More Collaborative Psychiatric Care Is Needed

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TORONTO — Pediatricians often prescribe medications for psychiatric disorders with an insufficient knowledge base and little collaborative help from psychiatrists, according to results of a cross-sectional survey of primary care pediatricians presented at the annual meeting of the Society for Developmental and Behavioral Pediatrics.

"Having done this survey, we are very concerned that inadequate psychiatristpediatrician communication may lead to mismanagement of children with psychiatric disorders," commented lead investigator Wendy Ross, M.D., of Children's Hospital Boston and Harvard University, Boston.

Increases in the primary care diagnosis and management of psychiatric disorders in children have created a need for more psychopharmacology knowledge among pediatricians and a demand for accessible collaborative psychiatric care, Dr. Ross

Investigators mailed surveys to 200 pediatricians randomly selected from the Massachusetts chapter of the American Academy of Pediatrics and received 100 surveys.

The mean age of respondents was 47 years, 45% were female, and the mean duration of practice was 16 years.

Almost all pediatricians (98%) reported

longer than preferred wait times for their patients to see a psychiatrist. Major barriers to psychiatric referral in the study were the availability of psychiatrists (97%) and insurance coverage (97%), she

Only 5% of pediatricians reported feeling adequately trained in psychiatric conditions and treatment, and most believed more training should be included in residency (92%) and continuing medical education (95%).

Still, a majority of the pediatricians reported that they had diagnosed attentiondeficit hyperactivity disorder (ADHD) (93%), depression (75%), and anxiety

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(69%). Pediatricians more likely to prefer that a psychiatrist prescribe medication for children anxiety (87%) and depression (85%) than for ADHD (22%).

"For depression and anxiety, fewer, but still many, are

diagnosing," Dr. Ross said. "Almost all of these physicians would prefer that psychiatry manage these patients."

At the time of the study, 32% reported that they referred more than 21 patients to psychiatry in the past year. Overall, 66% reported more than 21 patients currently under psychiatric care.

Many pediatricians reported initiating medications for ADHD (86%), depression (57%), and anxiety (44%). Pediatricians refilled medications prescribed by a psychiatrist for ADHD (88%), depression (76%), and anxiety (72%).

However, only 14% of pediatricians said they received any information after a psychiatric referral, Dr. Ross said.

More than 90% of respondents reported that they are more likely to get communication from surgeons and other medical subspecialists than from psychiatrists. Slightly more than half of pediatricians (51%) felt confidentiality was not a barrier to communication.

The study was limited by a small sample size and single geographic location, but Dr. Ross added that the demographics of their population are comparable to the national results of the AAP national survey of pediatricians.

The next step is to survey pediatricians and psychiatrists on a larger scale, and to look for possible solutions.

The survey showed that pediatricians themselves could do more to reach out to their colleagues.

Although 66% of pediatricians agreed that prior communication with a psychiatrist might result in more communication after a patient visit, only 25% reported speaking with a psychiatrist first. Indeed, 28% of those who contacted a psychiatrist prior to a patient's visit reported that they were likely to receive follow-up communication.

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