APM PSYCHIATRY RESIDENT EDUCATION CURRICULUM
Each of the 13 pages in this document shows the first five slides of one of the 13 PowerPoint lectures in APM's recommended curriculum for psychiatry residents.

Models and Process of Consultation-Liaison Psychiatry

APM Resident Education Curriculum

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1

Consultation-Liaison Psychiatry

- Subspecialty at the interface of Medicine and Psychiatry
  - Clinical Service
  - Research
  - Training
- Psychosomatic Medicine is the name of the accredited subspecialty

2

Models of Consultation-Liaison Psychiatry

- Traditional/Conventional
  - Hospital or Ambulatory Based
  - Consultation Upon Request (reactive)
  - Liaison Psychiatry
- Mental Health Integration
  - Hospital or Ambulatory Based
  - Case Finding/Screening
  - Proactive/Systemic Mental Health Involvement
  - Disorder Specific Programs
- Hybrid Models

3

Traditional Models

- Consultation Upon Request
  - Reactive
  - Patient and consultee specific
  - No primary patient responsibility
- Liaison Psychiatry Components
  - Education
    - Formal and informal education
  - Support
    - Service, Ward, Nursing Staff
  - Can be Sub-Specialty Specific
    - OB, Oncology, Neurology etc.

4

Types of Patients

- Complex, co-morbid psychiatric and medical conditions
- Somatoform and functional disorders
- Psychiatric disorders secondary to medical conditions or treatments

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The Medical Management of Acute Agitation

What comes after "Look out!"

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Objectives

- Identify the principles of the "cycle of violence."
- Describe the broad differential diagnosis behind the symptoms of agitation and aggression.
- Apply nonpharmacologic and pharmacologic approaches to management of the agitated patient in the general medical setting.

2

The Case

- A 47 year-old male with a history of substance abuse and bipolar disorder along with morbid obesity, DM and COPD presents to the ED at 0200 after calling 911 and reporting chest pain.
- Initially cooperative in the ED, but the staff indicate that he has been mumbling to himself and starring at them suspiciously. They gave him some lorazepam to "calm" him.
- Since arrival to the floor to r/o MI he has been becoming increasingly irritable, confrontational and restless. Eventually he starts to become uncooperative with care and then verbally and physically threatening to the staff.
- They call a psychiatry consult for "HELP!!!!"

3

Definitions

- Agitation
  - Excessive motor or verbal activity
- Aggression
  - Actual noxious behavior that can be verbal, physical against objects, or physical against people
- Violence
  - Denotes physical aggression by people against other people

Citrome L, Volavka J. 2002

4

Component Behaviors

- Aggressive behaviors
  - Physical
    - Fighting
    - Throwing things
    - Grabbing objects
    - Destroying items
  - Verbal
    - Cursing
    - Screaming
- Nonaggressive behaviors
  - Restlessness
  - Wandering
  - Inappropriate disrobing
  - Repetitive questioning

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Delirium

(When things really do go bump in the night!)

APM Resident Education Curriculum

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DSM-IV TR Criteria

- Disturbance of consciousness
- A change in cognition or development of perceptual disturbance
  - Not accounted for by a dementia
- Disturbance develops over a short period of time and tends to fluctuate
- Caused by a general medical condition

2

DSM-IV TR Criteria

- Classification of delirium
  - Delirium due to a general medical condition
  - Substance induced delirium
  - Substance withdrawal delirium
  - Delirium due to multiple etiologies
  - Delirium not otherwise specified

3

Synonyms for Delirium

- Acute confusional state
- Encephalopathy
- Acute brain failure
- ICU psychosis
- Altered mental status
- Acute reversible psychosis

4

Motoric Subtypes of Delirium

- Hypoactive
  - Decreased activity
  - Lethargy
  - Apathy
- Hyperactive
  - Increased activity
  - Delusions
  - Hyperalert
- Mixed

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Depression in Medical Settings

APM Resident Education Curriculum

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Learning Objectives

By the end of the lecture, the viewer will be able to:

1. Describe the types and characteristics of depression in a variety of medical settings
2. Appreciate the diverse medical conditions, medication therapies and psychiatric conditions that contribute to depressive symptoms
3. List the evidence-based therapies for depression in the medically ill

2

Overview

Classification of depression
Prevalence in medical Settings
Evaluation
Time course and associations
Treatment

3

Depression Risk Factors with Medical Illness

- History of depression
- Family history of depression
- Low social support
- Coping styles

4

Classification of Depression

- Major depression
- Dysthymia
- Adjustment disorder
- Mood disorder due to general medical condition, with depressive features
- Substance-induced mood disorder
- Minor depression
  - Research term in Primary Care with criteria for further evaluation in DSM-IV TR appendices
- Mixed anxiety depression
  - Primary care diagnosis with criteria for further evaluation in DSM-IV TR appendices
- Bereavement (V. code diagnosis)

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The “Difficult” Patient

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Objectives

- Discuss characteristics of difficult patients
- Define personality styles/disorders
- Define “hateful” patient characteristics
- Discuss management issues for difficult patients.

2

The Consult

- *53 year old male, self-employed business owner, history of cocaine and alcohol abuse, hospitalized with osteomyelitis. Left prior hospitalization AMA.*

3

Difficult Patients

- Consults often requested for patients who arouse negative emotions in the treatment team
- These emotions include anger, inadequacy, or frustration
- May occur in up to 15% of patient encounters (Jackson and Kroenke, 1999)

4

“The Hateful Patient”

- Groves in 1978 is considered the first to actually refer to a patient as “hateful”
- Difficult for the treatment provider to acknowledge his feelings to the patient
- May be noted in the wording of the consult or the frustration voiced by the treating team when discussing the patient with the consultant

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HIV and AIDS
Psychiatric Manifestations & Treatment Complications

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Epidemiology

- Vulnerable populations
  - Individuals with substance use disorders
  - Individuals with chronic mental illness
- Psychological symptoms that predispose to HIV include
  - Low self-esteem
  - Anxiety
  - Depression
  - Emotional dysregulation
  - Poor impulse control
  - Hostility

2

Initial Diagnoses to Consider When Consulting on the HIV Patient in the General Medical Hospital

- Delirium, delirium, and delirium
  - HIV's direct effects on the brain
  - Polypharmacy
  - Immunocompromised state
- HIV-Associated Dementia
- Medical Comorbidity
- Primary Psychiatric Illness

3

HIV Testing on the Consult Service

- Serologic testing should be performed for patients presenting with new-onset psychosis in patients with risk factors
- Acute onset of confusion, memory complaints, affective disturbances, bizarre behavior, abnormal posturing or medical illness should raise the suspicion for HIV testing

4

Delirium in HIV/AIDS

- Clinical presentation is the same as in non-HIV-infected patients
- Estimates of mortality as high as 20% have been reported
- Multiple potential etiologies
  - Opportunist infections
  - Polypharmacy
  - Substance intoxication or withdrawal
  - HIV infection itself
  - Dehydration and electrolyte disturbances

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Informed Consent and Capacity

APM Resident Education Curriculum

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Informed Consent

- Case I (Part 1)
  - Ms. W an 83 year old female with a history of cognitive impairment and known CAD was admitted with chest pain. EKGs and enzymes are abnormal and a cardiac catheterization is recommended. You are asked to see if you think the patient can consent to the procedure…
  - What do you do now?

Informed Consent

- A little bit of history…
  - The "era of simple consent"
    - Objection to treatment usually respected
    - However, consent was often inferred or evoked by incomplete or misleading information
  - The "era of informed consent"
    - Goal is to allow a competent individual to exercise effective and informed self-decision-making

Informed Consent

- Purpose of informed consent
  - To promote individual autonomy
  - To foster rational decision-making
- Informed consent is founded on two distinct legal principles
  - The right of self-determination
  - The physician's fiduciary responsibility to the patient

Informed Consent

- Exceptions to informed consent
  - Emergency
    - Time required to obtain consent is not available without threatening the patient's life
  - Therapeutic privilege
    - In some circumstances, in which disclosure itself may be harmful to the patient, physicians may withhold certain information
  - Waiver
    - Patients waive their rights to consent
  - Incompetence

There are 35 more slides in this lecture.

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Neuroleptic Malignant Syndrome and Serotonin Syndrome

APM Resident Education Curriculum

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Historical Background

- Syndrome malin des neuroleptiques
  - Rapidly progressive neurovegatative state
  - Observed during early clinical trials of haloperidol
  - 1960
- Neuroleptic Malignant Syndrome
  - First appeared in English literature in 1967
  - Belated recognition in the U.S.

2

Incidence

- Typical antipsychotics
  - Best estimate 0.1-0.2% (Caroff and Mann, 1996)
  - Wide variance in estimates 0.1-3.0%
- Atypical antipsychotics
  - It remains unclear whether atypical antipsychotics are less likely to cause NMS compared to typical antipsychotics (Troller, et al., 2009)

3

Pathogenesis

- Central dopamine hypoactivity

  Evidence
  - All antipsychotics implicated share dopamine receptor antagonism
  - Withdrawal of dopamine agonists or "freezing" episodes in Parkinson's disease have induced NMS-like states
  - Dopamine agonists appear beneficial in treatment
  - Disruption of dopamine tracts produce NMS-like states
  - A case report utilizing SPECT revealed almost complete D2 receptor blockade in a patient with NMS
  - Reduction in CSF homovanillic acid (HVA) in NMS
    - Reduction persisted after recovery

4

Pathogenesis

- Central dopamine hypoactivity (continued)

  Theory (Strawn et al, 2007, Fricchione 1985)
  - Patients susceptible to developing NMS may have a baseline central hypodopaminergia
    - Trait vulnerability
  - The hypodopaminergic state is further stressed with pharmacologic or stress-induced reductions in dopamine activity
    - State vulnerability

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Psycho-Oncology and Palliative Care

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Palliative Care and Psychosomatics

- Hospice began in France in 1840s
- Involves all stages of life-threatening illness
- Includes psychological, social, spiritual, and cultural issues
- Palliative care ….
  - Affirms life and regards dying as normal
  - Neither hastens nor postpones death
  - Provides relief from pain and other symptoms
  - Integrates the psychological and spiritual
  - Offers support system to help patient live life actively
  - Helps family cope
  - Utilizes a multidisciplinary

James L Levenson, M.D., 2005.

2

Psychiatry and Palliative Care

Working Together Towards a Common Goal

- Palliative care's goal is to relieve symptoms and suffering and improve the patient's quality of life
- Palliative informs psychiatry
  - Assessment and treatment of pain
  - Bereavement
  - Anticipatory loss
- Psychiatry informs palliative care
  - Assessment of psychiatric illness and mental status changes
  - Evaluation of capacity
  - Psychiatric treatment
  - Insight into personality structure and communication issues
  - Conflict resolution

JLSpeiss, 2002

3

Common Psychiatric Disorders In the Palliative Care Population

- Anxiety
- Bereavement
- Depression
- Delirium

James L Levenson, M.D., 2005,
Wyszynski, 2005

4

Anxiety in Palliative Care

- Ranges from 15-28% and is most often comorbid with depression
- Prevalence increases with advanced disease and decline in physical status
- Includes fears of clinical course, treatment outcomes, death, social stigma, and/or physical symptoms (such as dyspnea or pain)

James L Levenson, M.D., 2005,
Wyszynski, 2005, LW Roberts
2004

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Psychopharmacology in the Medically Ill

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1

Content of Slide Kit

- Purpose of the Slide Kit
  - Review of clinical pearls of psychopharmacology in the medically ill
- Pharmacologic Review
  - Antidepressants
  - Anxiolytics
  - Antipsychotics
  - Mood stabilizers
- Clinical Pearls in Specific Medical Illnesses

2

Case Presentation

- A 35 year old female with CAD s/p 2 stents complicated by a long history of anxiety presenting with classic sings of panic disorder. She is finally willing to consider an antidepressant to manage her anxiety. She is on clopidogrel (Plavix), atorvastatin (Lipitor), propranolol (Inderal), and is taking prn alprazolam (Xanax).
- Which antidepressant(s) should be avoided in this patient?
  - Amitriptyline (Elavil)
  - Citalopram (Celexa)
  - Paroxetine (Paxil)
  - Venlafaxine (Effexor)
  - Nortriptyline (Pamelor)

3

Antidepressant Review

4

Antidepressant Prevalence

- 10 % of the US population is being prescribed an antidepressant
- Community based survey of almost 19,000 pts
  - 1996 5.9 %
  - 2005 10.1 %

Arch of Gen Psychiatry, Aug , 2009

- Higher likelihood your CL patient will be on one…
- Increase prevalence of depression, lower stigma ?, increased advertising ?

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Somatoform Disorders, Factitious Disorder and Malingering

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Somatoform Disorders

- Medically unexplained physical symptoms (MUPS)
  - Physical symptoms that prompt the suffer to seek health care but remain unexplained after an appropriate evaluation (Richardson and Engel, 2004)

2

Somatoform Disorders

- MUPS – One syndrome or many?
  - Some authors have suggested that the precise diagnosis given depends more on the diagnosing physician's specialty than on any actual differences between the syndromes
  - Categorization
    - Psychiatric
    - Hypothetical syndromes based on diagnostic criteria

3

Somatoform Disorders

- MUPS – One syndrome or many?
  - Internal Medicine
    - Chronic fatigue
  - Gynecology
    - Chronic pelvic pain
  - ENT
    - Idiopathic tinnitus
  - Dentistry
    - Temporomandibular dysfunction
  - Rheumatology
    - Fibromyalgia
  - GI
    - Irritable bowel syndrome
  - Neurology
    - Nonepileptic seizures

4

Somatoform Disorders

- MUPS – Consequences
  - Impaired physician-patient relationship
    - Physician frustration
      - 1/6 primary care visits are considered "difficult"
        - » Hahn, 2001
      - "Dose-response" relationship between symptoms and physician frustration
        - » 0-1 symptom → 6% difficult
        - » 2-5 symptoms → 13% difficult
        - » 6-9 symptoms → 23% difficult
        - » 10 or more symptoms → 36% difficult
    - Patient dissatisfaction

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Suicide Risk Assessment and Management in the Medical Hospital

APM Resident Education Curriculum

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Suicide

- Definitions
- Epidemiology
- Clinical assessment of suicide risk
- Suicide risk assessment / documentation
- Challenges

2

Suicide

"The termination of an individual's life resulting directly or indirectly from a positive or negative act of the victim himself which he knows will produce this fatal result"

– Durkheim 1857

3

Epidemiology

- Suicide is the 11th leading cause of death in the US
  - 30,000 deaths/year
- Accounts for 1 – 2% of all deaths
- Known suicide rate is nearly identical to rate in 1900
  - 10-12/ 100,000/ year
- Firearms most common method (60- 65%)
  - Regional variation
- Hanging second most common for men, drug overdose second most common for women
- For each person that completes suicide, ~8-10 people attempt
- For every completed suicide, ~18-20 attempts are made

4

Suicide-Related Behaviors

- Potentially self injurious behaviors
  - Suicide
  - Instrumental suicide-related behaviors
- Focus on intent to die
  - "The person intended at some (non-zero) level to kill self…."
  - "The person wished to use the appearance of intending to kill self in order to obtain some other end…"

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Treatment Considerations in Antenatal and Postpartum Psychiatric Illnesses

APM Resident Education Curriculum

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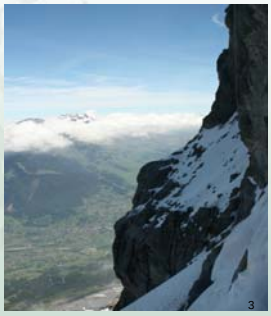
Risk-Benefit Analysis

2

We are between a rock and a hard place.

- *WILL discuss off label use of medications*
- *Do NOT have placebo controlled, double blind, randomized trials in pregnant or lactating women for ethical reasons*



3

Informed Consent Discussion

- Risks of psychiatric illness in pregnancy and postpartum
- Non-pharmacological treatment options
- Risks of psychotropic exposure to developing fetus/breastfeeding infant
- Potential adverse effects to mother
- Benefits of psychotropic use in treatment of psychiatric illness

4

Informed Consent Discussion

- "Parenthood is a journey into the unknown, but together we can try to make decisions which reduce the overall risk."
- Accepting risk is part of the process
- Think of assessing risk above baseline risks
  - 1-3% of pregnancies which have some type of congenital malformation
- Think in terms of absolute risk
  - Example: One study demonstrated 6x increase in omphalocele w/ use of SSRIs in early pregnancy
  - BUT absolute risk is less than 3/1000

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