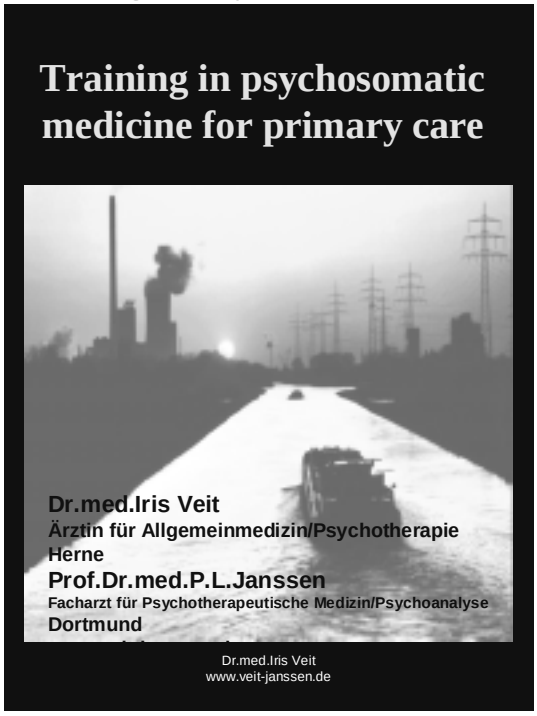
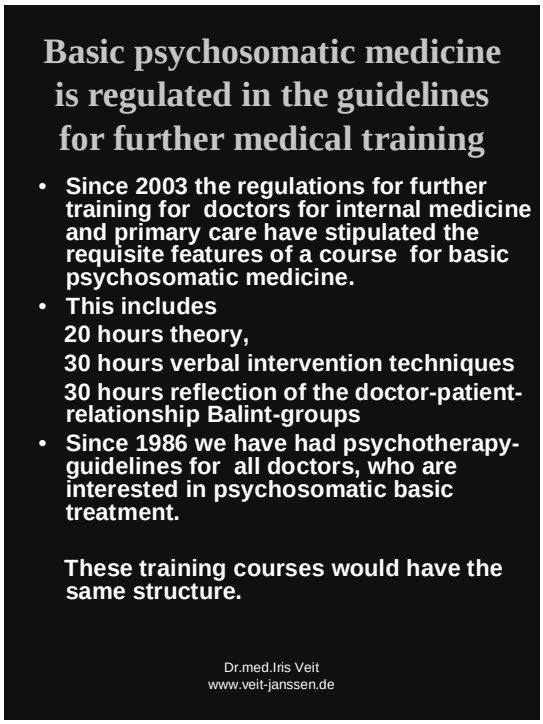
Training in Psychosomatic medicine in primary care

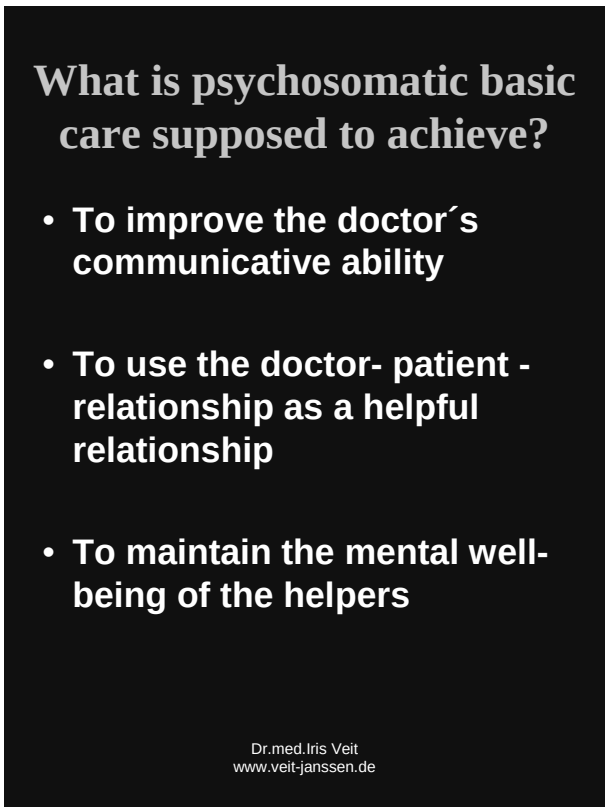




The German meeting of Medical Practitioners – der deutsche Ärztetag – decided last year to make an 80 hour course in psychosomatic primary care an obligatory part of the further education in becoming a specialist for Internal and General Medicine. This is a good and satisfying upgrade for a General Practitioner's daily work.

Followwing informations willunderline the importance of this decision for health care system.

Psychosomatic primary care has been covered by basic health insurance since 1986. The psychotherapeutic guidelines define what the doctor should be trying to achieve: in his examination and in his treatment he is to integrate the biological, psychological and social components before coming to an overall diagnosis.



The main issue is to improve the doctor`s ability to communicate. He should be able, to explain the connection between physical symptoms and psycho-social problems he should be able to explain the influence of interpersonal conflicts on the onset of the symptoms, he shoud be able to make use of the doctors-patient-relationship and at the same time he should intervene in a supportive and solution-oriented manner. Basic psychosomatic care should help to maintain the well-being of the helpers.

Basic psychosomatic medicine is regulated in the guidelines for further medical training

The course for basic psychosomatic medicine includes:

20 hours theory,

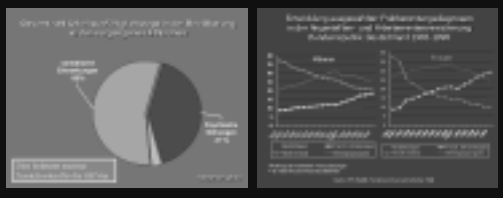
30 hours verbal intervention techniques and

30 hours reflection on the doctor-patient- relationship in Balint-groups

Dr.med.Iris Veit
www.veit-janssen.de

The doctor can get the according qualification in an 80 hour course.
20 hours are theory. 30 hours are verbal intervention techniques .
The remaining 30 hours are to be spent in Balint groups which meet regularly to learn to reflect upon the doctor-patient-relationship and to apply it therapeutically.

The structure of morbidity changed

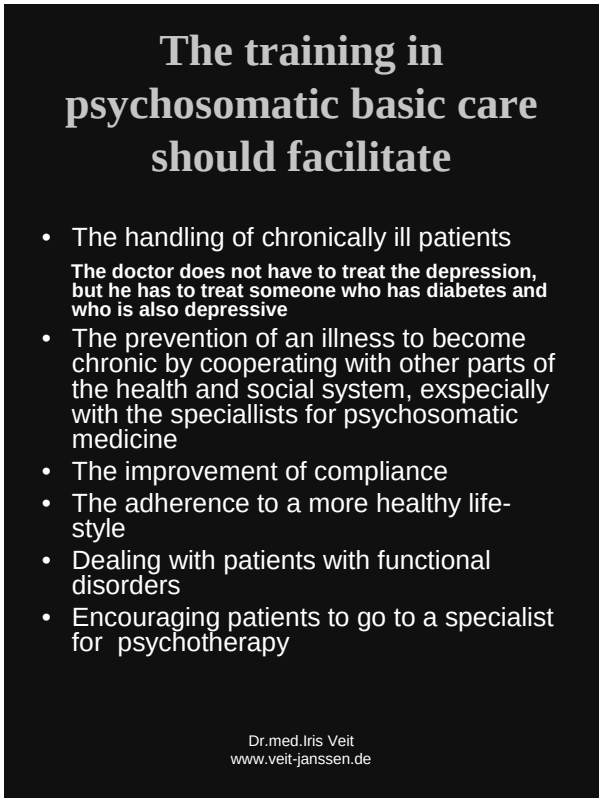


Total number of sick days taken in the population in the last 4 weeks

- **Chronic diseases are on the increase**
- **The prevalence of psychic disorders is also increasing**

Dr.med.Iris Veit
www.veit-janssen.de

The scope of morbidity in Germany has changed. Chronic illnesses are on the increase as are psychological disorders. 50% of the patients with psychological disorders are trated in primary care setting. According to a sample survey in the year 2003 40% of all sick days were due to such psychological disorders.
GPs are not adequately trained for this task. There are not enough psychiatrists and psychotherapists to cope with this trend.



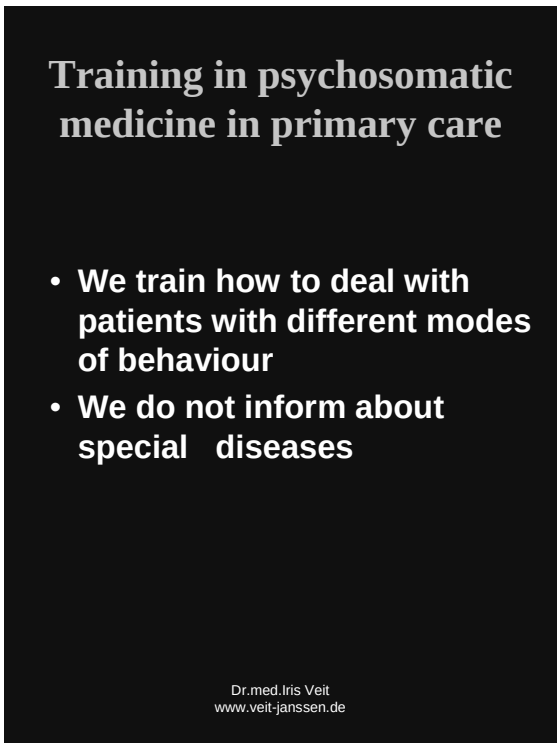
Therefore: what are the important genuine tasks in the primary care setting?

1. Dealing with the chronically ill and helping to adapt to life changign illnesses. An example: Up to 40% of Diabetes Mellitus patients also suffer from depression and reduced feelings of self-worth. Some patients will feel reproached when, for instance, it is suggested to them that they should take up sport. Being monitored, as is the case for diabetes patients whose weight and blood pressure have to be measured regularly within a Disease-Management-Programme, is something depressed people prefer to avoid. These controls have a further negative effect on their self-esteem. They are more likely to regard their illness as a punishment and more likely to feel helpless about managing it. Depressive patients tend to overtax their practitioner and expect

a solution from him, often only to then undermine it. It is difficult to motivate them to attend Self-Management Training courses. The repressed anger manifests itself in a lack of compliance: the prescribed medicine is not taken.

2. Another important task is preventing illnesses from becoming chronic, which is only possible by cooperation within the psychosocial care system, so that considerations about the psychosomatic condition of the patients stand at the beginning and not at the end of a frustrating sequence of treatment.
3. Disease-Management Programmes were introduced last year against the background of the increase of chronic diseases. Successful treatment of the chronically ill will not be possible without the provision of and the collaboration within integrated care. This includes and involves the psychosomatically trained GP. He has to run the integrated treatment programs.
4. Improving compliance – patients do not need only more education and medical instruction but the feeling, there is somebody listening and understanding, just a guiding hand .
5. The prevention of illness needs to be given more and more attention. Motivating the patient to adopt a better life-style is becoming increasingly central to a doctor's daily work.
6. Further important tasks are dealing with patients who are somatizing and motivating for going to a specialist for psychosomatic medicine.

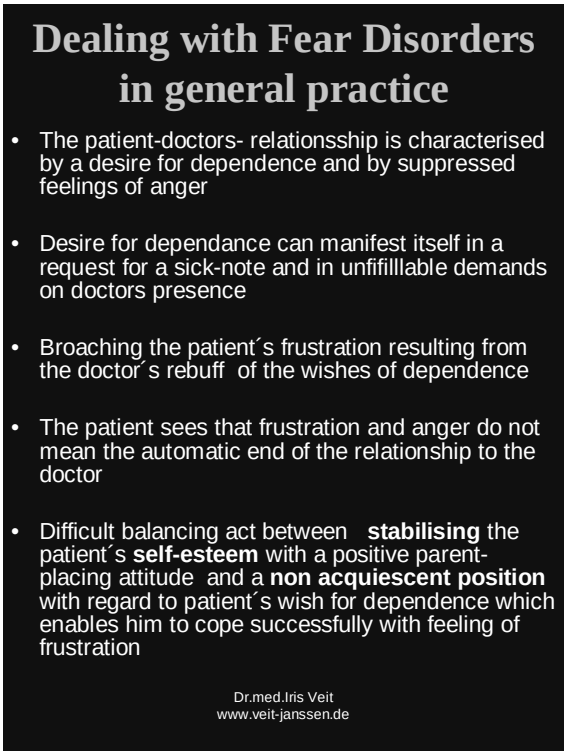
For these purposes psychosomatic primary care needs to have its own setting, the 15 minute talk, but as regular appointments and perhaps for several years.



All these considerations have gone into the conception of our “Primary Care” course. The basic idea of the theoretical concept is the reflection on the doctor-patient-relationship – and not the clinical description of various illnesses.

The doctor-patient- relationship is determined by basic modes of behaviour– irrespective of whether he is suffering from a psychosomatic or from a somato-psychological disorder. Our course therefore is focusing on the anxious, depressive,

obsessive or hysterical mode. Going on from here we will talk about the collusions of behaviour the practitioner can expect in primary care setting and we developed how to deal with those patients in primary care settting.



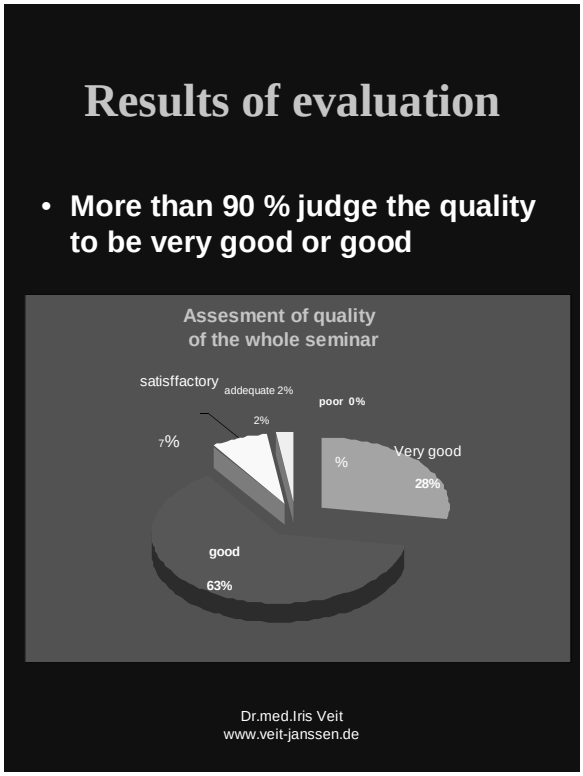
Psychosomatic primary care has its genuine objectives. We explain how we can help patients to cope with their illness, how to motivate them towards a healthier life-style and what we need to know about cooperation with the psycho-social care system. Systemic and resource-orientated approaches will be outlined.

Eating disorders, personality disorders and post-traumatic stress disorders will be gone into to such an extent that the doctor can recognize these ailments and endure having a part in the treatment of these difficult patients.

The course will not take place in the form of a lecture – participants will learn using videos of case studies, which show consultations with patients in my own general practice as well as initial interviews of Paul Janssen. By means of these videos participants will learn how to diagnose relationships and how to apply intervention techniques. They show the typical collusions with patients, who have come to the

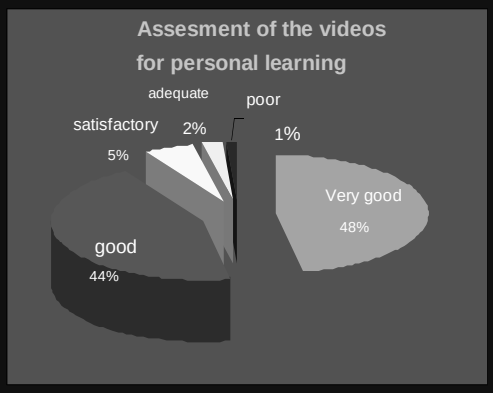
medical practise for a wide range of reasons. They show also the non-verbal expressions.
The participants present cases from their own fields of practice.

This course on psychosomatic primary care was evaluated after having been attended by 100 people. 90% of the participants said that the learning effect of the videos was either good or very good.



Results of evaluation

- **The use of videos as part of training is particularly valuable**



Dr.med.Iris Veit
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The mainly named problems which forced doctors to present their cases

How to handle patients with :

- *fixation to a symptom*
- anxiety
- aggressive behaviour
- *theatrical and destructive behaviour*
- with *traumatic* experiences
- with chronic pain
- How can I improve patient´s *compliance to treatment*
- How can I *motivie* towards a healthier life-style
- How to deal with competition and rivalry among colleagues wether in hospital or within a partnership and the effects of this on the behaviour of the patients

Dr.med.Iris Veit
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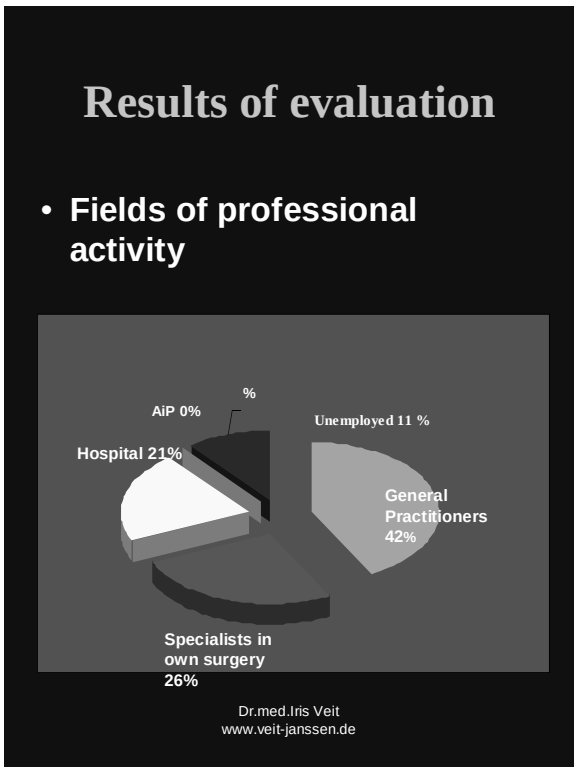
During the course records were taken of the problems, that caused the practitioners to present their cases. The following were the most frequently named reasons for seeking advice:

- How do I deal with patients who hang on to their symptoms?
- How do I deal with anxious patients?
- How do I deal with aggressive patients?
- How do I deal with theatrical patients whose demands go beyond the provisions of a doctor's surgery?
- How do I deal with traumatised patients?
- How do I get better compliance from my patients? How do I motivate them towards a healthier style of life?
- How do I deal with competition and rivalry amongst colleagues in a practice-partnership or in a hospital and what consequences does this kind of situation have for my patients?

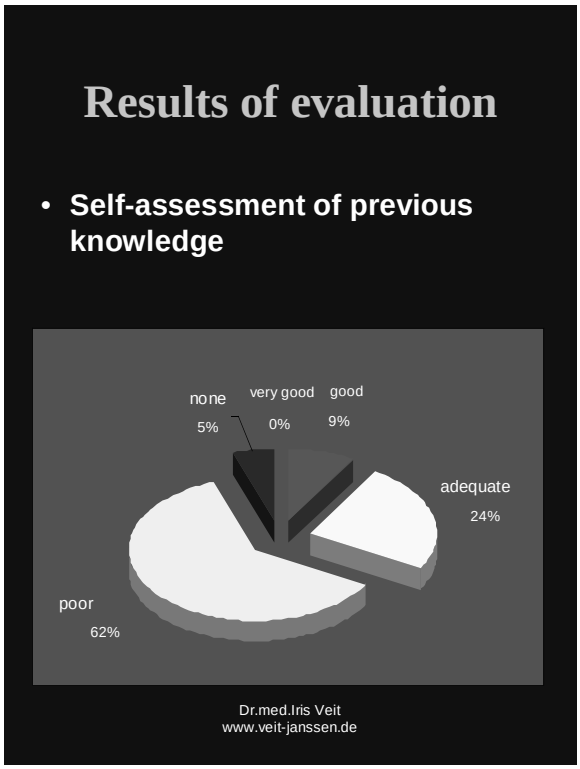
Such records are needed to know whether a course is suitable for the doctors in primary care.

And here are some further results of the evaluation: Most of the participants are female and are between 30 and 35 years old. More than half of the participating doctors already had their own practice and the ratio of GPs to specialist doctors was 4 to 1.

The following slide shows the distribution of the fields of medicine represented by the participants:



The next graph shows the participants' previous knowledge as assessed by these themselves.

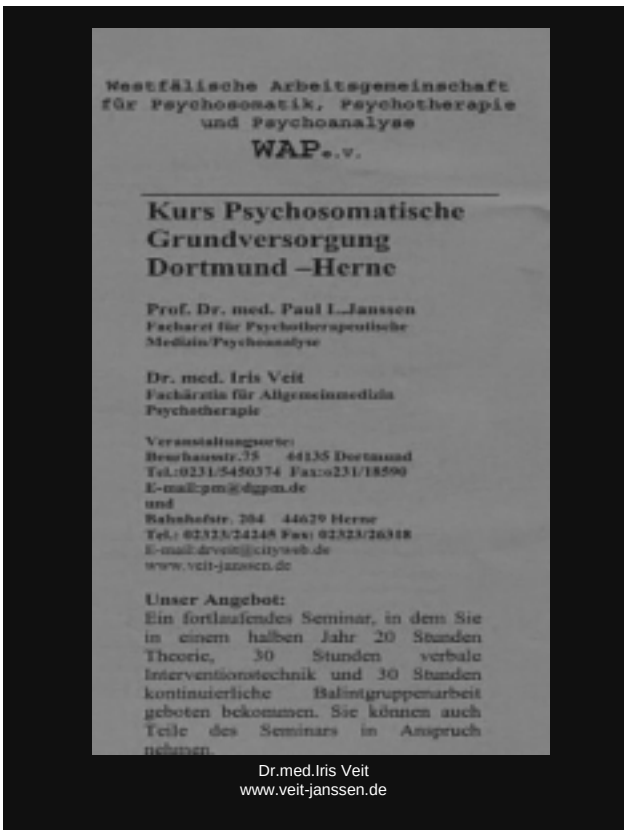


67% said that this was insufficient or even non-existent, 15% were members of a Balint group, and altogether 30% said that they had had previous knowledge from books or university.

According to the participants' feed-back the concept of the course has proved itself. I would especially like to stress the possibilities offered by learning through example using authentic patient videos and talking about how to deal with the shown behaviour instead of merely dispensing information about various disorders.

In our experience the course should be held for people attending from the same region in order to enable continual learning and time for practical experience. We found the fact that the course comprised general practitioners and specialists from practice-partnerships and from hospitals to be very productive. This helped the work-shop atmosphere of the course and encouraged cooperation between participants. This is why instruction in psychosomatic primary care should also in future not just be offered to GPs but remain open to doctors of all the specialist fields.

The Westfalen-Lippe chamber of medical practitioners - die Ärztekammer Westfalen-Lippe – which has already held this course in Borkum as a one-week advanced training course – will in future offer this course in its present structure as part of its advanced training for specialists for internal and general medicine. In addition to this we will still be offering this course in Herne and in Dortmund.



In Germany we decided that one provider gives all the care in primary care setting. Unlike for example as in America where the clinical health psychologist is a member of the primary care stuff and the primary care physicians will sent the patient to him. In the future we will need analyzed data about treatment outcome in psychosomatic primary care.

It willbe to decide who is able to become a teacher for psychosomatic basic care. The GPs need counseling support and guidance by the psychotherapists in managing their patients. That`s new also for the psychotherapists. Al in all it´s a great chance for psychosomatic medicine.

Dr. med. Iris Veit