

NR 576: Differential Diagnosis Adult-Gerontology Primary Care

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Week 4: Collaboration Café

My clinical practicum setting is a primary care office in Northeast Florida. The practice is composed only of one board certified family practice physician. The typical demographic seen within the clinic is adult and geriatric; age range (30-80), as well as some adolescents. There is an equal distribution between male and females within the practice. The physician is comfortable treating a wide array of chronic medical conditions, including psychiatric disorders, as well as specializing in age related neurocognitive disorders.

Mental health management is frequently addressed and treated within the practice. One preventative care screening that would be recommended within the practice would be the 9-Question Patient Health Questionnaire-Depression Screener. This preventative screener offers clinicians concise, self-administered screening and diagnostic tools for mental health disorders, which have been field-tested in office practice (USPSTF, 2021). This will ultimately identify and improve the rate of recognition and severity of both depression and anxiety, facilitating a diagnosis and thus adequate treatment. The guidelines for administration include anyone presenting with varying degrees of depression complaints. The overall score will help determine appropriateness to initiate treatment. A score less than or equal to 4 represents minimal depression, which may not require treatment.

One additional recommended preventative screening that would be applicable to the practice is screening for cognitive impairments in older adults. A specific screening tool used is the Mini-Mental State Examination (MMSE). Screening is recommended for asymptomatic, community-dwelling adults greater than 65 years old. It does not apply to those who are hospitalized or living in institutions such as nursing homes.

The overall quality of these preventative care screenings are of high caliber. Each has been designed and perfected to provide helpful information for the provider, to help facilitate treatment for their respective conditions. However, disparities do exist with the stated conditions. Oftentimes individuals will become embarrassed or become self-conscious to divulge their feelings or concerns of depression or anxiety. This is why the provider must perform a thorough health-history and provide screenings to detect and quantify the significance of these conditions. In some cases providers will steer away from mental health or neurocognitive issues because they are uneasy talking points, and may cause the patient to feel more anxious. It is the provider's responsibility to equally screen for these conditions, similarly to other chronic conditions.

Another barrier to preventative health screening is communication barriers related to language. In general this is a major problem found throughout primary care practice. Most offices are not equipped to provide adequate care to non-English speaking individuals. According to the OMH the provider should offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care services. One way to negate these barriers would be to have pre-screeners readily available in other languages. Having the ability to adequately communicate to individuals of different nationalities and languages would have positive impacts in the