

# Flowchart - prompt card for psychiatric assessment in general practice

# **Depression**

# Kev symptoms >2 weeks

- Feeling depressed
- Reduced enjoyment/ interest
- =2 of 3Tiredness/low energy

0-1 of 3

# Concomitant symptoms >2 weeks

- Dyssomnia (increased, reduced or interrupted.)
- Change of appetite and weight (both reduced or increased)
- Difficulty in thinking or concentrating/indecision
- Psychomotoric restlessness or inhibition
- Reduced self-confidence or self-esteem
- Unreasonable self-reproach or sense of guilt
- Thoughts about death or suicide

# **Diagnosis**

- Mild depression: 4-5 symptoms, hereof at least 2 key symptoms
- **Moderate depression**: >=6 symptoms, hereof at least 2 key symptoms
- **Severe depression**: >=8 symptoms, hereof at least 3 key symptoms

#### **Treatment**

- Mild depression: Wait for 2 weeks, psychotherapy if necessary
- Moderate depression: Antidepressant/psychotherapy, if necessary wait for 2 weeks
- Severe depression: Antidepressant

# **Anxiety**

Feeling of tension, nervousness or excessive worrving Yes:

### No:

# **Physical symptoms**

- Muscular tension
- Abdominal distress/nausea
- Trembling
- Shortness of breath
- Sensation of smothering
- Chills or hot flushes
- Dizziness or lightheadedness

- Tension headache
- Palpitations
- Sweating
- Stomach ache
- Chest pain
- Drvness of the mouth
- Paresthesias

## Mental/emotional symptoms

Worrying

- Fear of losing self-control
- Fear of dying
- Fear of going crazy
- Inner restlessness
- Feeling of unreality

# Specific mental symptoms

Unexpected/unfounded anxiety attacks >=4 times/month with at least 4 of the above symptoms

(probable panic attack)

#### Fear of and avoidance of > = 2 of:

- Crowds
- Activities away from home
- Public places
- Activities alone (probable agorapfobia)

#### Fear of, when with other people, to:

- Be observed critically
- Blush/vomit
- Get desire to relieve oneself/void• Behave in a humiliating
- Have a heart attack/anxiety attack manner (probable social phobia)

#### **Treatment**

Psychotherapy, SSRI, Buspar etc.

#### Alcohol abuse

>21 units/week (male) >14 units/week (female)

No: Yes:

# Sequelae

- 1. Strong desire to drink alcohol
- Loss of control of alcohol intake
- Development of tolerance (increased need of alcohol intake to obtain an effect)
- Cease or pause in alcohol intake has caused withdrawal symptoms (shivering, dyssmonia, nervousness, sweats, palpitations, headache, convulsions)
- Takes up time to inconvenience of other doings and interests
- Continuation of alcohol intake in spite of clear signs of physical problems or injuries

## **Diagnosis**

- 3 of 6 sequelae = alcoholism
- Sequela no. 6 only = injurious alcohol intake

## **Treatment**

- Excessive intake without sequelae: reduce intake
- Excessive intake + sequelae: consider specialised treatment, e.g. out-patients' alcohol clinic

# Somatoform disorder

(Medically unexplained symptoms)

#### **Symptoms**

- A Physical symptoms or illness worrying with inadequate organic basis
- B Limited functional or social level
- C Not better explained by depression, anxiety disorder, psychosis, sideeffects from medication or abuse

### Diagnosis

>= 6 mths. with elements from A+B+C = somatoform disorder

#### Can be divided into 3 main groups

- Multi-symptomatic (>=3 organ systems)
- Oligo-symptomatic (1-2 organ systems) e.g. somatoform pain disorder, neurasthenia, dissociative disorder
- Excessive illness worrying (hypochondriasis)

## **Treatment: The TERM**model

Acute: (2 weeks-6 mths.) conclusion or as below

**Subacute**: (½-2 yrs.) agree on a short course of sessions, fixed appointments Chronic: (>2 yrs.) fixed appointments, gradually prolonged intervals.

Management, consider antidepressants (start cautiously)





| treatment, adjustment after 2 | (NB: The effect of SSRI sets in slowly) |  |
|-------------------------------|---|--|
| weeks if necessary            |   |  |
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