Collaborative Care Curriculum: Module 4

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Module 4: Assessment as part of Collaborative Care Consultation	
Brief Introduction	This module will introduce the fundamentals of diagnosis in a Collaborative Care program. This module will focus on how Collaborative Care assessment differs from an individual psychiatric consultation, as well as the use of screeners to aid in diagnosis and case formulation. This module will also review common diagnostic quandaries, working with care coordinators to clarify diagnoses and identifying relevant biopsychosocial factors, and when to consider direct assessment of a patient.
Objectives - At the conclusion of this module, the resident will be able to:	
Knowledge	Recognize common diagnostic dilemmas in primary care settings.
Skills	Use screeners effectively to aid in diagnostic evaluation.
Attitudes	Be flexible about making a diagnosis in the absence of a direct assessment. Integrate the patient's own and other providers' perspectives into a common understanding of the patient problems and presentation.
Reading	1. Kroenke K, Spitzer RL, Williams JB, Löwe B.Gen Hosp Psychiatry. 2010 Jul-Aug; 32 (4):345-59. The Patient Health Questionnaire Somatic, Anxiety, and Depressive Symptom Scales: a systematic review. http://www.ncbi.nlm.nih.gov/pubmed/20633738 2. Cerimele J et al. Bipolar Disorder. Integrated Care Creating Effective Mental and Primary Health Care teams. Book Chp: 3 3. Harrison D.A et al. Anxiety and Trauma Disorders. Integrated Care Creating Effective Mental and Primary Health Care teams. Book Chp: 4.
Synopsis of Reading	1. <u>The Patient Health Questionnaire Somatic, Anxiety, and Depressive Symptom Scales: a systematic review</u> The PHQ-9 has good sensitivity and specificity* for detecting depressive disorders. Likewise, the GAD-7 can aid in detecting generalized anxiety, panic, social anxiety and post-traumatic stress disorder. The optimal cutpoint is > or = 10 on the parent scales (PHQ-9 and GAD-7). Cutpoints of 5, 10 and 15 represent mild, moderate and severe symptom levels on all three scales.

	Sensitivity to change is well-established for the PHQ-9 and emerging albeit not yet definitive for the GAD-7 and PHQ-15. The PHQ-9, GAD-7 and PHQ-15 are brief well-validated measures for detecting and monitoring depression, anxiety and somatization. 2. <u>Bipolar Disorder</u> Prevalence of Bipolar disorder in primary care setting is 0.5-4% in general and 10 % of patients with psychiatric complaint. Suicidal rate in this population is very high, 17% in bipolar I and 24 % in bipolar 2. Different clinical presentations of bipolar disorder in primary care are discussed including common physical/somatic symptoms. Role of each CC team members is described step-wise, starting with assessment, differential diagnosis and treatment. This chapter also has useful tables, table 3.1 how to differentiate bipolar disorder from other psychiatric disorder, table 3.4 has list of medications used for treatment of bipolar disorder. 3. <u>Anxiety and Trauma Disorders</u> Prevalence of anxiety disorders is 28% higher than mood disorders. Author describes common psychological, physical/somatic symptoms for each anxiety disorder, PTSD and OCD. Similar to Bipolar disorder chapter, role of each CC team member is described step wise with a case example, starting with assessment, identifying provisional diagnosis, differential diagnoses and treatment. Page 81 has a list of common medical diagnoses and substance/drug related conditions which can cause anxiety. Table 4.1 is very useful to generate differential for anxiety disorder. It includes key questions for each disorder, differential symptoms and behavioral health measures for each.
Discussion and Reflection Questions	1 What experience do you have using screeners as diagnostic aids and to measure treatment response? What are the advantages and challenges using screeners? How can you integrate the use of screeners into your practice? 2 After observing a care coordinator and consulting psychiatrist working together to make a diagnosis, what do you think will be challenging for you about indirect assessment? 3 What will be the “must haves” pieces of information for you to have to feel confident in a bipolar diagnosis? How can we help support more accurate diagnosis of bipolar disorder?

Slide Set	Assessment as part of Collaborative Care Consultation
Additional Resources	• APA Guidelines: http://psychiatryonline.org/guidelines.aspx • Stable Toolkit (Bipolar Disorder): http://www.cqaimh.org/stable_toolkit.html • Helping Patients Who Drink Too Much: A Clinician's Guide: http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm
Additional References	• Phelps, JR. and Ghaemi, SN. Journal of Affective Disorders. 2006; 92: 141-148. Improving the diagnosis of bipolar disorder: Predictive value of screening tests • Manning JS. Prim Care Companion J Clin Psychiatry. 2010; 12(Suppl 1):17-22. Tools to improve differential diagnosis of bipolar disorder in primary care.

	• Bauer A et al. Mood Disorders-Major Depression. Integrated Care Creating Effective Mental and Primary Health Care teams. Book Chp: 2. • Reliability and validity studies of the WHO--Composite International Diagnostic Interview (CIDI): a critical review. Wittchen HU J Psychiatr Res. 1994;28(1):57. • A brief measure for assessing generalized anxiety disorder: the GAD-7. Spitzer RL, Kroenke K, Williams JB, Löwe B. Arch Intern Med. 2006;166(10):1092. • AUDIT-C as a brief screen for alcohol misuse in primary care. Bradley KA, DeBenedetti AF, Volk RJ, Williams EC, Frank D, Kivlahan DR Alcohol Clin Exp Res. 2007;31(7):1208. • Schizophrenia for primary care providers: how to contribute to the care of a vulnerable patient population. Viron M, Baggett T, Hill M, Freudenreich O. Am J Med. 2012 Mar;125(3):223-30.