June 2019

Backlash against using rating scales

I strongly disagree with the editorial by Ahmed A. Aboraya, MD, DrPH, and Henry A. Nasrallah, MD, ("It's time to implement measurement-based care in psychiatric practice," From the Editor, Current Psychiatry. June 2019, p. 6-8). I am 76 years old and recently retired. I have seen many attempts to "objectify" medicine. These have all failed, but each has taken a piece of medicine with it to the grave.

We do not have much more to lose before it's a checklist, vital signs, and a script. I now refer to our profession as "McMedicine." If you don't have what is on the menu, you cannot get served. Diseases are rarely treated, symptoms are treated. This is not the profession of medicine. We are not fixing much; we are mostly providing consumers for pharmaceutical companies.

Few psychiatric disorders have been subjected to more measurement than depression. Quite a while ago, someone tried to compare depression scales. They correlated scale scores with the results of evaluations by board-certified psychiatrists. The best scale was a single question: "Are you depressed?" This had been included as a control. Can you do better?

Furthermore, the "paper and numbers" people can't wait to get an "objective" wrench to tighten the screws and apply the principles of the industrial revolution to squeeze more money out of the system. They will find some way to turn patients into standardized products.

John L. Schenkel, MD
Retired psychiatrist
Peru, NY

I disagree with Drs. Aboraya and Nasrallah regarding implementing rating scales in psychiatry. Frankly, medicine has become awash in details—mounds and mounds of details.

With the use of an electronic medical record, what should be a simple 1-page note is transformed into a 5-page note of details. Doctors no longer attend to their patients but rather to their computers. Has this raised consciousness—the most important metric, according to Dr. David Hawkins? I doubt it.

In the words of my great professor, Dr. James Gustafson, I will continue to start my interview with what concerns the patient. Most of the time, they implicitly know.

Our focus should instead be on bringing down the cost of health care. This is what angers our patients most, and yet we do not make it a priority.

Mike Primc, MD
Psychiatrist
Glenbeigh Hospital
Rock Creek, Ohio
Signature Health
Ashtabula, Ohio
Behavioral Wellness Group
Mentor, Ohio

The authors respond

We appreciate Drs. Schenkel's and Primc's comments on our editorial regarding measurement-based care (MBC). However, MBC will not increase the workload of psychiatrists; rather, it will streamline the evaluation of patients and measure the severity of their symptoms or adverse effects as well as the degree of their improvement. The proper use of scales with the appropriate patient populations may actually help clinicians to reduce the extensive amount of details that go into medical records.

The following quote, an excerpt from another article we wrote on MBC,[1] speaks to Dr. Primc's concerns:

"…measures in psychiatry could be considered the equivalent of a thermometer and a stethoscope to a physician. No measure, scale, or diagnostic interview will ever replace a seasoned, experienced clinician who has been evaluating and treating real patients for years. MBC is not intended to replace clinical judgment and cannot substitute for an observant and caring clinician. Just as thermometers, stethoscopes, and lab tests help other types of physicians reach accurate diagnoses and provide appropriate management, the use of MBC by psychiatrists has the potential to improve the accuracy of diagnoses and improve the outcomes of care."

Ahmed A. Aboraya, MD, DrPH
Assistant Professor
Department of Behavioral Medicine and Psychiatry
Chief of Psychiatry
Sharpe Hospital West Virginia University
Weston, West Virginia

Henry A. Nasrallah, MD
Professor of Psychiatry, Neurology, and Neuroscience
Medical Director: Neuropsychiatry
Director, Schizophrenia and Neuropsychiatry Programs
University of Cincinnati College of Medicine
Cincinnati, Ohio
Professor Emeritus, Saint Louis University
St. Louis, Missouri

Reference

1. Aboraya A, Nasrallah HA, Elswick DE, et al. Measurement-based care in psychiatry-past, present, and future. Innov Clin Neurosci. 2018;15(11-12):13-26.