The Need for Integrative Treatment in Psychiatry

Daniel J. Carlat, M.D.
Affiliations/Disclosures

• Associate Clinical Professor of Psychiatry
  Tufts University School of Medicine

• Publisher and Editor in Chief,
  The Carlat Psychiatry Report
  (www.thecarlatreport.com)

• No financial relationships with
  pharmaceutical companies
The Modern 15 minute Psychiatrist

Talk Doesn’t Pay, So Psychiatry Turns Instead to Drug Therapy

“...I had to train myself not to get too interested in their problems, and not to get sidetracked trying to be a semi-therapist.” DR. DONALD LEVIN, a psychiatrist whose practice no longer includes talk therapy.

By GARDINER HARRIS
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DOYLESTOWN, Pa. — Alone with his psychiatrist, the patient confided that his newborn had serious health problems, his distraught wife was screaming at him and he had started drinking again. With
Dr. Donald Levin

“I miss the mystery and intrigue of psychotherapy,” he said. “Now I feel like a good Volkswagen mechanic.” “I’m good at it,” Dr. Levin went on, “but there’s not a lot to master in medications. It’s like ‘2001: A Space Odyssey,’ where you had Hal the supercomputer juxtaposed with the ape with the bone. I feel like I’m the ape with the bone now.”
Desmond Mason
A Profession in Crisis

• A Shortage of Prescribers
• Psychiatric Treatment = Split Treatment
• Doubts about efficacy of psychopharmacology
• Manipulation of doctors by drug companies
• How do we fix psychiatry?
Trends in Psychotherapy by Psychiatrists

• 1997: 44% of psychiatric visits included therapy; 19% provided therapy to all patients
• 2005: 29% of visits included therapy; 10% provided therapy to all patients

Mojtabai R and Olfson M, National Trends in Psychotherapy by Office-Based Psychiatrists, Arch Gen Psychiatry. 2008;65(8):962-970
Less Integrative Treatment

National Trends in Outpatient Psychotherapy

Mark Olfson, M.D., M.P.H.
Steven C. Marcus, Ph.D.

Objective: The authors investigated recent trends in the use of outpatient psychotherapy in the United States.

Method: Service use data from two representative surveys of the U.S. general population, the 1998 (N=22,953) and 2007 (N=29,370) Medical Expenditure Panel Surveys, were analyzed, focusing on individuals who made more than one outpatient psychotherapy visit during that calendar year. The authors computed rates of any psychotherapy use; percentages of persons treated for mental health conditions with only psychotherapy, only psychotropic medication, or their combination; the mean number of psychotherapy visits of persons receiving psychotherapy; and psychotherapy expenditures.

Results: The percentage of persons using outpatient psychotherapy was 3.37% in 1998 and 3.18% in 2007 (adjusted odds ratio=0.95, 95% CI=0.82-1.09). Among individuals receiving outpatient mental health care, use of only psychotherapy (2.66% and 2.38%) and use of only psychotropic medication (0.13% and 0.07%) declined while use of only psychotropic medication increased (44.1% and 57.4%; adjusted odds ratio=1.63, 95% CI=1.32-2.00). Declines occurred in annual psychotherapy visits per psychotherapy patient (mean values, 9.7 and 7.9; adjusted β=−1.53, p<0.0001), mean expenditure per psychotherapy visit ($122.88 and $94.59; β=28.21, p<0.0001), and total national psychotherapy expenditures ($10.94 and $7.17 billion; z=2.61, p=0.009).

Conclusions: During the decade from 1998 to 2007, the percentage of the general population who used psychotherapy remained stable. Over the same period, however, psychotherapy assumed a less prominent role in outpatient mental health care as a large and increasing proportion of mental health outpatients received psychotropic medication without psychotherapy.
Combination vs. Meds only

• 1998
  – Meds + Therapy: 40% of patients;
  – Meds only: 44%
  – Therapy only: 16%

• 2007
  – Meds + Therapy: 32% of patients;
  – Meds only: 57%
  – Therapy only: 11%

• Olfson and Marcus, National Trends in Outpatient Psychotherapy, Am J Psychiatry August 4 2010, AJP in Advance
Reasons for Fragmented Care

• No FDA for therapy
• Psychiatric curriculum:
  – Determine symptoms
  – Try to match them with a DSM diagnosis
  – Rule our “organicity”
  – Medicate each symptom
  – Poor therapy training
Mnemonic for DSM Major Depression

SIGECAPS (4/8 + poor mood or anhedonia)

- S (Sleep)
- I (Interest)
- G (Guilt)
- E (Energy)
- C (Concentration)
- A (Appetite)
- P (Psychomotor)
- S (Suicidality)

Integrative Treatment Improves Outcomes

- Not just “What?”, but “Why?”
- Behavioral techniques
- Cognitive techniques
Case: June

- Married, late 50s, employed
- Depression and Anxiety
- Celexa and Ativan
- “It’s starting again”
- What should we do for June?
June’s Treatment

- Why are you depressed?
- Sees life as a series of battles
- “Do you have to see life this way?”
- “Are there other ways that you can handle these situations?”
- Integrating cognitive therapy with meds
Alan

- Married, 30s, one child
- Depression
- Effexor XR 150 mg
- Acute SI after computer crash
- What can we do for Alan?
Alan’s Treatment

• “What were your thoughts while you having SI?”
• “How likely is it that you would be fired?”
• “Did you test the hypothesis that you would get fired?”
• Bumping up Effexor vs. CBT
Ellen

- 40 yo woman with chronic schizophrenia
- Thorazine, 400 mg
- Ativan, 0.5 mg
- Panic attacks while walking
Ellen’ Treatment

- When to get panicky?
- What are your thoughts during the attacks?
SIGEcaps

No Energy
Suicidality
Integrative Treatment

- “Tranquilizers and psychotropic drugs serve as a life jacket--they keep you afloat, but they do not show you the way back to shore.”