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Dealing With the Emotionally Needy Patient in a Healthy Way

For a variety of reasons, there are some patients who tend to “latch on” to their doctor in a way that interferes with effective care. The challenge for physicians is to identify these emotionally needy patients and communicate with them in a responsive, professional manner.

A patient who looks to a doctor to provide constant reassurance can be extremely time-consuming. “There are a number of dangers associated with this type of patient,” says Mina Garrett-Scott, M.D.

“Practitioners who are unable to set specific boundaries and limits on the doctor-patient relationship will not be effective for even the non-needy patient. They may end up with patients who track them down for non-emergency situations, or they may become so angry at the patient that they don’t want to deal with them.”

Garrett-Scott is a Primary Care Research Fellow in the Department of Family and Community Medicine at the University of Maryland. The former chief resident now

instructs residents in addition to her patient care role.

There are specific strategies doctors can use to successfully deal with patients who make incessant or unreasonable demands.

“A few years ago, I had a patient who came in with a long list of somatic complaints,” says Garrett-Scott. “This patient was not handling stress well, and she was excessively worried to the point that she would call me daily, concerned about lab results. She spent a lot of energy wanting me to engage with her on the phone.”

“In my experience, one of the common characteristics of emotionally needy patients is a ‘laundry list’ of complaints, Garrett-Scott notes. “That can be an important clue that there may be a psychological or emotional problem being masked. Practitioners should be suspicious when a patient has 10-15 presenting complaints. I tell residents they need to ask what else may be going on in this patient’s life.”

“Stress can be one of the

As you learn to deal with challenging patient interactions, you may be going through personal challenges of your own. Sometimes it takes some extra help to resolve a troubling situation, make a difficult decision or cope with high levels of stress.

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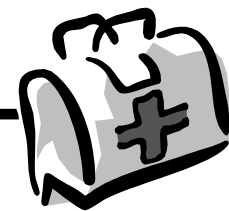
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causes of this type of behavior,” Garrett-Scott continues. “When I took a moment to ask my patient ‘what is actually going on here?’ I learned her mother was dying and she herself was going through a breakup with her significant other. It can be difficult for a doctor to do, but listening—after an appropriate workup—is absolutely vital to dealing with this type of patient.”

Continued on next page



The doctor of the future will give no medicine, but will interest her or his patients in the care of the human frame, in a proper diet, and in the cause and prevention of disease.

*-Thomas A. Edison
(1847 - 1931)*



Money Matters

What Do You Know About Identity Theft?

Identity theft continues to be a major source of fraud in this country. In 2005, 8.9 million Americans were victims of identity theft, with a total cost of \$56.6 billion, reports the Better Business Bureau. Take this short quiz to see how much you know.

- Which of the following is one of the three nationwide consumer reporting companies?
 - Equifax
 - Experian
 - TransUnion
 - All of the above
- What would make the best password for your online bank or credit card account?
 - 12345
 - Your mother's maiden name
 - A random password using both numbers and letters
 - The last four digits of your Social Security number
- As long as you physically have your credit cards, they're in no danger of being used fraudulently.
 - True
 - False

Answers

1. D) All of the above. To obtain a free copy of your credit report, go to www.annualcreditreport.com. 2. C) Identity thieves can discover your Social Security number and mother's maiden name and get easy access to your accounts. 3. B) False. In many cases, a thief may need only your credit card number and expiration date to make purchases.

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Emotionally Needy Patient, *continued*

Asking questions, then using therapeutic listening, is a good way to learn the rest of the story, says Garrett-Scott. "In addition to taking a detailed history, doctors can ask about specific stressors in a patient's work and family life. They may discover issues that impact the patient's ability to care for themselves."

Depression can also be a factor in a patient's emotionally needy behavior. "Depression is a component we sometimes overlook," says Garrett-Scott. "There may be so many other pervasive issues we don't spend a lot of time considering it."

Admitting to the patient that you are a bit overwhelmed with their long list of complaints can be effective, says Garrett-Scott. "Remember that you don't have to fix everything in one visit. You can ask patients to make another appointment to address their multiple concerns. This allows you to keep to a schedule, and it allows you to build a relationship over time, which can help the patient feel less anxious and stressed. You can agree to systematically go through their list on subsequent visits. Check off items as they are addressed so they can see some progress."

For patients whose emotional conditions are linked to a major illness, such a diabetes or cancer, or major stressors like caring for elderly parents, there are many community organizations that can help. Patients may find a great deal of emotional support through these groups.

"As a last resort, if a patient refuses to respect the boundaries you set, even after repeated (and well-documented) requests, and you are concerned about your ability to care for them in an appropriate manner, you do have grounds to encourage them to find another practitioner," says Garrett-Scott.

Depression Indicators

Most doctors already know the standard mnemonic 'SIGECAPS,' a checklist for assessing depression in patients," says Dr. Mina Garrett-Scott. "It can be useful for patients who seem to have a lot of emotional issues going on."

Sleep disturbance	Concentration difficulties
Interest (decreased)	Appetite (poor)
Guilt	Psychomotor problems
Energy (decreased)	Suicidality

Resources

- "Dealing with Anxiety: A Practical Approach to Nervous Patients," Kendall L. Stewart, M.D. www.somc.org/NRSOMCPress/Dealingwithanxiety.pdf
- "Assessment and Management of Personality Disorders," Randy K. Ward, M.D., Medical College of Wisconsin, Milwaukee, WI www.aafp.org/afp/20041015/1505.html
- "The Anxiety Disease," 1986, David V. Sheehan, M.D., MBA, 1986. Bantam Books, New York, NY 10036 ISBN 0-553-27245-4