

# Psychopharmacology in Primary Care Settings



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## KEYWORDS

- Depression • Antidepressants • Anxiety • Anxiolytics • Bipolar • Pharmacotherapy • Antipsychotics

## KEY POINTS

- Second-generation antidepressants are effective treatment options for both major depressive disorder and generalized anxiety disorder, so medication selection should be based on prior response to treatments, dosing frequency, patient preference, medication side effects, comorbid conditions, and cost.
- Adverse effects of medications can be used to control additional or predominant symptoms of the targeted mental disorders, such as insomnia.
- The best indications for benzodiazepines are short-term use for anxiety disorders, acute agitation, and seizure disorders.
- For schizophrenia, start either an atypical or typical antipsychotic and then reassess after an appropriate trial of 3 to 6 months of therapy. Clozapine can be considered after 2 failed courses of first-line neuroleptics.
- Treatment of patients with bipolar disorder may benefit from lamotrigine, carbamazepine, lithium, antidepressants, or antipsychotics. The first-line medications to consider are lamotrigine and lithium.

## INTRODUCTION

In the United States, primary care settings (family medicine, general internal medicine, general pediatrics, and office-based obstetrics and gynecology practices) have for decades served as the de facto US mental health services system.<sup>1</sup> Among adults, 18.5% have a mental health problem each year.<sup>2</sup> For children aged 13 to 18 years,

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the annual prevalence for any mental disorder is 13.1%.<sup>3</sup> Typically, fewer than half of adults or children with a mental health problem are seen by a professional each year (between one-fourth and one-third is a typical treatment rate for various mental disorders). Among people who do see some type of professional for a mental health issue, more than half of these consultations are provided by primary care providers within primary care settings.<sup>4</sup> Even more remarkable, referrals to specialty mental health services most often result in failure to engage in treatment. When mental health treatment is offered within the primary care setting, 2 desirable things result: (1) the patient is more likely to become engaged with treatment, and (2) both mental health and physical health indicators for internally referred patients engaged in mental health treatment are likely to improve.<sup>5</sup>

Primary care clinicians must consider the provision of high-quality mental health services within the primary care setting as a best-practices standard. Borrowing from the *Crossing the Quality Chasm* report from the Institute on Medicine, patient-centered care requires “providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.”<sup>6</sup> Patients often prefer to get mental health care from their primary care providers if they are willing to receive care at all for mental health issues. Patients have various motivations for seeking and accepting mental health treatment from their primary care providers. These motives include 1 or more of the following:

1. Accessibility: an appointment with a primary care provider is usually easier to obtain than with a mental health provider.
2. Cost-effectiveness: it generally costs less to see a primary care provider than it does to see a psychiatrist or other mental health provider, and insurance may limit access for mental health services.
3. Privacy: it is common to visit a primary care provider and for a wide variety of reasons, so patients feel reassured by this anonymity because no one knows whether they are being seen for high blood pressure, depression, or some other reason.
4. Effectiveness: mental health treatments offered within primary care settings often reduce symptoms and enhance function as well as quality of life.
5. Relationship/sense of community: a well-managed doctor-patient relationship is a source of support and hope for many primary care patients, and, by extension, a well-trained primary care staff can serve as a reflection of the clinician’s empathy for and encouragement of the patient.
6. Integration: improved mental health often improves health habits and physical health as well, so both patients and providers benefit by experiencing the positive synergy that can be associated with receiving mental health treatment within primary care settings.

This article focuses on psychopharmacology for the most commonly seen mental health problems among adults in primary care settings (depressive disorders, anxiety disorders, bipolar disorders, and disorders with psychotic features). The intent is for readers to review and apply this information as part of the so-called tool box for most effectively managing adult mental health problems within a primary care setting. Beyond understanding the evidence base for typically used psychotropic medications for adults, other aspects of the primary care providers’ mental health tool box should include an understanding of useful psychotherapeutic options (eg, cognitive behavior therapy), available community resources (eg, private and public mental health clinics, area support groups), development of local collaborative care models where possible (integrating primary care, mental health care, and case management), as well as the aforementioned adoption of a patient-centered

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