



Current status of psychosomatic training in primary care residencies in the United States

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Abstract. Psychosomatic medicine is an important interface between psychiatry and primary care. However, what aspects of psychosomatic medicine is taught to medical students and primary care physicians depend on the nature of the program and also in what country it is being taught. In a survey of 1365 primary care training residency program directors in the United States, we found that a majority of internal medicine (IM), family practice (FP), obstetrics and gynecology (OB), and pediatrics programs (Peds) teach the psychosomatic areas of Somatoform Disorders, Psychological Factors Affecting Physical Condition, Physical Illness Affecting Emotions/Behavior, Eating Disorders, Grief/Bereavement, and the Dying Patient. However, a majority of IM, OB, and Peds programs considered their training in all the areas to be inadequate ($p < 0.001$). A majority of FP considered training to be adequate in all areas except for Eating Disorders, which only 50% considered adequate. For all areas, Peds programs considered their training to be least adequate and desired more compared with others. Most programs desired more training in Eating Disorders and the somato–psycho–somatic relationships such as Psychological Factors Affecting Physical Condition and Physical Factors Affecting Emotions/Behavior. Teaching more psychosomatic medicine was associated with training directors' satisfaction. Conclusion: While most primary care residencies cover areas of psychosomatic medicine, a majority of non-FP programs consider their training to be inadequate. There is a need to enhance psychosomatic medicine training for primary care physicians, particularly the somato–psycho–somatic relationships. © 2006 Published by Elsevier B.V.

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1. Introduction

It is well recognized that about 30% of adults in the United States have some psychiatric or addictive disorder [1,2]. A survey in 2001 showed that about 38% of patients in a general medical clinic had at least one psychiatric diagnosis, and some 20% had at least 2 psychiatric diagnoses. Only half of the primary care patients with psychiatric problems will receive psychiatric treatment by primary care physicians, and often, it is shown, inadequately. Primary care patients with psychiatric problems are also shown to be more disabled and use more medical resources. American Council for Graduate Medical Education (ACGME) has recognized the importance of psychiatry in primary care training, and developed behavioral health curricula for the primary care specialties of internal medicine, family practice, pediatrics, and obstetrics and gynecology. Such behavioral health curricula would naturally contain large elements of psychosomatic education, i.e., education concerning somato–psycho–somatic relationships in illness and health. We decided to do a national survey of the current status of psychiatry training in primary care residencies in an attempt to develop a more effective training program. Our survey population was 1365 directors of residency training in family practice (FP), internal medicine (IM), obstetrics and gynecology (OB) and pediatrics (Peds) programs in 2000, the list obtained from ACGME.

2. Method

We developed a questionnaire with 16 branching items surveying the amount of psychiatric training, satisfaction with training, training faculty and venues, psychiatry department's contribution to training, current training, perceived adequacy and desire for more training in specific psychiatric skills and syndromes. We also surveyed training directors' attitudes concerning the role of primary care physician in treating psychiatric conditions.

3. Results

The overall response rate was 58%, the most with FP was 65%, and the least with OB was 34%. Either ninety-three program directors could not be located or the program had closed down.

Our results show that a majority of the training directors were dissatisfied with their psychiatry training (54%). Concerning the amount of psychiatric training, most programs rated it to be minimal to suboptimal except for family practice, in which a majority rated it to be optimal to extensive.

Concerning psychosomatic education, we found that a majority of IM, FP, OB and Peds teach the psychosomatic areas of Somatoform Disorders, Psychological Factors Affecting Physical Condition, Physical Illness Affecting Emotions/Behavior, Eating Disorders, Grief/Bereavement and the Dying Patient (Fig. 1). However, a majority of IM, OB, and Peds programs considered their training in all the areas to be inadequate ($p < 0.001$). A majority of FP considered training to be adequate in all areas except for Eating Disorders, which only 50% considered adequate (Fig. 2). For all areas, Peds programs considered

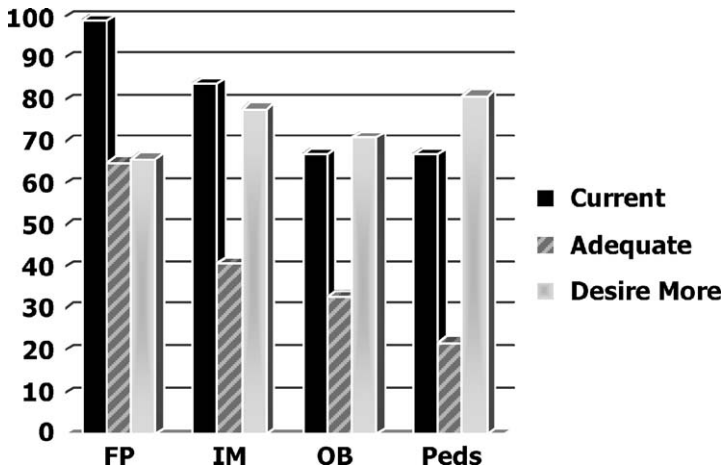


Fig. 1. Training in Somatoform/Pain Disorders. Same pattern for Psychological Factors Affecting Physical Condition, Physical Factors Affecting Psychological Condition, Grief/Bereavement.

their training to be least adequate and desired more compared with others. Interestingly, Peds programs taught more psychosomatic medicine than “pure psychiatry”, and FP programs taught more “pure psychiatry” than psychosomatic medicine, while other programs tended to teach about the same amount of each. Most programs desired more training in Eating Disorders and the somato–psycho–somatic relationships such as Psychological Factors Affecting Physical Condition and Physical Factors Affecting Emotions/Behavior. Teaching more psychosomatic medicine was associated with training directors’ satisfaction.

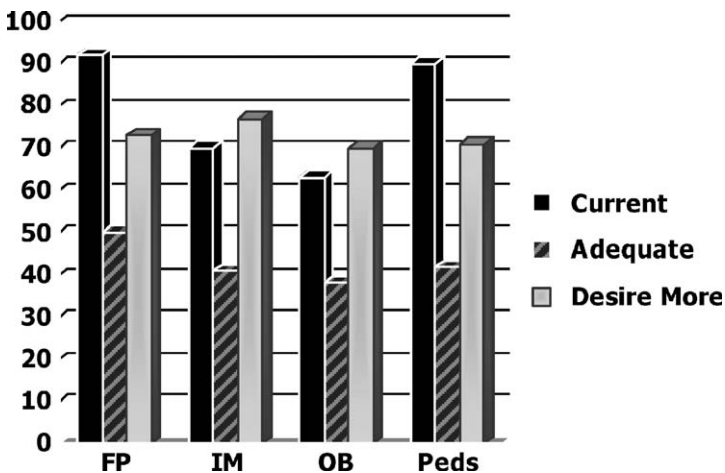


Fig. 2. Eating Disorders. NS–FP no different from others! Need more!

4. Conclusion

While most primary care residencies cover areas of psychosomatic medicine, a majority of non-FP programs consider their training to be inadequate. There is a need to enhance psychosomatic medicine training for primary care physicians, particularly the somato–psycho–somatic relationships.

References

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