

# Psychosomatic Medicine: A new psychiatric subspecialty

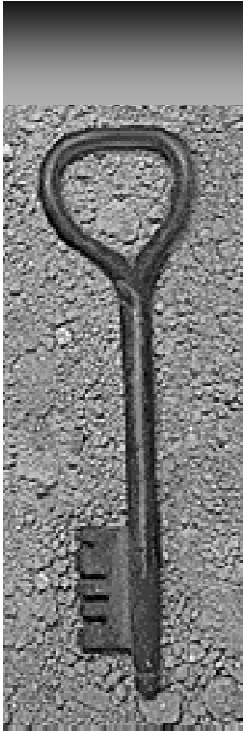


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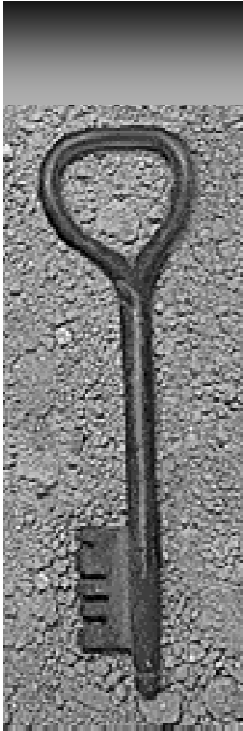
Bloomberg School of Public Health

The Johns Hopkins University



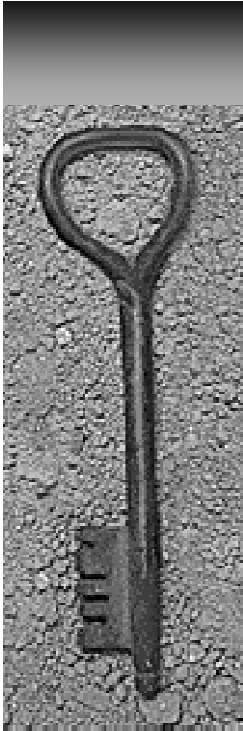
# Credits

- ◆ James Levenson, MD
- ◆ Thomas Wise, MD
- ◆ David Gitlin, MD
- ◆ APM Task Force on Subspecialization
  
- ◆ Paul Appelbaum, MD, APA
- ◆ Michelle Riba, MD, APA



# References

- ◆ PM application to ABMS (APM Website)
- ◆ Giltin D, Levenson J, Lyketsos C. Psychosomatic Medicine: a new psychiatric subspecialty, *Academic Psychiatry* in press (Oct 2003)



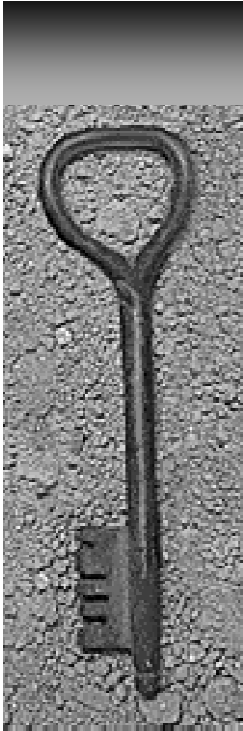
# Notable Recent Events

◆ December 11-12th, 2002

The Depression and Bipolar Support Alliance, one of the major US patient advocacy groups, devotes its annual national conference to the effects of depression on medical illness. (Proceedings in *Biological Psychiatry* July 2003)

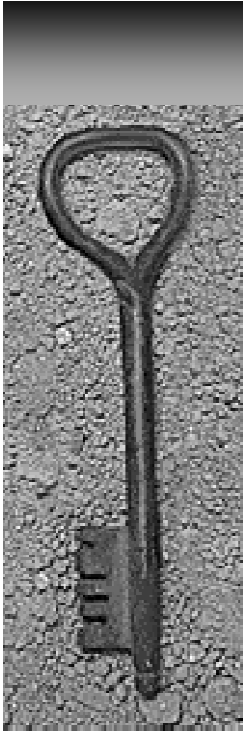
◆ March 20th, 2003

The American Board of Medical Specialties recognizes “Psychosomatic Medicine” as the newest psychiatric subspecialty.



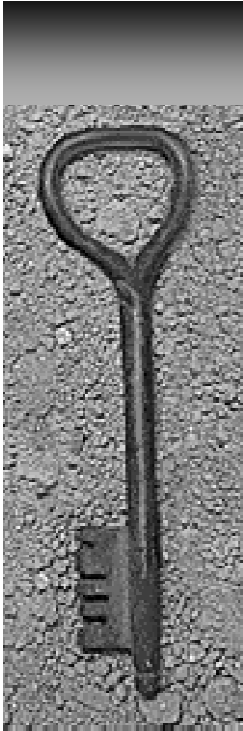
# Motivations for subspecialization in the USA

- ◆ Loss of care delivery for “complex medically ill”
  - Payment and insurance “carve out”
  - Erosion of reimbursement for hospital work
- ◆ Loss of fellowship positions and applicants
  - 55 to 32 over 5 years
- ◆ Reductions in NIH funding
- ◆ Field diffusion:
  - Teachers
  - Researchers
  - Especially into geriatric psychiatry
- ◆ Intrusion of psychology



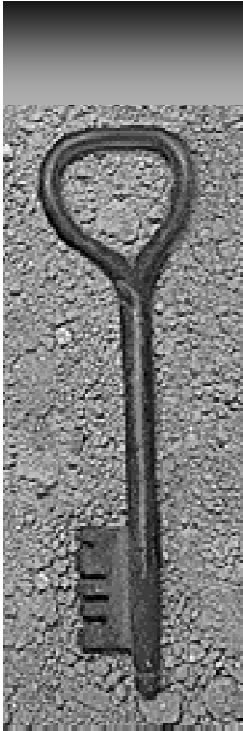
# The process

- ◆ Fall 1999: Task Force Appointed
  - Explore ABPN route
  - Consider APM driven certification process
- ◆ Spring 2000: Decision to apply to ABPN
- ◆ December 2000: Application submitted
- ◆ Summer 2001: **APA approval**
- ◆ October 2001: ABPN approval
- ◆ March 2003: ABMS approval



# Big issues

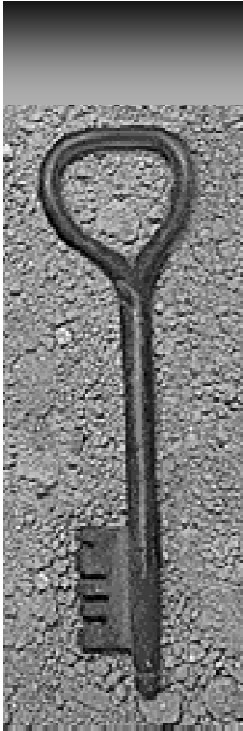
- ◆ Get our own house in order
- ◆ Name of the field
- ◆ Support from general psychiatry, esp. APA
  - Other subspecialties
- ◆ Focus of the field
  - Patient population vs service delivery
- ◆ What is the essence of the field



# American Board of Medical Specialties

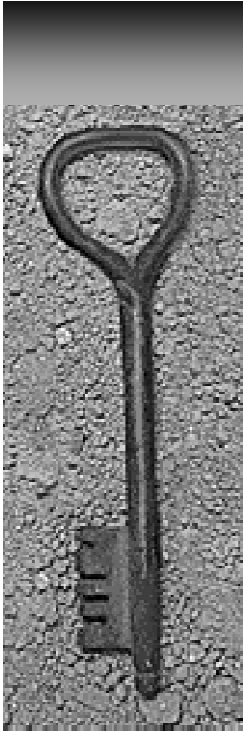
## Criteria

- ◆ Purpose
- ◆ Professional and scientific status



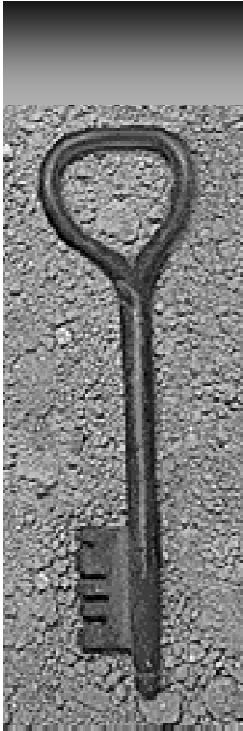
# Purpose of the field

1. *To improve the psychiatric care of patients with complex medical, surgical, obstetrical and neurological conditions*
2. *To improve the quality of training in PM field*
  - “ *An important result will be the retention, improvement and enlargement of a national cadre of qualified teachers and academicians who will educate medical students, psychiatry residents, residents in psychiatry combined with internal medicine/family practice/pediatrics/neurology, and PM fellows in this subspecialty area*
3. *To further stimulate and support research and teaching in PM, a natural consequence of official subspecialty status*



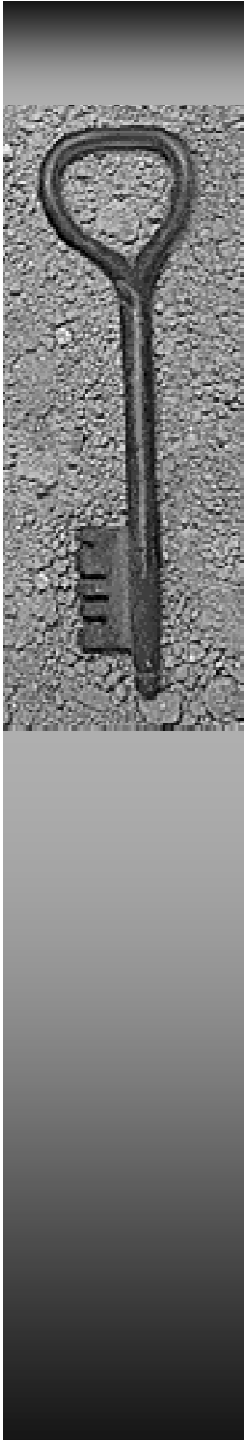
# Professional and Scientific Status

- ◆ Population of patients
- ◆ Specialized body of knowledge and skills
- ◆ Scientific medical knowledge that is more detailed than other areas of certification
- ◆ Body of practicing subspecialist physicians
- ◆ Professional societies, Textbooks, Journals
- ◆ Active medical school and hospital departments

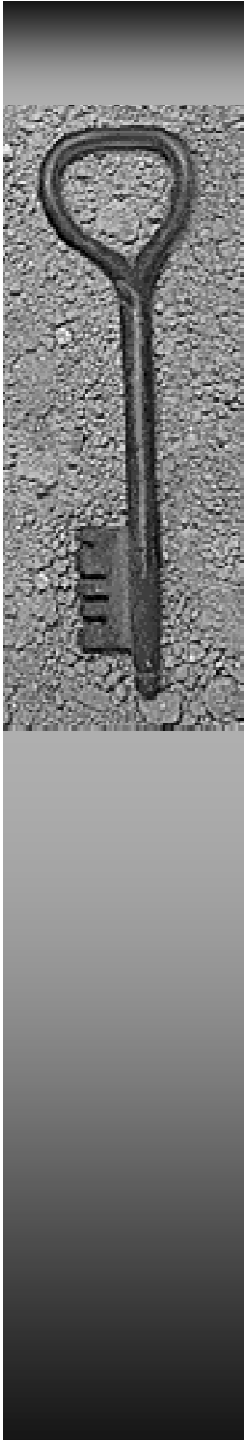


# Complex Medically Ill (CMI)

1. Patients with an acute or chronic medical, neurological, or surgical illness in which psychiatric morbidity is actively affecting their medical care and/or quality of life.
2. Patients with a somatoform disorder or with psychological factors affecting a physical condition (“psychosomatic condition”), regardless of the presence or absence of a co-morbid medical illness;
3. Patients with a psychiatric disorder that is the direct consequence of a primary medical condition(s), as defined in the American Psychiatric Association’s (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). e.g., Delirium, Dementia, “Organic”

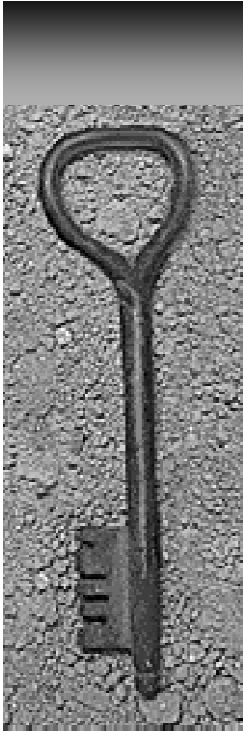


Why focus on these patients?



# Premise

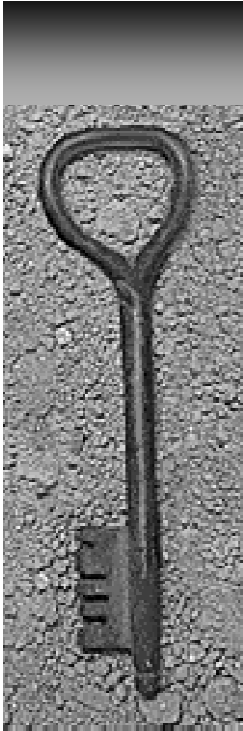
- ◆ Psychiatric morbidity common in CMI
- ◆ Psychiatric morbidity has serious consequences in this setting
- ◆ Treatment is effective and often reverses its consequences



# Public health significance

- ◆ US population is about 280,000,000
- ◆ Prevalence of chronic mental illness: 3%
  - Schizophrenia, and other “psychotic” 2,800,000
  - Severe mood disorders (bipolar and unipolar) 4,200,000
- ◆ Milder disabling conditions, w/o co-morbidity: 4%
  - Milder depressions, OCD, etc. 11,200,000
- ◆ ABOUT 18,000,000 CASES

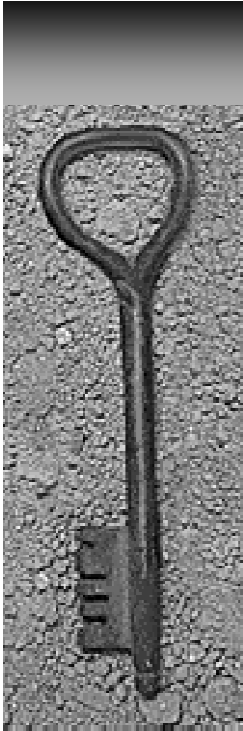
Estimates: US Census, ECA, National Comorbidity Study



# Public health significance

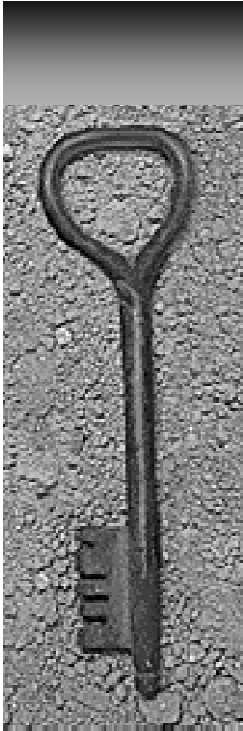
- ◆ US population is about 280,000,000
- ◆ Prevalence of chronic MEDICAL illness appr. 50,000,000
  - Heart disease 33,000,000
  - Stroke 21,000,000
  - Diabetes 16,000,000
  - Alzheimer's and other dementias 4,000,000
  - Many others with cancer, transplantation, end-stage renal disease, macular degeneration, HIV/AIDS, chronic pain
- ◆ 75% of above are chronic 32,500,000
- ◆ 25-30% have psychiatric disorders
- ◆ ABOUT 8-10,000,000 CASES

Estimates: US Census, Medical Outcomes Study



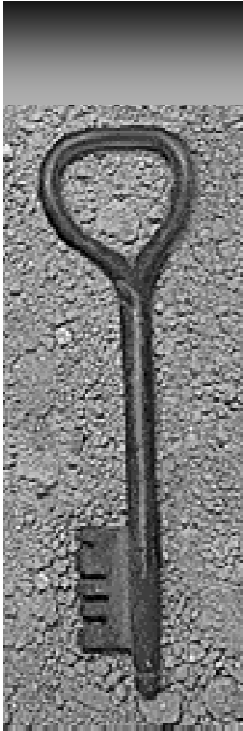
# Domains of impact

- ◆ Intrinsic to being a “psychiatric case”
  - Mental suffering
  - “Dangerousness”
    - Frailty (e.g., weight loss, deconditioning)
    - Aggression
    - Suicide
- ◆ Functional outcomes
- ◆ Medical outcomes of the associated disease



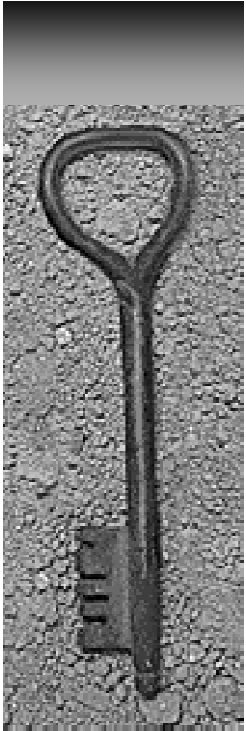
# Conclusions

- ◆ Psychosomatic Medicine
  - The new growth field in psychiatry**
- ◆ Major public health importance
- ◆ The impact of psychiatric disorder on medically ill patients and medical illness is reversible
- ◆ Emerging insights into the pathogenesis of psychiatric illness
- ◆ Major challenges ahead in improving the evidence-base, service delivery, and education in the field



# Come to APM Meeting in San Diego, November 19-23, 2003

- ◆ Celebrate 50 years of APM
- ◆ Inaugurate the new specialty
  - Great meeting
  - Big gala celebration
- ◆ Lovely weather in November



Thank you!

Ευχαριστω!