AS35-04 - CL-PSYCHIATRY IN PRIMARY CARE - THE MODENA MODEL

S.Ferrari[1], N.Colombini[2], M.Andreoli[3], M.Rigatelli[1]

[1]Department of Psychiatry, University of Modena & Reggio Emilia, [2]Mental Health Department, [3]Primary Care Department, AUSL di Modena, Modena, Italy

Background: Primary care is one of the most typical and relevant settings of action of consultation-liaison psychiatry: psychiatric morbidity and medical-psychiatric comorbidity, as well as the phenomenon of medically unexplained symptoms are extremely frequent in this setting; a number of complex issues referring to the patient-doctor relationship are involved; prescription of antidepressants by primary care physicians is very frequent and still increasing; the primary care physician is very often alone in the clinic, and faces an everyday struggle with anguished, suffering and very demanding patients and their worried or even angry relatives.
Methods: A ten-year experience of attendance, twice a week, at a primary care clinic in the Modena province by a consultant psychiatrist is described, providing clinical vignettes and epidemiological data on high-frequency attendance at the clinic. The experience of an integration project between mental health care and primary care is also described.
Results: Frequent primary care attenders, who more typically are female, older and lesser educated, show high levels of psychiatric and psychosomatic distress: the psychosomatic diagnoses of "functional somatic symptoms secondary to a psychiatric disorder", "type A behaviour", "irritable mood", and "demoralization" significantly predict the status of frequent attenders and also relate to poorer quality of life.
Conclusions: For a psychiatrist, to live the routine of a primary care clinic not as an occasional consultant but from a day-to-day, inside perspective is a stimulating and challenging experience, rich of implications for training and suggestions for research activities.