An Approach to Collaborative Care and Consultation: Interviewing, Cultural Competence, and Enhancing Rapport and Adherence

B.J. Beck and Christopher Gordon

Although changes in the US health care system promote a population-based approach, increases in population diversity emphasize the need for culturally competent, patient-centered, participatory care. Despite this perceived conflict, the global view has improved the recognition of mental health issues as a driver of overall health as well as health care spending. This recognition, along with the many forces that keep mental health care in the primary care sector, actually encourages the development of collaborative models that capitalize on the primary care provider’s opportunity to leverage their rapport with the patient to improve access to, and comfort with, specialty mental health services. Engaging patients in their own path to recovery or well-being improves engagement in, and adherence to, the treatment plan and ultimately improves outcomes.

An Approach to the Patient in Crisis: Assessments of the Risk of Suicide and Violence

Rebecca Weintraub Brendel, Marlynn H. Wei, and Judith G. Edersheim

Suicide is one of the leading causes of death in the United States and is defined as intentional self-harm with the intent of causing death. Various mental disorders may be a cause for increased violence. This article outlines the elements of the risk assessment (for harm to self and/or others) in patients in crisis and addresses which contributing factors may be modifiable. This article also proposes a practical framework for the management of risk regarding suicide and violence.

An Approach to the Patient with Cognitive Impairment: Delirium and Dementia

Jason P. Caplan and Terry Rabinowitz

Patients with cognitive impairment can be divided into 2 broad groups: those with chronic cognitive decline (most likely diagnosable with a dementia) and those with acute cognitive changes (most likely experiencing a delirium). However, diagnosis in clinical practice is far more complicated than it is in textbooks. Perhaps the greatest hurdle in evaluating the cognitively impaired patient is the clarification of a cohesive history. Unfortunately, the cognitively impaired patient is most often unable to provide such a history, and in the absence of a reliable family member, friend, or caregiver to fill in the gaps, diagnostic clarity can be difficult to achieve. This article outlines the broad diagnostic spectra of delirium and dementia, reviews current understanding of their pathogenesis, and discusses useful diagnostic and therapeutic techniques.
Major depressive disorder (MDD) and bipolar disorder are chronic relapsing-remitting illnesses whose effects on mood, behavior, and thinking exact a heavy toll on patients' physical and mental health and on their capacity for satisfying relationships and employment. In the inpatient setting, these affective illnesses and their treatments can complicate the diagnosis, course, therapy, and prognosis of numerous medical conditions. In this article, the authors discuss a general approach for general internists, family practitioners, and other primary care providers to follow in caring for patients with suspected MDD or bipolar disorder.

Patients seen in primary care and in specialty medical settings often have prominent anxiety. This article presents the epidemiology, etiology, manifestations, and treatment of anxiety disorders.

The number of safe and effective medication treatments for psychiatric illness has expanded substantially over the past 10 to 15 years. Knowing when and how to prescribe psychotropics—and knowing which medication to prescribe—can be challenging, but with knowledge of some basic principles, this task can be performed adeptly by physicians of all specialties. In this article, the authors discuss basic principles of psychopharmacology and outline an approach to using several commonly prescribed classes of medications.

This article discusses some of the practices of psychosocial treatment. Broadly speaking, these practices include an emphasis on the doctor-patient relationship, the creation of a sound and lasting alliance, and the experience of trust and partnership that the physician fosters in helping the patient to negotiate the complex and uniquely individual experience of being ill. An argument is proposed that unless practitioners of medicine are mindful of the threats to the way they would like and are expected by their patients to practice medicine, they are unlikely to endorse changes actively or to pass the need for these changes onto the next generation of physicians. In this sense, keeping these concerns alive and the subject of ongoing discussion is crucial to the ongoing conceptualization of what it means to be a doctor.

Substance use is ubiquitous among medically ill patients. The 2008 National Survey on Drug Abuse and Health survey estimated that 20.1 million
Americans aged 12 years or older (8% of the US population) had used an illicit drug during the preceding month. Some licit substances also create havoc. The survey found that slightly more than half (56%) of Americans reported being current drinkers of alcohol. A total of 6.2 million (2.5%) Americans used prescription-type psychotherapeutic drugs for nonmedical purposes and 70.9 million Americans (or 28.4%) used tobacco during the survey period. Substance abuse problems were diagnosed in up to 36% of medically hospitalized patients for whom a psychiatric consultation was requested. Given how prevalent the use of substances is among the medically ill and their potential effect on comorbid medical conditions, it is important for physicians to be mindful of their prevalence and presentation. This article covers the presenting symptoms of intoxication and withdrawal states, addresses the acute management of the most commonly encountered substances, and summarizes all others in a table.

An Approach to the Patient with Multiple Physical Symptoms or Chronic Disease

Janna S. Gordon-Elliott and Philip R. Muskin

Doctors diagnose and treat disease; illness is the experience of, and response to, a disease by patients and the people in their lives. Discrepancies between disease and illness (eg, adjustment to the sick role, treatment-related difficulties, denial of medical illness, and psychiatric comorbidity) are prevalent, as are somatoform disorders and other conditions in which patients are invested in being understood as medically ill. This article reviews suggestions for physicians’ responses to these patients and their dilemmas.

An Approach to Symptoms at the Interface of Medicine and Psychiatry: Pain, Insomnia, Weight Loss and Anorexia, Fatigue and Forgetfulness, and Sexual Dysfunction

Oliver Freudenreich, Nicholas Kontos, Shamim H. Nejad, and Anne F. Gross

Primary care physicians commonly deal with patients who present with a somatic complaint for which no clear organic etiology can be found. This article discusses how a psychiatrist thinks about somatic symptoms (eg, pain, insomnia, weight loss and loss of appetite, fatigue and forgetfulness, sexual dysfunction) in a patient who might have depression. The management of a patient in whom no satisfactory medical or psychiatric diagnosis can be made is also reviewed briefly.

An Approach to Selected Legal Issues: Confidentiality, Mandatory Reporting, Abuse and Neglect, Informed Consent, Capacity Decisions, Boundary Issues, and Malpractice Claims

Rebecca Weintrub Brendel, Marlynn H. Wei, Ronald Schouten, and Judith G. Edersheim

Medical practice occurs within a legal and regulatory context. This article covers several of the legal issues that frequently arise in the general medical setting. While this article provides an overview of approaches to informed consent, boundary issues, and malpractice claims, it is critical for clinicians to be familiar with the specific requirements and standards in the jurisdictions in which they practice. As a general rule, it is most
important that physicians recognize that the best way to avoid legal problems is to be aware of legal requirements in the jurisdictions in which they practice, but to think clinically and not legally in the provision of consistent and sound clinical care to their patients.

An Approach to the Patient with Organ Failure: Transplantation and End-of-Life Treatment Decisions 1241

Catherine C. Crone, Michael J. Marcangelo, and John L. Shuster Jr

Organ transplantation offers an opportunity for extended survival and enhanced quality of life to patients with end-stage organ disease. Significant challenges are associated with both pre- and post-transplantation care, however, that require awareness of psychiatric issues in this patient population. Ventricular assist devices have added another dimension to patient care and to quality-of-life considerations. Unfortunately, effective incorporation of palliative care and end-of-life discussions is frequently overlooked during caretaking of these patients.

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