CURRICULUM: PSYCHIATRY

Overview

Psychiatry refers to the prevention and treatment of mental disorders and associated emotional, behavioral, and stress-related problems. In general internal medicine practice, management of risk factors for mental disorders and early diagnosis and intervention for established disease (primary and secondary prevention) are important elements. The general internist should have a wide range of competency in psychiatric disease, particularly as it is encountered in outpatient settings and should be able to diagnose symptoms and use pharmacotherapy, behavioral modification, and counseling to provide primary and secondary preventive care and initially manage many mental disorders.

Patients hospitalized for general medical problems and those in the intensive care unit may have significant psychiatric comorbidity that contributes to general medical morbidity and length of stay. In these and all other settings, the general internist must be able to evaluate and manage psychiatric comorbidity effectively with appropriate specialty consultation.

The range of competencies expected of a general internist will depend on the availability of psychiatrists in the primary practice setting. In some communities, the general internist may be responsible for both initial and maintenance psychopharmacologic management of many mental disorders. Refractory cases and patients with mental disorders requiring psychotherapeutic interventions will generally be referred to a mental health professional, as will patients who are suicidal, psychotic, or dangerous and those in need of psychiatric hospitalization.

Goals

Residents will learn, particularly in outpatient settings, to:
• provide primary and secondary preventive mental health care
• diagnose symptoms suggestive of mental disorders
• be responsible for both initial and maintenance psycho-pharmacologic management of many mental disorders
• use pharmacotherapy, behavioral modification, and counseling
• be responsible for referring appropriate (suicidal, psychotic, or dangerous patients and those in need of psychiatric hospitalization) patients to a mental health professional
• evaluate and manage psychiatric comorbidity effectively with appropriate specialty consultation, especially in the patient setting
Common Clinical Presentation
- Agitation or excitement
- Anxiety
- Confusion
- Delusions or bizarre beliefs
- Depressed or sad mood
- Fatigue
- Hallucinations
- Insomnia
- Memory loss
- Poor hygiene or self-care
- Strange speech or behavior
- Suicide risk
- Suspiciousness or feelings of persecution
- Unexplained changes in personality or performance
- Unexplained physical symptoms suggesting somatization

Procedure Skills
- Depression inventory
- Mental status examination, including standardized cognitive examinations (e.g., Mini-Mental State Exam) when indicated

Ordering and Understanding Tests
- Electroencephalography
- Neuropsychologic evaluation

Overview

Substance abuse is the number one cause of preventable illness and death in the United States. Treatment can be effective when substance abuse is identified early. Therefore, it is important that medical residents be familiar with the epidemiology and pathophysiology of substance abuse and know the principles of assessment, treatment and prevention. They must also recognize that alcoholism is as common in physicians as in the general population, and abuse of other substances is greater in physicians. Thus medical residents must be aware of and be able to recognize impairment in their colleagues.

I. GOALS
Describe chemical dependency and substance abuse in general and their unique features as they present in health care workers, especially his/her fellow residents.

Develop skills and attitudes which will facilitate their recognition and treatment of colleagues with problems of chemical dependency as well as similarly afflicted patients.
II. CONTENT

A. Common chemical dependency problems that face the primary care physician:
   1. Identification of the substance abuser - the alcoholic, the cocaine abuser, the cocaine addict, the heroin addict and the prescription drug abuser
   2. Outpatient management of chemical dependency
   3. Management of alcoholic withdrawal syndrome
   4. Alcohol and its effect on the patient as a whole with special attention to the liver and gastrointestinal tract
   5. Cocaine, chest pain and the heart
   6. Smoking as a substance abuse problem (see Preventive Care Curriculum as well)

B. Epidemiology and spectrum of abused substances and social milieu in which substance abuse occurs, including:
   1. Definitions of psychoactive substance use and abuse, addiction, detoxification and relapse
   2. Physical and psychological effects of commonly abused substances, including alcohol, opiates, stimulants, sedatives, hypnotics, anabolic steroids, marijuana, phencyclidine, hallucinogens, nicotine and inhalants
   3. Unique features of effected groups, including impaired professionals, adolescents, pregnant women, and the elderly
   4. Various factors which influence use and the natural progression of use.

C. Recognition of colleagues and patients who suffer substance abuse
   1. History taking skills specific to identifying the common psychosocial manifestations of mild to moderate substance use disorders (knowledge of and comfort in the use of CAGE)
   2. Physical examination skills and laboratory testing especially useful in the recognition and assessment of chemical dependency
   3. Unique behaviors of substance abusers, including drug seeking behaviors and the barriers erected by users to prevent detection.

D. Spectrum of complications of substance abuse, including:
   1. Acute versus chronic intoxication
   2. Adverse effects of specific substances on organ systems
   3. Pathophysiology of complications
   4. Impact on work, family, social contacts, et cetera

E. Appropriate management (including community resources available) of patients with substance abuse, including the objectives and methods of detoxification, residential treatment, outpatient therapy, 12-step programs and primary and secondary prevention

F. Genetics of addiction and sociology of drug use

G. Legal aspects of substance abuse, including patient confidentiality, the significance of the written document, documentation of drug use and refusal of treatment
H. Unique problems of recognizing and securing appropriate treatment for colleague who are chemically dependent

I. Familiarity with the residency program and hospital’s policies on physician impairment and chemical dependency
   See outline in Appendix I

III. TEACHING METHOD
   A. CONFERENCES
      Grand rounds, subspecialty conferences, and special “nuts and bolts” conference series focus on the five most common problems of substance abuse. Appropriate attitudes will be taught by formal discussions with substance abusers and with substance abuse professionals. Legal aspects of substance abuse will be discussed at a conference with the hospital’s risk manager

   B. CASE METHOD
      Caring for patients with substance abuse in the IMHCC, emergency department, and on inpatient services. Elective experience is offered in drug and alcohol rehabilitation programs

   C. RELEVANT READING MATERIAL
      Use of materials suggested and provided for personal learning
      See bibliography

   D. OTHER CURRICULA
      Parts of the epidemiology are taught in the adolescent and geriatric curricula. Parts of complications are taught in various subspecialty (pulm, CV, MS and ID) curricula.

IV. EVALUATION
   A. EVALUATION OF RESIDENT
      1. Performance on the annual in-service examination
      2. Junior power group exams
      3. Performance on the emergency room drug overdose computer program
      4. Patient care performance evaluations by attending physicians
      5. Observing drug history taking skills on the formal CEX exams

   B. EVALUATION OF CURRICULUM
      The curriculum committee will annually evaluate this curriculum for its effectiveness in meeting the stated objectives
Appendix I

CONTENT:

Definitions:
- Psychoactive Substance Use
- Psychoactive Substance Abuse (or Problematic Use)
- Addiction
- Detoxification
- Relapse

Common substances of abuse:
- Opiates
- Stimulants
- Sedative-Hypnotics
- Anabolic Steroids
- Marijuana
- Phencyclidine
- Hallucinogens
- Alcohol
- Nicotine
- Inhalants

Epidemiology:
- Elderly
- Adolescents and young adults
- Pregnant women

Pathophysiology:

Selected complications of Illicit Drug Use:
- Pulmonary
- Cardiovascular
- Musculoskeletal
- Septicemia and disseminated infections

Assessment:
- History (common psychosocial manifestations of mild to moderate drug disorders)
- Physical examination and lab tests including drug use questionnaire
- Barriers to diagnosis
Treatment:

Brief interventions
Detoxification
Hospital treatment
Pharmacotherapy
  - Sedative withdrawal
  - Stimulant withdrawal
  - Opiate withdrawal
12 step programs and other self help groups
Outpatient therapy
Long-term residential treatment

Prevention:

Primary
Secondary and relapse

BIBLIOGRAPHY

Residents will be expected to be familiar with several key articles regarding substance abuse including the following:


Further resources include SGIM Substance Abuse Education in General Internal Medicine and videotape from OSAP and SGIM.