

Geriatric Behavioral Health Conference

Beyond Medicine: Practical Strategies for Primary Care Providers

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DISCLOSURE

- **I do not have any financial relationships with commercial interest companies to disclose.**

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Learning Objectives

- Understand the vital role of the PCP in offering non-medication strategies to address issues relevant to health and mental health in aging patients.
- Identify patients who need, or will benefit from, non-medication strategies and resources in daily practice.
- Utilize resources provided to go beyond medication to address the whole-person (system) needs of aging patients.

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Some Basic Stats

- According to the World Health Organization (December 2017), 15-20% of adults over aged 60 suffer from a mental disorder.
- Most common conditions are depression, cognitive decline, and/or anxiety.
- In the United States, general medical settings have been referred to as the “de facto mental health care system” (Regier et al., 2010).
- Up to 80% of elderly depressed patients receive their mental health treatment from a primary care provider. (Kessler et al., 2010).

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Mental Health Treatment in PC

- Evaluation.
- Initiate Medication and follow-up to assess effectiveness.
- With inadequate response, titrate dose, switch agents, or augment.
- If there is inadequate response after a couple of trials, refer to mental health for psychiatric consultation and/or psychotherapy.

A Few More Stats

- Percentage of patients who decline psych referral?
 - 40-90%
- When psych referral is accepted, what percentage of patients drop out after 2-5 sessions of psychotherapy?
 - 30-60%
- What percentage of mental health care is provided in primary care settings?
 - 60% (likely even higher for older adults)
- Conclusion: Patients clearly consider their personal physician to be their primary source of mental health care.
(Stuart & Lieberman 1993/2008)

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Mental Health Treatment in PC

- Evaluation
- Initiate Medication and follow-up to assess effectiveness.
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- Do we have anything else to offer?

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YES

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BUT: Are Primary Care Providers qualified to do psychotherapy?

- “The good news is that patients seem to think they are.”
- Patients with psychosocial problems confided in their PCP more often than any other type of health professional.
- Nearly all patients (95%) reported that the contact was helpful.
(Stuart & Lieberman 1993/2008)

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What traits are important in a therapist?

- Good listener
- Non-judgmental
- Understanding
- Compassionate
- Well-educated
- Well-trained
- Respected
- Wise
- Friendly
- Trustworthy

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PLUS: **You** have the advantage

- Your patients would rather talk with you than with a mental health professional because:
 - Established relationship
 - Familiar with their family members
 - Well known and respected in community
 - No social stigma
- Early and easy intervention
- Knowledge of their medical history

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UGH...



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What I Am NOT Suggesting

- It is absolutely reasonable to refer to counseling or mental health if it is appropriate and the patient is interested/willing.
- You are not crisis counselors – If there are significant risks of harm to self or others, assist with connecting with crisis resources.
- Other issues for which to refer as needed:
 - Trauma history
 - Chemical dependency
 - Unstable psychosis or bipolar disorder
 - Debilitating anxiety (including PTSD, OCD, phobias)

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Therapy in the PC Visit: The Very Basics

- Demonstrate concern and offer a bit of time.
 - “What’s been going on in your life since our last visit?”
 - “How do you feel about that?”
 - “How are you coping with that?”
- Really listen.
- Express **empathy** (this cannot be over emphasized).
- Provide information.
- Encourage setting a goal.
- State a positive about the patient.

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Listening

- Research suggests that 3 minutes of allowing the patient to talk about what is going on in their lives makes a difference.
 - Stop...moving, writing, typing, preparing.
 - Sit with them at their level.
 - Verbal and non-verbal encouragement.
 - Reflect to demonstrate that you have heard and understand.

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Empathy

It's Not About the Nail

Don't try to fix it.

“What I really need is for you to just listen.”

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Empathy – convey understanding of the emotion and if possible join them there.

- “If I am understanding correctly....”
- “That sounds very difficult.”
- “It makes sense to me that....”
- “I’m sorry that you are going through this.”
- “Thank you for sharing this with me.”
- “I’m in your corner.”

- AVOID – “At least...” or similar.
If this is all you do, you have made a difference.

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Information/Education about MH

- “Let’s talk about depression a bit.”
- “In addition to medicine, some things that we know help address depression are....”
- “I’m going to give you a handout with strategies you can use to help with your depression. I want you to take a look at it, and we will talk about it next time.”

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Depression Education

- Reverse cycle of depression through **Behavioral Activation**.
 - What are things they used to enjoy? Or have thought about doing?
 - What might they be doing differently if NOT depressed?
- Set a goal related to Behavioral Activation and start small (start where patient is at).
 - Daily functioning/routine (self cares, eating/sleeping, med compliance)
 - Increase physical activity
 - Increase social connections
 - Increase other positive activity
- Provide handout/worksheet.

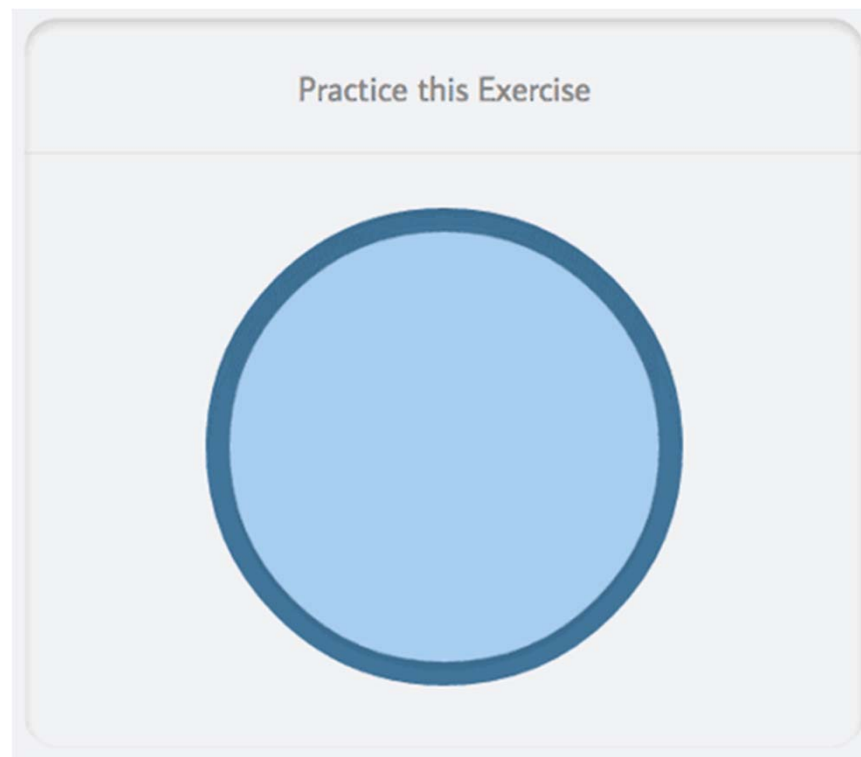
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Anxiety Education

- Keys are relaxed breathing and managing “worry thoughts.”
- Instruct on basics of relaxed breathing.
- Assist in developing a calming/grounding statement.
 - “This is anxiety. I can take some slow, deep breaths.”
 - “This feels overwhelming. I will take it one step at a time.”
- Provide handout/worksheet.
- Simple smart phone apps/smart watch apps can be very helpful.

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Anxiety Education



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Concerns Related to Cognitive Decline

- Offer information and support to patient AND caregiver.
- Encourage Brain Wellness strategies:
 - Physical Activity
 - Cognitive Activity
 - Positive Socialization
 - Healthy Diet

<https://idph.iowa.gov/save-your-brain>

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COVID-19 Stress and Anxiety

- Empathy/Normalization
- Limit exposure to news and/or social media.
- Encourage focus on that which is within our control.
 - Think smaller...one day, one step at a time
 - What is one positive action step that I can take in my life right now?
- Provide handout.

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Setting a Goal

- “Let’s see you back in a month. I want to know how you are doing with the medicine. We’ve talked about the importance of doing things you enjoy, being active, and being social. What would be one goal that you could work on between now and our next appointment?”
- Write it down for the patient (and include in your EMR documentation).
- Follow-up next time.

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Offer a Positive

- This can be a very simple positive statement about the patient. (e.g., “Your lungs are clear, and your heart is strong.”)
- It can be about their support team (“Your family and I are all on your team.”)
- Realistic hope (“It might take some time, but anxiety is treatable.”)

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“Assume that when you are providing pharmacotherapy that you are also providing psychotherapy. (You can take the pharmacology out of the therapist, but you cannot take the therapist out of the psychopharmacologist.)” p. 12

Stahl, S. M., Schwartz, T. L. (2016). Case Studies: Stahl's Essential Psychopharmacology: Volume 2. United Kingdom: Cambridge University Press.

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QUESTIONS?



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