

PSYCHOSIS IN PRIMARY CARE

PART I: ASSESSMENT AND TREATMENT

Wayne Bentham, MD, MPA

Anna Ratzliff, MD, PhD

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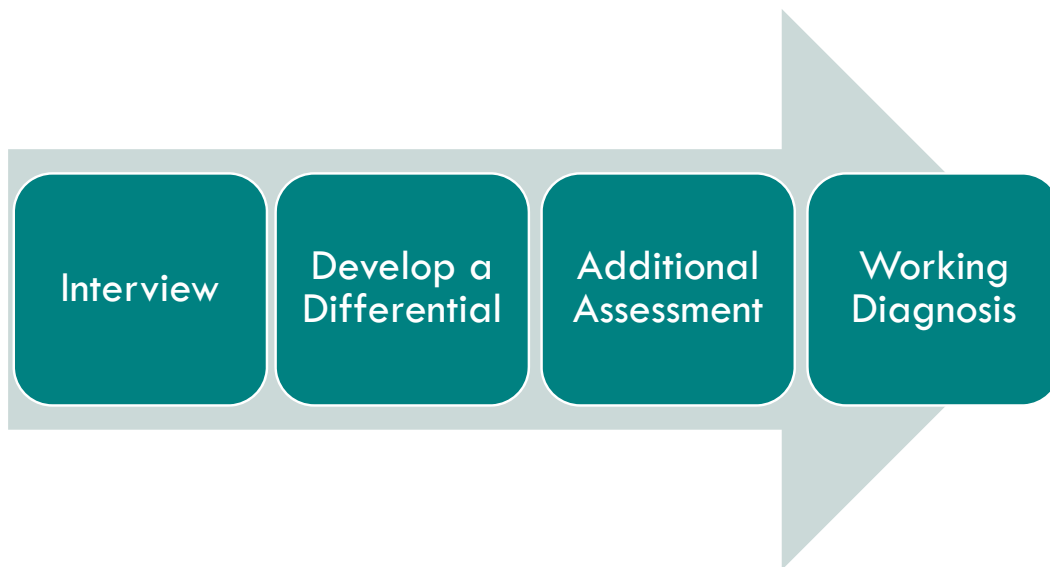
MHIP for Behavioral Health
Mental Health Integration Program



Webinar Objectives

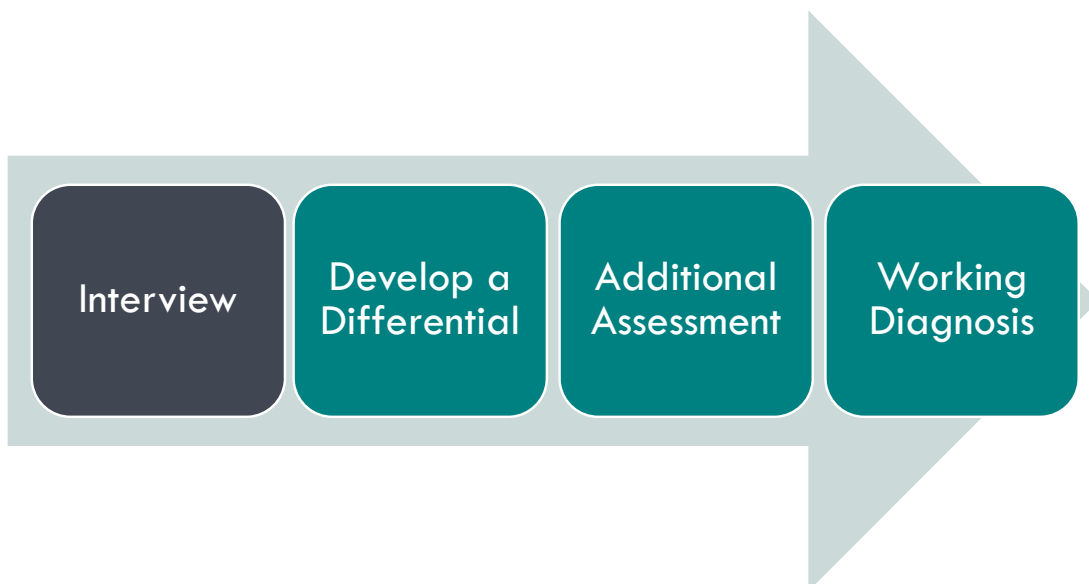
- Integrate a structured diagnostic work flow into the assessment process.
- Use diagnostic screeners to aid in developing a differential diagnosis.
- Describe an approach to differentiation of common diagnostic dilemmas.
- Apply differential diagnosis skills to common case scenarios.

Diagnostic Assessment Workflow



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Diagnostic Assessment Workflow



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The Diagnostic Interview

- Systematic information gathering about the patient's presenting complaints, symptoms and other relevant history
- Will lead to a formulation of the patient's problems and diagnoses
- Essential part of building therapeutic alliance
- Best done at the first meeting
- Why do we care about the diagnosis?
 - Guides treatment and clinical decision making!

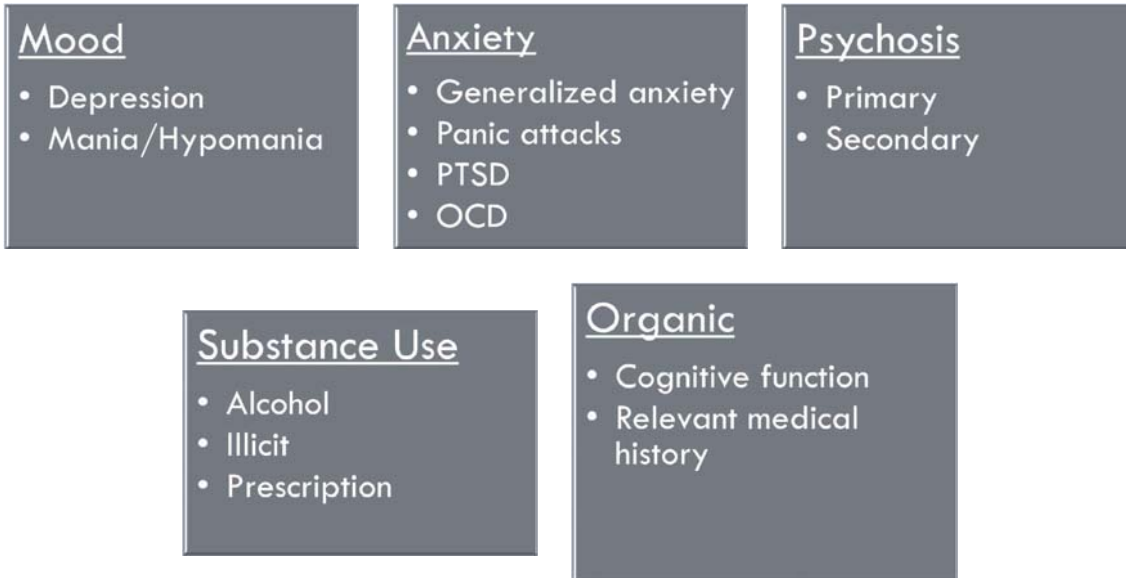
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The Diagnostic Interview – Get Organized!

- Give an orientation to the structure of the interview
 - Introduce the concept of the assessment being an important part of getting them the right help
- Start with an open-ended question
- Let the patient talk for 3-5 minutes
- Keep a checklist in mind of the questions you need to ask, and get focused.
 - History of Present Illness
 - Past Psychiatric History
 - Social History and Functional Assessment

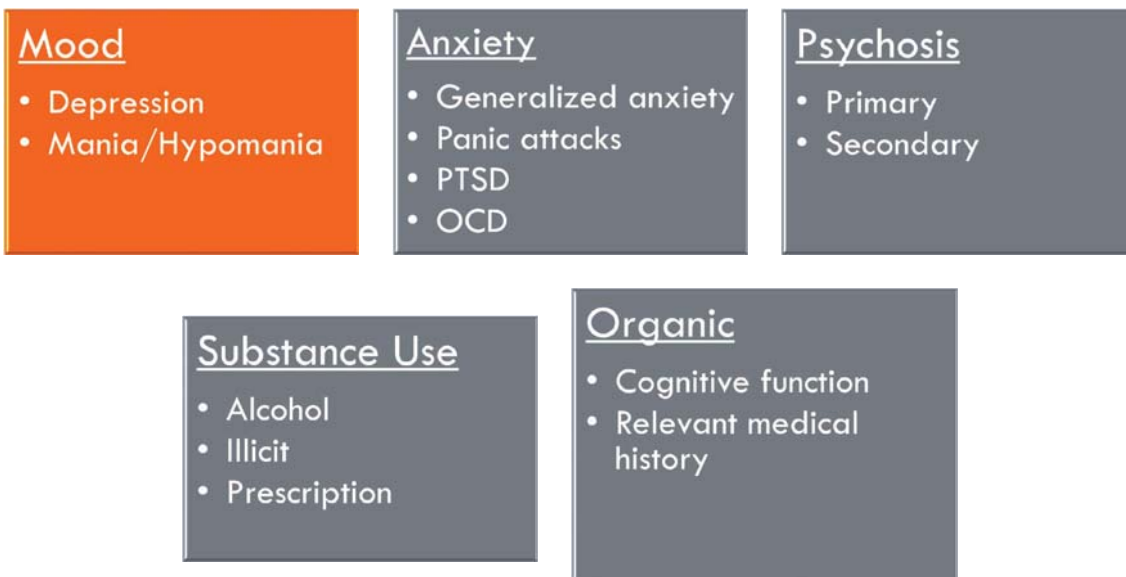
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History of Present Illness (HPI): 5 Cards



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History of Present Illness (HPI): 5 Cards



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HPI – Mood Card

- Mood
 - Duration, trigger
- Sleep
- Appetite
- Energy level
- Suicidal ideation
- Mania/hypomania
 - “Has there ever been a period of time in your life that lasted for at least a few days in a row when you felt unusually happy or energized for no particular reason?”
 - “For how long did you feel that way?”
 - “How was your sleep during that time?”
 - “How often does an episode like this occur?”
 - Inquire about pertinent substance use

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History of Present Illness (HPI): 5 Cards

Mood

- Depression
- Mania/Hypomania

Anxiety

- Generalized anxiety
- Panic attacks
- PTSD
- OCD

Psychosis

- Primary
- Secondary

Substance Use

- Alcohol
- Illicit
- Prescription

Organic

- Cognitive function
- Relevant medical history

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HPI – Anxiety Card

■ Generalized anxiety

- “Do you find yourself feeling nervous or on edge for no particular reason?”
- “Are you a worrier?”

■ Panic attacks

- Inquire about the presence of unprovoked attacks

■ PTSD

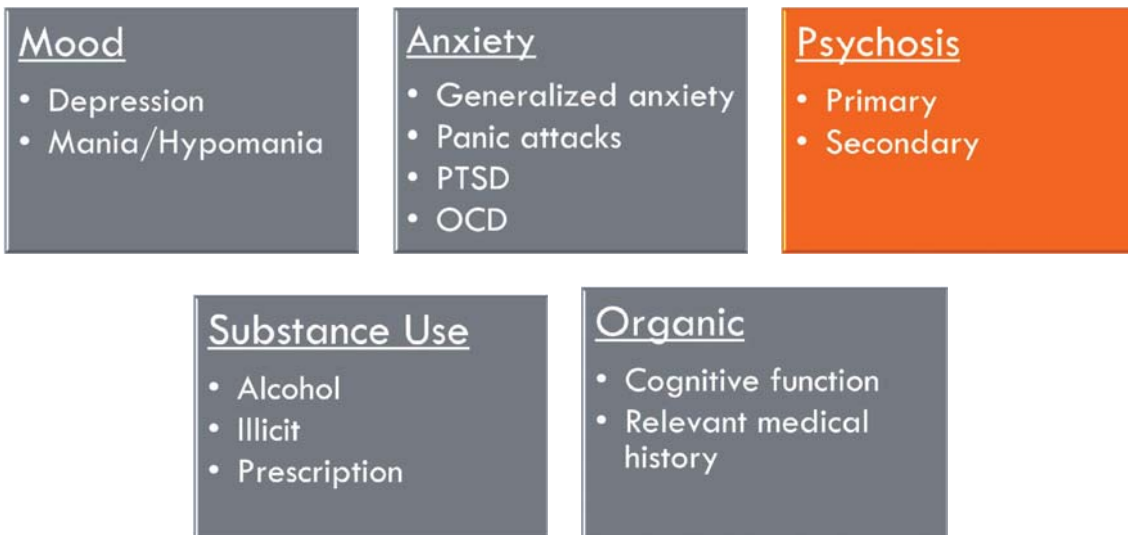
- “Has there been anything that felt particularly traumatic and still comes back to haunt you?”
- Reassure the patient that you don’t have to know the details of the trauma while trying to understand the basic nature of the trauma
- Nightmares, flashbacks, hypervigilance, avoidance

■ OCD

- Washing/cleaning
- Checking
- Ordering/counting
- Hoarding

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History of Present Illness (HPI): 5 Cards



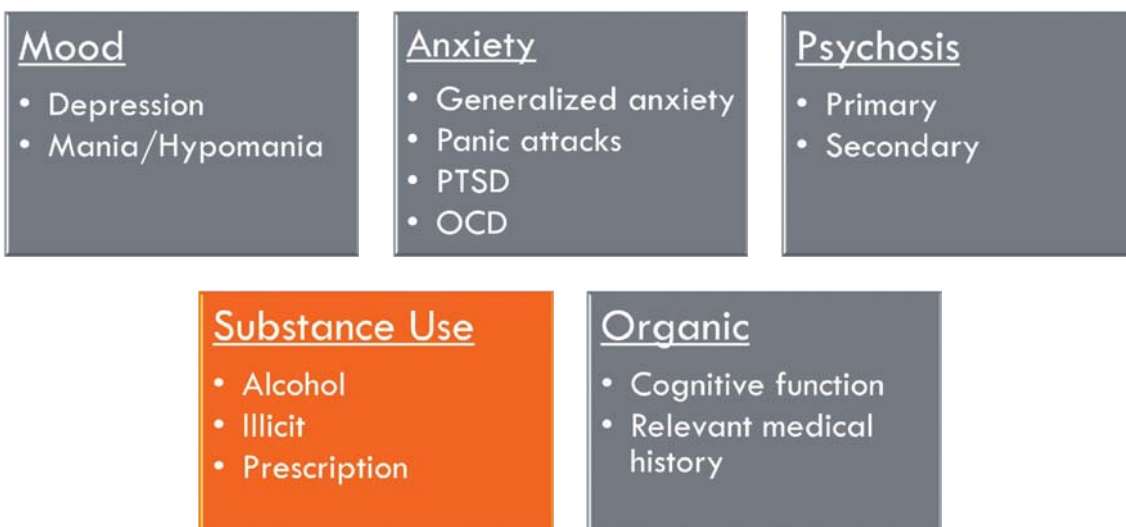
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HPI – Psychosis Card

- Questions may need to be tailored to the specific patient
- Be alert to signs of possible psychosis: Thought/behavioral disorganization, vagueness of speech, bizarre mannerism, response to internal stimuli
- Common ways to phrase your question:
 - “Have you ever had strange experiences such as hearing voices when no one is around, or seeing things that aren’t there?”
 - (When suspecting psychotic depression) “Sometimes when people feel very depressed, they can have strange experiences such as hearing voices when no one is around. Has something like this ever happened to you?”
- Inquire about possible delusions when appropriate:
 - “Have you ever felt that other people (such as your neighbors, or government organizations) are out there to get you?”

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History of Present Illness (HPI): 5 Cards



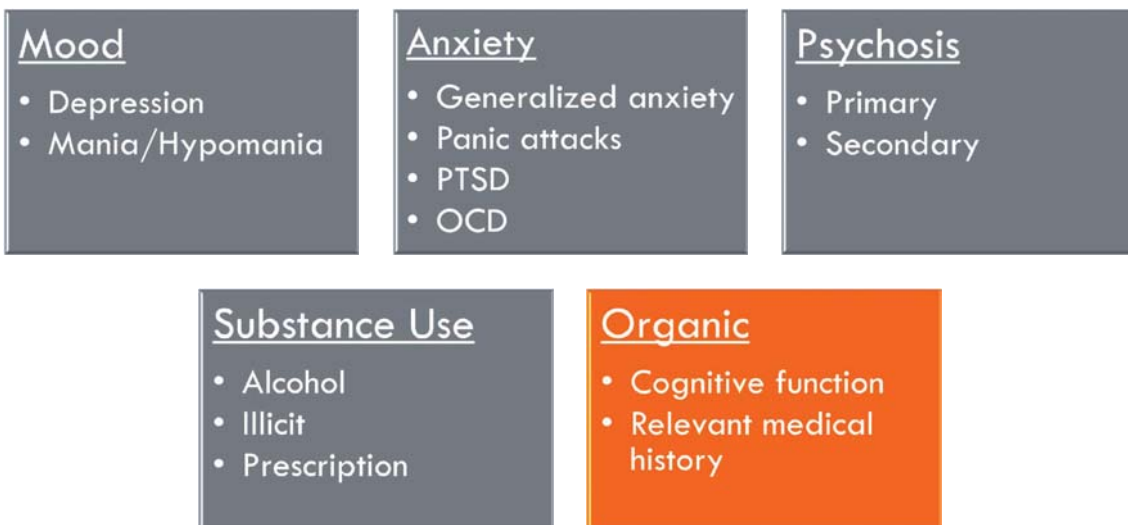
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HPI – Substance Use Card

- Ask about each substance individually and don't be shy
 - Alcohol
 - “How often do you use alcohol?”
 - “How many drinks do you usually have in a day?”
 - “When was the last time you had anything to drink?”
 - Marijuana
 - Heroin
 - Cocaine
 - Methamphetamine
 - “Have you ever used ___?”
 - “For long did you use it on a regular basis?”
 - “When was the last time you used it?”
 - Prescription drugs, such as benzos and opioids

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History of Present Illness (HPI): 5 Cards



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HPI – Organic Card

- Be alert to signs of possible cognitive impairment: forgetfulness, word-finding difficulty, difficulty tracking conversation
- Pertinent medical history:
 - Head trauma
 - Seizures
 - Thyroid problems
 - Chronic pain
 - Medications
 - Other neurologic disorders

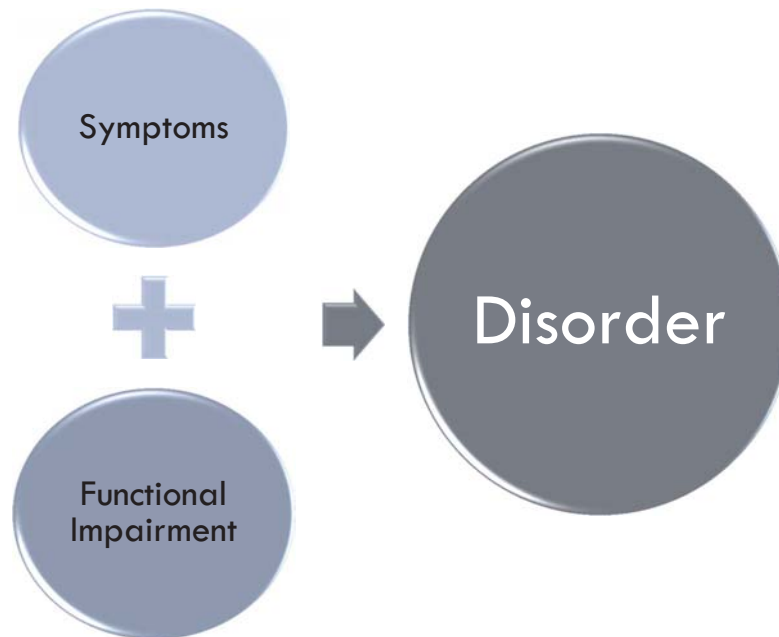
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Past Psychiatric History

- Psychiatric hospitalizations
- Suicide attempts
- Past medication trials
 - What medications?
 - For how long?
 - Tolerability?
 - Efficacy?

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Social History and Functional Assessment



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Social History and Functional Assessment

- Start with the present
- Focus on those that relevant to determining the patient's functional status
 - Housing situation
 - Social support
 - Lives alone? Married? Family? Friends?
 - Education attainment
 - Employment history
 - Legal history
 - This is also relevant to assessing violence risk

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Functional Assessment: Activities of Daily Living

- This is only relevant when you suspect the patient may have difficulty handling common daily tasks
- Ask how the patient normally spends his/her day, and his/her ability to:
 - Bath/dress self
 - Prepare meals
 - Perform common household chores, e.g., cleaning, laundry
 - Manage money

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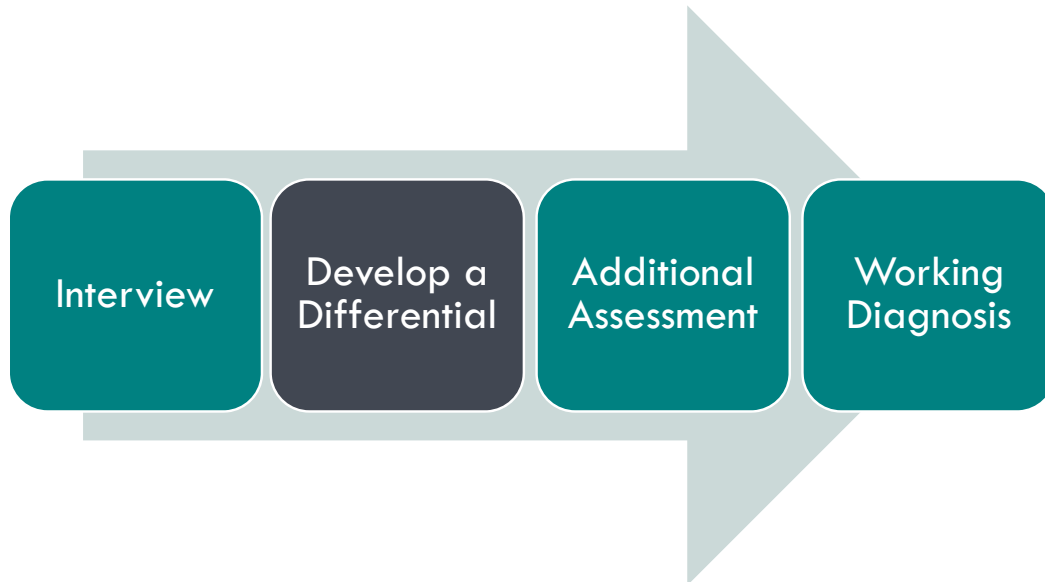
Screeners as “Vital Signs”

- Screeners are like monitoring blood pressure!
 - Identify that there is a problem
 - Need further assessment to understand the cause of the “abnormality”
 - Help with ongoing monitoring to measure response to treatment



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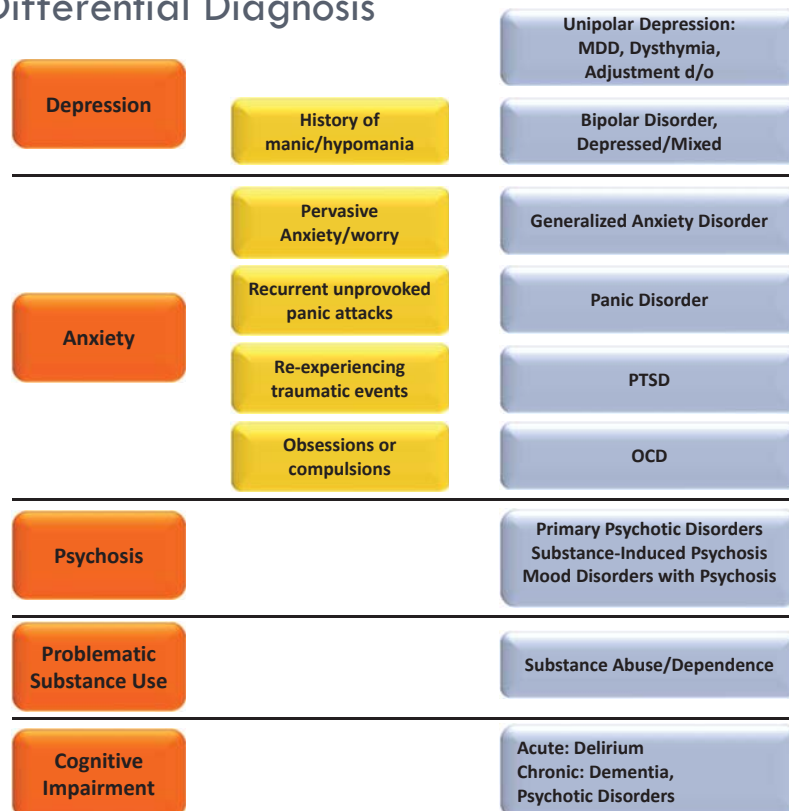
Diagnostic Assessment Workflow



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Making Differential Diagnosis

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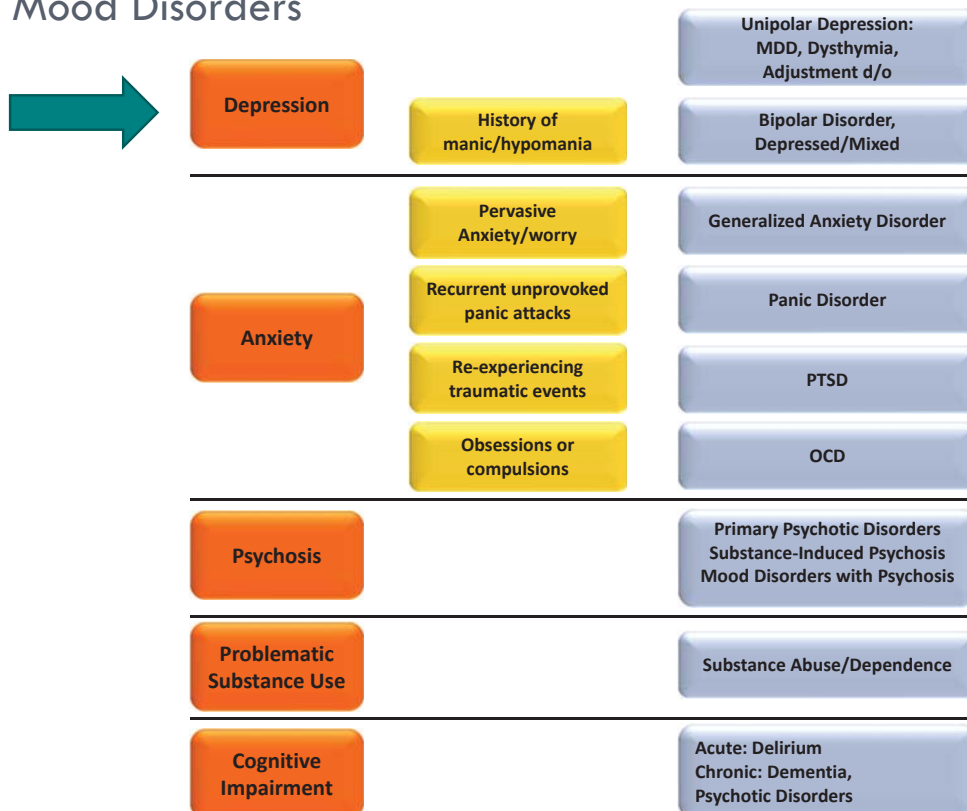
Diagnostic Assessment Workflow



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Mood Disorders

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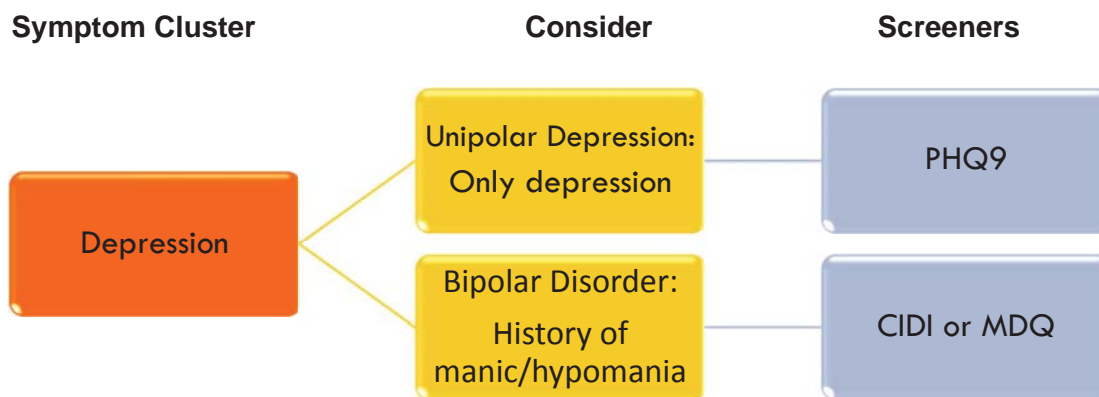


PHQ-9 Positive: Don't assume it is unipolar depression!

- Unipolar Depression
 - Major Depressive Disorder
 - Adjustment
- Bipolar Disorder: Hypomania/mania
- Substance abuse/dependence
- Anxiety Disorder
- Organic causes

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Mood Symptom Summary



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Bipolar Disorder Diagnosis

- Diagnosis = Screening Tool (e.g., MDQ, or CIDI-3) + Follow-Up Questions
- Follow-Up Questions are key to eliminating false positives (e.g., mood episodes from substance abuse).
- May also need observation over time and collateral information (e.g., from family)

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Bipolar Disorder: Follow-up Questions

- How long do the hypomanic/manic episodes last?
- How frequently do the hypomanic/manic episodes occur ?
- During periods of sobriety have you had hypomanic/manic episodes?
- Do you have a family history of bipolar disorder or schizophrenia?
- Have you been previously diagnosed with bipolar disorder, and if so, by whom?
- Have you previously been treated with antidepressants? How did you respond?

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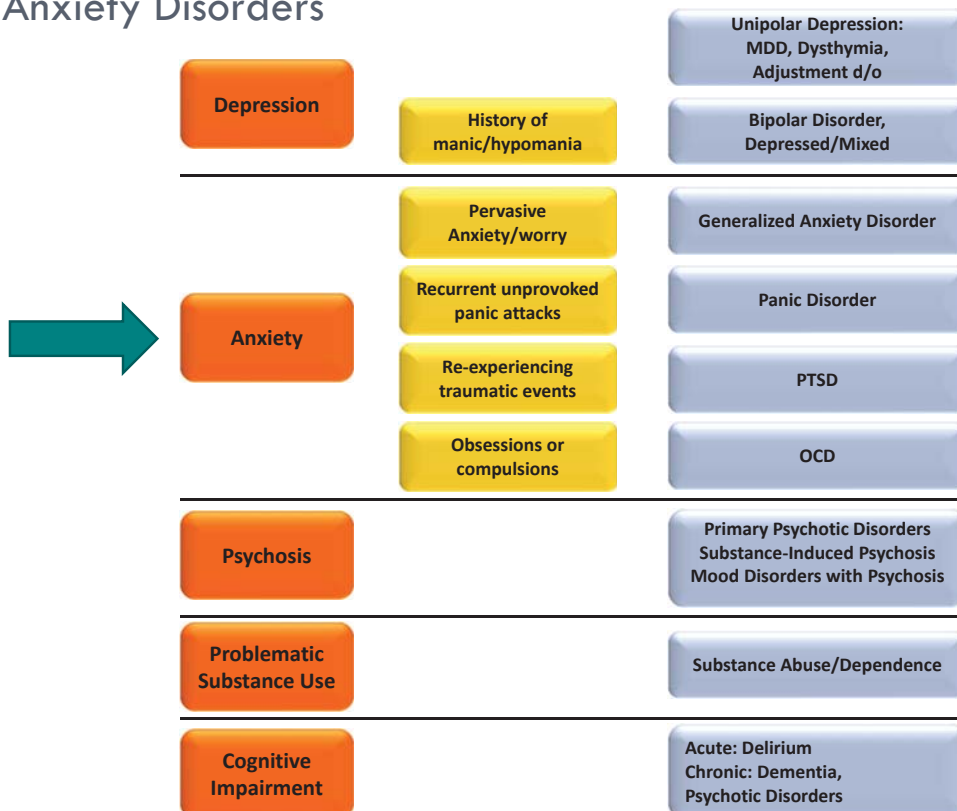
Still stuck?

- Describe most recent mood episode
 - When did it start?
 - How long did it last?
 - How was your sleep?
 - Were you using substances?
 - How would your friends and family describe your behavior?

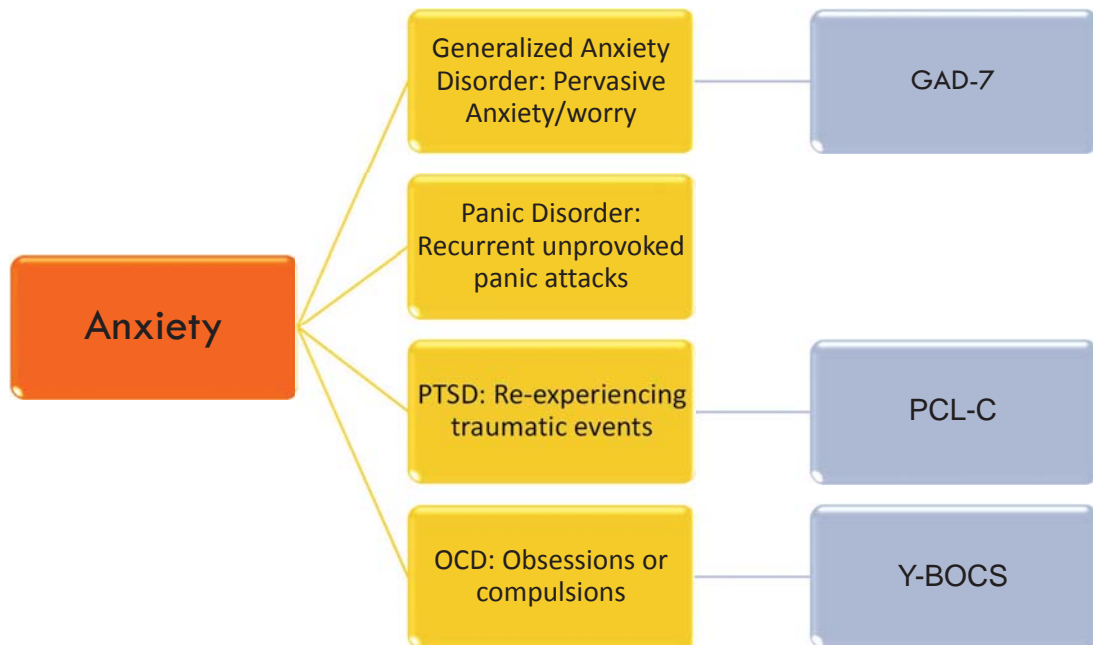
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Anxiety Disorders

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Anxiety Summary

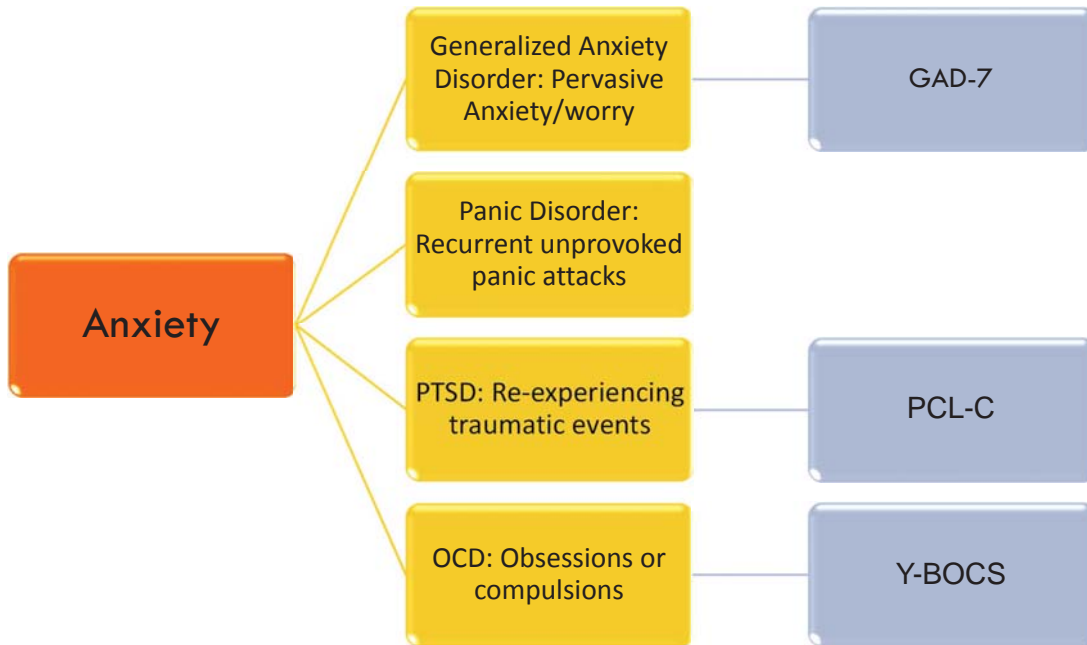


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GAD-7 Positive: Don't assume it is anxiety

- Major Depressive Disorder
- Bipolar Disorder: Hypomania/mania
- Substance abuse/dependence
- ADHD

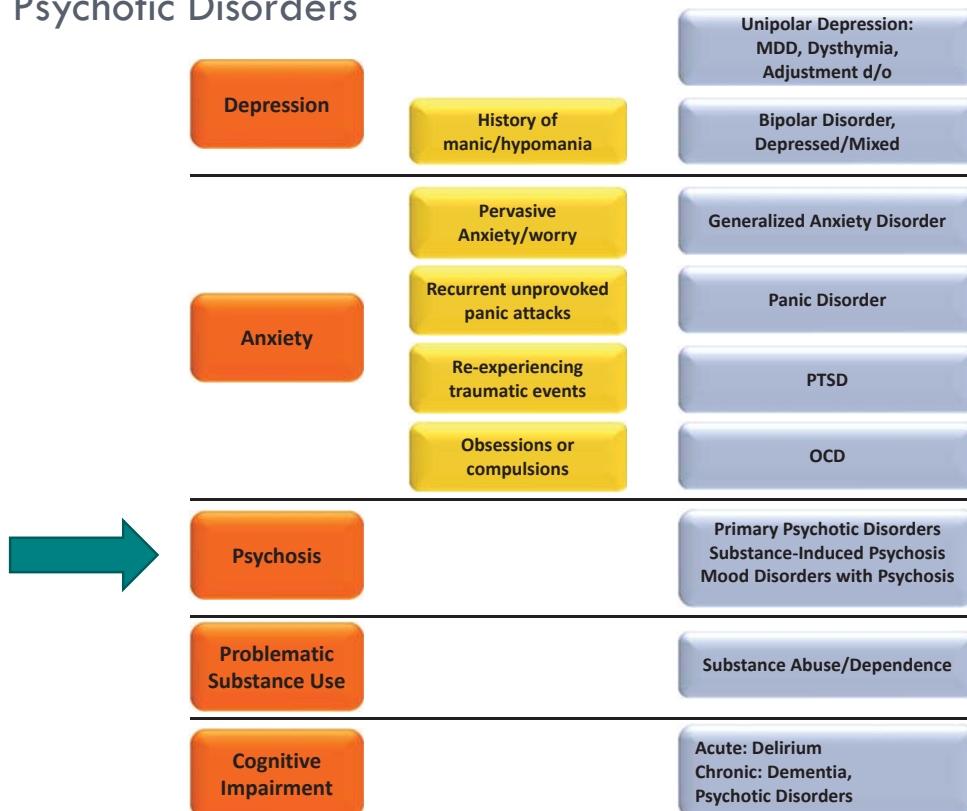
Anxiety Summary



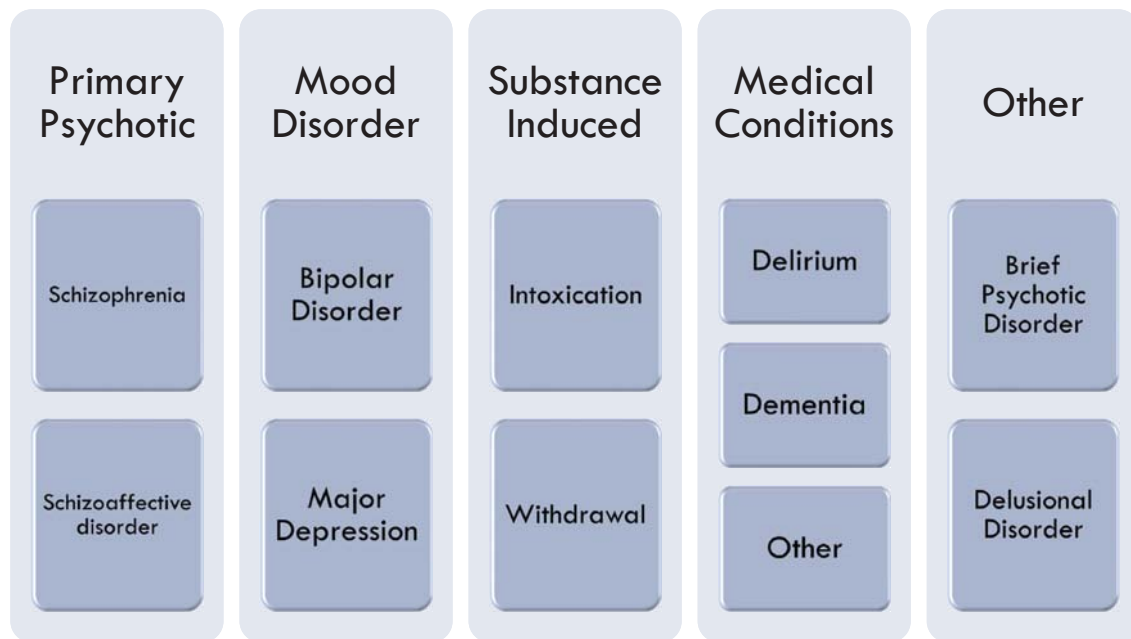
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Psychotic Disorders

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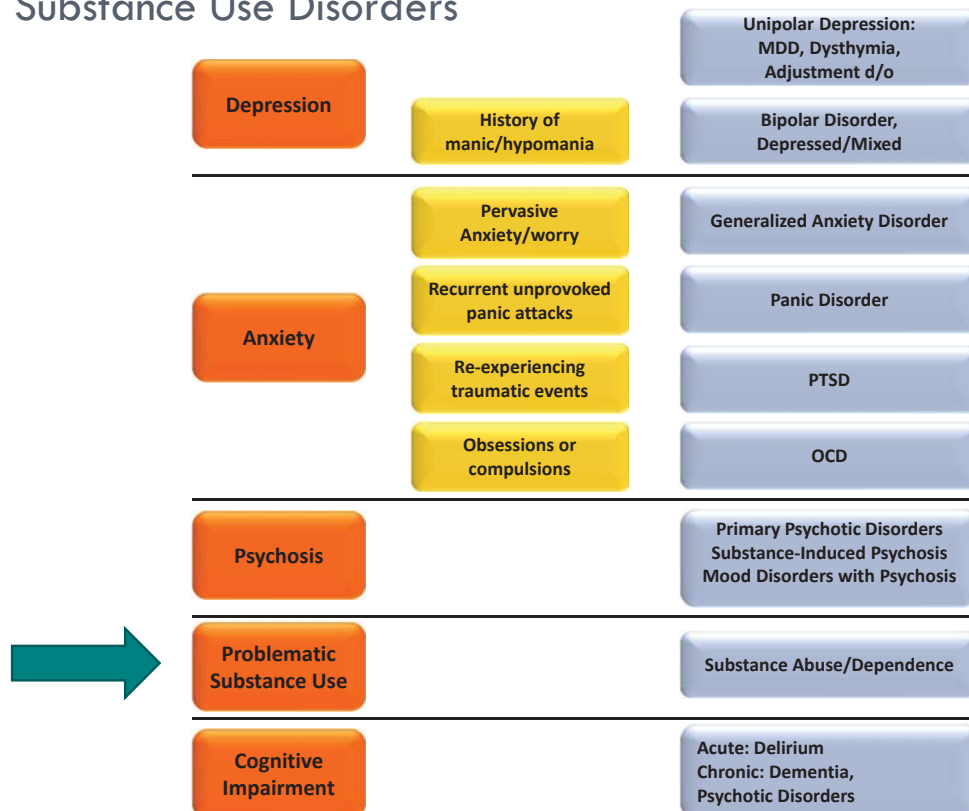
Differential for Psychosis



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Substance Use Disorders

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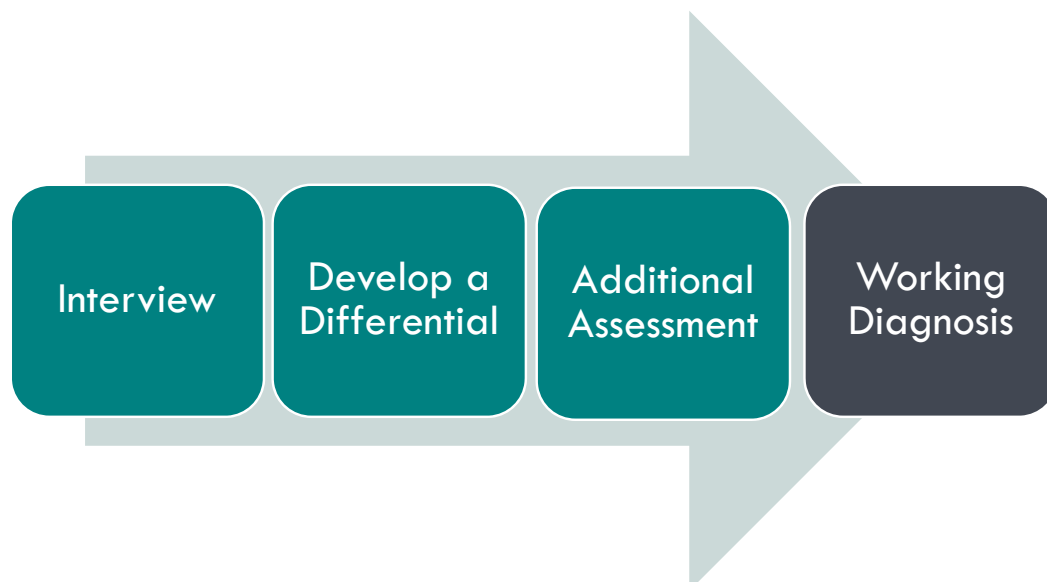


The great masquerader: Substance use

- Past use?
- Drugs of choice?
- Treatment?
 - Relapse prevention?
- Signs of use?
- Current Use?

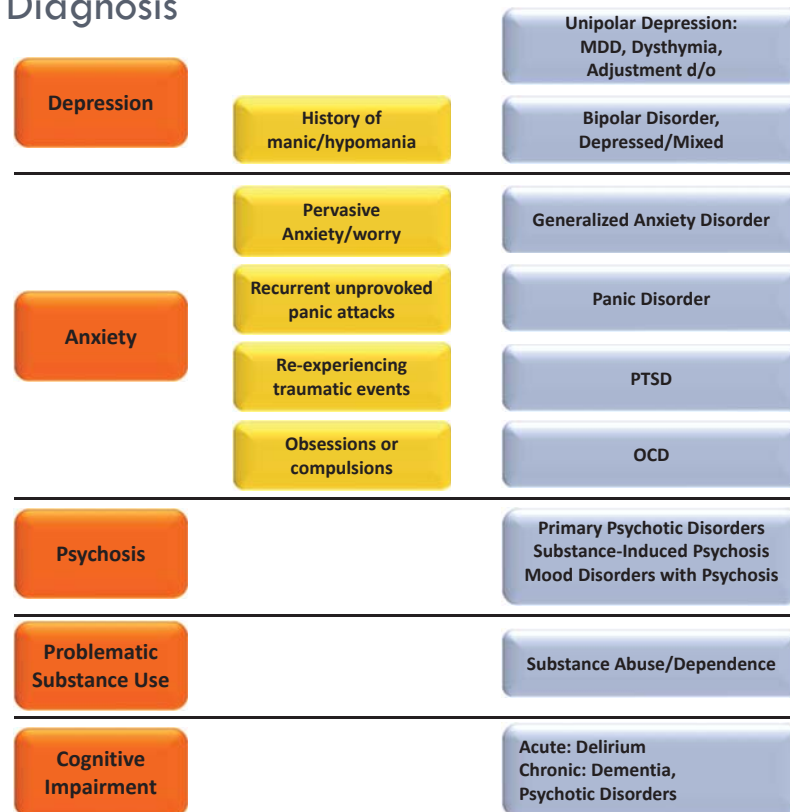
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Diagnostic Assessment Workflow



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Working Diagnosis



“Working Diagnosis”

- Most common disorders are most common
 - Mood disorders and anxiety are most common
- Use your diagnosis to guide treatment planning
 - Ex. Bipolar disorder will need a mood stabilizer
- Diagnoses can change over time as you gather more information and observations

Don't miss Part 2: August 25, 2011 – 12:30pm!

- Three cases for lively discussion to practice differential diagnosis skills!
- Please plan on coming ready to participate!
- Questions?
 - Anna: annar22@uw.edu
 - Catherine: cqhowe@uw.edu
 - Julie: jbc@uw.edu