What does a psychiatrist expect from a Physician?

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Before we start..

- Expect physicians to understand Psychiatry is a branch of Medicine
- And to know the difference between a Psychiatrist & Psychologist

Expectations depend on..

- Set Up: Psychiatrist's / Physician's
  - Reasons: Emergency / Routine / Comorbidity / Fitness for procedure / Adverse events
  - Illness / Problem: Acute / Chronic
  - Primary Problem: Psychiatric / Medical / Both
  - Time: Routine working hours / After working hours / Emergency
  - Place: ICU / Ward / OP
- First Consult / Follow Up
- Free / Paid

Expectations also Depend on..

- Years in Practice
  - Senior / Mid Range / New
- Designation of Psychiatrist
  - Private practice / Institutional Practice: Corporate / Academic
- Set Up
  - In patient / Out patient / Intensive care

Expectations also Depend on..

- Attitude of both
  - Condescending / Negligent
  - Insulting / Respectful
- Physician's training / Exposure to Psychiatry
  - During training / Later during practice
  - Prior experiences with Psychiatric problems / patients & Psychiatrists

Some of my expectations…

- These are my personal thoughts.
- These are not universal & do not apply to all Physicians.
- As Psychiatrist I may be wrong & may not be fulfilling many of your expectations.
- Many of you may like to differ.
- I think many Psychiatrists will agree.

Counselling

- Expect them to know that “Counselling” is not a panacea for every thing
- It is not useful & indicated in all kinds of problems.
- Please do not refer patients for counselling.
- Psychiatrists are not lay counsellors.

Early identification

- Expect them to identify psychiatric problems early.
- 25 -35 % of your OP patients have Psychiatric problems
- Most of these will have Anxiety / Depression / Somatoform Disorders
- Expect physician to treat them if he has time & is conversant with the management.
- Sadly most have poor exposure to Psychiatry.
- Knowledge of newer drugs often is through Medical Rep.

Adequate dose for adequate period..

- If want to treat the psychiatric problems:
- Use appropriate drugs
- Use rational doses
- Wait for adequate period for effect to take place
- Prematurity does not help

Psychotherapy
Talk Therapy

- It helps & is extremely useful.
- It is not common sense & is difficult.
- Consumes lot of time.
- Unless remunerative Psychiatrists will not do Psychotherapy.
- Recent research: Psychotherapy results in functional as well as structural changes in brain. “Neuroplasticity”.

Communication

- Please do not request me not to introduce myself as Psychiatrist.
- Psychiatric treatment requires longer duration & multiple visits.
- Starting treatment on a falsehood is counter productive.

Communication

- Tell me what you want from me in a particular patient
  - Diagnosis / management
  - Break bad news
  - Get you out of a tight spot

Request..

- Don’t admit psychiatric patients under your care for minor problem or no medical problem & call me.
- Don’t refer on the day patient is to be discharged after 15 day’s of admission.
- I won’t be able to do much.
- If patient needs follow ups please advise him to do so as OP with me.
- Specially true for a new Psychiatrist.

Privacy & Confidentiality

- Important.
- Please see that your staff do not talk loosely.
- They generally follow the opinions of their boss.

Avoid Comments…

- Please don’t make fun of a psychiatric patient, psychiatric illness or a psychiatrist in front of others.
  - Done in private it does not offend me.
  - I know it stems from ignorance.
- It increases stigma
- Help us to reduce stigma

Avoid Comments…

- Don’t pass of the cuff comments about psychiatric treatment
  - It is addictive. It will never end
- Patients & Families have immense trust in you.
- They take whatever you say very seriously.
- Please do not discourage from continuing psychiatric treatment.
- Believe me. We know what we are giving & why

ECT

- Many physicians have not seen an actual ECT treatment.
- Knowledge sources are movies & TV serials
- Nothing can be more false
- Do not be biased about ECT & discourage people from consenting
- ECT has saved as many lives as a defibrillator if not more.
- Both use electric shock
- If indicated I will consent to receive ECT

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Delirium

- Cause of friction especially in institutional practice.
- Organic condition presenting with behavioural issues the cause for which needs to be found
- It is not a primary psychiatric entity
- Investigations WNL do not rule it out
- Collaboration is the key

Substance abuse & Management (Alcohol)

- Incomplete history results in late identification of abuse which then presents as complicated withdrawal
- If withdrawal severe, call early
- Detoxification is only the beginning.
- De-addiction work starts from there.
- Disulfiram: Please do not use unless you are familiar.
- Many have died because of Disulfiram - Alcohol reaction

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Medically Unexplained Symptoms

- Please understand Depressive & Disorders
  - In Asthma You don't say:

    "There is enough air, why are you breathless. Try to breathe & you will be ok."
  - In Depression, Suicidal ideas & Anxiety telling persons
  - "Life is beautiful. Just passing phase. You are over reacting" won't help
- They are illnesses & need appropriate treatment.

Benzodiazepines

- Use responsibly & not routinely
- Short periods
- Especially Alprazolam

Quick transfer

- I also require your help in:
  - Post ECT problems for resuscitation
  - Overdosed patient
  - Severe ADR with a drug
  - Some times I need a patient transferred for physical problems at least for a short period.
- Please help me.
- You are my saviour.

Important areas

- Suicide Attempt / Ideas
  - Large number of your patients have them.
  - If present, please identify & refer. Common sense talk not useful
  - If admitted for attempt refer early.
  - Suicide attempt is not a crime. Referring to Psychiatrist is mandatory now.
- Aggression / Violence
  - Very few patients with mental illness are violent.

To all my Physician Friends:

Teachers, Seniors, Colleagues, Juniors & Students…

You have all been part of my journey so far…

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- Should know what to treat & what not to & for how long
- 30% pts with Psychiatric problems in their OPD
- Should stop experimenting with them
- Refer more often (ASAP) to Psychiatrist
- Avoid giving Serenace + Phenergan to each confused patient
  - For alcoholic pts used round the clock
- Want them to understand that confusion has organic basis even if no cause is found

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- Should understand Psychiatry is a branch of Medicine
- Do not prescribe Alprozalam erratically
  - PG Posting in Psychiatry will help
- Not all patients with mental illness are violent
- Consider psychological aspects of physical illnesses (which are often ignored)
- Please refer when necessary
- Psychotropic drugs not well studied. Used in inadequate dose & Duration

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- Fail to realise ADS & APs are patient specific & condition specific like antibiotics
- Physical illnesses associated with comorbid Psychiatric disorders largely neglected or under diagnosed
- Many medical disorders present with behavioural symptoms which are not properly recognised
- Delirium not properly evaluated & termed as mental disorder

- When pt on multiple drugs, drug interactions not given due consideration (we are equally responsible)
- When pt on multiple drugs for multiple diseases by multiple doctors good communication between doctors key to good outcome
- F/U consults are not done (from our side also)
- Illness behaviour (some times abnormal) is wrongly labeled as psychiatric or functional
- Normal reports do not mean absence of medical illness..
  It could still be a missed medical illness
- Patients request for Ref to Psychiatrist often ignored.
- Dissuaded from seeing a Psychiatrist. Why you want to go. You are not mad

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- Peculiar Requests: Don’t say you are a Psychiatrist
- Don’t insult, make fun of psychiatric patients & illness. Never know when we may need
- Don’t refer when you are about to discharge
- Remember Psychotherapy helps
- Don’t prescribe if you do not enough about psychotropic drugs
  - Don’t do homeopathic practice
- Don’t discourage Patients & families from ECT
  - You may not be aware that it saves lives. more than stunting or CABG
- ECT is like a defibrillator you use which uses electricity

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