

Interactive summary cards

The six pages that follow contain summaries of information about the six disorders most common in primary care.

These are designed to be used interactively within the consultation, to help the practitioner explain key features of the disorder to the patient and enter into discussion about a possible management plan. They are also contained on the disc and can be printed out and mounted on either side of a piece of A4 card for ease of use.

Interactive summary cards

Mental health in primary care

Alcohol problems

There is one unit of alcohol in:

- ½ pint of ordinary strength beer, lager or cider
- ¼ pint of extra strength beer, lager or cider
- 1 small glass of white (8 or 9% ABV) wine
- 2/3 small glass of red (11 or 12% ABV) wine
- 1 single measure of spirits (30 ml)

Common symptoms

'High-risk' drinking:

Men
More than three units alcohol/day (21 units/week)

Women
More than two units alcohol/day (14 units/week)

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Many have no symptoms but are at risk

Psychological:

- ➔ Poor concentration
- ➔ Sleep problems
- ➔ Less able to think clearly
- ➔ Depression
- ➔ Anxiety/stress

Physical:

- ➔ Hangovers/blackouts
- ➔ Injuries
- ➔ Tiredness/lack of energy
- ➔ Weight gain
- ➔ Poor coordination
- ➔ High blood pressure
- ➔ Impotence
- ➔ Vomiting/nausea
- ➔ Gastritis/diarrhoea
- ➔ Liver disease
- ➔ Brain damage

- ↑ ↓
- ➔ Difficulties and arguments with family/friends
 - ➔ Difficulties performing at work/home
 - ➔ Withdrawal from friends and social activities
 - ➔ Legal problems.

Alcohol problems are treatable

Alcohol problems *do not* mean weakness

Alcohol problems *do not* mean you are a bad person

Alcohol problems *do* mean that you have a medical problem or a lifestyle problem.

What treatments can help?

Both therapies are most often needed:

Supportive therapy:

- ➔ to reduce drinking
- ➔ to stop drinking
- ➔ for stress
- ➔ for prevention of life problems
- ➔ for education of the family members for support.

Medication:

- ➔ for moderate to severe withdrawal
- ➔ for physical problems
- ➔ consider for relapse prevention.

Alcohol problems

Set goals: acceptable levels of drinking

Who?	How many drinks?	How often?
Men	No more than three units	Each day (only for five days/week)
Women	No more than two units	Each day (only for five days/week)

Have two non-alcohol drinking days/week.

Keep in mind: the less the person drinks, the better it is.

- | | | |
|--|---|--------------------------------|
| <ul style="list-style-type: none"> ➔ Pregnancy ➔ Physical alcohol dependence ➔ Physical problems made worse by drinking ➔ Driving, biking ➔ Operating machinery ➔ Exercising (swimming, jogging, etc.) | ➔ | Recommendation is not to drink |
|--|---|--------------------------------|

Determine action: how to reach target levels

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> ➔ Keep track of your alcohol consumption ➔ Turn to family and/or friends for support ➔ Have one or more non-alcoholic drinks before each drink ➔ Delay the time of day that you drink ➔ Take smaller sips | <ul style="list-style-type: none"> ➔ Engage in alternative activities at times that you would normally drink (eg when you are feeling bored or stressed) ➔ Switch to low alcoholic drinks ➔ Decide on non-drinking days (2 days or more per week) | <ul style="list-style-type: none"> ➔ Eat before starting to drink ➔ Join a support group ➔ Quench your thirst with non-alcoholic drinks ➔ Avoid or reduce time spent with heavy-drinking friends ➔ Avoid bars, cafes or former drinking places. |
|---|--|--|

Review progress: are you keeping on track?

- | | |
|---|---|
| <p>Questions to ask:</p> <ul style="list-style-type: none"> ➔ Am I keeping to my goals? ➔ What are the difficult times? ➔ Am I losing motivation? ➔ Do I need more help? | <p>Progress tips:</p> <ul style="list-style-type: none"> ➔ Every week, record how much you drink over the week ➔ Avoid these difficult situations or plan activities to help you cope with them ➔ Think back to your original reasons for cutting down or stopping ➔ Come back for help, talk to family and friends. |
|---|---|

Mental health in primary care

Anxiety

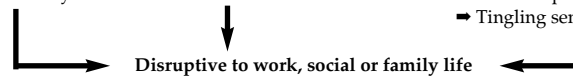
Common symptoms

Psychological:

- ➔ Tension
- ➔ Worry
- ➔ Panic
- ➔ Feelings of unreality
- ➔ Fear of going crazy
- ➔ Fear of dying
- ➔ Fear of losing control

Physical:

- ➔ Trembling
- ➔ Sweating
- ➔ Heart pounding
- ➔ Light headedness
- ➔ Dizziness
- ➔ Muscle tension
- ➔ Nausea
- ➔ Breathlessness
- ➔ Numbness
- ➔ Stomach pains
- ➔ Tingling sensation



Anxiety disorders are common and treatable

- Anxiety *does not* mean weakness
- Anxiety *does not* mean loosing the mind
- Anxiety *does not* mean personality problems
- Severe anxiety *does* mean a disorder which requires treatment.

Common forms of anxiety

Generalized anxiety disorder:

- ➔ persistent/excessive worry
- ➔ physical symptoms.
- ➔ sudden intense fear
- ➔ physical symptoms
- ➔ psychological symptoms.

Panic disorder:

- ➔ Fear/avoidance social situations
- ➔ fear of being criticized
- ➔ physical symptoms
- ➔ psychological symptoms.

Social phobia:

- ➔ Fear/avoidance of situations where escape is difficult
- ➔ leaving familiar places alone
- ➔ physical symptoms
- ➔ psychological symptoms.

What treatments can help?

Both therapies are most often needed:

Supportive therapy for:

- ➔ slow breathing/relaxation
- ➔ exposure to feared situations
- ➔ realistic/positive thinking
- ➔ problem-solving.

Medication:

- ➔ for severe anxiety
- ➔ for panic attacks.

Anxiety

About medication

Short term

- ➔ use for severe anxiety
- ➔ can be addictive and ineffective when used in the long term

Side-effects

- ➔ are important to report

Counselling

- ➔ (emotional support and problem-solving) is always recommended with medication

Ongoing review

- ➔ of medication use is recommended.

Slow breathing to reduce physical symptoms of anxiety

- ➔ Breathe in for three seconds and out for three seconds, and pause for three seconds before breathing in again.
- ➔ Practise 10 minutes morning or night (five minutes is better than nothing).
- ➔ Use before and during situations that make you anxious.
- ➔ Regularly check and slow down breathing throughout the day.

Change attitudes and ways of thinking

'My chest is hurting and I can't breathe, I must be having a heart attack.'

Instead

'I am having a panic attack, I should slow my breathing down and I will feel better.'

'I hope they don't ask me a question, I won't know what to say.'

Instead

'Whatever I say will be OK, I am not being judged. Others are not being judged, why should I be?'

'My partner has not called as planned. Something terrible must have happened.'

Instead

'They might not have been able to get to a phone. It is very unlikely that something terrible has happened.'

Exposure to overcome anxiety and avoidance

Easy stage ➔ Moderate stage ➔ Hard stage
 (eg walking on own) (eg lunch with a friend) (eg shopping with a friend)

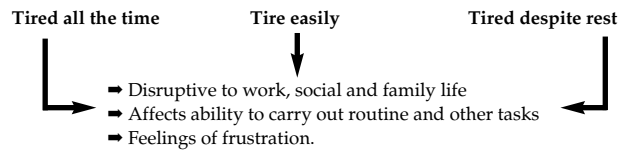
- ➔ Use slow breathing to control anxiety
- ➔ Do not move to the next stage until anxiety decreases to an acceptable level.

Mental health in primary care

Chronic tiredness

Common symptoms

Compared with previous level of energy, and compared to people known to you:



Chronic Fatigue Syndrome is a much rarer condition, diagnosed when substantial physical and mental fatigue lasts longer than six months and there are no significant findings on physical or laboratory investigation.

Common triggers

Psychological triggers:

- ➔ Depression
- ➔ Stress
- ➔ Worry
- ➔ Anxiety.
- ➔ Doing too much activity
- ➔ Doing too little activity.

Physical triggers:

- ➔ Anaemia
- ➔ Bronchitis
- ➔ Asthma
- ➔ Diabetes
- ➔ Arthritis.
- ➔ Thyroid disorder
- ➔ Influenza
- ➔ Alcohol/drug use
- ➔ Bacterial, viral and other infections.

Medication:

- ➔ Steroids
- ➔ Antihistamines.

What treatments can help?

Both therapies are most often needed:

Supportive therapy for:

- ➔ depression
- ➔ worry/anxiety
- ➔ stress/life problems
- ➔ lifestyle change
- ➔ level of physical activity.

Medication:

- ➔ for other mental or physical disorders
- ➔ anti-depressants are sometimes useful
- ➔ there are no effective medications specific to fatigue and the main treatment follows psychological lines.

Chronic tiredness

Behavioural strategies

- ➔ Examine how well you are sleeping.
- ➔ Have a brief rest period of about 2 weeks, in which there are no extensive activities.
- ➔ After the period of brief rest, gradually return to your usual activities.
- ➔ Plan pleasant/enjoyable activities into your week.
- ➔ Gradually build up a regular exercise routine.
- ➔ Do not push yourself too hard; remember to build up all activities gradually and steadily.
- ➔ Try to have regular meals during the day.
- ➔ Try to keep to a healthy diet.
- ➔ Use relaxation techniques, for example, slow breathing.

Slow breathing for relaxation

- ➔ Breathe in for three seconds
- ➔ Breathe out for three seconds
- ➔ Pause for three seconds before breathing in again
- ➔ Practise for 10 minutes at night (five minutes is better than nothing).

Increase level of physical activity

A little activity
one or two times a week
(eg walking)

Daily activities —
not much effort
(eg fast walking,
shopping, cleaning)

Activity that makes
you out of breath for
20 minutes or more,
three to five times a week
(eg jogging)

↓
Inactive

↓
Some activity

↓
Active

Mental health in primary care

Depression

Common symptoms

- | | | |
|--------------------------------|-----------------------------------|---|
| Mood and motivation: | Psychological: | Physical: |
| ➔ Continuous low mood | ➔ Guilt/negative attitude to self | ➔ Slowing down or agitation |
| ➔ Loss of interest or pleasure | ➔ Poor concentration/memory | ➔ Tiredness/lack of energy |
| ➔ Hopelessness | ➔ Thoughts of death or suicide | ➔ Sleep problems |
| ➔ Helplessness | ➔ Tearfulness | ➔ Disturbed appetite (weight loss/increase) |
| ➔ Worthlessness | | |
-
- | |
|--|
| ➔ Difficulties carrying out routine activities |
| ➔ Difficulties performing at work |
| ➔ Difficulties with home life |
| ➔ Withdrawal from friends and social activities. |

Depression is common and treatable

- ➔ Depression *does not* mean weakness
- ➔ Depression *does not* mean laziness
- ➔ Depression *does mean* that you have a medical disorder which requires treatment.

Common triggers

- | | | | |
|-------------------------|--|------------------------|-----------------------|
| Psychological: | Other: | Illness: | Medication: |
| Major life events, eg | ➔ Family history of depression | ➔ Infectious diseases | ➔ Antihypertensives |
| ➔ Recent bereavement | ➔ Childbirth | ➔ Influenza hepatitis. | ➔ H2 blockers |
| ➔ Relationship problems | ➔ Menopause | | ➔ Oral contraceptives |
| ➔ Unemployment | ➔ Seasonal changes | | ➔ Corticosteroids. |
| ➔ Moving house | ➔ Chronic medical conditions | | |
| ➔ Stress at work | ➔ Alcohol and substance use disorders. | | |
| ➔ Financial problems. | | | |

What treatments can help?

Both therapies are most often needed:

- | | |
|----------------------------------|---|
| Supportive therapy for: | Medication: |
| ➔ stress/life problems | ➔ for depressed mood or loss of interest/pleasure for two or more weeks and at least four of the symptoms mentioned earlier |
| ➔ patterns of negative thinking | ➔ for little response to supportive therapy (counselling) |
| ➔ prevention of further episode. | ➔ for recurrent depression |
| | ➔ for a family history of depression. |

Depression

About medication

Effective

Usually works faster than other methods.

Treatment plan

must be strictly adhered to.

Drugs

- ➔ are not addictive
- ➔ interact in a harmful way with alcohol
- ➔ improvement takes time, generally three weeks for a response
- ➔ do not take in combination with St John's wort.

Side-effects

must be reported, but generally start improving within 7–10 days.

Progress

- ➔ same medication should continue
- ➔ unless a different decision is taken by the doctor
- ➔ medication should not be discontinued without doctor's knowledge in case a drug is not effective, another drug may be tried.

Time period

Medication to be continued at least four to six months after initial improvement.

Ongoing review

is necessary over the next few months.

Increase time spent on enjoyable activities

- ➔ Set small achievable, daily goals for doing pleasant activities
- ➔ Plan time for activities and increase the amount of time spent on these each week
- ➔ Plan things to look forward to in future
- ➔ Keep busy even when it is hard to feel motivated
- ➔ Try to be with other people/family members.

Problem-solving plan

Discuss

problems with partner/family members, trusted friend or counsellor.

Distance

yourself to look at problems as though you were an observer.

Options

Work out possible solutions to solve the problems.

Pros and cons

Examine advantages and disadvantages of each option.

Set a time frame

to examine and resolve problems.

Make an action plan

for working through the problems over a period of time.

Review

Progress made in solving problems.

Change attitudes and way of thinking

'I will always feel this way; things will never change.'

Instead:

'These feelings are temporary. With treatment, things will look better in a few weeks.'

'It's all my fault. I do not seem to be able to do anything right.'

Instead:

'These are negative thoughts that are the result of depression. What evidence for this do I really have?'

Mental health in primary care

Sleep problems

Common symptoms

- ➔ Difficulty falling asleep
 - ➔ Frequent awakening
 - ➔ Early morning awakening
 - ➔ Restless or unrefreshing sleep
- ↳ ➔ Difficulties at work and in social and family life
- ↳ ➔ Makes it difficult to carry out routine or desired tasks.

Common causes

- | | | | |
|-----------------------|---------------------------------|-----------------------------|-----------------------|
| Psychological: | Physical: | Lifestyle: | Environmental: |
| | Medical problems: | | |
| ➔ Depression | ➔ Overweight | ➔ Too hot or too cold | ➔ Noise |
| ➔ Anxiety | ➔ Heart failure | ➔ Tea, coffee and alcohol | ➔ Pollution |
| ➔ Worries | ➔ Nose, throat and lung disease | ➔ Heavy meal before sleep | ➔ Lack of privacy |
| ➔ Stress. | ➔ Sleep apnea | ➔ Daytime naps | ➔ Over-crowding. |
| | ➔ Narcolepsy | ➔ Irregular sleep schedule. | |
| | Medications: | | |
| | ➔ Steroids | | |
| | ➔ Decongestants | | |
| | ➔ Others. | | |

What treatments can help?

Supportive therapy is the preferred treatment

Supportive therapy for:

- ➔ stress/life problems
- ➔ depression
- ➔ worry
- ➔ changes in lifestyle and sleep habits.

Medication:

- ➔ for temporary sleep problems
- ➔ for short term use in chronic problems to break sleep cycle.

Sleep problems

About medication

Short term

- ➔ use for short period of time.

Long-term

- ➔ when used in the long term, there may be difficulties stopping, leading to dependence.

Side-effects

- ➔ are important to report.

Harmful

- ➔ when alcohol and other drugs are used.

Ongoing review

- ➔ of medication use is recommended.

Lifestyle change strategies

- ➔ Try to minimize noise in your sleep environment, if necessary consider ear plugs.
- ➔ Try to make sure that the room in which you are sleeping is not too hot or cold.
- ➔ Reduce the amount of alcohol, coffee and tea that you drink, especially in the evenings.
- ➔ Try to avoid eating immediately before going to sleep.
- ➔ Try to have your dinner earlier in the evening, rather than later.
- ➔ Don't lie in bed trying sleep. Get up and do something relaxing until you feel tired.
- ➔ Have regular times for going to bed at night and waking up in the morning.
- ➔ Reduce mental and physical activity during the evenings.
- ➔ Increase your level of physical activity during the day; build up a regular exercise routine.
- ➔ Avoid daytime naps, even if you have not slept the night before.
- ➔ Use relaxation techniques, for example, slow breathing.

Slow breathing for relaxation

- ➔ Breath in for three seconds
- ➔ Breath out for three seconds
- ➔ Pause for three seconds before breathing in again
- ➔ Practise for 10 minutes at night (five minutes is better than nothing).

More evaluation may be needed:

- ➔ if someone stops breathing during sleep (sleep apnoea)
- ➔ if there is a daytime sleepiness without possible explanation.

Mental health in primary care

Unexplained somatic complaints

Common, unexplained physical problems

- ➔ Headaches
- ➔ Chest pains
- ➔ Difficulty in breathing
- ➔ Difficulty in swallowing
- ➔ Nausea
- ➔ Vomiting
- ➔ Abdominal pain
- ➔ Lower back pain
- ➔ Skin rashes
- ➔ Frequent urination
- ➔ Diarrhoea
- ➔ Skin and muscle discomfort.

Associated worries and concerns

- ➔ Associated symptoms and problems
- ➔ Beliefs (about what is causing the symptoms)
- ➔ Fear (of what might happen).

Physical symptoms are real

A vicious circle can develop:

- ➔ Emotional stress can cause physical symptoms or make them worse.
- ➔ Physical symptoms can lead to more emotional stress.
- ➔ Emotional stress can make physical symptoms worse.

Headaches		may all be
Difficulty in swallowing	➔	caused or made worse
Chest pain/difficulty in breathing		by stress, anxiety
Abdominal pain/nausea/vomiting		worry, anger, depression
Frequent urination/diarrhoea/impotence		
Skin rashes		

What treatments can help?

Supportive treatment most often needed:

- ➔ Effective reassurance, after history and detailed physical examination.
- ➔ Management of stress/life problems.
- ➔ Treatment of associated depression, anxiety, alcohol problems.
- ➔ Learning to relax.
- ➔ Avoiding patterns of negative thinking.
- ➔ Increasing levels of physical activity.
- ➔ Increasing positive/pleasurable activities.

Unexplained somatic complaints

Useful strategies

Reassurance

- ➔ Stress often produces physical symptoms or makes them worse.
- ➔ There are no signs of serious illness.
- ➔ You can benefit from learning strategies to reduce the impact of your symptoms.

Slow breathing to reduce common physical symptoms (eg muscle tension, hot and cold flushes, headaches, chest tightness)

- ➔ Breathe in for three seconds and out for three seconds and pause for three seconds before breathing in again.
- ➔ Practise 10 minutes morning or night (five minutes is better than nothing).
- ➔ Use before and during situations that make you anxious.
- ➔ Regularly check and slow down breathing throughout the day.

Change attitudes and way of thinking

'I can't understand why the tests are negative. I feel the pain; it is probably something really unusual that I have.'

Instead: 'The pain is real, but I've been checked out physically and I have had all the relevant tests. Many other things, such as worry and stress, can cause these pains.'

'Maybe my doctor has missed something. I should try another doctor or better still a specialist instead.'

Instead: 'It is very unlikely that these doctors have missed something. It is unlikely that a specialist would say anything different. Maybe I should examine whether stress, tension, or my lifestyle is contributing to the pain.'

'Why won't this pain go away. I'm not feeling well; I've probably got cancer.'

Instead: 'This is not the first time that I've thought that there was *something* terribly *wrong* and *in fact* nothing serious developed. I should learn to relax and focus my thoughts on other things to distract myself from the pains.'

Increase level of physical activity

A little activity
one or two times a week
(eg walking)

Daily activities —
not much effort
(eg fast walking,
shopping, cleaning)

Activity that makes
you out of breath for
20 minutes or more,
three to five times a week
(eg jogging)

↓
Inactive

↓
Some activity

↓
Active

