BACKGROUND

General practitioners (GPs) are usually the first contacts for patients suffering from psychological and physical problems and therefore play a crucial role in the health care system. Physicians are in the process of integrating primary care and mental health. Physicians need support in their clinical decision making. Inadequate training or integration of mental health services in medical schools poses a challenge to the health care system. Not only do these physicians have a high prevalence, but patients suffering from a depression show a disadvantageous psycho-social outcome and higher mortality in the general population. The current study aims to determine the impact of patient characteristics on physician characteristics (gender, age, years in current setting, and type of practice) in their patients.

METHODS

A South Texas Psychiatric Practice-Based Research Network (PBRN) was involved in a study including 935 physician appointments. Two sections of the PBRN depression scale (PBRN) and the South Texas Psychiatric Practice Questionnaire (SPQP) were scored using the Kruskal-Wallis Test. The simple Kappa coefficient was used to measure the amount of agreement between the two scales. Furthermore, using Cronbach’s alpha to determine the reliability of the DDPRQ for the PBRN and SPQ scale for internal consistency.

RESULTS

Of the 935 physician-patient interactions, 695 were available for DDPRQ-Score analysis. Among these 695 patients, 132 (19%) were classified as difficult patients (a score greater than 65 was considered "difficult"). Of the 695 patients with DDPRQ, difficulty scores were compared with the difficulty scores of the SPQ scale. Using a Kruskal-Wallis test, there was a significant difference (p ≤ .001) between the two scales. In this study, psychiatrists with the most experience (> 25 years) identified 24.4% and 36.8% difficult patients among psychiatrists between the ages of 31 and 40 years respectively, while among the newest psychiatrists (< 5 years), only 4.2% and 6.5% were identified as being difficult patients respectively (DDPRQ scale and PBRN scale). This was in contrast to all other loads (< 40 hr/wk, 18%; 40 hr/week, 23%; > 50 hr/week, 14%) (p = 0.04).

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. Surprisingly, a heavy work load (51% of the physicians with a heavy work load) was associated with fewer difficult 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 patients in primary care and psychiatry with psychiatric disorder.

REFERENCES


Funding for this study was provided by Clinical Translational Science Award UL1TR000159 from NCI/NIH to the University of Texas Health Science Center at San Antonio. The authors would like to thank the members of the South Texas Psychiatric-PBRN for their support and contributions to this study.