Is Resilience Possible in Healthcare Today?

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Objectives
- Critically Evaluate: Does the Resilience Model Work?
- Recognize Unique Challenges & Risks for Physicians.
- Enact Strategies to Optimize Resilience, Recovery & Remission.

Resilience
- “The capacity to tolerate the effects of trauma exposure or successfully manage following a challenge or setback”
- An effective response to situational demands
- Ability to recover from negative/stressful experiences
- Ability to find positive meaning in seemingly adverse situations

(Green et al, J Clin Psych 2010)

Resilience: Trait vs. Process
- Inherent personal trait:
  - Could be “a characteristic of personality that reduces the negative outcomes of stress and fosters adaptation”
  - Could include “appraisal processes and ability to develop/use social resources”
- Dynamic process:
  - Could be acquired throughout the lifespan
  - Could be strengthened via psychotherapy, medications, or other interventions

(Green et al, J Clin Psych 2010)

Resilience: Bouncing Back?
“When things go wrong, do you persevere? Or, are you more likely to buckle?...The truth is that everyone comes out of the womb with some resilience. It’s just that certain people actively apply it, day after day. These people don’t look at themselves as victims, they’re problem-solvers. They don’t moan about what happened to them, they look ahead and work out the issue at hand.” (PsychologyToday.com 10/22/04)

Is the Resilience Model Appropriate for Physicians?
What is the lifetime prevalence of MDD in men?

A. 2-5%
B. 5-10%
C. 10-20%
D. 20-40%
E. 40-60%

Major Depression in Male Physicians

- Lifetime prevalence 10-20% (vs. 8-10% in non-MDs)
- Suicide risk approximately equal to non-physician men (36/100,000)

Kaplan & Sadock, 6th edition, 1995
JAMA Consensus Statement 2003: “Confronting Depression and Suicide in Physicians”
Levine & Bryant, 2000

What is the lifetime prevalence of MDD in male physicians?

A. 2-5%
B. 5-10%
C. 10-20%
D. 20-40%
E. 40-60%

What is the lifetime prevalence of MDD in women?

A. 2-5%
B. 5-10%
C. 10-15%
D. 15-20%
E. 20-40%

Major Depression in Female Physicians

- Lifetime Prevalence 20-50% (vs. 15-20% in non-MDs)
- Suicide Risk (41/100,000) is 3x greater than in non-MD women (12/100,000) and approximately equal to that of male MDs

Kaplan & Sadock, 6th edition, 1995
JAMA Consensus Statement 2003: “Confronting Depression and Suicide in Physicians”
North & Ryall 1997
Pask & Dingle, 1999
JAMA Consensus Statement 2003

- 12.8% self-reported clinical depression in prospective study of (male) JHUSOM grads 1948-1964
- 20% in Krakowski study in NY compared to male lawyers
- 19.5% self-identified depression from Women Physicians’ Health Study (ages 30-70, n=1500)
- 5% in Welner study of 11 female MDs in St. Louis in late 1970s (73% of female psychiatrists, 46% other female physicians) compared to 32% of the 103 female PhDs

Factors in Physician Depression

- Family History
- Work Hours/Demands
- Sleep deprivation is normal
- Culture in training and practice equating illness, asking for help, or taking time off with weakness
- Frequent “self-medication” with alcohol, other drugs
- Financial strain
- Relationship loss
- Job loss/malpractice threat/retirement

(Most?) Physicians at Risk

- Level 1: Burnout
- Level 2: Distress
- Level 3: Illness
  - Major Depression (in unipolar MDD, or Bipolar I or II)
  - PTSD
  - Relapse of well-controlled OCD or ADD
  - Worsening of comorbid medical conditions

Level 1: Daily Burnout

- Mentally fatigued at the end of the day
- Feeling unappreciated, frustrated, bored, tense, or angry as a result of contact(s) with patients, colleagues, superiors, assistants, or others
- Physical symptoms
- Pace of day and/or requirements of present tasks seem greater than personal/professional resources available
- Required job tasks feel repetitious, beyond your ability, or require unsustainable continuous intensity

(Wicks, 2008)

Level 2: Distress

- Loss of idealism/enthusiasm about medicine; disillusionment
- General loss of interest in medicine for at least a month
- Pervasive feelings of boredom, stagnation, apathy, frustration
- Ruled by your schedule: more patients, less attuned to them, viewing them impersonally and without thought
- Losing criteria with which to judge the effectiveness of your work
- Inability to be refreshed by other elements in your life
- Loss of interest in professional resources
- Intermittent weeks (or more) of irritation, depression, and stress that don’t lift even with effort to correct the apparent causes

(Wicks, 2008)

Level 3: Major Depression

- Depressed or irritable mood most days (dread, decreased frustration tolerance) for at least 2 wks, more often months
- Anhedonia
- Low energy, low interest, low motivation, low libido
- Cognitive impairment; slowed (executive functions/confidence/decision-making/multi-tasking)
- Changes in sleep & appetite, esp. early morning awakening, inability to sleep even when you’re exhausted, or inability to get up even when you’ve slept enough
- Negative & pessimistic view of self, people, and the future
- Thoughts of death or suicide (escape)
Risks of the Resilience Model
- MDD or PTSD = not resilient = failure/weakness
- Focus on resilience and rapid return to work may prolong or prevent recovery
  - Adequate sleep is needed for recovery
  - Medication trials for tolerance/effectiveness take time
  - Risk of self-medicating
  - Difficulty of getting/receiving appropriate & confidential psychiatric care
  - Career risk if accurate disclosure of severity of symptoms & appropriate treatment?

A Resilience/Threshold Model
- Resilience does not equal inability to get sick
- Genetic vulnerabilities or stress thresholds exist beyond which even highly resilient individuals may become ill
- Resilience should also include the ability to identify when you may be ill, get correct diagnosis, access aggressive treatment, and invest the time and resources needed to get remission from symptoms
- Don’t blame the physician with MDD or PTSD for failing to be resilient

Aggressive Treatment for MDs
- Don’t self-medicate with meds or alcohol/drugs.
- Get a good psychiatrist. Higher doses, target remission, evaluate for other psychiatric or medical disorders.
- Regular sleep at consistent times matters.
- Don’t forget psychotherapy:
  - Individual: meds don’t change habits or stuck patterns of thought & behavior, don’t resolve grief or trauma
  - Couples/Family: repairing damage done during the depression, changing unhealthy relationships

Med Suggestions
- Consistent schedule with insomnia?
  - Paroxetine, nortriptyline, mirtazapine
- Rotating schedules?
  - Fluoxetine (very long half-life)
  - Bupropion SR, sertraline, citalopram at morning equivalent
- Partial remission with max dose SSRI?
  - Augment with bupropion, 1-methylfolate, atypicals
- Failed multiple SSRI trials?
  - Try bupropion unless severe anxiety or panic attacks
  - Try nortriptyline (NRI)
- Try an SNRI
- Recurrent 3x+?
  - Augment with lithium (12-hr level 0.4-0.8)

Strategies for Burnout
- Correct cognitive errors: recognize when you exaggerate or personalize situations in an inappropriate/negative way.
- Have non-medical activities in your daily schedule.
- Get enough rest, good nutrition, exercise.
- Incorporate daily meditation/quiet reflection.
- Interact with supportive friends regularly.
- Be assertive. Can you say no?
- Consider practice change: hours/work/strategies
  (Wicks, 2008)

Motivational Interviewing
- Could a shift in your practice style help?
- Increasing emphasis on outcomes based on patient behavior
  SHOULD include training physicians to help facilitate change
  www.motivationalinterview.org
How ready are you to change?

Prochaska & DiClemente (1985)

Healthy? Think Maintenance!

- Keep up your good habits.
- Keep good company.
- Diversify: what’s your non-medical identity?
- www.AuthenticHappiness.org
  - Martin Seligman PhD at Penn: Positive Psychology
  - Do the 240-question VIA scale (10 min.)

Resources
- Website & Videos: Struggling in Silence (Physician Depression & Suicide) and Out of the Silence (Medical Student) by the American Foundation for Suicide Prevention (AFSP) www.afsp.org
- www.black-bile.org for physicians with depression
- www.LeslieWalkerMD.com
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