Psychiatric Education In American Medical Schools and Residencies: The Need for Change

In more integrated training scenarios, some Family Medicine residency programs are combining primary care and psychiatric training. They include longitudinal exposure to psychiatry through a psychiatric consultation clinic9 or through an integrated primary care model, where behavioral health and primary care are available to patients under one clinical roof.2 Further, the Combined Family Medicine/Psychiatry residency creates a truly integrated educational experience. These interventions allow new physicians to learn about complex medical and psychosocial needs and to see the progression, control, and rehabilitation of mental health over time.

My masters research project involves exploring how different levels of psychiatric training exposure affects physicians’ approach to caring for patients with schizophrenia. By doing this study, I hope to learn specific approaches physicians use to communicate, create rapport, and foster lasting relationships with patients. I will advocate for better educational interventions to equip all new physicians who have completed any residency with the skills they need and an understanding of the realities of caring for those who have schizophrenia.

If you have questions about my study, or are interested in participating (currently only physicians who have graduated from a U.S. residency program in Family Medicine, Psychiatry, or both), please feel free to email me at rbigley22@berkeley.edu.

Bibliography:
Carlos A. Larrauri, MSN, ARNP had a happy childhood with a loving family in Miami, Florida. In high school, he excelled both in academics and in music, and was accepted early into the Ohio State University College of Medicine. However, the subtle early signs of mental illness cast a shadow over his life.

At age 18, Carlos remembers his thoughts were like a “broken radio switching between channels.” He felt sad and alone, and began self-medicating with cannabis.

When Carlos began college, his symptoms surfaced. He struggled with depression, and gained thirty pounds. In hindsight, he believes he needed to see a counselor, but the subtle early signs of mental illness cast a shadow over his life.

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An Interview with
Erik Messamore, MD, PhD
Part 4 of 4

What severe side effects have you seen in patients who take clozapine?
Most people fear the possibility of suppressing the white blood cell count with clozapine. Because white blood cells are a first line of defense against infection, a drastic reduction in their numbers can lead to very serious infections. Though having small dips in white blood cell count is relatively common, most are temporary and insignificant. Having a medically serious white blood cell suppression from clozapine is actually rare (less than 1%). Getting an infection from such suppression is even more rare because the white blood cell count is measured frequently.
The most common medically serious complication from clozapine is related to constipation. In its more severe forms, constipation can lead to a medical emergency. It’s important to pay attention to the frequency of bowel movements and to take medications if necessary to ensure regular bowel movements.
I have worked as a consulting psychiatrist for most of my career. The patients I see have only partially benefited from many prior treatment attempts. I have probably seen every possible side effect from clozapine during my career, but this is because I have worked primarily with patients with the most complex forms of illness. Many of clozapine’s side effects can be prevented by not using high doses, and by taking care to de-prescribe medications that won’t be needed once clozapine reaches therapeutic levels. Weight gain is a risk with clozapine, but can be minimized or prevented by diet and exercise, possibly combined with medications like metformin or liraglutide that promote weight loss. There are similar work-arounds for several other of clozapine’s possible side effects. Knowing what to look for allows early detection of potentially serious side effects and early intervention to prevent harm.

What is the most important thing you share with doctors who are learning to use clozapine?
Don’t delay. The research is clear: the longer someone experiences psychosis, the lower their prospects for long-term recovery. So, getting someone into remission as soon as possible is one of the most important goals in the care of individuals suffering from acute psychosis. Patients with recent-onset schizophrenia should go into remission (or be well on their way to remission) within no more than 8 months of treatment with antipsychotic medication (up to four months with medication #1, and up to four months with medication #2 if medication #1 failed to work). If delusions or hallucinations are not controlled by two different antipsychotic medications, the likelihood that the patient will respond to a third medication is minuscule, unless that medication is clozapine – where the response rate is more than 50%. Delaying the initiation of clozapine is equivalent to prolonging the duration of psychosis. And prolonged duration of psychosis has been shown to reduce quality of life in both the short-term and long-term.

What advice would you like to offer to other doctors who prescribe clozapine?
A lot of people hate having their blood drawn often and may refuse to consider clozapine because of this. Topical anesthetic cream, to numb the skin at the blood draw site, can be really helpful to someone who might not consider clozapine because of the white blood cell testing requirements.
Oxidative stress is evident in every brain disease, as well as other medical conditions. Frequently, patients with schizophrenia do not eat a healthy diet, particularly if they are on a medication that affects their metabolism and may make them crave carbohydrates. Eating fruits and vegetables increases the level of antioxidants in your body, and puts you ahead of the average American. Eating well is also important for blood sugar levels and to prevent metabolic problems.

In this video, Dr. Louis Cady (CEO, Cady Wellness Institute) and Bethany Yeiser discuss brain health. Dr. Cady discusses “integrating mind and body for peak performance,” focusing on the mind, body, and behavior. Dr. Cady also highlights the importance of fish oil (omega three fatty acids) and other supplements. Vitamin D is highly recommended in schizophrenia.

It is important to avoid marijuana, which is very dangerous in terms of brain health, especially in teenagers. Early use of marijuana can lead to a first break psychosis and the onset of schizophrenia. Synthetic cannabinoids (including some bath salts) are more dangerous than the natural form. Sparing use of alcohol, or abstaining from alcohol completely, is also recommended.

Please consider sending a donation to the CureSZ Foundation using the enclosed card.

Your contribution will help provide education and referrals to patients and their families, those who work with the seriously mentally ill. CURESZ informs the general public to better understand this serious brain illness, and to provide scientific advances showing that there is hope for recovery, and a return to a fulfilling and normal life. The CURESZ Foundation is a 501(c)(3) nonprofit organization. All contributions are tax deductible.

“We are committed to helping patients to cope with and recover from schizophrenia.”