Preface

Psychiatric Diagnosis and Management in Primary Care

This issue focuses on common psychiatric issues encountered in the primary care setting. Increasingly, patients are seeking care for psychiatric disorders from ambulatory primary care providers.¹ In turn, there has been a marked increase in the number of prescriptions for antidepressants, anxiolytics, and antipsychotic medications by nonpsychiatrist primary care providers.² However, based on a survey of accredited family medicine, internal medicine, obstetrics, and pediatric residency directors, the majority of program directors are dissatisfied with the psychiatric training in their programs (64% in family practice and 31% in non-family practice programs).³

Primary care providers need to be facile with not only basic but also more complex presentations of common mood disorders. This issue reviews depression, anxiety, and bipolar disorders, but also the more subtle gradations of grief reaction, dysthymia, and seasonal affective disorder. The first step in the process of excellent care is understanding the screening and diagnostic options, including testing accuracy and limitations. The article on screening primary care patients for psychiatric conditions emphasizes the crossover in symptoms and signs among common conditions like depression, dysthymia, anxiety, bipolar, and PTSD. Fortunately, there are validated, time-efficient tools for accurately screening for the most commonly encountered psychiatric conditions in primary care.

The advent of DSM-5 (Diagnostic and Statistical Manual of Mental Disorders–5) has changed the diagnostic criteria for many psychiatric conditions. The most notable changes are for autism. DSM-5 unifies under the condition of autism spectrum disorders four different conditions that were separate in DSM-IV (autistic disorder, Asperger disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified). The very thoughtful article on the care of primary care patients on the autism spectrum incorporates an evidence-based, expert-based,
and patient-centered approach to help primary care providers recognize adults that may have gone previously undiagnosed and care for those patients who carry the diagnosis from childhood and transition into adult care. This review article is rich with practical advice on this heterogeneous condition, including recommendations for communication with patients and their families, connection to services and resources, identification of associated conditions, and practical management recommendations for common presenting concerns in the ambulatory setting.

While many primary care providers are increasingly comfortable with caring for patients with psychiatric conditions, some conditions remain an area of significant angst for providers. This angst is often driven by a lack of understanding of the condition, inadequate training in the identification and management of these conditions, and subsequently, a feeling of failure and lack of efficacy in caring for patients with these troubles. Hence, this compendium of review articles includes thoughtful reviews on the approach to caring for patients with borderline personality disorder, somatoform disorders, and addiction disorders.

This compendium of reviews also highlights issues in the care of geriatric populations, insomnia, pharmacotherapy, and psychiatric manifestations of medical conditions. The growing geriatric population requires primary care doctors to consider unique presentations of common psychiatric conditions, comorbid memory disorders, and behavioral manifestations, as well as vulnerabilities and harms to medication management. It is estimated that up to 50 to 70 million Americans suffer from insomnia. The insomnia review article highlights the complex relationship between insomnia and other primary psychiatric conditions and reviews both pharmacologic and nonpharmacologic approaches to care. The psychopharmacology review addresses common questions about dosing, indication, side effects, toxicity, and medication interactions related to psychotropic medications. The intriguing review on psychiatric manifestations of medical conditions reminds providers to broaden the differential and consider other medical systemic illness as possible explanations for apparent psychiatric symptoms. Other possible explanations include infectious, endocrine, autoimmune, metabolic, and neoplastic conditions.

Caring for patients with psychiatric conditions is part of our charge as primary care providers. Many of us received inadequate training in this area, and yet we are responsible for the empathic, ethical, and efficacious treatment of these conditions for our patients. Much has changed in the evidence for and against approaches we may have learned in our “in-the-trenches” training on these conditions. Updating and refining our knowledge base and skills in this area is imperative for the excellent care of our patients who suffer from morbidity and mortality that is as devastating yet as treatable as other conditions that we encounter in our primary care practices.

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REFERENCES

