

# The Psychiatric Process



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# Evolution of the Patient Psychiatrist Relationship



- **Symptoms**
- **Getting help/finding the right treatment**
- **Diagnosis/Misdiagnosis**
- **Dealing with the diagnosis, illness and stigma**
- **Medications, therapy and other treatments**
- **Side effects of medications**
- **Medication trials, trial and error**
- **Compliance**
- **Maintenance**
- **Treatment resistance**

# The Family Doctor



- **Mental health symptoms are generally seen first by the family doctor.**
- **A primary care visit lasts an average of 13 minutes and includes an average of six patient problems.**
- **In contrast, a psychiatric visit usually lasts at least 30 minutes and is focused on one clearly defined issue.**

# Mind and Body



- **Neither state exists in pure isolation from the other.**
- **Physical changes in the brain often trigger physical changes in other parts of the body too.**
- **Symptoms such as racing heart, dry mouth, and sweaty palms can be “created by your thoughts”**

# Inadequate Initial Treatment



- The reluctance to get “mental health” treatment leads the family doctor to prescribe the initial medication for mood disorders (may be at sub therapeutic level and does not include talk therapy)**

# Latest Controversial Question



- **Should our psychiatrist be our primary care doctor?**
- **Some feel that all yearly visits and screenings should go through the psychiatrist instead of the primary care doctor**

# Stigma



- **Stigmatization of mental illness has persisted throughout history.**
- **It is manifested by distrust, stereotyping, fear, embarrassment, anger, and/or avoidance.**
- **It reduces patients' access to resources and opportunities**
- **It leads to low self-esteem, isolation, and hopelessness**

# Stigma Today?



- **Many patients believe mental disorders are the result of moral failings or limited will power.**
- **They do not categorize mental illnesses as a legitimate illnesses that is responsive to specific treatments.**

# Result of Stigma



- Nearly two-thirds of all people with diagnosable mental disorders do not seek treatment**

## Stigma Cont.



- In the 1950s, the public viewed mental illness as a stigmatized condition of which they had little scientific understanding of
- Survey respondents typically were not able to identify individuals as "mentally ill" even when presented with scenarios of individuals with mental illness.
- The public was not particularly skilled at distinguishing mental illness from ordinary unhappiness and worry . they tended to see only extreme forms of behavior—namely psychosis—
- It was the fear of unpredictable and violent behavior that created the stigma.

# Medication Adherence



- **Premature discontinuation of antidepressant medication occurs commonly**
- **Drop out rate of six randomized trials 48% after 6-8 months treatment**
- **Over one quarter of patients started on citalopram discontinued treatment for non medical reasons within 14 weeks**

# Improving Adherence



- **May be further enhanced by facilitating telephone/email access to the clinician for questions regarding side effects**
- **Proactive checks on therapeutic response, side effects, and adherence,**
- **Schedule return visits for patients with persistent symptoms**

# The Reality of Treatment



- **Depression *IS* treatable.**
  - i 1/3 get better right away
  - i 1/3 take time
  - i 1/3 have chronic illness
- **Mildly depressed patients do fine with therapy alone.**
- **Severely depressed patients need both therapy and medication.**