

Leading the Integration of Physical and Mental Health Care

# **When a spade is not a spade**

**Treating physical health issues in patients with mental illness**

Presented by:

Cristina de Lasa, MD, CCFP

Matthew Goodmurphy, MD, CCFP

Miles Cohen, Actor

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camh

 **UHN**  
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- We have no conflict of interest to disclose in relation to this program

# Learning Objectives

By the end of this workshop, participants will be able to:

- discuss ways that symptoms of physical health issues present in patients with mental illness
- identify the three basic steps in medical assessment (observation, engagement, tailored physical exam).

## Hard truths

**1.3 million**

Ontarians have both medical and mental illness

**2 million**

Ontarians see their doctor about mental health each year

People with mental illness die

**8 to 25 years**

sooner than the general population



**The mortality gap is not closing**



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## **Patient factors**

- Fear of stigma
- Mental illness itself
- Co-existing illness
- Socioeconomic factors



# Systemic factors

- Societal stigma & attitudes
- Separation of physical & mental healthcare
- Rigid models of care delivery





## Care provider factors

- Stigma
- Lack of clarity of responsibilities
- Limited time & resources
- Lack of training & experience
- Lack of supports
- Assuming physical concerns are psychosomatic symptoms



## Who are we?

- CAMH Hospitalist Service
- Group of primary care providers
- Integrated care model
- Covering wide age span
- Acute, chronic & preventative inpatient medical care





**Who are you?**

**Nurse  
Practitioners?**

**Nurses?**

**Physicians?**

**Pharmacists?**

**Others?**

**Occupational  
Therapists?**

**Personal  
Support  
Workers?**

**Social  
Workers?**

# Challenges

## Mental illness

- Poor historian
- Uncooperative & unpredictable behavior
- Thought disorders
- Impaired information processing & concentration
- Agitation

## Other

- Cultural barriers
- Language barriers



Evidence and lived experience tells us that many problems are missed

Understand that a spade is not a spade

**Things may not be as they appear**

Iceberg by Uwe Kils





**Observe**



**Engage**



**Adapt**

# Observe

You can see a lot when you look

- General appearance
- Sensory
- Cardiovascular
- Respiratory
- Skin
- Nervous
- Musculoskeletal



**Constantly  
assess for  
safety**

**Non-verbal  
cues of pain or  
distress**

# Engage

Calm, Safe, Genuine

## Verbal

Vocabulary  
Tone of voice  
Velocity of  
speech  
Questioning  
Listening  
Clarifying  
Response  
Reassuring

## Non-verbal

Mirror  
Professional  
Empathic  
Confident

Body language  
Personal space  
Eye contact  
Environment  
Slow deliberate  
movements  
Gesturing





# Adapted physical exam

Flexible, Creative

## Vital signs

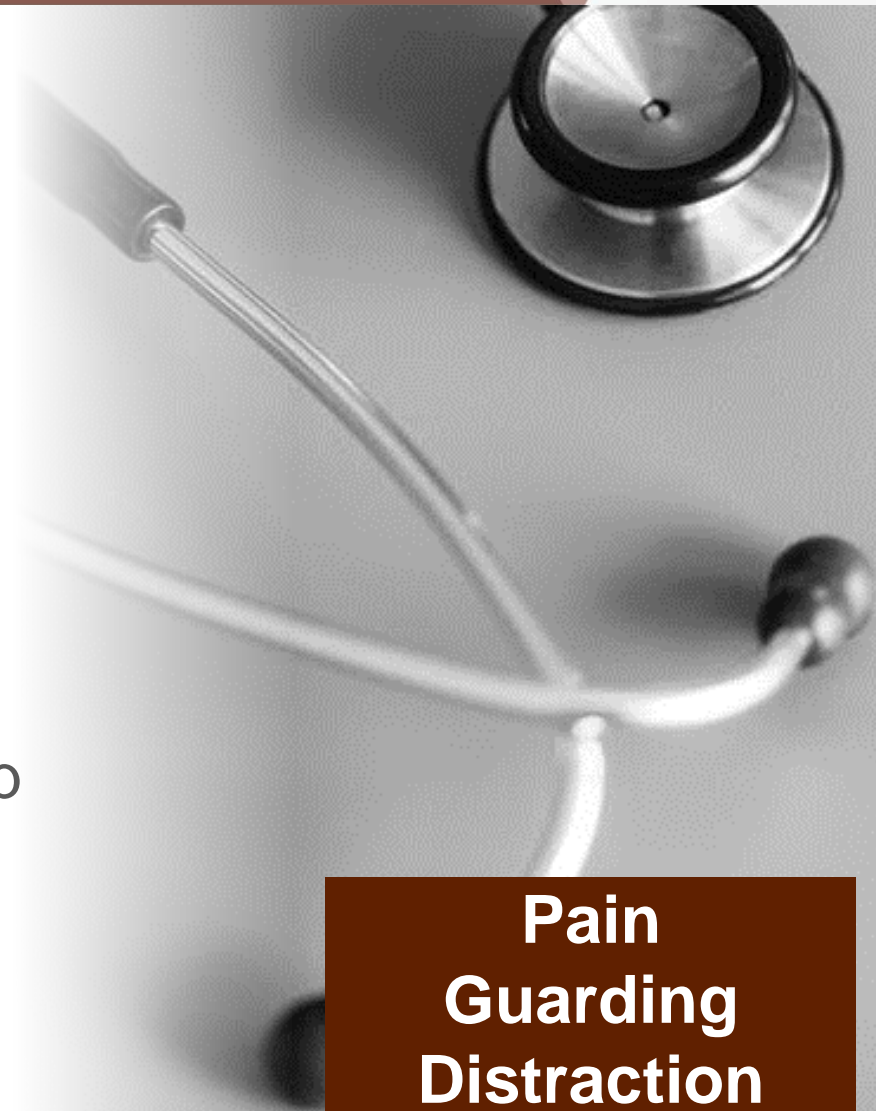
- Normal vs abnormal
- Stable vs unstable

## Adapted physical exam

- Head to toe
- Targeted
- Preventative care opportunity

## Pearls

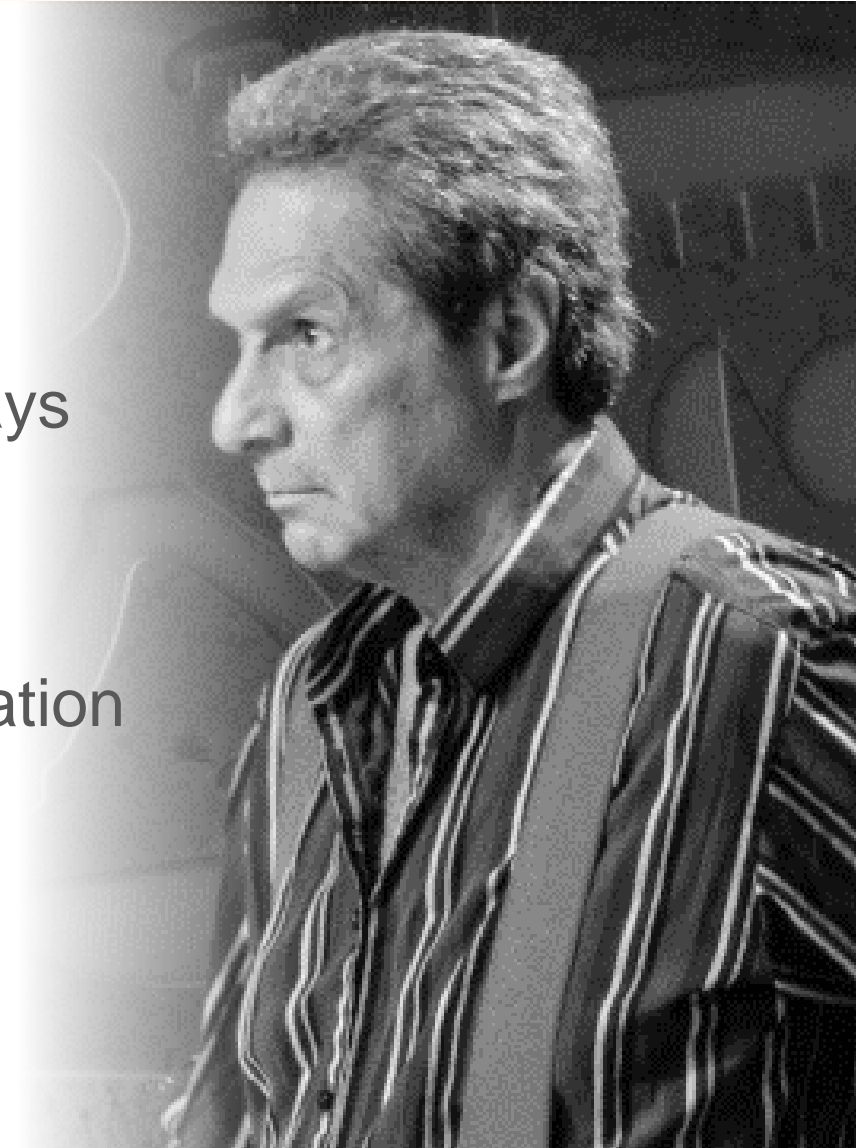
- Must do exams
- Prioritize highest yield
- Assess capacity
- Consent for every step



**Pain  
Guarding  
Distraction**

## Case scenario

- **Patient:** Antonio, 65 year old male
- **Reason for referral:** No bowel movement for 3 days
- **Setting:** Inpatient geriatric unit
- **Background:** Admitted for psychiatric decompensation due to medication non-compliance



# Case scenario

## Past Medical History:

- Schizoaffective disorder, bipolar type
- Hypertension
- Chronic renal disease, on peritoneal dialysis
- Hypothyroidism



# Case scenario

## Medications:

- Quetiapine XR 150 mg once in the evening
- Carbamazepine CR 500 mg twice daily
- Ferrous fumarate 600 mg daily
- Replavite 1 tablet daily
- Furosemide 120 mg twice daily
- Hydralazine 20 mg three times daily
- Losartan 50 mg twice daily
- ASA 81 mg once daily
- Renagel 800 mg three times daily
- Amlodipine 10 mg once daily
- Synthroid 137 mcg once daily



# Case scenario

## Vital signs:

- Heart rate: 101 beats per minute
- Blood pressure: 140/85 mm Hg
- Respiration rate: 18 breaths per minute
- Oxygen saturation: 98% on room air
- Temperature: 37 Celsius (oral)





**Observe**



**Engage**



**Adapt**

# Reflections



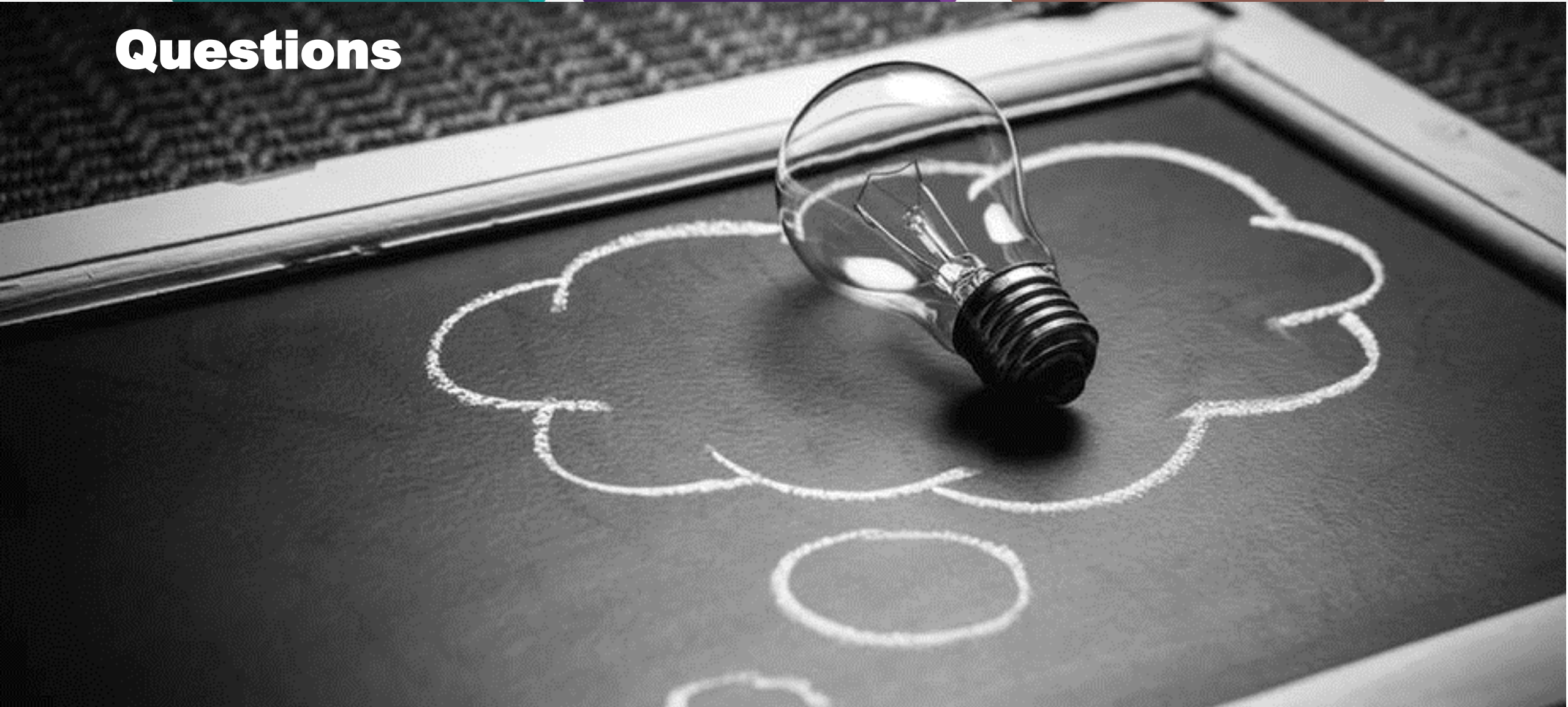
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# Real life scenarios





# Questions



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