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CMSBulletin

Chambers Medical Specialists

Special points of interest:

- Depression—New findings about the relapse rate
- How Clinical Practice Guidelines can reduce disability
- Assessing psychiatric impairment- NSW now setting the pace
- New medication to reduce Alcohol cravings available
- Reducing the risk of dementia

Inside this issue:

Depression Update

Depression is a condition that has a high prevalence in the population. Estimates suggest that 5% of men and 10-15% of women may suffer an episode of depression. Over the past few years, a number of articles have been published on the long-term prognosis of depression, its management, and association with other medical conditions. Depression was previously thought to be a condition with a relatively good prognosis, where most people would make a full recovery and remain well. A small percentage of patients suffered relapses, which were well managed with specialist psychiatric treatment, particularly antidepressant medication. The research findings so far have revealed a different picture. While the majority of persons recover from an initial episode, in 10% of cases, symptoms do not improve significantly. Another 20-30% of patients will experience intermittent symptoms while 60% will make a full recovery. What has become clear, however, is that over 80% of persons who have made a full recovery will experience a relapse over the next 15 years. Medication can decrease the risk of relapse, but it cannot ensure that a person will remain well, and able to function. Compared to placebo, medication will halve the risk of relapse. The most concerning findings about depression are about its relationship with medical conditions. Sufferers of depression have an increased risk of myocardial infarction, chronic pain conditions, gastric ulcer, osteoarthritis, thyroid disease and other physical ailments.

Depression– A common cause of disability

Clinical Practice Guidelines: They are here to help

Mental disorders are an important cause of disability. A 2005 WHO report found that 31.7% of disability is attributable to neuropsychiatric disorders. The most common conditions that lead to disability in our society include major depression, alcohol abuse and dependence, posttraumatic stress disorder, bipolar disorder, schizophrenia and panic disorder.

These conditions present a unique challenge to society. The experience in Australia and overseas is that the majority of persons suffering mental illnesses are not diagnosed, and do not receive evidence-based treatments. An Australian study by Professor Ian Hickie found

Clinical Practice Guidelines (cont)

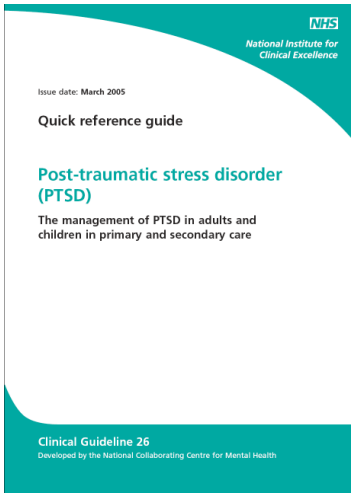
that less than half of patients presenting to their general practitioner with a psychiatric disorder receive a diagnosis. Less than half of those who are diagnosed receive specific pharmacological treatment. The statistics are similar for the US.

Left untreated, most psychiatric disorders will lead to chronic disability and poor physical health. The prognosis of psychiatric disorders becomes less favourable as time goes by, due to a combination of neurological, psychological and social factors. Symptoms have a devastating impact on relationships, employability, physical health and self-esteem, creating a vicious circle.

The early treatment of psychiatric disorders is therefore paramount. It is not entirely clear why therapeutic nihilism often takes over, and little effort is made to treat the sufferer. Some doctors readily acknowledge the presence of a psychiatric disorder, and sign medical certificates for their patients. Unfortunately, evidence-based treatments often do not follow. Patients are told that a recovery will take weeks or months, and no further action is taken. Pharmacological treatments are prescribed in sub therapeutic doses, or ineffective herbal compounds are suggested.

What is the solution? Governments, health funds, and patient groups have asked specialist medical colleges to address the problem. The issue is not restricted to psychiatric disorders. Senior surgeons and physicians have sought to establish what is best practice in the treatment of many different medical conditions.

The result is that both in Australia and overseas, experts have published clinical practice guidelines (CPGs). The Royal Australian and New Zealand College of Psychiatrists (RANZCP) regularly publishes and updates clinical practice guidelines for the treatment of depression, posttraumatic stress disorder, schizophrenia, substance abuse and other conditions. The American Psychiatric Association, and the National Institute of Clinical Excellence in the UK publish similar guidelines.



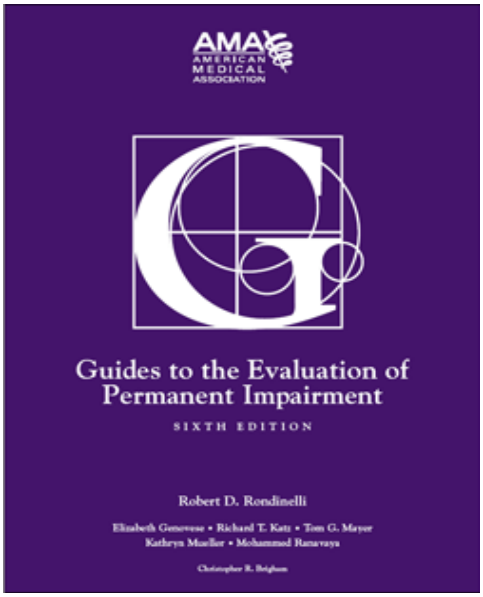
The National Institute of Clinical Excellence PTSD Treatment Guidelines

"Left untreated, most psychiatric disorders will lead to chronic disability and poor physical health"

The Psychiatric Impairment Rating Scale (PIRS)

The PIRS is a rating scale developed in 1998 by NSW psychiatrists. Within ten years it has become the most widely accepted instrument used to rate psychiatric impairment, both nationally and internationally. The majority of Australian states have adopted it, and in 2008 it was incorporated in the American Medical Association's Guides to the Evaluation of Permanent Impairment (Sixth Edition).

Articles on the PIRS have been published in non-English literature, suggesting the PIRS could be used in other cultures. If so, it will be of particular advantage to Australia's multicultural population.



The PIRS focuses on six areas of function, and the impact of psychiatric symptoms on daily activities. Its strength in a medicolegal setting is that the manifestations of impairment can be observed independently, with minimal reliance on subjective criteria. This has improved reliability of assessments, and dramatically reduced the number of disputes in non-economic loss claims.

Alcohol—Stopping the cravings

Alcohol abuse and dependence are prominent in western society, affecting 7-8% of the population. The problem is no better in developing countries, where alcohol is the third leading cause of disease burden. About half of cases in trauma and burns units involve alcohol intoxication. Alcohol-use disorders are associated with hypertension, heart attack and stroke.

The peak age period for alcohol dependence is 25-35. A typical patient will present for treatment ten years later, and report an average consumption of five standard drinks per day. Health problems begin at 3 standard drinks per day. Heavier consumption is associated with high risk behaviours, and with social and legal problems. Reduced concentration, poor sleep and absenteeism are common.

Why do people drink? Acute alcohol use releases dopamine, a neurotransmitter associated with reward and pleasure. At low doses, alcohol increases energy and arousal. Alcohol decreases social anxiety, facilitating communication. At higher doses, alcohol releases endogenous opioids (enkephalins and endorphins). For some people, alcohol is like a narcotic, and cravings are hard to resist. This has led to the use of Naltrexone to stop the cravings. Naltrexone blocks opiate receptors, allowing people to resist the craving when offered a drink at social functions.

Visual clues can trigger the craving for alcohol..

Vexatious Complainants

Research into vexatious complainants decreased in the second half of the 20th century, as the rights of individuals gathered importance. Vexatious complainants gained status, and were admired as individuals who had the energy and commitment required to rectify perceived injustices. The pendulum is again beginning to shift, as organizations and legislators struggle to manage vexatious complainants.

Researchers have focused on the characteristic of vexatious complainants, to identify those who will pose a risk to staff, and drain resources. A study published in the British Journal of Psychiatry (2004, 184, 352-356) found that vexatious complainants pursued their complaints longer, supplied more written material, telephoned more often and for longer, intruded more frequently without an appointment, and ultimately were still complaining when the case was closed or transferred. They were motivated at least in part by a desire for vindication and retribution, and presented the claim in unusual and dramatic ways, particularly by threatening violence or suicide. Complainants eventually paid a high price personally, occupationally and financially for pursuing the complaint.

Researchers found that vexatious complainants' letters often included multiple underlinings, words in capital letters, frequent exclamation marks and inverted commas, and many margin notes. Emphasising words with multiple coloured highlighting pens, misuse of technical legal and medical terms, and multiple attachments were common. Complainants sought an acknowledgement that they had been mistreated, and requested dismissal, prosecution, public exposure and humiliation of those held responsible. Vexatious complainants were more likely to vary the nature and grounds of the complaint over time.

Interestingly, many vexatious complainants initially behaved in an overtly ingratiating manner.

Vexatious complainants were more likely to involve other agencies as the complaints procedure progressed. Approximately 40% of vexatious litigants contact four or more agencies.

"Many vexatious complainants initially behaved in an overtly ingratiating manner"

Vexatious complainants telephone more often and for longer
(freedigitalphotos.net)

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Chambers Medical Specialists was established in 1996, in Sydney CBD's legal precinct. Its specialists psychiatrists are experienced in the assessment of civil and criminal matters, including the following :

- *Psychiatric Impairment arising from motor-vehicle accidents, occupational injuries, medical negligence and other events.*
- *Competence to manage one's financial affairs, testamentary capacity.*
- *Fitness for duty, psychiatric rehabilitation, treatment needs and requirements for personal / domestic assistance.*
- *Case management*
- *Impact of drug and alcohol abuse*

Dementia—Preventing Medical and Legal Problems

Dementia is a condition that affects approximately 175,000 Australians. About 6.5% of persons older than 65 suffer dementia, and the prevalence of doubles every five years. About 22% of persons 85 years of age and older suffer dementia. Not unexpectedly, researchers are focusing on the prevention and treatment of this condition. There is evidence that neurons are capable of regenerating in the ageing human brain. Cardiovascular disease is a significant cause of cognitive impairment, because it can reduce blood flow to the brain, and cause multiple small strokes. Controlling the traditional risk factors for cardiovascular disease decreases the risk of dementia. These include hypertension, diabetes, obesity, smoking, high levels of LDL (low density lipoprotein), and alcohol abuse. Environmental factors are also important in preventing dementia. Exercise is associated with better cognition. Similarly, structured formal learning and environments that require complex problem-solving stimulate neuronal grow. Social support, marital status and living arrangements influence the risk of dementia.

Dietary changes, including reduced energy intake and antioxidants can be beneficial. Some common antioxidants include a glass of red wine, dark chocolate, some fruits, grains and vegetables.

From a medicolegal perspective, dementia has a significant impact on testamentary capacity. In contested wills, parties often argue that dementia was present when the testator prepared his or her will, while a formal diagnosis might have been made months or years later. If there is any doubt, a psychiatric assessment and psychometric testing is recommended when the will is made.

Reference:
Dementia In Australia AIHW January 2007
British Journal of Psychiatry (2007) 190, 371-372.