

# Integrate treatment for complex patients

By the end of this presentation at Recovery Plus, delegates will be able to:

- 1) cite statistics to assess prevalence of mental-health disorders and accompanying substance-use problems
- 2) list and discuss the 5 pillars on which integrative medicine rests
- 3) apply an integrative approach to your own practice
- 4) more effectively establish a reparative relationship to meet complex patients' needs.

Until recently, mental illness triggered little public discussion. It was often kept quiet and regarded as “a private family matter”. Despite a growing body of scientific evidence, many failed to recognise the disease states of depression or addiction as illnesses. Now people are talking. Why?

According to the National Institute of Mental Health, depression is the leading cause of disability in the US. About 20% percent of americans suffer with diagnosable mental illness each year and 17.5% of adults with psychiatric illness have co-occurring chemical dependency. In the UK, anxiety and depression are the most common mental disorder, and about 25% of the population will experience a mental-health problem each year. Co-existing mental health and substance use problems – ‘dual diagnosis’ – is estimated to affect 30-70% of patients in health and social care settings

The statistics are clear; clinicians should not ignore suffering and its detrimental impact. The conversation is on. It is imperative to discuss mental illness and deliver mental health in order to circumvent the occurrence of tragedy affecting us privately in small numbers while causing detriment to the safety of our communities and of our world as a whole.

Society has made some advances in understanding depression as a “brain disease” but misconceptions of addiction as a weakness, moral failing, or personal shortcoming persist. As the scientific study of addiction advances, so too, one hopes, will public understanding and support for patients.

A significant number of patients are “dually diagnosed”, meaning they suffer from both addiction and psychiatric illness such as depression or anxiety. Similar to a patient with cardiovascular disease and comorbid diabetes, patients with co-occurring disorders pose complex challenges, all of which must be addressed if the individual is to achieve optimal mental health. An integrative model of treatment affords the comprehensive care necessary for success.

## What is integrative medicine?

The answer varies according to the responder. In my professional opinion, integrative medicine, much like psychiatric illness, has garnered little public interest – but thankfully that is changing also. The American Board of Integrative Holistic Medicine describes five basic pillars on which integrative medicine rests, as below.

1. **The relationship between the practitioner and patient is paramount.** The practitioner and patient work as partners, in tandem to foster the patient's health. As a team, the patient and provider continue to address acute illness, but make prevention of disease the relationship's primary goal. Bilateral education is a key component: the patient gives information about lifestyle, health and goals, while the healthcare practitioner informs the patient about the disease and treatment options.
2. **Integrative medicine addresses the whole person.** This view moves us away from the “Cartesian split” of mind-body duality and the reductive view of patients being a bundle of pathologies.
3. **Treatment is informed by evidence.** In every discipline, physicians seek a balance between

*Integrative treatment includes all viable modalities. While we cannot cure dual diagnosis, IM can help to heal, maintaining hope and positive growth. Dr Michael Genovese explains.*



## About the author

Before joining Sierra Tucson as medical director, Dr Michael V Genovese MD, JD co-founded Long Island Mind and Body, an integrative practice in New York which focuses on mood and anxiety disorders, insomnia, addiction, and medico-legal issues. He serves as a Diplomat of the American Board of Psychiatry and Neurology and The American Board of Integrative Holistic Medicine. He was a Fellow in the department of Child and Adolescent Psychiatry at North Shore University Hospital, New York. Prior to attending medical school, Dr. Genovese earned a law degree and is a member of the New York Bar Association. A popular lecturer on topics such as psychopharmacology, pharmacogenomics, and neuromodulation, Dr Genovese taught resident physicians and medical students at Winthrop University Hospital.

the art and science of medicine. Modalities supported by hard data are preferred to those accepted anecdotally. We rely on the diligent physician's ability to supplement evidence-based treatment with those backed by the experiences of patients and practitioners but comprehensive, quality care also demands the rigour of peer-reviewed science whenever available.

4. **The treatment team is open to all relevant disciplines and approaches: no single practitioner can be an expert in every field.** It is incumbent on the care provider to cast a broad net and accept help from all disciplines capable of healing the patient. For example, a complex, dually diagnosed patient could benefit from the expertise of a primary care physician, addictionologist, psychiatrist, psychotherapist, acupuncturist, dietitian, naturopathic physician, physical therapist and other practitioners, depending on the patient's condition. Moreover, communication between the providers is necessary to provide a continuum of care.
5. **All aspects of the patient's experience – physical, emotional, and spiritual – are considered.** Failure to consider every dimension of the patient's experience, including any cultural influences, limits our understanding of the ways in which a patient will respond to a given intervention. Treatment issues surrounding pregnancy, end-of-life decisions, sexual health and parenting highlight the import of this view.

## Why should I consider an integrative approach?

The complexity of co-occurring illness requires a comprehensive, multifaceted treatment model to facilitate optimal healing. Integrative medicine does not exclude treatment paradigms;

rather, as the name implies, it includes all viable modalities. The complex, chronic diseases of addiction and mood disorders present a challenge to healthcare providers in search of a cure. Cure implies a single event – success or failure, usually in terms of one criterion or treatment modality – and our medical culture is all too often invested in success at all costs. Healing, on the other hand, takes the onus off outcomes and places it on relationships: first, the patient's with himself or herself, then the patient's with his or her practitioner.



Healing then can be conceived of as a continued effort to improve wellbeing in the midst of changing conditions and circumstances. The integrative model reminds us that, when we are unable to cure, we are still able to heal. And if we are able to heal, we can maintain hope and positive growth.

