Disseminating Bipolar Disorder Guidelines

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2 PROBLEM IDENTIFICATION

- An estimated 4.4% of Americans will have Bipolar Disorder at some point in their lives\(^1\)
- Approximately 83% of people with Bipolar Disorder will have serious impairment (as measured by the Sheehan Disability Score)\(^1\)
- 16\(^{\text{th}}\) leading cause of Years Lost to Disability (YLD) worldwide\(^2\)
- 6\(^{\text{th}}\) leading cause of YLDs amongst the young\(^2\)
- Non-metropolitan New England counties, like Addison county, have only 20 psychiatrists per 100,000 residents, vs 37 in metropolitan New England\(^3\)
3 PUBLIC HEALTH COST

- Total cost to society attributable to Bipolar Disorder type 1 alone is estimated at $202 billion yearly in the US or approximately $82,000 per patient\(^4\)
- Patients are unable to maintain occupational function approximately 30% of the time\(^2\)
4 COMMUNITY PERSPECTIVE

• Physician 1
  • “I have found patients who have problems with the blunting side effects of some of these medications have trouble being compliant with their meds”
  • “In my experience its sometimes only when a patient has experienced horrible effects from their mood episodes that they then become compliant with their medications”

• Physician 2
  • “It is extremely difficult to access good psychiatric care in Addison county”
5 INTERVENTION

- Up to date, comprehensive guidelines on the management of Bipolar Disorder were identified.
- A slide show summarizing these guidelines was developed, with particular attention to high yield clinical principles (e.g., challenges of diagnosis, first-line medications for different phases of the illness, the role of psychosocial treatment).
- The slide show was used to guide a lunch time discussion with most of the physicians at an Addison county family health practice (Middlebury Family Health).
Generally Positive

Physician engagement during the discussion was very high

Many parts of the slideshow clarified and expanded upon knowledge providers had used in their own practice

Meaningful discussion arose around the more tricky aspects of managing bipolar disorder, as well as what the role of the family physician is in its management
PROPOSED EVALUATION AND LIMITATIONS

• Qualitative feedback
  • Physician participants could be provided with anonymous online feedback system, to more candidly communicate their needs for such an activity

• Surveys
  • Physician participants could be asked to take pair of pre-post surveys, exploring their comfort level of basics of management of Bipolar Disorder

• Limitations
  • Lack of information about local resources; lack of representatives from local mental health organizations participating in discussion
FUTURE DIRECTIONS

• Repeat discussion with other provider group in the area, this time implementing pre-post surveys for participants

• Giving participants more specific information on how to most effectively advocate for their patients in the context of scarcity in local mental health providers

• Bringing representatives from nearby mental health organizations to the discussion, to provide their perspectives on the challenges of providing for patients with bipolar disorder in a rural setting

