Practical Psychiatry in Medicine

Part 17. Psychologic Aspects of Management

Management implies not only the application of specific therapeutic measures but also the design and implementation of a comprehensive, individualized program of care in the light of continuing evaluation of the patient.

General Considerations

Effective management of patients with psychiatric disorders rests upon the same basic principles that underly the management of other medical disorders: (1) collection and analysis of data obtained from the history and observation of the patient, (2) delineation of specific problems, (3) the diagnosis of a specific clinical entity, (4) the discernment of those factors which have contributed to the development and continuance of the patient's illness, and (5) an assessment of the patient's assets and resources which may be key factors in the process of recovery.

The design and implementation of a comprehensive plan of care require all five of these steps. For example, in the management of a patient with depression it is essential to evaluate the "problem" of suicidal risk, for this will be an important determinant of planning treatment on an outpatient basis vs hospitalization. The patient's problems in functioning associated with psychomotor retardation will have an important bearing not only on one's psychotherapeutic approach, but also on the degree to which the patient is able to shoulder the demands of daily routine and work until symptomatic and functional improvement occur. The patient's attitude of trust in the physician, his confidence in the physician's ability, and an interested, cooperative spouse or family are invaluable assets in management.

Perhaps the most basic decision to be made by the physician is whether he will manage the psychiatric patient himself, with or without psychiatric consultation, or refer the patient to a psychiatrist.

Psychiatric Referral

Which patients the primary physician refers to the psychiatrist and which patients he elects to manage himself depend in no small measure on the physician's schedule and on his interest and experience in the management of emotional disorders. Available time is a critical factor, especially when the therapeutic approach requires regularly scheduled visits of 20 to 30 minutes duration, once or twice a week, for several weeks or longer. Just as important, though less easily defined, is the issue of feeling interested, comfortable, and confident in the management of patients with psychiatric problems.

While there is, therefore, considerable variation among primary physicians regarding the indications for psychiatric referral, we believe that in general such referral is indicated when there is evidence of (1) psychosis or severe neurosis; (2) any serious behavioral problem, especially one which threatens the welfare of the patient or others; and (3) severe personality disorders, particularly when the patient himself expresses concern with his own attitudes and behavior. This obviously does not exhaust the possible occasions for psychiatric referral. There may be emotional disturbances primarily related to situational stress that warrant psychiatric referral or that warrant the services of a skilled social worker, marriage counselor, or a member of the clergy trained in pastoral counseling.

In referring the patient to a psychiatrist, whether for consultation or continued treatment, the physician must take care to (1) avoid giving the patient a feeling of being rejected, and (2) ensure that the patient understands the reasons for the referral and has had an opportunity to ask questions and express his views about it. The patient whose emotional disturbance is manifested by somatic symptoms and who has little awareness of significant emotional problems is apt to resist going to the psychiatrist if the referral is made prematurely; indeed, such a patient may feel that the physician has missed the diagnosis and he may seek help elsewhere. Thus, it is apparent that

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The following chapter has been selected by the Publisher from its book, *Practical Psychiatry in Medicine,* by John B. Imboden, MD, and John Chapman Urbaitis, MD, in the hope that it will have immediate usefulness to our readers.

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Family Practice Forum

Family Physicians and Radio Broadcasting

Maurice Martin, MD
Barre, Massachusetts

Over the past few decades, the communications media have emerged as major sources of information for the American public. Health professionals concerned with patient awareness, particularly family physicians, should consider using the media to reach the community outside their practice population. Radio is an ideal medium for such a purpose; it involves a high level of listener involvement, can be heard by automotive as well as home audiences, and has a long tradition of spoken programming.

My involvement with radio began with a community radio station where I did a morning music program. On contemplating how to increase my involvement at the station, I realized the potential for combining my medical and musical interests. Sparked by the encouragement of a remarkably supportive staff, I began, with two other physicians, a weekly, live, 45-minute program, "Call Me In the Morning," which encouraged live telephone calls from listeners.

The goals of this program evolved over the subsequent months, but encompassed the following areas:

Demystification

Initially, there is a need to increase the accessibility of medical knowledge to the public and lend support to the concept that physicians are approachable, have opinions, and are not omniscient. In promoting an egalitarian view of the medical profession, it is necessary to stimulate listeners to enter into a dialogue with their physicians and take a more active role in their own health care. On several occasions callers expressed surprise that there exists any controversy in such fields as cancer therapy, composed of "facts and right answers."

Health Education

A portion of the program is devoted to the body's workings, the pathogenesis and treatment of disease. Although this seems the core of any medical show, it has limitations that were not immediately apparent. Spending 45 minutes discussing the nature of pulmonary emboli is not only overly detailed, but is not what listeners wanted to hear. Callers during these programs expressed confusion over the large number of facts presented. In response, we emphasize only the essential technical aspects and their relation to broader issues. For example, discussing the link between oral contraceptives and thromboemboli brings the topic into the realm of personal experience for a much larger audience.

From the Barre Family Health Center, Barre, Massachusetts, in affiliation with the Department of Family and Community Medicine, University of Massachusetts Medical School, Worcester, Massachusetts. Requests for reprints should be addressed to Dr. Maurice Martin, Somerville Family Practice, 1020 Broadway, Somerville, MA 02144. At the time this paper was written, Dr. Martin was a third year family practice resident.

0094-3509/80/100665-02$00.50
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Prevention

Knowledge of disease processes does not in itself lead to changes in behavior. As family physicians and primary care physicians, we encourage the early detection of illness and suggest ways of altering one's lifestyle to stay healthy. We hope, in particular, to reach the presently healthy person who may not be seeing a physician on a regular basis. Such a topic is particularly appropriate for programming since, even in the office, physicians' priorities and time constraints often preclude thorough discussions of preventive care.

Self-care

This is another often requested topic; we wanted to help listeners acquire competent home health skills and learn the boundaries of self-care, including deciding when to call a physician. Representatives of several self-help groups explained the way in which individuals with chronic diseases can give each other guidance and support.

Consumerism

There has been growing public interest in selecting medical services with care. We discussed finding one's way through the medical system, choosing a physician, getting the most out of medical interactions, and knowing one's rights as a patient. Our city has many social agencies whose existence is not well known, and we devoted several programs to particular organizations whose services are valuable but underutilized.

Alternative Healing Methods

The program is also a forum for lesser known non-Western and folk medicine philosophies. An attempt is made to be objective, open, and critical in examining these modalities as beneficial interfaces with traditional medicine.

In retrospect, the choice of topics and live format seems to reflect a philosophy of care that is consistent with the ideology of family practice. A goal is not only the transmission of information, but is, more importantly, the promotion of effective physician-patient communication and collaboration. This is in contrast to medical radio programs that use a more didactic approach, are taped in advance, and are principally concerned with more traditional health education issues. In setting up a series such as this, the content and orientation are invariably a function of one's perception of what constitutes good health care. The family physician, by virtue of his or her breadth of training and frequent role as patient advocate, is well suited to a program of this sort. Fortunately, the medium is flexible enough to accommodate a wide range of viewpoints.

The call-in format helps keep the show on an understandable and relevant level. With physicians, lapses into overly technical jargon are a frequent and seemingly reflex occurrence. Guests are routinely warned not to give specific therapeutic advice to callers, but rather to use personal problems to illustrate general points.

The interview format is used primarily, having a specific topic and guest speaker for each program. At first, panels of four or five were used, but listeners commented that distinguishing individual speakers was too confusing. Presenting a debate is another way to illustrate the changing nature of medicine and expose listeners to a variety of viewpoints. Such groups are lively, but can degenerate into personal arguments and need a skillful moderator. To be effective, a program must be entertaining as well as informative. The use of interspersed musical segments or dramatic case presentations can be of help. Here the guidance of an experienced producer is invaluable.

It is not only the listening audience that benefits from programs such as these; there are several advantages to the physician as well. In seeking out and talking with other health professionals, one's awareness of community resources is expanded. The physician has a greatly increased visibility to the community, and by showing his or her style of practice may attract patients interested in this type of care. Lastly, the physician's frame of reference is invariably broadened by engaging in activity outside the traditional, insular professional setting.

My work with radio broadcasting has complemented my residency training and helped me incorporate skills that at first seemed very nonmedical. It provoked thinking about issues that will be important in future practice. I can recommend it to any physician who is committed to expanding the public's health awareness and feels confined by the traditional boundaries of a medical practice.