Lecture 14

Editing file

MED438
KING SAUD UNIVERSITY

PRIMARY HEALTHCARE TEAMWORK

Common Psychiatric Problems

Objectives:

- ★ Estimate the prevalence of anxiety, depression ,and somatic symptom disorder in Saudi Arabia
- ★ Explain the aetiology of anxiety, depression and somatic symptom disorder
- ★ Interpret the clinical features of anxiety, depression and somatic symptom disorder in a family medicine setting
- ★ Design a management plan for anxiety, depression and somatic symptom disorder.
- ★ Summarize about the role of counselling and psychotherapy in the management of common psychiatric problems.
- ★ Judge when to refer patients to Psychiatrist.

Color index:

Original text Important Doctor's notes Golden notes Extra

Depression

Epidemiology

- Saudi Arabia:
  - Some studies showed that the prevalence is 10% others said that it's around 15%.
- Sex:
  - More common in females (it's not clear but it might be because of hormonal changes).
- Age:
  - Can affect all age groups but most commonly in the young.
- Marital status:
  - More common in those who are unmarried (lack of family support).

Etiology

- **Psychosocial stress (The most common).**
  - Stress at home, school and work.
  - Marital and financial problems.
- Biological theory: Serotonin, Norepinephrine and Dopamine. (They prescribe medications based on this theory)
- Genetic theory.
- Drug and alcohol abuse. (Never forget this point especially in adolescents)
- Unknown. Although the patient is stable in different aspects (financially, emotionally...) you won't be able to determine the cause for their depression (maybe because of the way they sees things نظرة سلبية)

Classifications:

- Unipolar: only depression.
- Bipolar: depression and mania.
- Major or minor.
- The old classification: Endogenous or Reactive
  - Neurotic or Psychotic begins to hallucinate (hearing voices etc… those need referral)
- Psychiatric disorders are divided into two characteristics:
  - Neurotic (عُصابي) symptoms vary in severity, you can use a scale for it to determine if normal or neurotic. (depression, anxiety, obsessive-compulsive disorder)
  - Psychotic (ذُهاني) symptoms are either present or absent, like hallucinations and delusions. Thus, if you see a patient hallucinating he/she is directly psychotic (schizophrenia and bipolar disorder)

Depression

Clinical Features DSM5 Criteria:

- Not every sadness mean depression some people may have symptoms of depression but they aren't depressed or don't fulfill the criteria for a diagnosis of depression.
- Criteria for Major Depressive Disorder (MDD):
  - At least one major depressive episode.
  - No history of mania or hypomania.
  - Symptoms are not due to a psychiatric disorder
- Criteria for Major Depressive Episode (MDE): (**Dr Slides**)
  - At least One of the following :
    1. Depressed mood all of the days.
    2. Anhedonia (loss of interest in pleasurable activities) all of the days.
  - At least five of the following symptoms for at least a **2-Week** period including the one of the listed above :
    1. Depressed mood most of the day.
    2. Anhedonia most of the day.
    3. Change in appetite or weight (↑ or ↓).
    4. Feelings of worthlessness or excessive guilt/pessimistic.
    5. Insomnia or hypersomnia. They will have late insomnia in opposite to anxiety (Early insomnia) يعني ينام واذا قعد من النوم صعبة يرجع ينام ثاني
    6. ↓ Concentration/thinking.
    7. Psychomotor agitation or retardation (i.e., restlessness or slowness).
    8. Fatigue or loss of energy every day.
    9. Recurrent thoughts of death or suicide.
    10. Suicide? Means severe depression very important to ask about in OSCE, Refer the patient.

Symptoms of major depression mnemonic (DICES GAPS)
Depressed mood, **I**nterest,**C**oncentration, **E**nergy, **G**uilt, **A**ppetite, **P**sychomotor activity, **S**uicidal ideation

Differential Diagnosis:

- Normal sadness.
- Hypothyroidism.
- Drugs side effects. (OCPs, Steroids, β Blocker)
- Anxiety.
- Parkinson's disease.
- Dementia.
- Adrenal dysfunction. (Rare)
- Vitamin D deficiency.
- In depression you have to rule out Hypothyroidism, while in anxiety you have to rule out hyperthyroidism.

Depression

Management (OSCE):

A. Psychosocial approach:
   - Support at Home, Work, Financial and Relationship

B. Psychotherapy: help patient to decrease stress, and cope with it by
   1. Cognitive psychotherapy: +ve thinking in every situation.
   2. Ventilation psychotherapy. تخليه يسولف ويفضفض
   3. Family support.

C. Pharmacological therapy:
   - SSRIs (Selective Serotonin Reuptake Inhibitors) The most common one used right now.
   - TCA (Tricyclic antidepressant) Was used in the past & In Resistance cases.

D. Effect of drug & Duration of treatment. Inform them about the side effects (dry mouth, blurred vision, constipation goes with TCAs. N/V, disturbance in sleep cycle with SSRIs) you should encourage them to use the medication and tolerate these side effects for the sake of their mental wellbeing.

E. Compliance to medication: S/E

F. When to refer to psychiatrist?
   1. Severe depression
   2. Recurrent thoughts of suicide
   3. Hallucinations (pyschotic symptoms)
   4. Failure of treatment

- All antidepressant medications are equally effective but differ in side-effect profiles. Medications usually take 4–6 weeks to fully work. patients who are not informed with this info are more likely to stop the medication within a week since there's no much of a difference to them.

Prognosis:

- Good if treated early can get back to normal.
- Need psychosocial support

Anxiety

Epidemiology

- Saudi Arabia (Variable, Some studies showed that the prevalence is 15 % others stated that it's around 30%)
- Age (middle age group)
- Sex Female (Emotional instability, hormonal changes etc..)
- Marital status (Unmarried)

Etiology

- Psychosocial stress
- Relationship problem Bad relationships.
- Financial problem losing money
- Anxious Personality
- Physical illness DM, cancer etc…
- Genetic theory

Clinical features

- Normal physiological anxiety
- Generalized anxiety disorder has specific criteria:
  - Continuous and chronic state of excessive worry or apprehensive for > 6 months.
  - Psychological: fear or apprehension, restlessness, initial insomnia, poor concentration.
  - Physical: muscular ache, headache, bone ache, dry mouth, palpitation, sweating, wet palms.

Differential diagnosis

- Physiological anxiety: Short duration.
- Hyperthyroidism.
- Drug or alcohol withdrawal.
- Panic attack.
- Pheochromocytoma.(Rare)
- Hypoglycemia.
- Phobia.

Anxiety

Management

A. Relaxation. (doing exercise etc..)
B. Supportive counseling. (Knowing their problems)
C. Psychotherapy. (Cognitive behavioural therapy)
D. Pharmacological:
    - β-blocker: Physical symptoms (Tremors, palpitation etc..)
    - Benzodiazepine better not to use it initially: for short period less than 1- 2 week in primary care
        - WHY?
            - Drug dependence.
            - Alternative: small dose of antidepressants: SSRIs and tricyclic.
            - Small dose of antidepressants e.g. amitriptyline is better than benzo.
    - First-line treatment for Anxiety and depression is **SSRIs**.
    - Tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs) may be considered if first-line agents are not effective. their side-effect profile makes them less tolerable and more dangerous.

Prognosis

- Good prognosis.
- If diagnosed and treated early no recurrence in majority..

An area for your notes

Somatic Symptom Disorder

What is it?

- Somatic Symptom Disorder. (AKA somatization < old name)
- One of the commonest mode of presentation in general practice.
- Expression of psychological problems in physical complaints. شكوى المريض جسدية وليست نفسية
- Multiple, recurrent, change physical symptoms
- Hypochondriasis. (Anxiety disorder regarding one organ)
- Patient tells you I have done several tests but all of them were normal .
- Every visit patient comes to you with new symptoms.

Clinical Features:

- Could be presented by any physical complaint
- Absence of organic pathology
- Seen by different doctors and hospitals
- Depression and anxiety might be the underlying causes

Management

- Explain to the patient and family relationship between psych and somatic. (Try to explain to the patient that what affect them psychologically/mentally could be exhibited physically)
- Empathic attitude. (Give them some attention)
- Avoid unnecessary investigation راح تكلف عليه, قللها قدر المستطاع
- Treat underlying depression and anxiety
- You should give them fixed appointment, rather than open one.

Prognosis

- Somatic symptom disorder likely to be chronic and difficult to treat.
- If treat underlying depression and anxiety early, patient will improve.

Somatic Symptom Disorder

The role of counselling and psychotherapy in the management of common psychiatric problems:

- Counselling. (you let them solve their problems by thier own (your role is only to give advices))
- Psychotherapy. (You try to change the patient's way of thinking)
- Family support.
- Continuity of care.

Conclusion

- Anxiety, depression, and somatic symptom disorder are common psychiatric illness at primary care level.
- Good consultation and communication skills with patients will help family physician to diagnose psychiatric illness early.

Tips from the doctor for OSCE

★ "لايخلو الاوسكي من حالة depression او حالة "GAD >> واحد شاب معه GAD او واحد معه anxiety و drug او مريض مكتئب. abuse

★ The approach is general, first of all introduce yourself, build a trusting relationship with your patient, then go the the history ask about the effect of the problems ask about risk factors, and about ICE, after you finish from PE go to the management, in management always start with non-pharmacological treatment, you shouldn't mention referral unless the patient has a reason for it : hallucinations, severe depression, suicidal thoughts .

Cases

Case Study 1:

Ibrahim 40 years old nurse presented to primary care clinic complaining of depressed mood most of the day, loss of interest, insomnia, decreased appetite, hopelessness, and pessimistic and guilty thoughts.

- What's your diagnosis? Major Depressive Disorder.
- **How you will proceed during this consultation?**

Case Study 2:

Nasser 28 years old Chief manager presented to primary care clinic complaining of excessive worry and sense of impending disaster without evidence of appropriate real danger, started 9 month ago. He had history of muscular ache, abdominal discomfort, dry mouth, palpitation, frequent attack of shortness of breath, cold extremities and wet palm during the last 7 month.

- What's your diagnosis? Generalized Anxiety Disorder.
- **How you will approach Nasser?**

Case Study 3:

- Khalid 35 years old present to primary care clinic complaining of dizziness, backache and indigestion.
- His file show: for the last 7 month, he presented with the following: abdominal pain, nausea, intolerance to 15 different foods, backache, shortness of breath at rest, chest pain, dizziness, difficulty swallowing, palpitation.
- **Investigations:** Blood test 5 times, chest x-ray 3 times, ECG (6 times), ultrasound abdomen (2 times), CT scan abdomen (2 times), upper Gi endoscopy (2 times), colonoscopy once. ALL investigations were NORMAL

- What's your diagnosis? Somatization
- **How you will manage Khalid?**

Lecture Quiz

Q1: A 32-year-old housewife presents with 10 months history of different complaints over the last three visits to the family physician. The clinical examination and routine investigations were normal, but she is still suffering and asking for more investigations. what is the diagnosis?

A.Major depression disorder
B.Somatization
C.Generalized Anxiety disorder
D.Social phobia

Q2:A 35-year-old female patient comes to your office complaining of bouts of palpitations, pounding heart, shortness of breath and diaphoresis, along with feelings of impending doom. During the attack, BP is 160/76 and heart rate 124 bpm and regular. After 15 minutes, the BP has subsided to 122/ 74 and heart rate to 82 bpm. What is the most likely diagnosis?

A. Depression
B. Panic disorder
C. Thyrotoxicosis
D. White coat hypertension

Q3: A women came to the clinic diagnosed with generalized anxiety disorder what is the proper management?

A.Urgent psychiatric referral
B.Antipsychotics
C.Psychotherapy and SSRI
D.Beta blocker

Q4: A 42-year-old lawyer makes an appointment for his chest pain, 2 year ago his associate suffered a myocardial infarction. His pain is intermittent, not severe, not associated with exertion, and more likely to occur while he is sitting and watching television in the evening. A resting ECG is normal, as is a subsequent ECG treadmill stress test. One week after the stress test, the physician explains the results and the patient says the symptoms have disappeared. What is the most likely diagnosis?

A. Conversion disorder
B. Generalized Anxiety disorder
C. Hypochondriasis
D. Somatization disorder

Q5: Which one of the following is an anxiety disorder?

A. Social phobia
B. Conversion disorder
C. MDD
D. Factitious disorder

Answers: Q1:B | Q2:B | Q3:C | Q4:C | Q5:A

THANKS!!

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We are all ears!