

Evidence-Based Cross-Sectional Study of the Difficult Patient in Psychiatric Practice: A South Texas Psychiatric Practice-Based Research Network (PBRN) Study



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ABSTRACT

Background

General practitioners (GPs) are usually the first contact person for patients suffering from psychological and physical problems and therefore play a central role in the detection, prevention, and management of mental disorders. Adequate detection and management of these disorders pose a challenge to the health care system. Not only do these disorders have a high prevalence, but patients suffering from them make up a disproportionately large portion of GPs's workloads and are often considered difficult and draining to treat. This study illustrates how fundamental research partnerships are coming together: the partnership of academic researchers with community psychiatrists and their patients to answer the following question: The Difficult Patient, Psychiatry vs. Primary Care Setting, Are they Different?

Objective: To determine the patient and physician practice characteristics associated with the difficult patient in psychiatric practice.

Methods

Using a validated scale in primary care, the Difficult Doctor-Patient Relationship Questionnaire (DDPRQ-10), and a network created 7-item Likert scale (PBRN), the South Texas Psychiatric Practice-Based Research Network collected data from a total of 935 physician-patient interactions involving 20 psychiatrists across different settings (Private, Public, and Federal Hospitals; Rural and Urban; Inpatient and Outpatient; and telephone interactions) and practice interests (General, Forensic, Psychosomatic, Geriatrics, and Child), through a card study. Median DDPRQ-10 scores were compared using the Kruskal-Wallis test. Statistical associations between difficulty group and patient or physician characteristic were assessed with the Chi-Square or Fishers Exact test, as appropriate. The simple Kappa coefficient was used to measure the amount of agreement between the two scales. Furthermore, using Cronbach's alpha coefficient for the DDPRQ-10 and PBRN scale for internal consistency.

Results

Of the 935 physician-patient interactions, 905 were available for DDPRQ-10 scale analysis. Among these 905 patients, 133 (15%) were classified as difficult patients (A score greater than 30 was considered "Difficult"). Of the 933 patients with PBRN difficulty scale responses, 184 (20%) were classified as difficult patients (A response of Markedly, Severe, or Amongst the Most were considered "Difficult"). Comparison of the two scales showed moderate agreement (Simple Kappa Coefficient= 0.49, 95% CI=0.42, 0.57). Nonetheless, psychometric scale analysis using Cronbach's alpha coefficient for the DDPRQ-10 in this study shows an alpha value of 0.88, demonstrating a very good internal consistency for the Difficult Patient study. Additionally, by incorporating the PBRN 7-item Likert scale single question after adjusting into a 6 point scale, How difficult is this patient?, into the DDPRQ-10, the PBRN scale compares well with the other items and the resulting alpha is 0.89.

Median DDPRQ-10 was increased for patients with diagnosis of Schizophrenia, Personality Disorder, Cognitive Disorder, and Bipolar Disorder (All p < .001), when compared to patients without these diagnosis. Also the percentage of DDPRQ-10 difficult patients diagnosed with Alcohol/Substance Abuse Disorders was 23%, when compared to 13.6% for patients without these diagnoses (p = 0.01). Additionally, appointments less than 19 minutes, bills paid by the government, and patients who had language issues also had increased median DDPRQ-10 scores (p < .001). The percentage of DDPRQ-10 difficult patients diagnosed with Major Depression was 10.6% when compared to 17.5% for patients without this diagnosis (p = 0.004), with a similar finding for Anxiety (9.2% vs. 16.3%, p = 0.01). Median DDPRQ-10 scores did not differ for patients with PTSD, ADHD, or any Axis III diagnosis compared to patients without these diagnoses, as well as for age, gender, and patient status (new/established).

Decreased median DDPRQ-10 scores were seen for patients with depression and anxiety disorders, patients in psychotherapy, and in psychotherapy with psychiatrist. Younger psychiatrists identified more difficult patients regardless of rating scale. The DDPRQ-10 and PBRN scales identified 24.5% and 36.8% difficult patients among psychiatrists between the ages of 31 and 40 years respectively, while among psychiatrists older than 60 years of age the DDPRQ-10 and PBRN identified 11.9% and 6.5% difficult patients respectively (DDPRQ-10 p=0.003; PBRN p<0.001). According to the DDPRQ-10, there were no gender differences. However, on the PBRN scale, female psychiatrists identified 37% of patients as difficult in contrast to male psychiatrists who identified 15% (p<0.001). For the PBRN scale, the percentage of difficult patients was highest for the newest psychiatrists (< 5 years, 42.9%), although this group contained only 1 doctor.

Percentages of difficult patients differed between groups with 6 or more years in practice, but with no clear pattern (6-15 yrs, 22%; 16-25 yrs, 32%; > 26yr, 12%) p<0.001. Psychiatrists practicing in groups tended to identify more difficult patients regardless of rating scale. (DDPRQ-10: solo, 10%; 2-5, 15%; >5, 20%; p=0.002 and PBRN: solo, 12%; 2-5, 28%; >5, 23%; p<0.001). Years in current setting was not associated with difficulty category according to the DDPRQ-10. For the PBRN scale, more difficult patients were seen by psychiatrists who were new in their practice setting (< 5yrs, 23%) or who had been there for a while (16-25 yrs, 27%). The percentage of difficult patients decreased with some experience (6-15 yrs, 13%) and with the most experience (>26 yrs, 16%) (p=0.001). According to the DDPRQ-10, a heavy work load (51-55 hours/wk) was associated with the least number of difficult patients, 5%. This was in contrast to all other loads (<40 hr/wk, 18%; 40-45 hrs/wk, 16%, 46-50 hrs/wk, 17%, and > 55hrs/wk, 14%) (p=0.04). For the PBRN scale the psychiatrists with the lightest work load (<40 hours/wk) had the greatest number of difficult patients (30.7%), the 40-45 hour/ wk group had the least (11.6%), and the remaining categories (>46 hours/wk) fell somewhere in between (p<0.001).

Table: Patient Demographics and Clinical Summary. 905 Patients with DDPRQ-10 Score and 933 Patients with PBRN Score. Columns include Age, Gender, Race, Setting, Psychiatric Diagnosis, Depression, Anxiety, Bipolar Disorder, Schizophrenia, Personality Disorder, Cluster A, B, C, and Physical Symptoms.

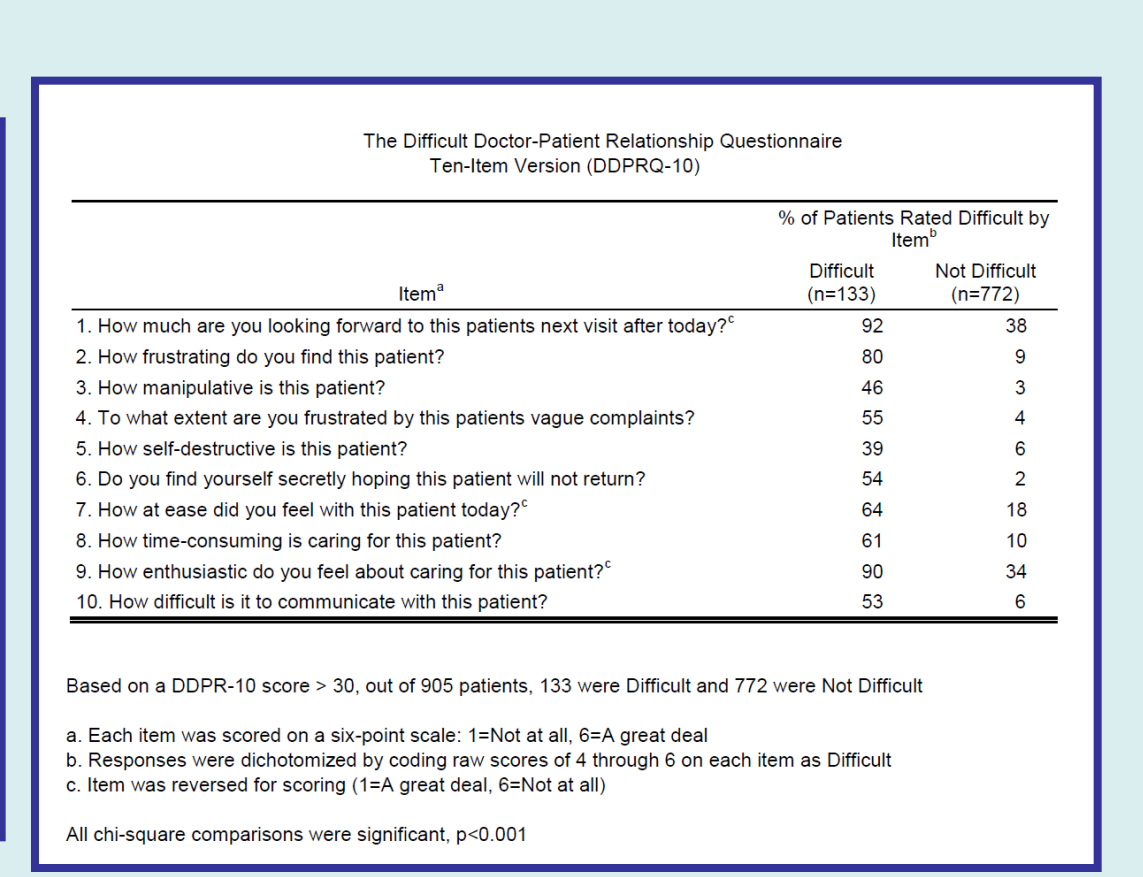
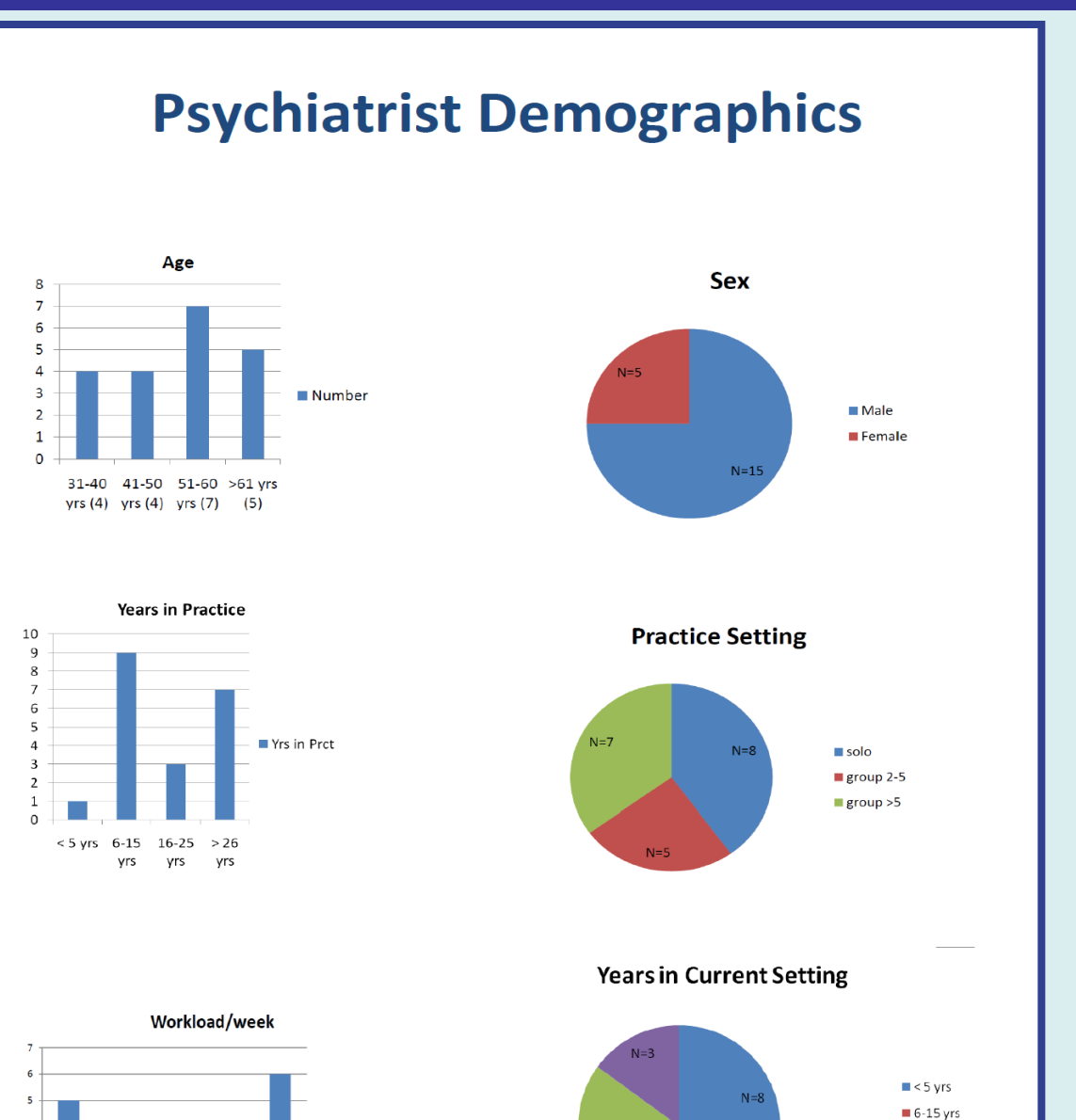
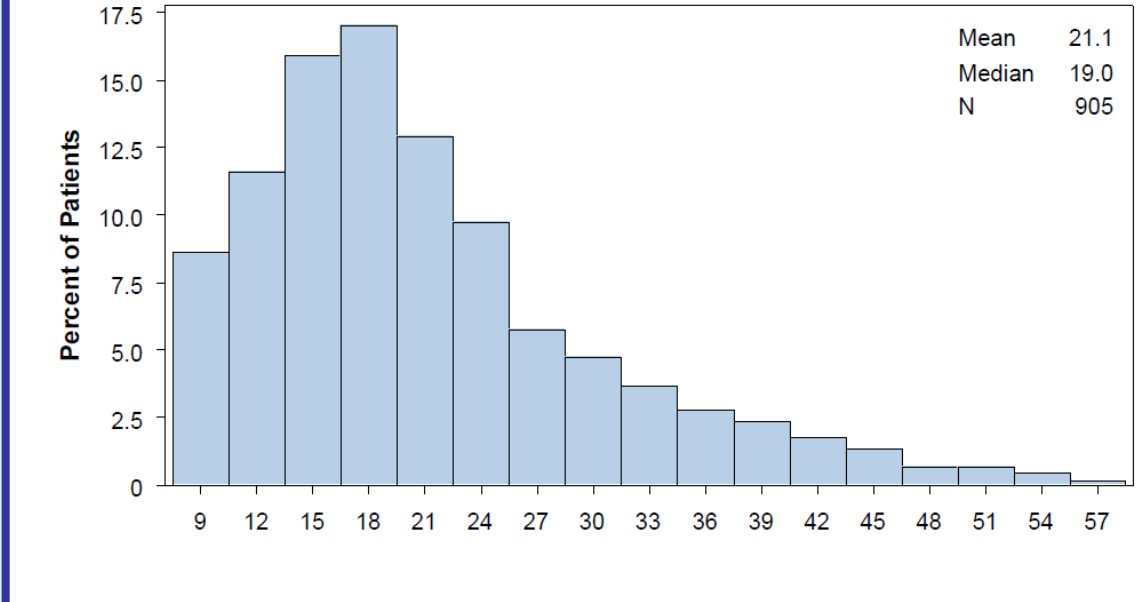
Table: Patient Demographics and Clinical Summary Continued. 905 Patients with DDPRQ-10 Score and 933 Patients with PBRN Score. Columns include Cognitive Disorder, Alcohol/Substance Abuse, PTSD, ADHD, Eating Disorder, Personality Disorder, Cluster A, B, C, and Physical Symptoms.

Table: Patient Demographics and Clinical Summary Continued. 905 Patients with DDPRQ-10 Score and 933 Patients with PBRN Score. Columns include Language barrier, Psychotherapy, Psychotropic medication, and Payment method.

Table: Difficult Patients by Physician Demographic Characteristics. Columns include Physician Age, Physician Gender, Years in Practice, Practice Setting, Years in Current Setting, and Workload/week.

For DDPRQ-10 Scores: Difficult category contains patients with DDPRQ-10 score >30. Not Difficult category contains patients with DDPRQ-10 score <=30.

For PBRN Score: Difficult category contains responses of either Markedly, Severe, or Amongst the Most. Not Difficult category contains responses of either Not at all, Borderline, Mild or Moderate.



Form: FRONT and BACK of the DDPRQ-10 questionnaire. Includes sections for Card #, Setting, Demographic, Check all Diagnoses, and Current Medications.

Table: DDPRQ-10 Responses Grouped into 4 Factors Defined by Hahn 1994. Factors include: 1. The demanding/irritating patient, 2. Physician dysphoria, 3. Compliance and communication, 4. The self-destructive patient.

DDPRQ-10: Score greater than 30 was considered Difficult. Factor 1 contains DDPRQ-10 items 2, 3, 4, 6, and 8. At least one 4, 5, or 6 response was considered Difficult.

Table: The Difficult Doctor-Patient Relationship Questionnaire-Ten Item Version (DDPRQ-10). Columns include Item, Difficult N (%), and Not-Difficult N (%).

Each item is scored on a seven-point scale: 0 = "Not at all...score equals the sum of the 10 items. All 23 comparisons were significant at < .001.

Factor I Demanding/Irritating, Factor II Physician Dysphoria, Factor III Complicated Communication, Factor IV Self Destructive.

CONCLUSIONS

"Difficult" patients are present in primary care and psychiatric practices with the same prevalence (15%). Having a psychiatric diagnosis of Schizophrenia, Bipolar Disorder, Personality Disorder, and Cognitive Disorder were more often identified by psychiatrists as being difficult.

Summarization, as unexplained physical complaints, is a significant source of difficulty for primary care patients, but not psychiatric patients. Patients with Alcohol and Substance Abuse Disorders are more often identified as difficult by psychiatrists.

Patients having a diagnosis of depression or anxiety were less likely to be classified as difficult, including patients in psychotherapy and in psychotherapy with psychiatrist. Physicians between the ages of 31 and 40 years, working in a group practice, and working less than 40 hours per week identified more difficult patients.

Surprisingly a heavy work load (51-55 hours per week), was associated with fewer difficult patients.

RESEARCH INSTRUMENT

REFERENCES

Hahn SR, Kroenke K, Spitzer RL, et al. The Difficult Patient: Prevalence, Psychopathology, and Functional Impairment. J Gen Int Med. 1996;11:1-8. Hahn SR, Thompson KS, Willis TA, et al. The Difficult Doctor-Patient Relationship: Somatization, Personality, and Psychopathology. J Clin Epidemiol 1994;47:647-657.