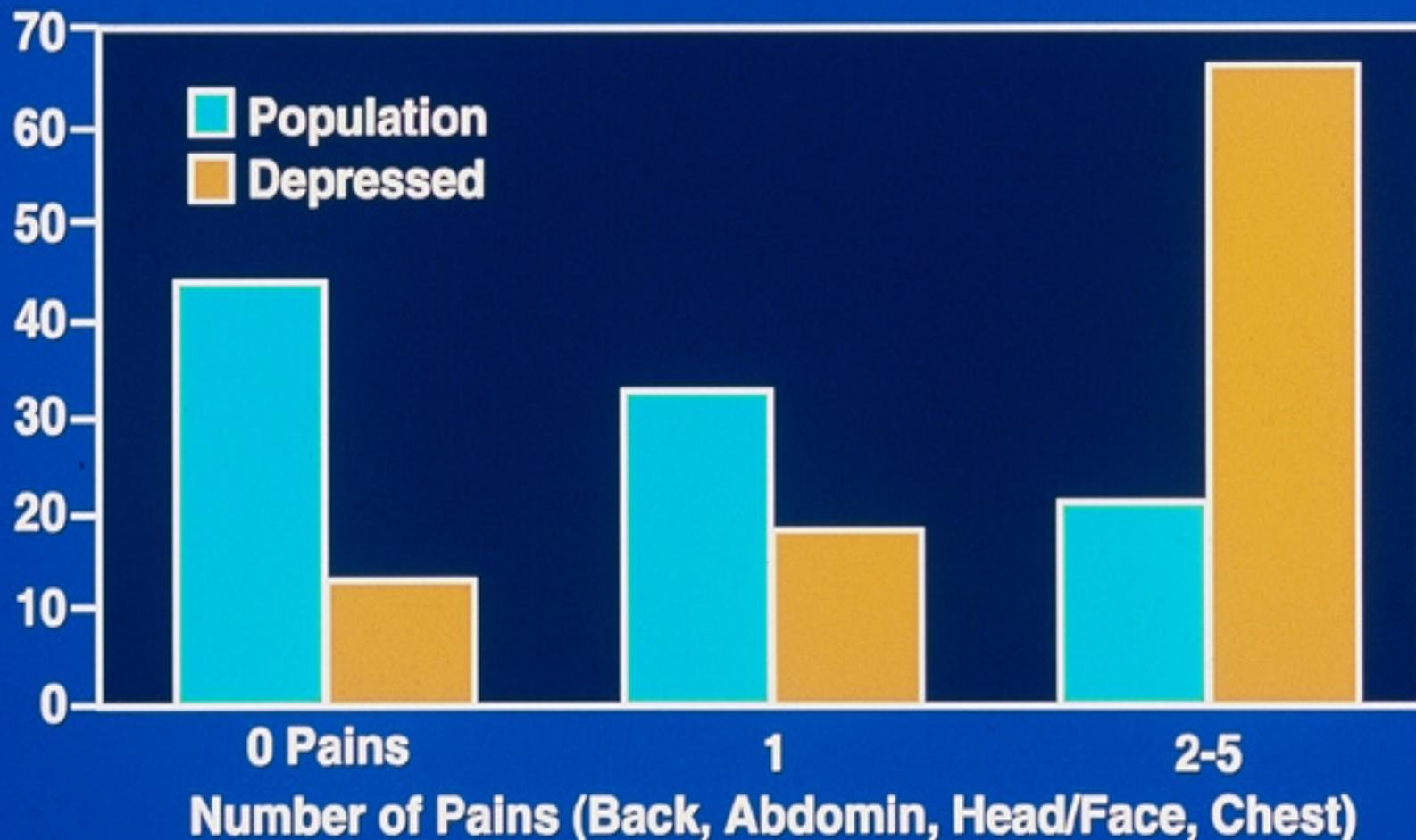
- 2 to 3-fold differences in cost were seen for every category (outpatient, inpatient, specialty, pharmacy, laboratory)

# Odds Ratio for High Use (6 or More Visits) of General Medical Services

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	<u>Males</u>	<u>Females</u>
<b>Major depression</b>	<b>1.5</b>	<b>3.4</b>
<b>Panic disorder</b>	<b>8.2</b>	<b>5.2</b>
<b>Phobia</b>	<b>2.7</b>	<b>1.6</b>
<b>Alcohol abuse/dependence</b>	<b>1.6</b>	<b>1.6</b>
<b>Drug abuse/dependence</b>	<b>1.8</b>	<b>1.2</b>

# Pain Status: Number of 5 Pains GHC Population vs. Depressed Patients\*



\*N=164 patients receiving antidepressants

# Prevalence of Mental Disorder in Chronic Physical Illness

<b>Condition</b>	<b>Prevalence (%)</b>
All conditions	24.7
Well	17.5
Neurological Disorder	37.5
Heart Disease	34.6
Chronic Lung Disorder	30.9
Cancer	30.3
Arthritis	25.3
Diabetes	22.7
Hypertension	22.4

# Maladaptive Effects of psychological disorders on somatic health

- Amplification of somatic symptoms (especially pain) and functional disability
- Decreased self-care and adherence to medical regimens
- Direct maladaptive physiologic effects
  - Modulated by automatic neurons, hypothalamus and immunologic effects

# Chronic stress and immune system

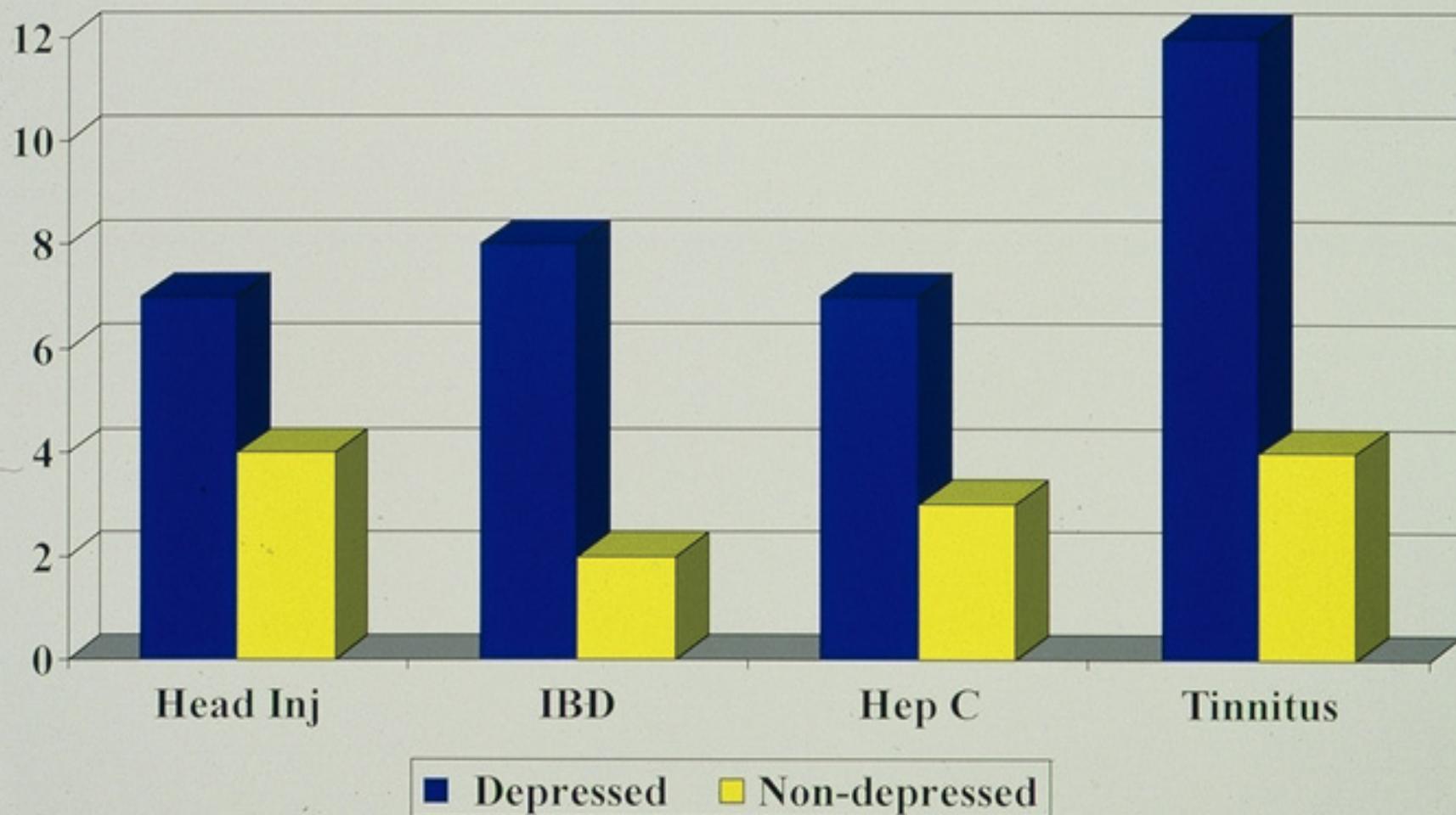
- Lower T-cells count
- Lower salivary immunoglobulin IgA
- Slow down lymphocytes DNA repair system
- Negative effect on life style & behaviour (adherence to RX, diet, and exercise)

# Depression: Symptom Implication in Diabetes

*Ciechanowski et al., 2000*

- After controlling for age, gender, education, medical comorbidity, the number of diabetic complications, and Type 1/Type 2 diabetes, patients with depression and diabetes compared to patients with diabetes alone, were significantly more likely to report having 8 out of 9 diabetic symptoms over the last week.
- These symptoms included: several days of feeling abnormally thirsty, having blurred vision, passing a lot of water daily, feeling unusually hungry, feeling shaky, cold hands and feet, feeling sleepy during the day and having a feeling of pins and needles.

# Depression comorbidity amplifies number of somatic symptoms



# Depression: Impact on Self-Management of Chronic Medical Illness

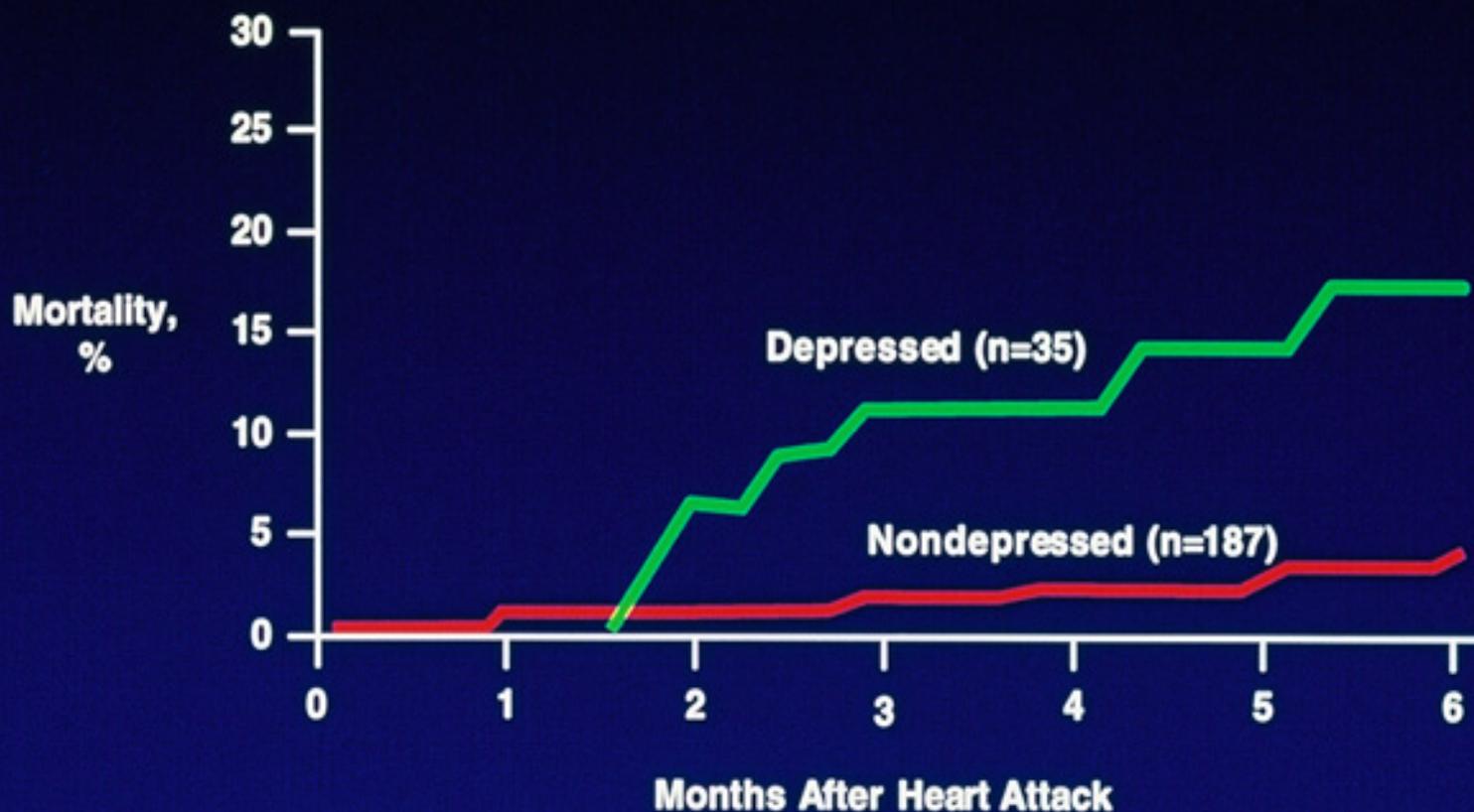
- Depressed patients with MI are more likely to drop out of exercise programs<sup>1</sup>
- Smokers with history of depression are 40% less likely to succeed in quitting smoking over a 9-year period compared to non-depressed smokers<sup>2</sup>
- Patients with major depression and coronary artery disease are less likely to adhere to low-dose aspirin therapy than non-depressed controls<sup>3</sup>

1. Blumenthal JA., et al. *Psychosomatic Med.* 1982; 44(6):529-536

2. Anda RF, et al. *JAMA* 1990; 264(12):1541-1545

3. Carney RM, et al., *Health Psychol.* 1995;14(1)88-90

# Mortality in Depressed and Nondepressed Patients Following MI



# Medical Specialties & Their Problem Patients

Orthopedics

Low back pain

Ob/Gyn

Pelvic pain, PMS

ENT

Tinnitus

Neurology

Dizziness, headache

Cardiology

Atypical chest pain

Pulmonary

Hyperventilation, dyspnea

Dentistry

TMJ syndrome

Rheumatology

Fibromyalgia

Internal Medicine

Chronic Fatigue Syndrome

Gastroenterology

Irritable bowel syndrome

Rehabilitation

Closed head injury

Endocrinology

Hypoglycemia

Occupational Medicine

Multiple chemical sensitivity

# In Conclusion

- Psychiatric disorders are common in PC.
- They are very frequently missed.
- P C physicians should be aware of the psychosocial causes of somatic symptoms
- Should be able to diagnose and treat anxiety and depression.
- By doing this they save lives, suffering and money.

THANK YOU