

Combined Therapy: Review Questions

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QUESTIONS

Choose the single best answer for each question.

Questions 1 and 2 refer to the following case study.

A 68-year-old man visits his primary care physician (PCP) because of poor energy and concentration. He has been sleeping poorly, does not want to go out with his friends, and has lost 10 lb in the past month since his retirement. He reports 1 prior episode of depression resulting in a suicide attempt and hospitalization 20 years ago. His PCP starts him on a selective serotonin reuptake inhibitor (SSRI) and refers him to a mental health provider for interpersonal therapy (IPT).

- 1. Which of the following descriptions best characterizes this approach?**
 - (A) Combined treatment
 - (B) Integrated treatment
 - (C) Split treatment
 - (D) Combined treatment and integrated treatment
 - (E) Combined treatment and split treatment
- 2. In this type of treatment arrangement, the mental health provider should do which one of the following?**
 - (A) Use the patient's medical record to communicate with the PCP
 - (B) Tell the patient that he should stop taking the SSRI because medications interfere with the IPT process
 - (C) Agree to not share details with the PCP because of confidentiality regulations
 - (D) Refer the patient to the PCP for any questions because the PCP is legally responsible for the patient's safety
 - (E) None of the above
- 3. A 27-year-old man with schizophrenia has required multiple hospitalizations over the course of his illness that have been precipitated primarily by noncompliance with medications. All of the following treatment recommendations have been found to enhance treatment adherence in this setting EXCEPT:**
 - (A) Reassessment of medications to minimize side effects
 - (B) Social skills training
 - (C) Individual cognitive behavioral therapy (CBT)
 - (D) Personal therapy
- 4. Which of the following statements are consistent with American Psychiatric Association (APA) practice guidelines for the use of psychosocial interventions in the treatment of bipolar disorder?**
 - (A) Interventions should target illness management and interpersonal conflicts
 - (B) Psychodynamic therapy is contraindicated
 - (C) Providers should identify which psychosocial intervention works best for the individual patient and adhere solely to this technique
 - (D) Interpersonal and social rhythm therapy (IPSRT) is the psychosocial intervention of choice

(turn page for answers)

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EXPLANATION OF ANSWERS

1. **(E) Combined treatment and split treatment.** In the example, both medications and psychotherapy are being used in combination to treat this patient's recurrent major depressive episode. Combined treatment refers to the combination of both of these modalities and does not refer to the use of 2 or more psychotropics. Combined treatment also is known as collaborative treatment, concurrent treatment, shared treatment, and parallel treatment.¹ Combined treatment can be carried out using a split treatment arrangement, with one provider prescribing medication and the other performing the psychotherapy, or via an integrated treatment arrangement in which the same practitioner provides both psychotherapy and pharmacotherapy. In this example, the PCP provides the SSRI and the mental health provider the IPT, constituting a split treatment arrangement.
2. **(E) None of the above.** Split treatment arrangements can be prone to pitfalls. Guidelines have been proposed² to minimize these pitfalls and include avoiding poor communication between providers (as may occur by relying solely on the medical record); carefully choosing other providers to refer to (ie, those that share theoretical perspectives, especially regarding the usage of medication); and obtaining informed consent from the patient to share information regarding all facets of care between providers. The open sharing of information among providers will help to minimize the possibility that the patient will attempt to pit one provider against the other. In addition, this reduces the likelihood that providers will recommend conflicting strategies. Finally the guidelines stress the importance of clarifying the roles and responsibilities of each provider. One provider should not assume that the other is the "responsible party," as this puts the patient's welfare and safety in jeopardy. Some experts³ recommend legal contracts to further delineate the responsibilities. Although strict regulations exist to protect patient confidentiality, these should not be used as an excuse

for failing to obtain informed consent for disclosure of treatment information between providers.

3. **(B) Social skills training.** Psychosocial interventions are well established as necessary components for the treatment of schizophrenia. Social skills training is an important psychosocial intervention to use in this population; however, it does not have any clear effects on relapse prevention, medication compliance, or treatment adherence.
4. **(A) Interventions should target illness management and interpersonal conflicts.** The key goals for psychosocial interventions recommended in the APA guidelines are illness management (including enhancing medication compliance, making lifestyle changes, relapse education/prevention) and decreasing interpersonal conflicts.⁴ Various forms of psychosocial interventions may be needed, even in one particular patient. As always, practitioners must retain flexibility in their approaches (keeping evidence-based medicine principles in mind) while individualizing treatment. CBT may be beneficial in reducing subsyndromal residual symptoms and enhancing medication compliance. IPSRT has demonstrated efficacy in terms of reducing symptoms and stabilizing patient routines but is not necessarily preferred.

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4. American Psychiatric Association. Practice guideline for the treatment of patients with bipolar disorders. Washington (DC): The Association; 1994.

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