

MENTAL DISORDERS

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Mental disorders are prevalent in the general population. The primary care physician (PCP) is often the first contact person by the patient, who may present in myriad ways. It is thus a challenge for PCP to recognise and provide a provisional diagnosis during the preliminary encounters. This is especially so in the local context where significant proportions of such patients are without regular family physicians. For those fortunate patients who consult their family physicians regularly, it is important for these physicians to pick up changes in their mood and functions, as early diagnosis and appropriate treatment will result in more favorable outcomes.

Depression strikes about 5.6% of the general population in Singapore. It is postulated that major depression will be the 2nd leading cause of global burden of disease by 2010. PCP can manage a large number of depressed patients, it is estimated that half of those with major depression will miss their diagnosis during the consultations. It is important for PCP to realise that 50-95% of psychiatric patients will present with somatic complaints, which are often vague and cannot be explained by organic etiologies. Geriatric and pediatric populations as well as women during the perinatal periods with such disorders pose even greater challenges for the PCPs to manage. PCPs are expected to be competent in carrying out mental and suicidal assessments for these patients. For those who require specialist's attention and treatment, referral to psychiatric services have to be tactfully managed due to the prevailing stigma associated with mental disorders.

With the establishment of a therapeutic physician-patient relationship, managing simple cases of depression in primary care can be fulfilling. PCPs are skilled to provide simple counseling and carry out psycho-education by enhancing

patient's understanding of their condition, dispelling their misperception and de-stigmatising fears. Cognitive Behaviour Therapy (CBT) is another intervention to identify patient's negative thoughts and replace them with salutary cognitions. This is often coupled with drug therapy to achieve improved outcomes in the long term management of depression.

Despite the wide repertoire of anti-depressants now available in the community, it is imperative for PCPs to set the expectations right for their patients before initiating these medications. Most of these drugs have side-effects but often are transient in nature, lag time before the mood improves and can result in discontinuation syndrome if the drug is stopped abruptly.

Psychosis and bipolar disorders are serious psychiatric illnesses with profound adverse effects on the functions of the patients and impact on their families and society. Schizophrenia, a form of psychosis, was ranked top three in the leading causes of disability-adjusted life year (DALY) for Singaporeans aged between 15-44 years of age. For psychosis, early detection and treatment, through decreasing the duration of untreated psychosis, can result in better outcomes. Consequently, the Early Psychosis Intervention Programme (EPIP) was introduced in Singapore in 2001, which targets at early detection via outreach and networking between Institute of Mental Health (IMH) and community healthcare providers, instituting evidence-based treatment and conducting mental health service research to determine the cost-effectiveness of the programme. An example of measures introduced by EPIP include the Global Assessment of Functioning (GAF), which provides the PCPs with a tool to assess the level of functioning for their patients more objectively.

This issue provides an overview and incorporates updates on the management of mental disorders, which will be included in the expanded chronic disease management programme (CDMP) in Singapore. Together with the workshops organised by IMH and HPB, such training aim to equip the PCPs to further enhance the care of their patients. PCPs play important role in re-integrating these patients back to the community.

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