Editor’s Message

Dear colleague,

The December Newsletter has a focus on seasonal problems. Each bimonthly newsletter includes (a) a summary of one or more articles from the psychological literature of interest to GPs, (b) a serialised article on motivational techniques to help patients change their own health behaviours (c) an inspirational quote of the week and (d) an interview with a clinical psychologist.

Have a read and contact us for more information: chris@bastenpsychology.com.au.

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Message from Chris Basten

This is a the time of year when we see an increase in summer-time injuries and accidents and patients can be warned of classic injuries, such as around water, BBQs and climbing ladders. In Primary Health Care, GPs are likely to find patients vulnerable to depression and family problems having an increase in feelings of isolation and depression and maybe suicidal thoughts. It could be a good time to encourage patients to seek mental health support.

I would like to wish everyone a peaceful and reflective time.

I personally appreciate the support that you lend this practice through referrals and recommendations. As your team of local clinical psychologists, we look forward to supporting your patients and the way you provide treatment.

Literature Digest: Silly Season Problems and Seasonal variations in Mood

1. Seasonal Mood Disturbance.

In Australia, there is very little concern about Seasonal Affective Disorder (SAD) – the type of severe depression that affects those living in the far north of the Northern Hemisphere. The estimated incidence if SAD in Australia is 0.3%1. There is a greater risk of bipolar disorder having exacerbations with seasons, whereby depressive episodes are more likely in mid-winter and manic or hypomanic episodes more likely at around the spring and autumn equinoxes2. Latitude is just one predictor of SAD, while other factors are also influential: climate, genetic vulnerability and social-cultural context.

2. Medical Problems that Spike at Christmas

Accidents and injuries are known to increase leading to presentations to hospitals. In their study of NSW Emergency Departments, Zheng et al.3 found a 9% increase in ED presentations in the holiday period and less than 40% of these were for GP-type presentations (when the local practice was closed). In children, the rate of fracture, burns, head injuries and drownings all increase substantially at any school holiday4. There is also a documented spike in myocardial infarction in the USA around Christmas and Thanksgiving5. There is also a trend of increased psychiatric services in the weeks after Christmas, which perhaps reflects that this season is indeed very challenging but presentations are deferred.

References:
Series on Motivating Patients

Motivating patients to change behaviour.
Part 5: Increasing Confidence

As health professionals, we try to help people improve their health and yet it can be hard to motivate patients to do potentially helpful treatments or lifestyle changes. This is a serialised account of numerous strategies to increase motivation for change in our patients. In every section, two assumed ‘cases’ are used for illustration.

“Rob” is 48 and has Type 2 diabetes. He is overweight. He does not always test his BSLs reliably; he has not yet lost any weight, as recommended; and he can’t recall what he has for lunch or dinner when asked. His BSL range is 3 to 17. He has stated that he is too busy with his own book-keeping business to attend courses or hospital clinics on diabetes education.

“Karen” is 60 and has chronic obstructive pulmonary disease. Her adult son is often in trouble, needing her help with money, accommodation and baby-sitting for his children when he has custody but he can’t meet their needs due to his chaotic lifestyle. She gets frequent chest infections (for which she requests antibiotics) and keeps relapsing into cigarette smoking, saying that is the only way she feels she can deal with all her stress.

INCREASING CONFIDENCE

Personal estimates of confidence are crucial. Even when a person decides that they will be much better-off with a new health behaviour, if they doubt that they can succeed or cope with the change, then they will probably not start. So – how can we increase their confidence (or “self-efficacy”) that they can do a specific behaviour?

1. Reflect on past successes. Ask your patient to think of a time when they managed to make a change that they had previously found hard. In particular, if Rob could engage with a memory of a time when he did eat regular meals and check his BSLs, then he might start to believe that he can do it again. You could ask Karen to reflect on any past success, even if it’s not about her health.

2. Get them to experiment with small goals that they are very likely to succeed at. For Karen, she could try a one-off experiment of being more assertive with her son who keeps leaving his kids with her. Ask Rob if he could eat better and walk for 10 minutes JUST ONE DAY (no ‘commitment’ to longer).

3. Learn from others. Karen might find it encouraging to hear that other patients of yours managed to quit after 40 years of smoking. Information about how the cravings pass and can be managed might also increase her confidence.

4. Ask the patient to arrive at the answer: “you said you are only 50% confident that you could cope with the cravings. What help would you need to get that above 75%?” If they can’t come up with answers, you could offer suggestions.

Next article in February will be on managing low motivation when you think it may be due to major depression. For an electronic version email chris@bastenpsychology.com.au