



The Difficult Patient

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Outline

Difficult Encounters

- Medically Unexplained Symptoms
- Pain Management
- Personality disorders



Medically Unexplained Symptoms

- Do not improve, time-consuming, taking time away from patients with conditions more amenable to treatment.
- Maintaining an emotionally supportive, attentive interaction in which the physician clearly expresses concern for the troubling nature of the patient's symptoms should become a goal of treatment.

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- (*DSM-IV*) recommends physicians suspect malingering when patients present with two or more of the following: medico-legal issues, disagreement between objective findings and subjective report of disability, non-adherence to evaluation or treatment, and/or antisocial personality disorder.

Strategies for Treatment

- Emphasize functional improvement and encourage physical activity
- Establish care goals with the patient
- Limit diagnostic testing and referrals when illness seems implausible
- Reassure the patient about the nature of the diagnosis and symptoms

Management

- Reassurances measures: Affirmation, validation
- *"I want to make sure you understand that I believe your symptoms are very real and very troubling to you. The good news is that there is no medically concerning illness that is causing them, so we can focus on trying to improve your symptoms, making sure you can perform your daily activities, and watching over time that nothing more concerning occurs."*

Interventions

- Cognitive behavioral therapy
- Symptom management
- Optimization of antidepressant
- Family physician counseling

Brief Outpatient Counseling Methods

- **Ask the patient to describe a typical day.**
- **Ask the patient to describe how life would be different without symptoms.**
- **Assess what needs are met through illness behavior.**
- **Provide an acceptable symptom label.**

Office Management of Patients

- **Schedule Regular Visits**

- **Limit Visit Duration**

Visit length should be time-contingent, not symptom-contingent.

- **Limit the Number of Symptoms Discussed**

- **Limit the Number of Telephone Calls**

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Pain Management

- Assessing the patient's current level of function and setting goals of treatment at the first visit are critical to developing a management plan that is acceptable to the physician and patient.



Controlled Drugs to Treat Pain

- **Evaluation:**

- Effects of pain on function
 - History of substance abuse

- **Treatment plan**

- Objectives that will be used to determine treatment success
 - Plans for further diagnostic evaluations or treatments
 - Informed consent

- **Periodic review:**

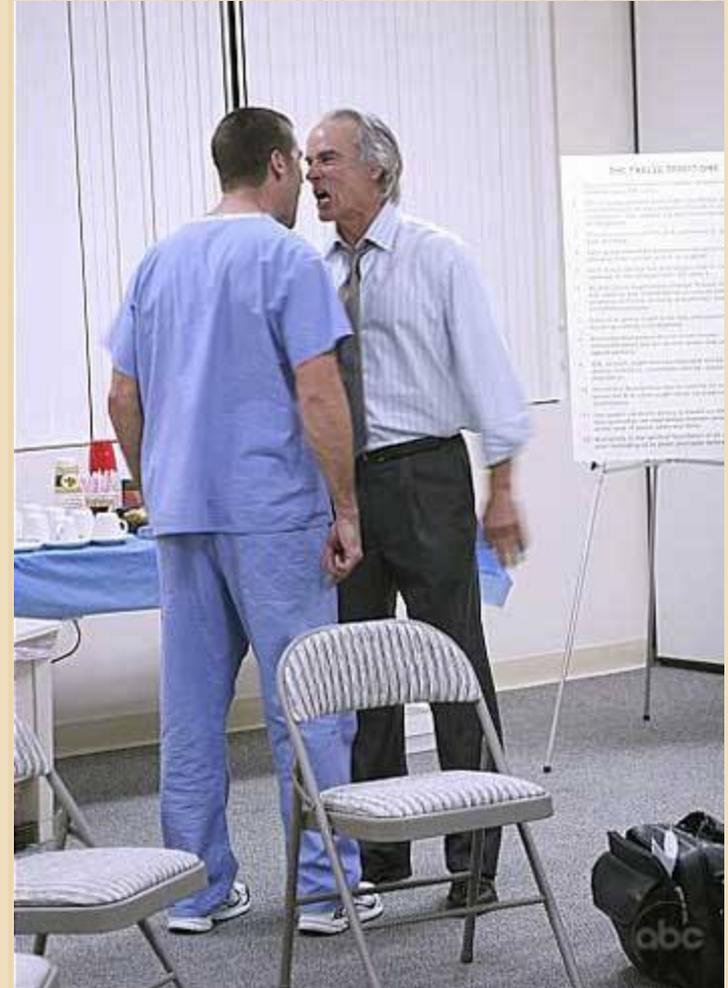
- New information about the etiology of pain
 - State of the patient's overall health
 - Effectiveness of the therapy in treating pain
 - Objective evidence of improved or diminished function
 - Appropriateness of continued use of controlled substance
 - Document

Inappropriate Requests for Controlled Drug

- Prescribe controlled drugs in 1-month supplies
- Refuse to prescribe controlled drugs on the first visit
- Refuse to prescribe early refills for any reason
- Refuse to refill prescriptions for controlled drugs over the telephone, at night, on Friday afternoons, or on weekends
- **Cross-covering physicians should**

Hostile Patients

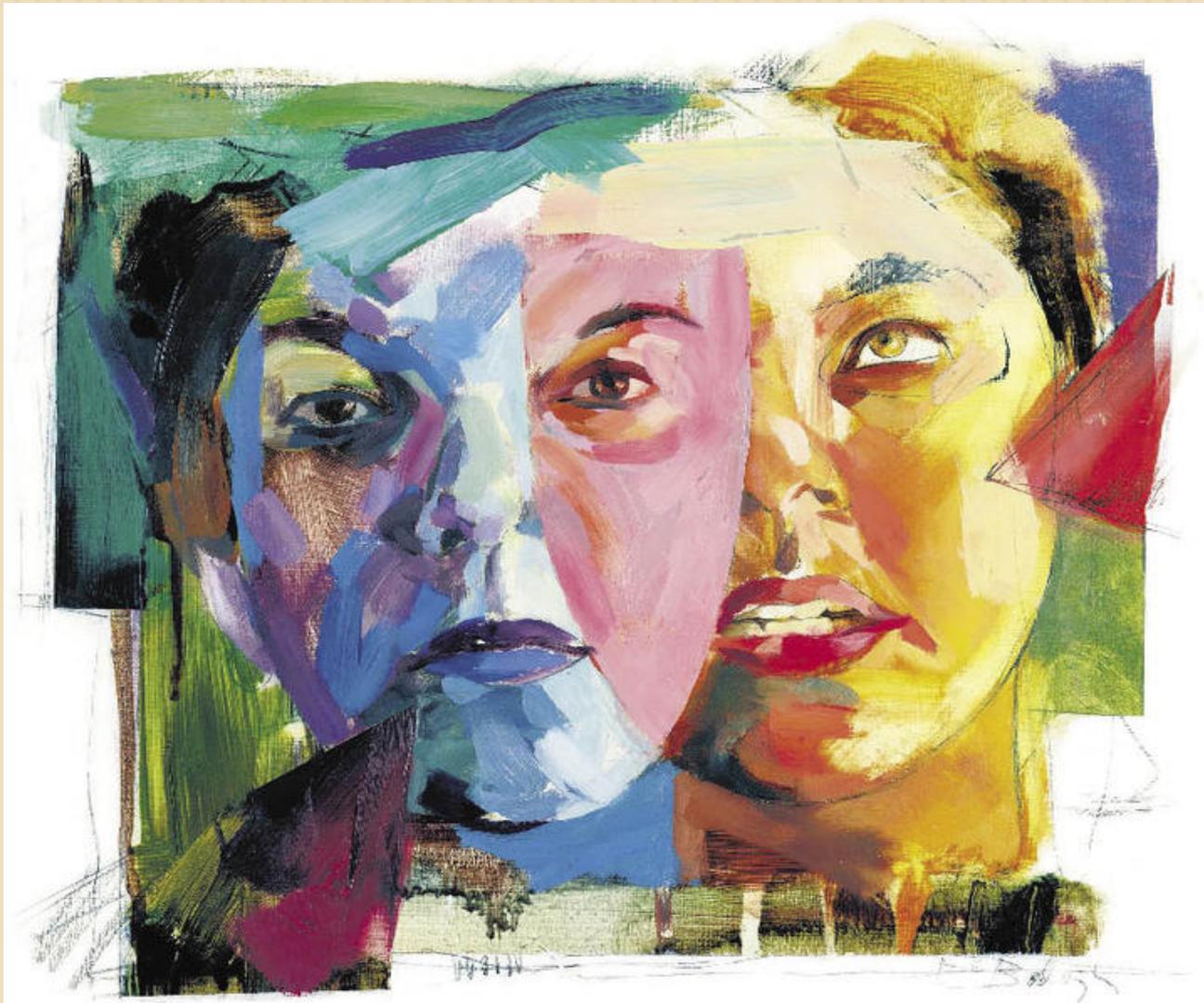
- Adopt a calm and reassuring demeanor and communication style
- Ensure personal safety
- Practice strategy
- Prevent escalating patient anger
- Recognize signs of escalating tension



Terminating the Physician-Patient Relationship

- Ensure that all reasonable attempts have been made to resolve the issue of concern
- Give the patient written notice of the dismissal by certified mail
- Provide the patient with an explanation of the reason for dismissal, and document the discussion
- Agree to provide treatment for a reasonable time period after dismissal, so the patient has time to locate another physician
- Assist the patient in locating a new physician

Personality Disorders



BATHE Technique

- Background
- Affect
- Trouble
- Handling
- Empathy

5 A's

Five As:

- Assess
- Advise
- Agree
- Assist
- Arrange

Physician Care

- Consultation with a colleague
- Balint groups
- Regular time-limited visits



Cluster A

- **Paranoid:** Maintain professional boundaries
Maintain patient's independence
Provide clear explanations
Empathize with fears, avoid argue/criticizing
- **Schizoid:** Respect patient's need for privacy
Business-like approach to care
Focus on technical aspects of care, not emotional aspects
- **Schizotypal:**
Do not be distracted by odd behavior
Educate the patient about the condition and its treatment

Cluster B

- **Antisocial:** Respectfully investigate patient's fears
Communicate directly, Set clear limits for interventions and medical discussions
- **Borderline:** Maintain boundaries
Display empathy, interest, and concern
Balance acknowledging fear of abandonment with limit setting
Be aware of patient's potential for self-destructive behavior
Have chaperone present in the room during physical examination
Maintain communication with mental health and other healthcare providers
- **Histrionic:** Avoid excessive familiarity
- **Narcissistic:** Validate patient concerns
Guard against patient attempts to devalue physician
Allow patient to channel the energies into dealing with the disorder

Cluster C

- **Avoidant:**

- Provide reassurance, empathy, Validate concerns
 - Encourage patient to report symptoms

- **Dependent:**

- Be available but provide boundaries
 - Encourage independent thought and action
 - Help patient obtain outside support systems
 - Gently explore unreasonable expectations and irrational fears

- **Obsessive-Compulsive:**

- Provide clear, logical, detailed, and thorough explanations
 - Avoid vague explanations
 - Treat patient as an equal
 - Allow self-monitoring
 - Avoid battling for control
 - Correct reality distortions

Thank you!

Any Questions?