Improving care of patients with MS and psychiatric disorders in general practice

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Our series of Commentaries from the Primary Care Neurology Society (P-CNS) provide a primary care perspective on the neurology articles featured in Progress in Neurology and Psychiatry. Here, Dr Nassif Mansour considers ‘Management of neuropsychiatric symptoms in multiple sclerosis’ (see page 14).

In their review, ‘Management of neuropsychiatric symptoms in multiple sclerosis’ (see page 14), Dr Sommerlad and colleagues highlight important points that are practical and useful for our day-to-day management of patients with this unpredictable and progressive condition. It is not surprising that patients with multiple sclerosis (MS) are at significantly higher risk of developing psychiatric disorders. Like other CNS diseases, these psychiatric disorders do have an organic element in addition to the expected functional and reactive elements. This makes their management more complex and potentially beyond the remit of our current services in general practice.

Screening in general practice

For years we have recognised, and evidence has supported, that patients living with chronic physical diseases are at high risk of developing psychiatric disorders. This is why we GPs routinely screen for depression in patients who are on our chronic diseases register, such as those with diabetes or coronary heart disease. This work is driven by our interest in delivering high-quality, holistic care to our patients and is supported by the national Quality and Outcomes Framework (QOF), introduced in 2004.

As our workload has increased in the last three to five years, we have had to prioritise our targets in order to be able to cope with the ever-increasing demands and constraints on our time and resources. This has resulted in GPs concentrating mainly on the domains included in the QOF and in the other locally negotiated enhanced services (Local Enhanced Services and Direct Enhanced Services). Unfortunately, MS is not one of the conditions included, and therefore we do not routinely screen for depression or other psychiatric conditions in patients with MS. In fact, unless it is a practice or a GP who has special interest in managing MS, there is no obligation for us to include these patients in our chronic diseases register.

Management of comorbid psychiatric disorders

Moreover, when diagnosed, managing depression in MS patients with conventional antidepressants such as SSRIs and engaging them with the local generic psychology services is not as effective as for the general population. This is due to the potentially complex aetiopathology of their psychiatric disorders, as mentioned in the review.

When depression, cognitive decline or any other psychiatric disorder is suspected, we now routinely refer a patient who has sustained a cerebrovascular accident to the psychologist within the Community Neuro-Rehabilitation Team and not to a traditional psychology service, such as Improving Access to Psychological Therapies (IAPT). This is in recognition of the complexity of the pathophysiology underlying the patient’s psychiatric disorder and of their diverse needs. Frustratingly, this is not the case for those with MS, or indeed any other neurological conditions, as these patients do not benefit from similar care pathways to those with stroke.

In order for patients with MS and psychiatric disorders to receive the care they need, it is therefore fundamental that these issues are recognised and addressed as a priority by NHS England, the Clinical Commissioning Groups (CCGs) and other organisations responsible for improving care.

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Commentary

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