

“AMPS”: A Quick, Effective Approach To The Primary Care Psychiatric Interview

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Disclosure

Lippincott Williams & Wilkins

Lippincott's Primary Care Psychiatry (Editor)

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So What Can You Get Out of This??

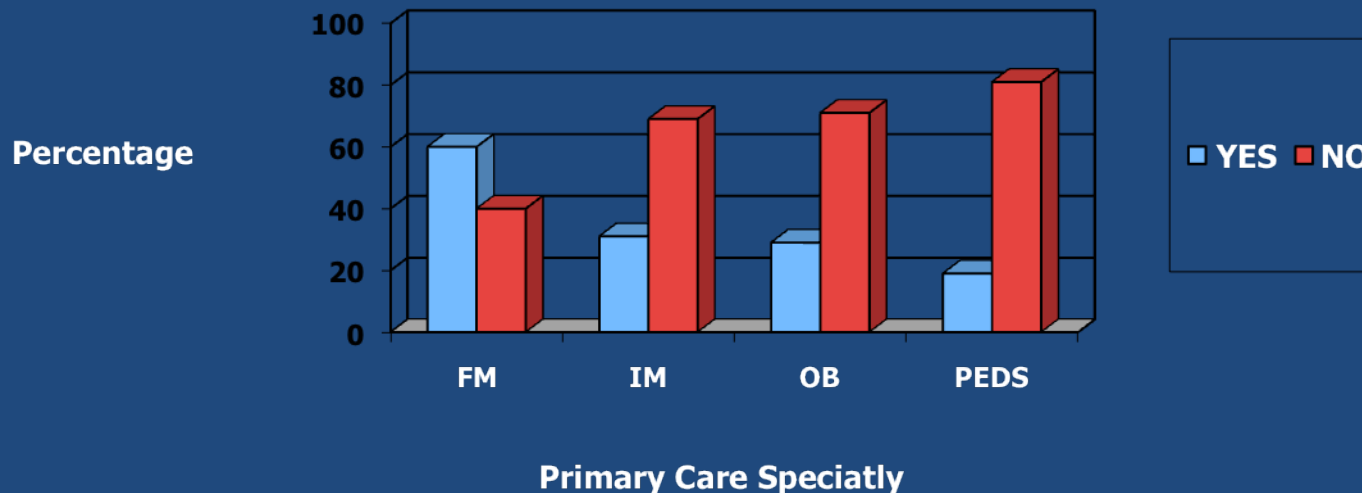
- Who's really caring for the mentally ill?
- “AMPS” – screening for common psychiatric illness
 - A – Anxiety disorders
 - M – Mood disorders
 - P – Psychotic disorders
 - S – Substance use disorders
- Personality Disorders – helpful hints...
- Suicide risk assessment

Primary Care Setting: The *de facto* mental health care system

- Primary care physicians – provide up to 60% of all psychiatric care in U.S.
- Up to 40% of primary care patients have primary, active psychiatric problems
- 50% of patients with mental health referrals do not follow up (stigma, poverty, language barriers, paucity of psychiatrists, financial constraints)

PRIMARY CARE PSYCHIATRY TRAINING ISSUES

Satisfaction With Psychiatry Training



PRIMARY CARE PSYCHIATRY

TRAINING ISSUES

- Less than half of primary care patients with mental illness receive any treatment
- 50-70% MDD is not accurately diagnosed or treated in the primary setting
- Roughly 80% of all antidepressants are prescribed by non-psychiatrists (Mark, et. Al 2009)
- More than half of primary care patients on antidepressants do not meet criteria for MDD (Perez-Stable 1990, Tiemens 1999, Klinkman 1998)
- Only 1/3 of internal medicine residents are comfortable treating MDD (JAMA 2002)

NO FRILLS

Psychiatry



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What's *really* going on?

- 26 Y/O male with a history of “social drinking”, brought in by his wife to the primary care clinic with concerns of: “sadness”, “restlessness”, “bad thoughts”, “fast thoughts”, insomnia and headaches all for 2 months.
- Problems with “depression” in the past with no past psychiatric admissions and no past treatment for mental illness

How do *you* screen for MDD?

- A. Ask about depressed mood and sleep problems (insomnia)
- B. Ask about sadness and decreased energy
- C. Ask about depression and anhedonia
- D. Ask about sadness and suicidal ideation
- E. No evidence to support screening for depression

What's *really* going on?

- Best way to ask about use of alcohol / drugs?
- What came first the chicken or the alcohol / drugs --- is it a primary or secondary mood disorder?
- What is the best way to assess for acute risk for suicide?
- Excessive sex, spending, talking...how can you know if someone has had a manic episode...is it even important to ask if the patient looks very depressed?

Supplemental Psychiatric History Form

Name: _____ Date: _____

Reason for Appointment: _____

Past Psychiatric Diagnoses (circle if applicable): anxiety, depression, bipolar disorder, schizophrenia, schizoaffective disorder, alcohol misuse, drug misuse, borderline personality disorder, other mental diagnosis

Have you ever been treated by a psychiatrist or other mental health provider? Yes / No

Have you ever been a patient in a psychiatric hospital? Yes / No

Have you ever tried to hurt or kill yourself? Yes / No

Have you ever taken a medication for psychiatric reasons? Yes / No

If yes, please list the most recent medication(s) below:

#1: _____ Did you have any problems with this medication? Yes / No

#2: _____ Did you have any problems with this medication? Yes / No

#3: _____ Did you have any problems with this medication? Yes / No

#4: _____ Did you have any problems with this medication? Yes / No

#5: _____ Did you have any problems with this medication? Yes / No

Family Psychiatric History: Did your grandparents, parents, or siblings ever have severe problems with depression, bipolar disorder, anxiety, schizophrenia, or any other emotional problems? Yes / No

Social and Developmental History:

Socioeconomic Status

Are you currently unemployed? Yes / No

Are you having any problems at home? Yes / No

Interpersonal Relationships

Are you having any problems with close personal relationships? Yes / No

Legal History

Have you ever had problems with the law? Yes / No

Developmental History

Have you ever been physically, verbally, or sexually abused? Yes / No

What was the highest grade you completed in school? _____

Anxiety Symptoms, Mood Symptoms, Psychotic Symptoms, Substance Use
Is anxiety or nervousness a problem for you? Yes / No

Mood Symptoms

● Have you been feeling depressed, sad, or hopeless over the past two weeks? Yes / No

● Have you had a decreased interest level in pleasurable activities over the past few weeks? Yes / No

● Have you ever felt the complete opposite of depressed, *when friends and family were worried about you because you were too happy?* Yes / No

● Have you ever had excessive amounts of energy running through your body, to the point where you did not need to sleep for days? Yes / No

● Do you have any thoughts of wanting to hurt or kill yourself or someone else? Yes / No

Psychotic Symptoms

Do you hear or see things that other people do not hear or see? Yes / No

Do you have thoughts that people are trying to follow, hurt or spy on you? Yes / No

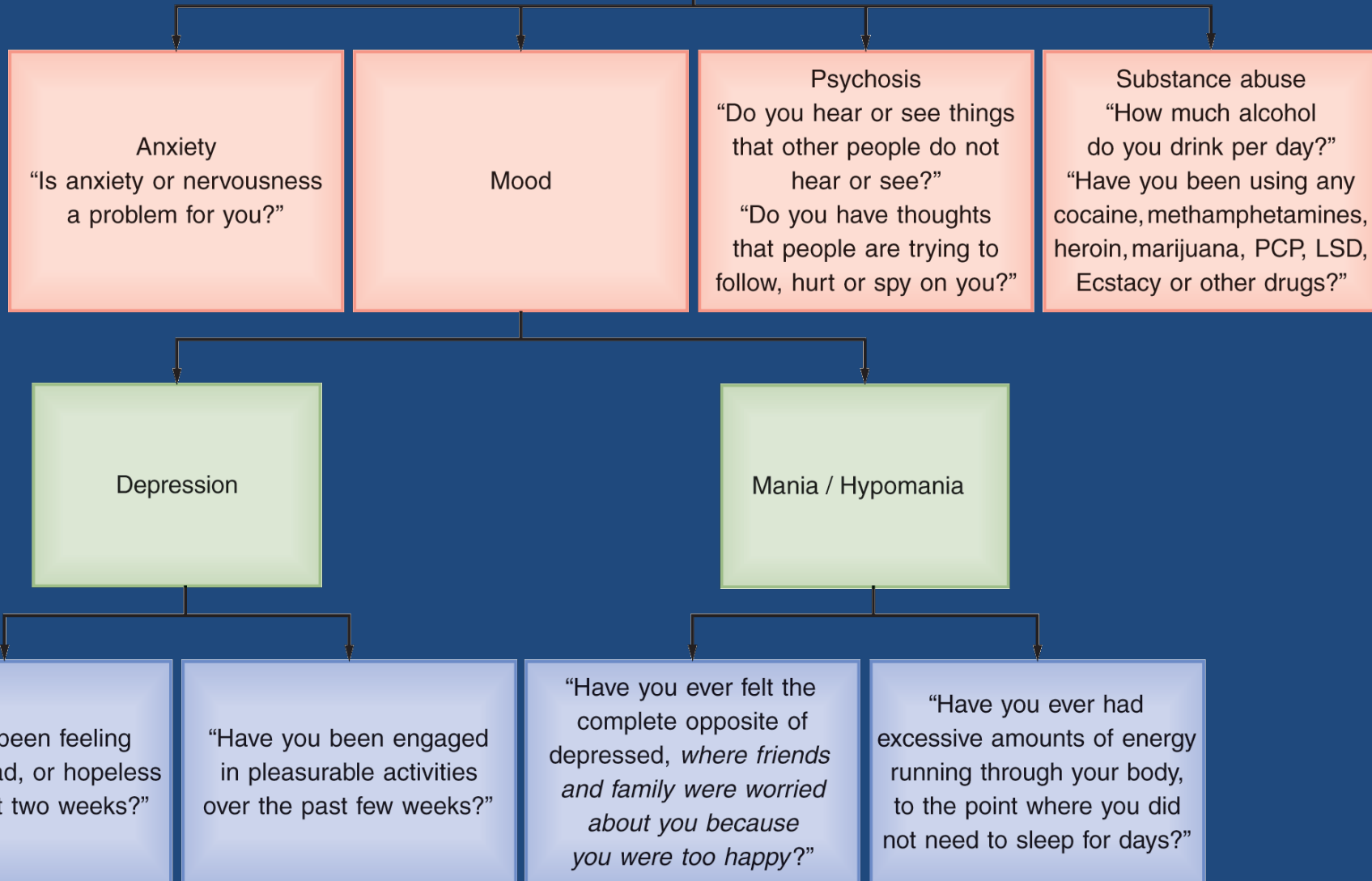
Substance Use

How many packs of cigarettes do you smoke per day? _____

How much alcohol do you drink per day? _____

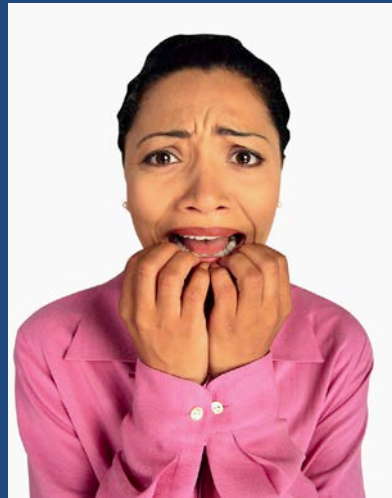
Have you ever used cocaine, methamphetamines, heroin, marijuana, PCP, LSD, Ecstasy or other drugs? Yes / No

AMPS Approach to the
Primary Care Psychiatric
Review of Symptoms



AMPS

Anxiety



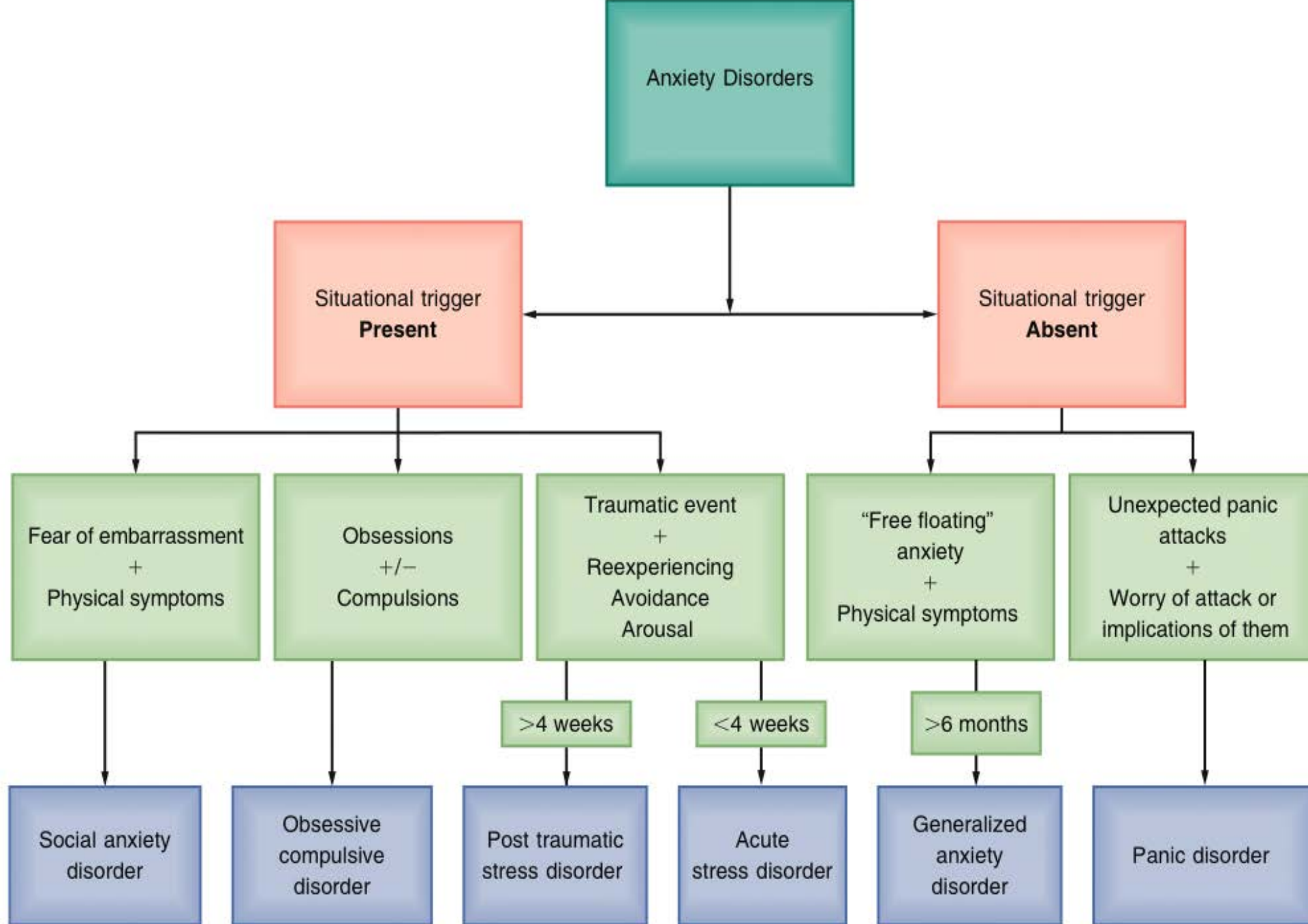
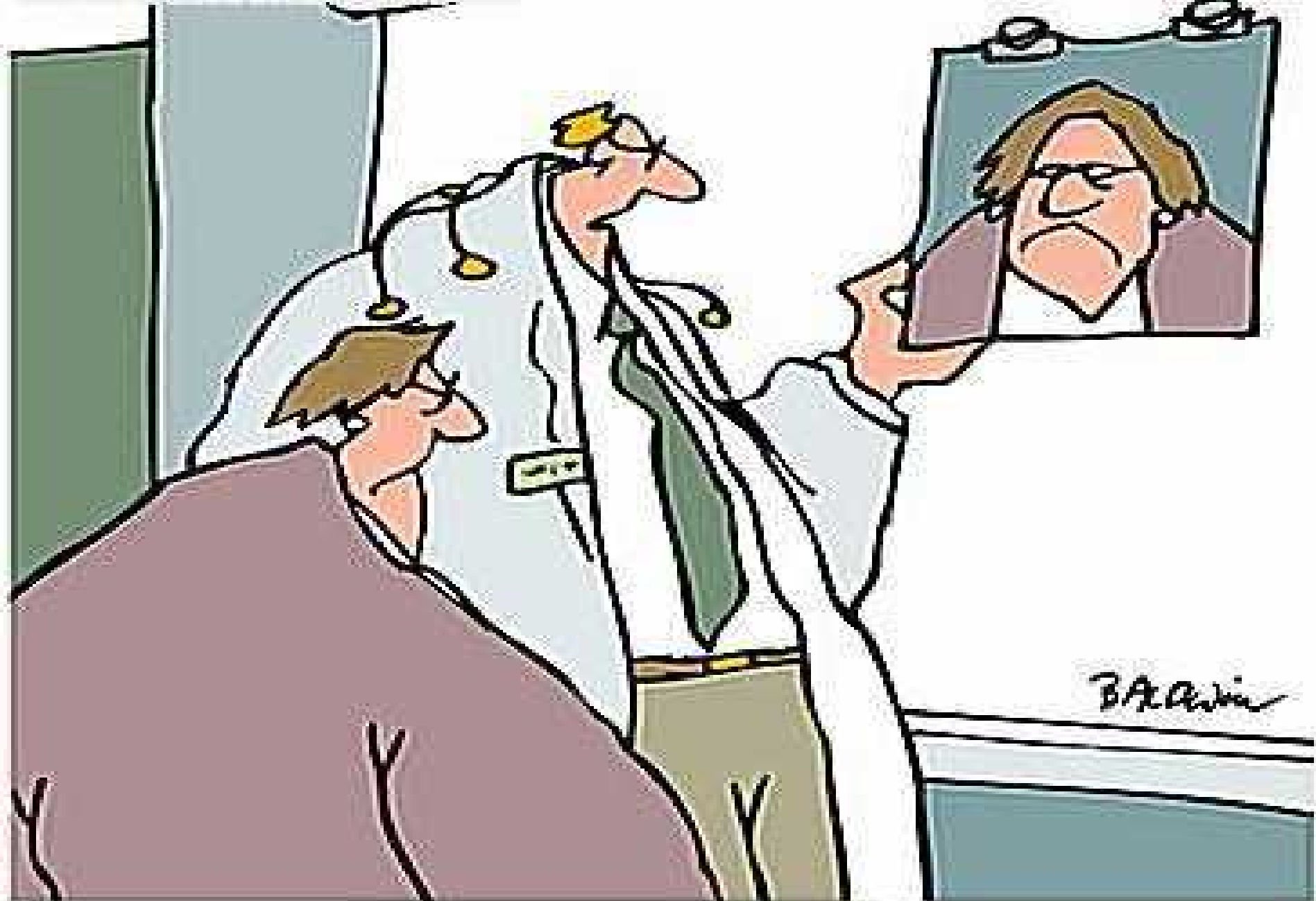


Figure 4.1 Diagnostic algorithm for anxiety disorders.

AMPS

Mood

(Depression / Bipolar)



“Looks like it could be depression.”

Patient Health Questionnaire (PHQ-9)

Nine Symptom Depression Checklist

Name: _____ Date: _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(Please circle your answer.)

	Not at All	Several Days	More than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Add Columns, + +

Total Score*, *Score is for healthcare provider incorporation

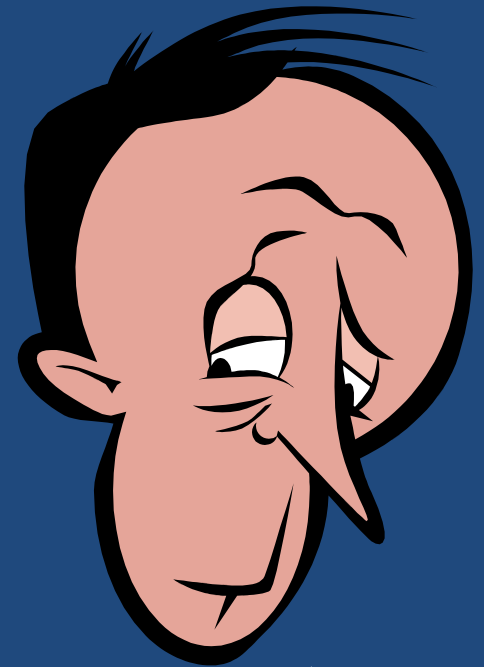
10. If you circled *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?
(Please circle your answer.)

Not Difficult at All Somewhat Difficult Very Difficult Extremely Difficult

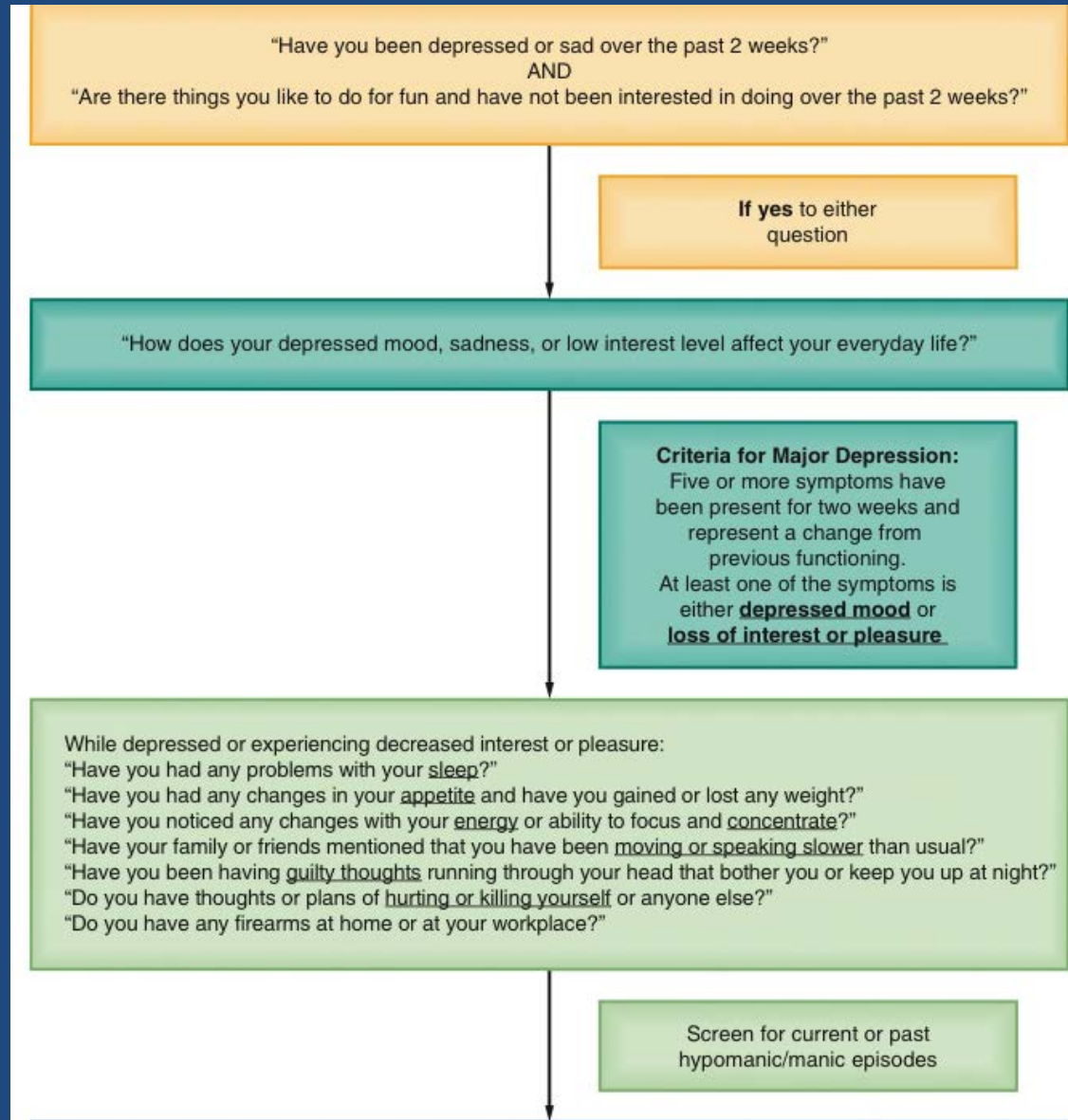
A score of: 0–4 is considered non-depressed; 5–9 mild depression; 10–14 moderate depression; 15–19 moderately severe depression; and 20–27 severe depression.

DEPRESSION DIAGNOSIS

- Sleep - (too much or too little)
- Interest – (diminished)
- Guilt – (feelings of worthlessness)
- E.nergy – (loss of energy)
- Concentration – (indecisive)
- Appetite – (↑ or ↓ with 5% change over one month)
- Psycomotor retardation or agitation (observed by others)
- Suicide – (recurrent thoughts of death)



Diagnosing Depression...



THE MOOD DISORDER QUESTIONNAIRE

Instructions: Please answer each question to the best of your ability.

	YES	NO
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
...you were much more talkative or spoke much faster than usual?	<input type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more active or did many more things than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input type="radio"/>
...you were much more interested in sex than usual?	<input type="radio"/>	<input type="radio"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/>	<input type="radio"/>
...spending money got you or your family into trouble?	<input type="radio"/>	<input type="radio"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	<input type="radio"/>	<input type="radio"/>
3. How much of a problem did any of these cause you—like being unable to work; having family, money, or legal troubles; getting into arguments or fights? <i>Please circle one response only.</i>		
No Problem Minor Problem Moderate Problem Serious Problem		
4. Have any of your blood relatives (i.e., children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>

If the patient answers:

1. **“Yes”** to 7 or more of the 13 items in question number 1;
AND
2. **“Yes”** to question number 2;
AND
3. **“Moderate”** or **“Serious”** to question number 3;

you have a positive screen. All three of the criteria above should be met. A positive screen should be followed by a comprehensive medical evaluation for bipolar spectrum disorder.

Figure 3.1. The mood disorder questionnaire (6). (© 2000 by American Psychiatric Publishing, Inc. Reprinted with permission. This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.)

Defining the Spectrum...

Building Blocks: Manic Episode

- Distinct period – abnormally
 - Expansive OR
 - Irritable OR
 - Elevated (euphoric)
- Duration of **one week** or **hospitalization**
- Three or more specific symptoms present
- Four symptoms if only an irritable mood

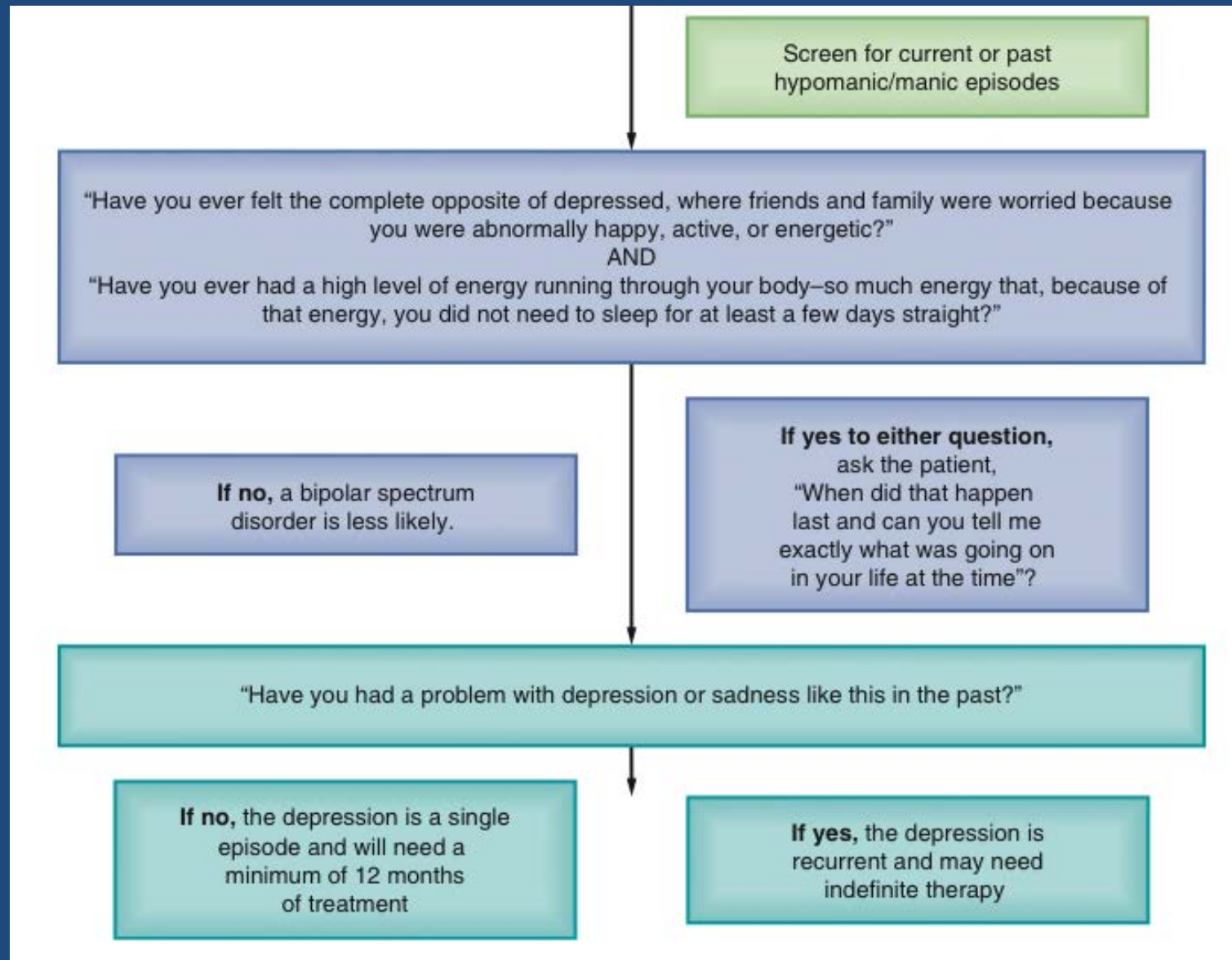


Defining the Spectrum...

Building Blocks: Manic Episode

- Inflated self-esteem or grandiosity
- Decreased need for sleep
- More talkative than usual
- Racing thoughts or flight of ideas
- Distractibility
- Increased goal directed behavior or agitation
- Excessive involvement in pleasurable activities that have a high potential for unfavorable outcomes
- Significant social or occupational dysfunction
- Not due to medical condition or medication / drugs
 - Including anti-depressants or stimulants

Checking For Mania...



Defining the Spectrum...

Building Blocks: Mixed Episode

- Criteria for BOTH manic and MDD episodes are met each day for one week
- Social / occupational dysfunction
- Not due to medical condition, medicines or other drugs

AMPS

Psychosis

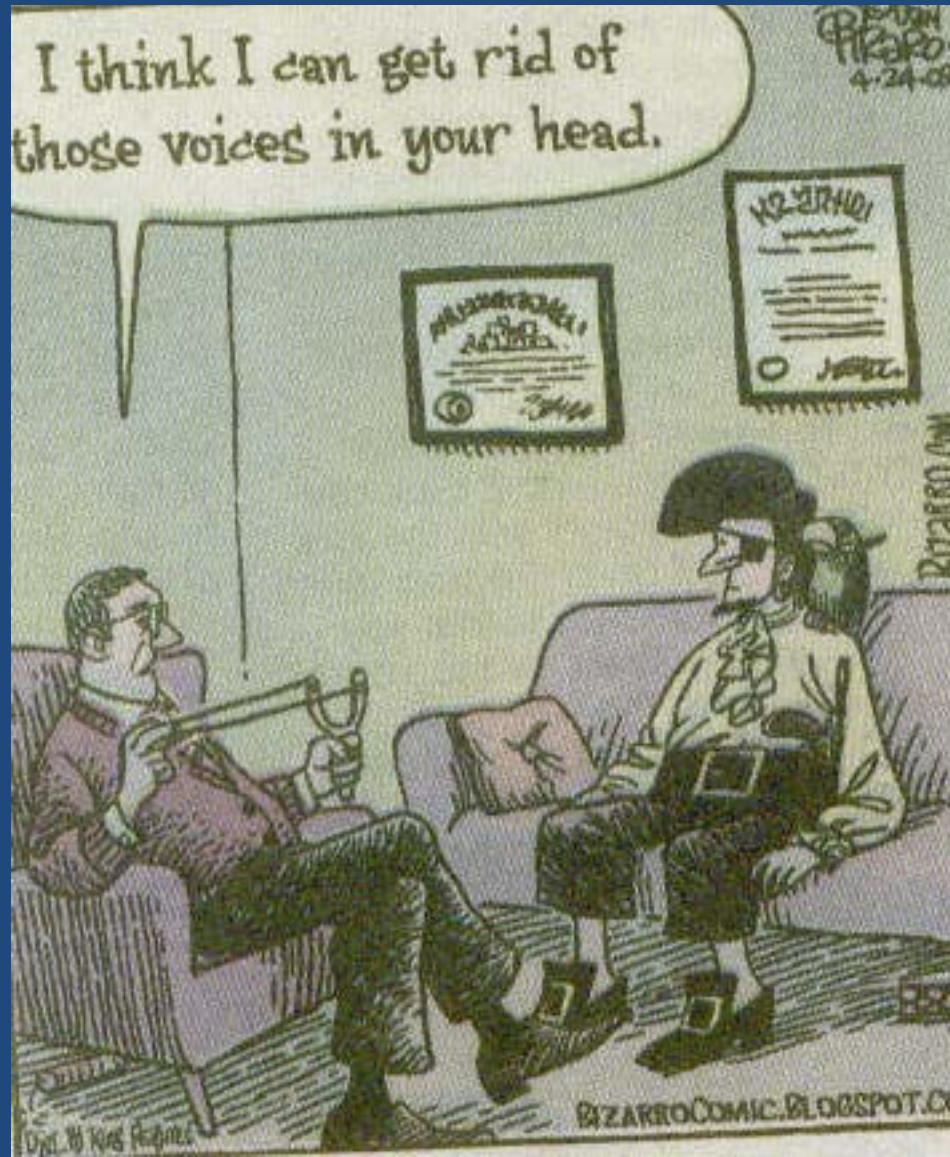


Table 5.6 Differentiating Psychiatric Causes of Psychosis

PSYCHOTIC DISORDER	PRESENTATION (SYMPTOMS AND MENTAL STATUS FINDINGS)
Schizophrenia	<ul style="list-style-type: none">• One month of active psychosis with evidence of at least 6 months of intermittent or attenuated psychotic symptoms and diminished social or occupational function
Brief psychotic disorder	<ul style="list-style-type: none">• Time-limited psychosis directly related to a distressing event in a person's life
Schizophreniform disorder	<ul style="list-style-type: none">• The criteria for active phase schizophrenia is present for <6 months
Psychotic disorder not otherwise specified (NOS)	<ul style="list-style-type: none">• Transient, clinically significant psychotic symptoms and psychotic symptoms that do not satisfy diagnostic criteria for other psychotic disorders.
Schizoaffective disorder	<ul style="list-style-type: none">• Co-occurring psychotic symptoms and mood disturbance that may be difficult to distinguish from mood, psychotic, dissociative, somatic, or personality disorders• Psychotic symptoms are present during periods of normal mood• Categorized as depressed or bipolar type
Delusional disorder	<ul style="list-style-type: none">• "Nonbizarre" delusion(s) that may actually occur in the real world
Bipolar disorder	<ul style="list-style-type: none">• <i>Episodic</i> mood disorder usually characterized by depressive or manic symptoms• Psychotic symptoms may occur during either depressive or manic episodes and usually remit upon treatment of the mood abnormality
Major depressive disorder	<ul style="list-style-type: none">• <i>Episodic</i> periods of depression and temporally associated psychotic symptoms• Psychotic symptoms may occur during a depressive episode and usually remit upon treatment of the mood abnormality
Posttraumatic stress disorder (PTSD)	<ul style="list-style-type: none">• PTSD is often associated with hypervigilance, which can be confused with paranoia, and re-experiencing symptoms in severe form may include outright perceptual disturbances (e.g., auditory or visual hallucinations)
Borderline personality disorder	<ul style="list-style-type: none">• Personality disorder characterized by dysregulation of affect and tendency toward brief periods of psychotic symptoms during distress
Dissociative disorders	<ul style="list-style-type: none">• Disorders characterized by disruption of a continuous sense of self, including amnesic episodes or transition to altered behaviors and expressions
Substance intoxication or withdrawal	<ul style="list-style-type: none">• Illicit drugs like cocaine, methamphetamine, heroin, and even alcohol can cause psychotic symptoms in the context of both intoxication and withdrawal
Malingering	<ul style="list-style-type: none">• Intentionally produced symptoms for external gain (e.g., disability insurance or to avoid legal prosecution)

AMPS

Substance Use

Table 7.3 Brief Screening Instruments for Alcohol Use Disorders

CAGE Questionnaire^{a,b}

1. Have you ever felt that you should **C**ut down on your alcohol use?
2. Have people **A**nnoyed you by asking about or criticizing your alcohol use?
3. Have you ever felt **G**uilty about your alcohol use?
4. Have you ever used alcohol as an **E**ye-opener first thing in the morning to avoid unpleasant feelings?

Alcohol Use Disorder Identification Test-Consumption (AUDIT-C)^{c,d}

1. How often do you have a drink containing alcohol?

Never	0
Monthly or less	1
2–4 times a month	2
2–3 times a week	3
4 or more times a week	4
2. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2	0
3 or 4	1
5 or 6	2
7 to 9	3
10 or more	4
3. How often do you have six or more drinks on one occasion?

Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

^aOne affirmative answer should prompt further questioning about alcohol use and two or more affirmative answers increase the chance of alcohol use disorders.

^bFrom U.S. Preventive Services Task Force. Screening and behavioral counseling interventions in primary care to reduce alcohol misuse: recommendation statement. *Ann Intern Med.* 2004;140(7):554–556.

^cA score of 4 or more most likely indicates alcohol abuse or dependence and warrants further investigation.

^dFrom Fiellin DA, Reid MC, O'Connor PG. Screening for alcohol problems in primary care: a systematic review. *Arch Intern Med.* 2000;160:1977–1989.

Screening For Substance Abuse

- CAGE
 - Sensitivity: 94%
 - Specificity: 70-97%
 - Easy to use
 - If one or more are positive – probe further
- Audit-C
 - WHO --- easy to use
 - Score of >4
 - Sensitivity: 86%
 - Specificity: 72%

The “Difficult Patient”...



Personality Disorders

Helpful Hints...

Table 10.5 Using $E = MC^2$ as Part of the Treatment for Borderline Personality Disorder

Empathy – Try to fully understand the details of one’s turbulent and chaotic life.

“Manage,” not “cure” – Personalities are formed early and can be difficult to modify. Improvement may be gradual and temporary with frequent “relapses” of behavior.

Countertransference – Consider why you are feeling a certain way before you respond to a patient.

Comorbidity – Screen for other psychopathology (e.g., mood, anxiety, and substance use disorders).

Assessing risk for suicide

- Over 50% of those who kill themselves have seen their primary care doctor within one month of doing so.
- Over 50% of suicides will end up in litigation
- Firearms --- ask about access
 - Women 45%
 - Men 70%
- Make a concluding statement about *acute* risk



DOCUMENT !!

SUICIDE RISK FACTORS



- Suicidal or homicidal ideation, intent or plan
- Access to means of suicide (Firearms)
- Command hallucinations or other psychosis
- Anxiety
- History of previous attempt
- Family history or recent exposure to suicide

All Done!!

Any Questions???