PainWeek®

The Skeleton Key: Treating Comorbidities of Pain

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PRIMARY CARE FELLOWSHIPS

UC Irvine Health

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The Skeleton Key: Treating Comorbidities of Pain

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Learning Objectives

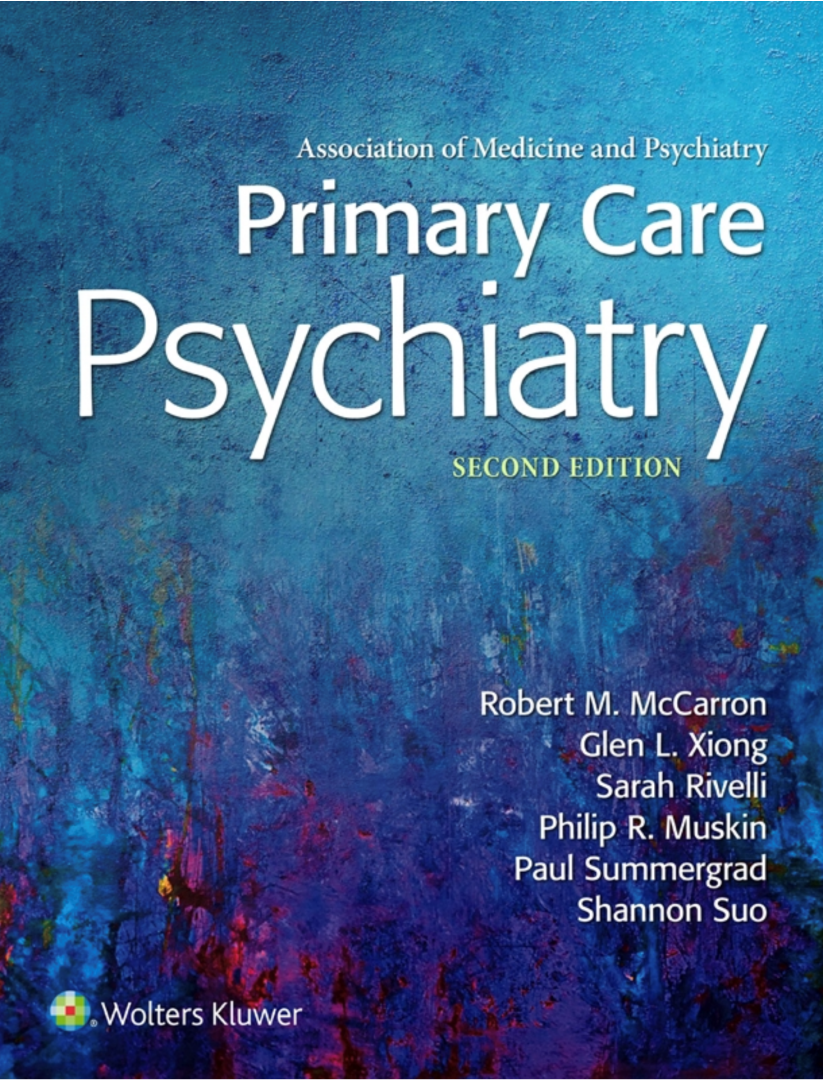
- Effectively screen for depression in a primary care setting
- Describe evidence-based treatment for depression
- Identify when it is appropriate to seek mental health consultation/referral

Disclosure

Wolters Kluwer

Lippincott's Primary Care Psychiatry 2nd Edition (Editor)

Co-Director, UC Irvine / UC Davis Train New Trainers (TNT) Primary Care Psychiatry (PCP) Fellowship



A – Anxiety

M – Mood

P – Psychosis

S – Substance Misuse

Psychiatric curriculum for PCP's

PsychiatryforPCP.org

So What Can You Get Out of This??

- Who's *really* caring for the mentally ill?
- "**AMPS**" – screening for common psychiatric illness
  - **A** – Anxiety disorders
  - **M** – Mood disorders
  - **P** – Psychotic disorders
  - **S** – Substance use disorders
- Personality Disorders – helpful hints…
- Suicide risk assessment

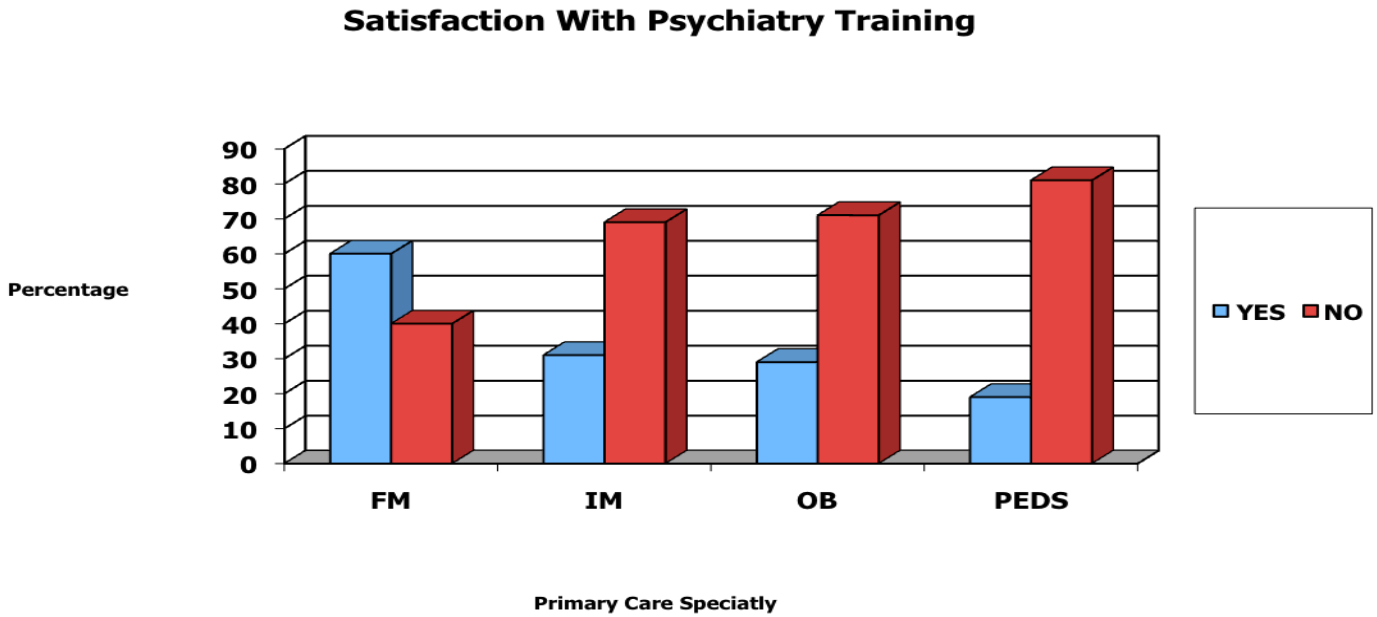
Primary Care Setting:
The *de facto* mental health care system

- Primary care physicians – provide up to 60% of all psychiatric care in U.S.
- Up to 40% of primary care patients have

  primary, active psychiatric problems
- 50% of patients with mental health referrals do not follow up (stigma, poverty, language barriers, paucity of psychiatrists, financial constraints)

S. Department of Health and Human Services - AHCPR 1993 Psychosomatics 41:5 Sept 2000 Psychiatric Services Jan, 2006

PRIMARY CARE PSYCHIATRY TRAINING ISSUES



General Hospital Psychiatry 2006

What's *really* going on?

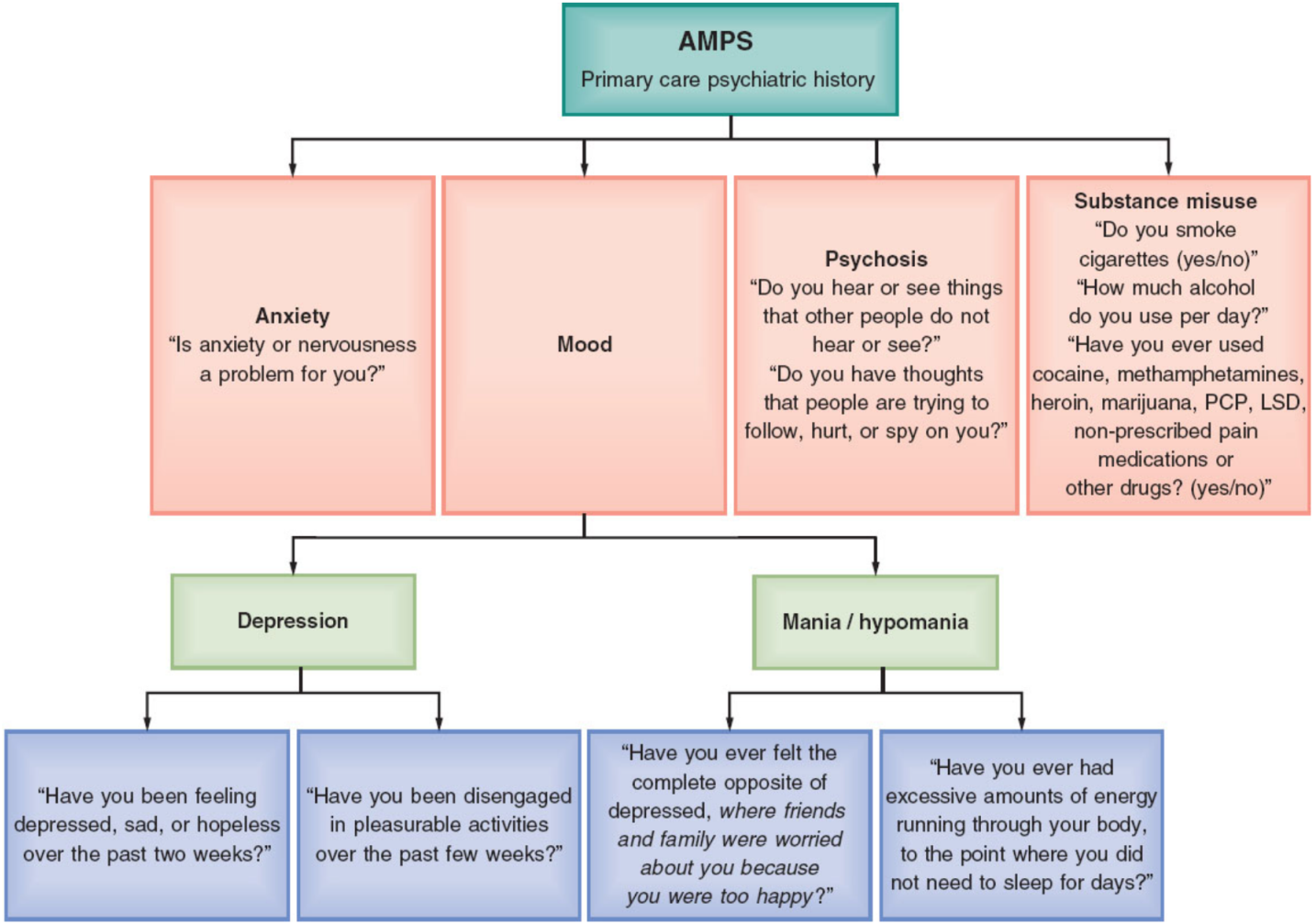
- 26 Y/O male with a history of "social drinking", brought in by his wife to the primary care clinic with concerns of: "sadness", "restlessness", "bad thoughts", "fast thoughts", insomnia and headaches all for 2 months. He also notes frequent, global headaches for the last 2 years.
- Problems with "depression" in the past with no past psychiatric admissions and no past treatment for mental illness

How do *you* screen for MDD?

A. Ask about depressed mood and sleep problems (insomnia)
B. Ask about sadness and decreased energy
C. Ask about depression and anhedonia
D. Ask about sadness and suicidal ideation
E. No evidence to support screening for depression

What's *really* going on?

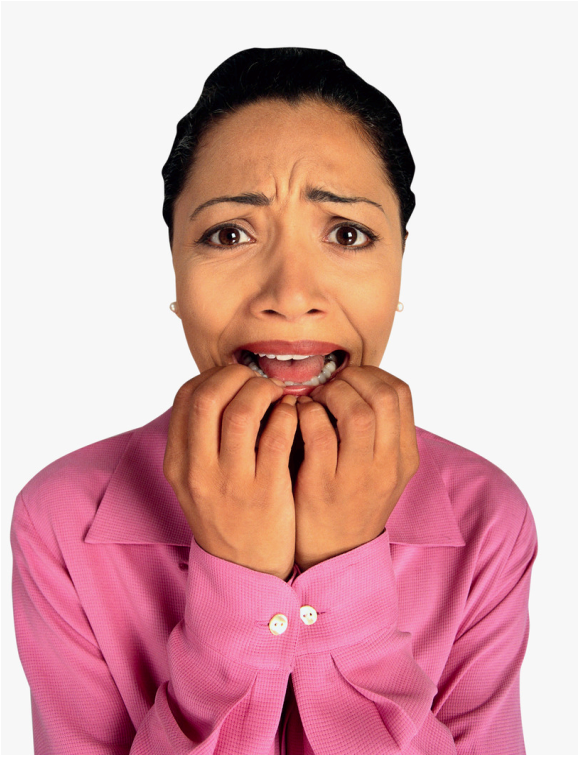
- Best way to ask about use of alcohol / drugs?
- What came first the chicken or the alcohol / drugs --- is it a primary or secondary mood disorder?
- What is the best way to assess for acute risk for suicide?
- Excessive sex, spending, talking….how can you know if someone has had a manic episode…is it even important to ask if the patient looks very depressed?



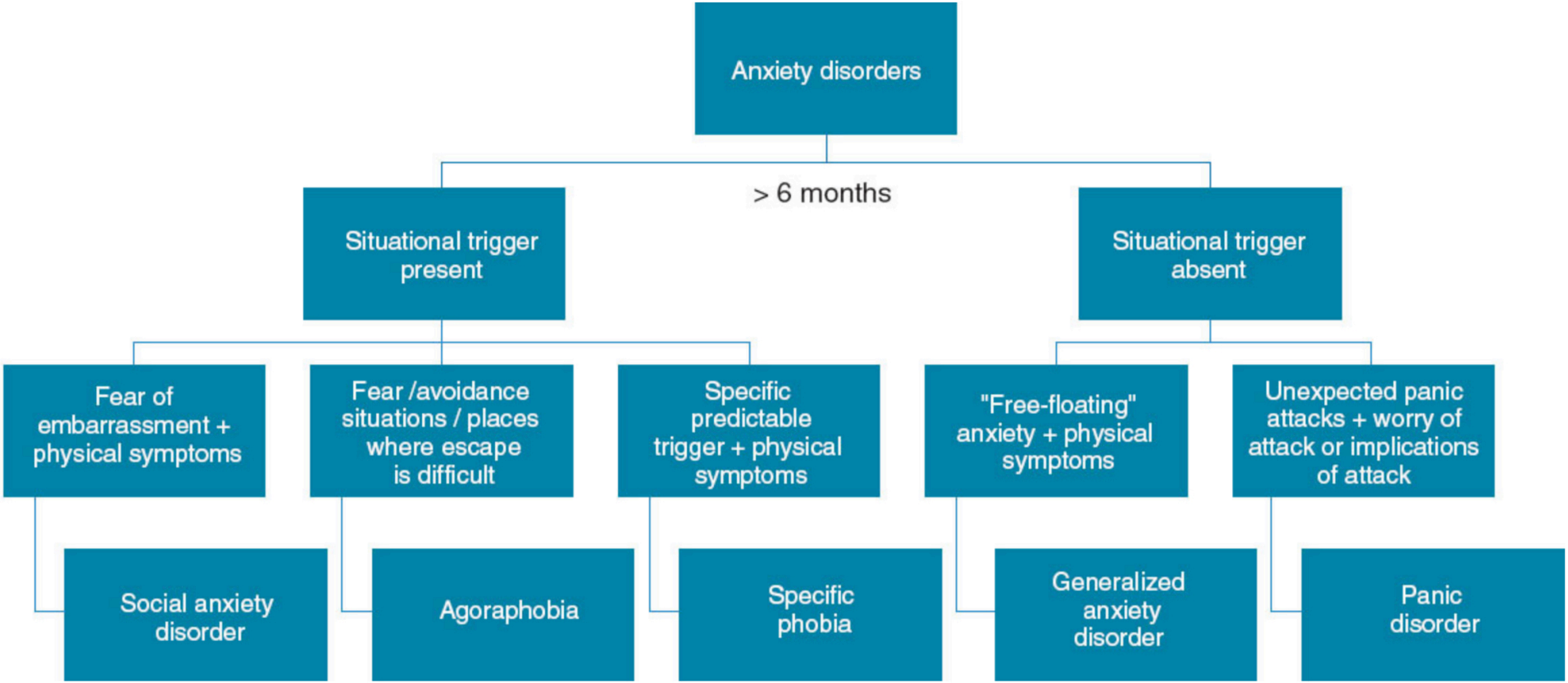
Primary Care Psychiatry 2nd Edition – McCarron, Xiong, et al.

AMPS

Anxiety



Diagnostic Algorithm for Anxiety Disorders



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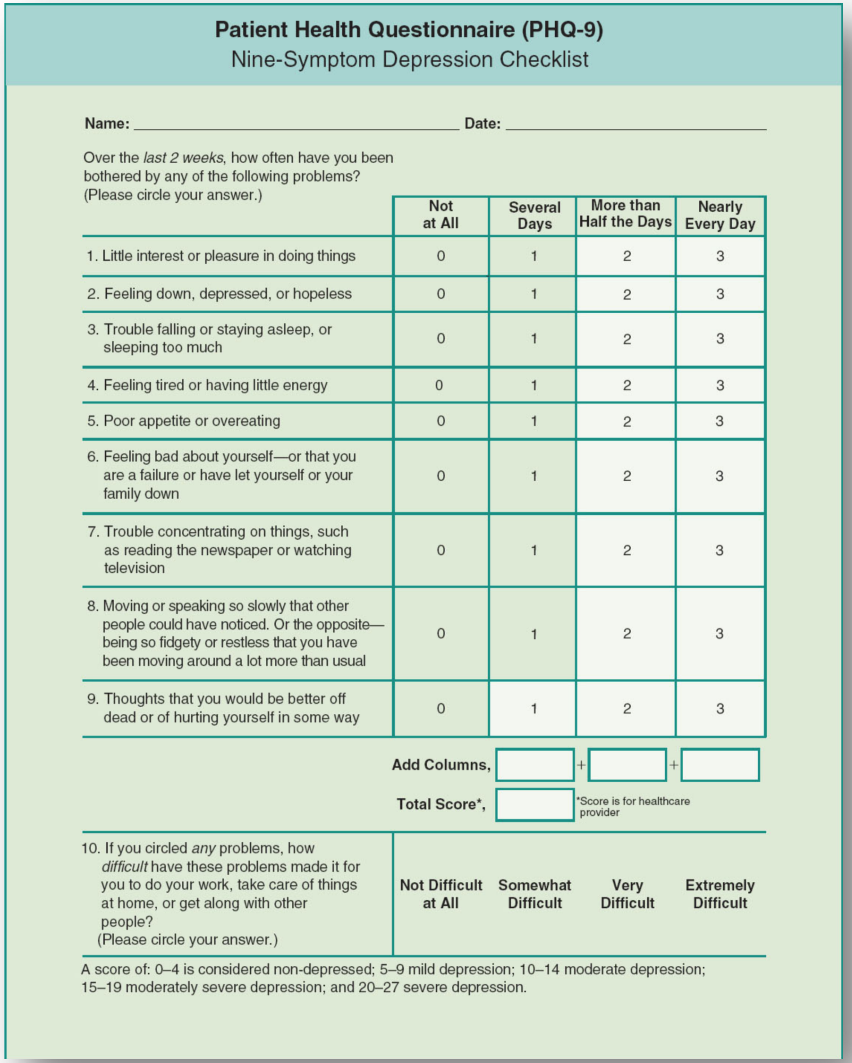
AMPS

- Mood
  (Depression / Bipolar)

"Looks like it could be depression."

Patient Health Questionnaire (PHQ-9)



Patient Health Questionnaire (PHQ-9)
Nine-Symptom Depression Checklist

Name: _____ **Date:** _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems? (Please circle your answer.)

	Not at All	Several Days	More than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
Add Columns,		+	+	
Total Score*,				

*Score is for healthcare provider

10. If you circled *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people? (Please circle your answer.)	Not Difficult at All	Somewhat Difficult	Very Difficult	Extremely Difficult

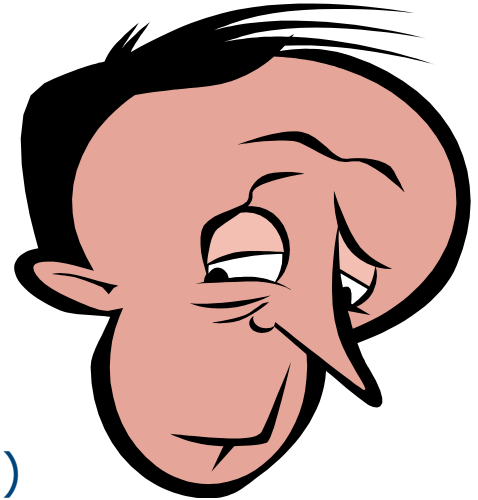
A score of: 0–4 is considered non-depressed; 5–9 mild depression; 10–14 moderate depression; 15–19 moderately severe depression; and 20–27 severe depression.

DEPRESSION DIAGNOSIS

- ***S*** leep - (too much or too little)
- ***I*** nterest – (diminished)
- ***G*** uilt – (feelings of worthlessness)

- ***E*** nergy – (loss of energy)

- ***C*** oncentration – (indecisive)
- ***A*** ppetite – (↑ or ↓ with 5% change over one month)
- ***P*** sychomotor retardation or agitation (observed by others)
- ***S*** uicide – (recurrent thoughts of death)



Diagnosing Depression…

Primary Care Psychiatry 2nd Edition – McCarron, Xiong, et al.

The Mood Disorder Questionnaire

Has there ever been a period of time when you were not your usual self and...	YES	NO
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	○	○
...you were so irritable that you shouted at people or started fights or arguments?	○	○
...you felt much more self-confident than usual?	○	○
...you got much less sleep than usual and found you didn't really miss it?	○	○
...you were much more talkative or spoke much faster than usual?	○	○
...thoughts raced through your head or you couldn't slow your mind down?	○	○
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	○	○
...you had much more energy than usual?	○	○
...you were much more active or did many more things than usual?	○	○
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	○	○
...you were much more interested in sex than usual?	○	○
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	○	○
...spending money got you or your family into trouble?	○	○
If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	○	○
How much of a problem did any of these cause you – like being unable to work; having family, money or legal troubles; getting into arguments or fights? *Please circle one response only.* No Problem Minor Problem Moderate Problem Serious Problem		
Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	○	○
Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	○	○

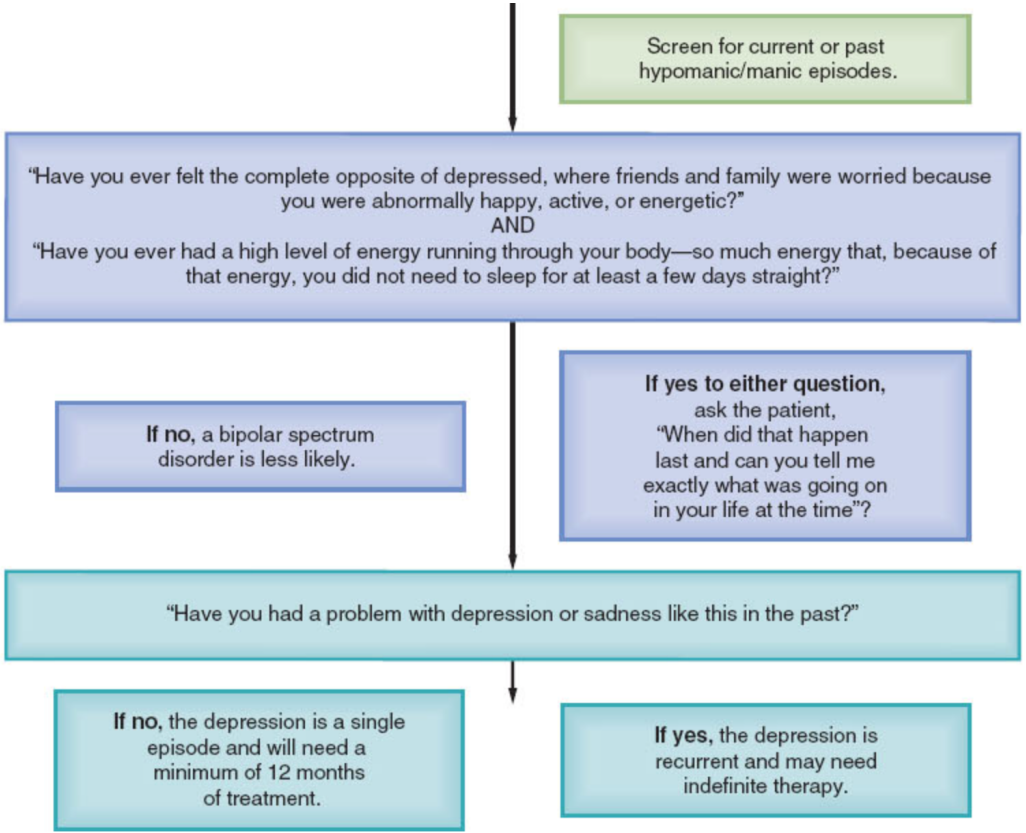
Defining the Spectrum…
Building Blocks: ***Manic Episode***

- Distinct period – abnormally
  - Expansive OR
  - Irritable OR
  - Elevated (euphoric)
- Duration of one week or hospitalization
- Three or more specific symptoms present
- Four symptoms if only an irritable mood

Defining the Spectrum…
Building Blocks: ***Manic Episode***

- Inflated self-esteem or grandiosity
- Decreased need for sleep
- More talkative than usual
- Racing thoughts or flight of ideas
- Distractibility
- Increased goal directed behavior or agitation
- Excessive involvement in pleasurable activities that have a high potential for unfavorable outcomes
- Significant social or occupational dysfunction
- Not due to medical condition or medication / drugs
  - Including anti-depressants or stimulants

Checking For Mania…



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Defining the Spectrum…
Building Blocks: ***Mixed Episode***

- Criteria for BOTH manic and MDD episodes are met each day for one week
- Social / occupational dysfunction
- Not due to medical condition, medicines or other drugs

AMPS

Psychosis

AMPS

Substance Use

Screening For Substance Abuse

- **CAGE**
  - Sensitivity: 94%
  - Specificity: 70-97%
  - Easy to use
  - If one or more are positive – probe further
- **Audit-C**
  - WHO --- easy to use
  - Score of >4
    - Sensitivity: 86%
    - Specificity: 72%

General Recommendations for Substance Use Disorders

Screening

- Routinely screen all patients for harmful substance use
  - Ask questions about substance use in the context of other lifestyle questions or use a validated screening tool (e.g., AUDIT, ASSIST, DAST-10, CAGE-AID, CRAFFT, TWEAK)
- Screen adolescents for substance abuse every time they seek medical services
- Present results of positive screen and discussions about substance use in a nonjudgmental manner

Brief intervention

- Appropriate for patients with a positive screen result, but most effective for patients with less severe substance use problems
- Includes feedback about screening results, risks of use, information about safe consumption limits, advice about change, assessment of patient's readiness to change, negotiated goals and strategies for change, and arrange follow-up visit to monitor patient progress

Assessment and treatment

- Become familiar with available assessment and treatment options
- Refer high-risk patients to a specialist if possible
- Encourage reluctant patients to accept treatment of some kind

Confidentiality

- Set up reminders about the need to screen and reassess patients for harmful substance use
- Do not perform screening or laboratory tests (i.e., blood or urine tests) without the patient's consent
- Consult the patient before discussing his or her substance use with anyone else

The “Difficult Patient Encouter”…

Personality Disorders Helpful Hints…

Table 15-4 Using E = MC^3 as Part of the Treatment for Borderline Personality Disorder

Empathy	Try to fully understand the details of one's turbulent and chaotic life.
"Manage", not "cure"	Personalities are formed early and can be difficult to modify. Improvement may be gradual and temporary with frequent "relapses" of behavior.
Countertransference	Consider why you are feeling a certain way before you respond to a patient.
Comorbidity	Screen for other psychopathology (e.g., mood, anxiety, and substance use disorders).
Consistency	Make consequences clearly known and enforce boundaries every time. Avoid making exceptions or treating some people as "special".

Assessing risk for suicide

- Over 50% of those who kill themselves have seen their primary care doctor within one month of doing so.
- Over 50% of suicides will end up in litigation
- Firearms --- ask about access
    - Women 45%
    - Men 70%
- Make a concluding statement about *acute* risk

DOCUMENT !!

SUICIDE RISK FACTORS

- Suicidal or homicidal ideation, intent or plan
- Access to means of suicide (Firearms)
- Command hallucinations or other psychosis
- Anxiety
- History of previous attempt
- Family history or recent exposure to suicide

APA Practice guidelines for treatment of MDD

Question #1

26 Y/O male with a history of “social drinking”, brought in by his wife to the primary care clinic with concerns of: “sadness”, “restlessness”, “bad thoughts”, “fast thoughts”, insomnia and headaches all for 2 months. He also notes frequent, global headaches for the last 2 years.

What is the most likely diagnosis?

A. Alcoholism
B. Depression
C. Bipolar Disorder, Mixed
D. Bipolar Disorder, Depressed
E. Not really sure…

Question #2

What is the cause of Major Depressive Disorder?

A. Monoamine Hypothesis
B. Dysregulated dopamine – mainly D2 and D4
C. Cortisol abnormalities
D. Bad stuff in life
E. Gee…not really sure?

Question #3…

What is the best way initial approach to see if a patient has problems with alcohol misuse?

A. Ask the patient directly
B. Ask a friend or family member
C. AUDIT questions
D. CAGE questions
E. Assume it is not a problem until the patient brings it up first

All Done!!

Any Questions???