



Psychiatry and Family Medicine – What General Practitioners from Galați County Think

Alina M. Pleșea-Condratovici, Cristian-Marius I. Găinaru, Cătălin I. Pleșea-Condratovici*

Department of Morphological and Functional sciences, Faculty of Medicine and Pharmacy, “Dunărea de Jos”, University of Galați, Galați, Romania

Email address:

cmidr.pleseacatalin@gmail.com (C. I. Pleșea-Condratovici)

*Corresponding author

Abstract:

Background: Traditionally considered the base of medical care, first contact with patients and their family and the gatekeeper of the medical system, family medicine of nowadays is trying to survive underfunding, exhaustion and bureaucracy. The impact of the current situation on the psychiatric patients is profound, meaning prolonged wait time to see a specialist and costly diagnostic errors.

Aims: To identify major system flaws related to psychiatric area from the GP's point of view in order to propose the best course of action for an increased quality of psychiatric case management in primary care.

Method: An online questionnaire was completed by 41 out of 244 general practitioners from Galați County, Romania. The questionnaire investigates the main hurdles encountered by the GP in relation with the psychiatric patient, originated from the lack of adequate health policies on the one side, and the lack of patient education on the other side.

Results and Discussion: Compared to other pathologies, psychiatric diseases seem to be underdiagnosed and undertreated. There is an acute need for psychiatric medical training - only 7% of responders attended courses in psychiatry in the last 5 years despite the fact that 97.7% think that a psychiatry course or manual oriented to family doctors is needed. Communication training is needed too, 88.4% of doctors report difficulties in persuading patients to present themselves at psychiatric services. 81.4% of doctors initiate psychotropic medication on a “sic volo” basis, in the absence of any prescription protocols. A systematic use of psychiatric scales is a necessity - only one doctor out of 41 uses psychiatric scales although 97.7% of participants agree to use them, preferably integrated in the medical software and paid.

Conclusion: Two main interventions are to be performed: specific medical training in the psychiatric area adapted to GP's needs, including communication skills, GP adapted psychiatric scales and manuals and reconsideration of subsidized medicines policy for psychiatric drugs.

Keywords

Psychiatric Patient, Family Medicine, Psychiatric Diseases, Psychiatric Training, Medical Insurance Policy