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doi: 10.12788/cp.0342

Most of what we do actually qualifies as ‘procedures’ although no hardware, machines, or gadgets are involved

Reimagining psychiatric assessment and interventions as procedures

Many psychiatric physicians lament the dearth of procedures in psychiatry compared to other medical specialties such as surgery, cardiology, gastroenterology, or radiology. The few procedures in psychiatry include electroconvulsive therapy (ECT), repetitive transcranial magnetic stimulation, and vagus nerve stimulation, which are restricted to a small number of sites and not available for most psychiatric practitioners. This lack of tangible/physical procedures should not be surprising because psychiatry deals with disorders of the mind, which are invisible.

However, when one closely examines what psychiatrists do in daily practice to heal our patients, most of what we do actually qualifies as “procedures” although no hardware, machines, or gadgets are involved. Treating psychiatric brain disorders (aka mental illness) requires exquisite skills and expertise, just like medical specialties that use machines to measure or treat various body organs.

It’s time to relabel psychiatric interventions as procedures designed to improve anomalous thoughts, affect, emotions, cognition, and behavior. After

giving it some thought (and with a bit of tongue in cheek), I came up with the following list of “psychiatric procedures”:

- Psychosocial exploratory laparotomy: The comprehensive psychiatric assessment and mental status exam.
- Chemotherapy: Oral or injective pharmacotherapeutic intervention.
- Psychoplastic repair: Neuroplasticity, including neurogenesis, synaptogenesis, and dendritic spine regeneration, have been shown to be associated with both psychotherapy and psychotropic medications.^{1,2}
- Suicidectomy: Extracting the lethal urge to die by suicide.
- Anger debridement: Removing the irritability and destructive anger outbursts frequently associated with various psychopathologies.
- Anxiety ablation: Eliminating the noxious emotional state of anxiety and frightening panic attacks.
- Empathy infusion: Enabling patients to become more understanding of other people and bolstering their impaired “theory of mind.”
- Personality transplant: Replacing a maladaptive personality with a healthier one (eg, using dialectical behavior therapy for borderline personality disorder).
- Cognitive LASIK: To improve insight, analogous to how ophthalmologic LASIK improves sight.

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- **Mental embolectomy:** Removing a blockage to repair rigid attitudes and develop “open-mindedness.”

- **Behavioral dilation and curettage (D&C):** To rid patients of negative attributes such as impulsivity or reckless behavior.

- **Psychotherapeutic anesthesia:** Numbing emotional pain or severe grief reaction.

- **Social anastomosis:** Helping patients who are schizoid or isolative via group therapy, an effective interpersonal and social procedure.

- **Psychotherapeutic stent:** To open the vessels of narrow-mindedness.

- **Cortico-psychological resuscitation (CPR):** For patients experiencing stress-induced behavioral arrhythmias or emotional infarction.

- **Immunotherapy:** Using various neuroprotective psychotropic medications with anti-inflammatory properties or employing evidence-based psychotherapy such as cognitive-behavior therapy (aka neuropsychotherapy), which have been shown to reduce inflammatory biomarkers such as C-reactive protein and cytokines.³

- **Psychotherapy:** A neuromodulation procedure for a variety of psychiatric disorders.⁴

- **Neurobiological facelift:** It is well established that neurogenesis, synaptogenesis, and dendritic spine sprouting are significantly increased with both neuroprotective psychotropic medications (antidepressants, lithium, valproate, and second-generation antipsychotics⁵) as well as with psychotherapy. There is growing evidence of “premature brain aging” in schizophrenia, bipolar disorder, and depression, with shrinkage in the volume of the cortex and subcortical regions, especially the hippocampus. Psychiatric biopsychosocial intervention rebuilds those brain regions by stimulating and replenishing the

neuropil and neurogenic regions (dentate gyrus and subventricular zone). This is like performing virtual plastic surgery on a wrinkled brain and its sagging mind. MRI scans before and after ECT show a remarkable $\geq 10\%$ increase in the volume of the hippocampus and amygdala, which translates to billions of new neurons, glia, and synapses.⁶

Reinventing psychiatric therapies as procedures may elicit sarcasm from skeptics, but when you think about it, it is justified. Excising depression is like excising a tumor, not with a scalpel, but virtually. Stabilizing the broken brain and mind after a psychotic episode (aka brain attack) is like stabilizing the heart after a myocardial infarction (aka heart attack). Just because the mind is virtual doesn't mean it is not “real and tangible.” A desktop computer is visible, but the software that brings it to life is invisible. Healing the human mind requires multiple medical interventions by psychiatrists in hospitals and clinics, just like surgeons and endoscopists or cardiologists. Mental health care is as much procedural as other medical and surgical specialties.

One more thing: the validated clinical rating scales for various psychiatric brain disorders (eg, the Positive and Negative Syndrome Scale for schizophrenia, Montgomery-Åsberg Depression Rating Scale for depression, Young Mania Rating Scale for bipolar mania, Hamilton Anxiety Rating Scale for anxiety, Yale-Brown Obsessive Compulsive Scale for obsessive-compulsive disorder) are actual measurement procedures for the severity of the illness, just as a sphygmomanometer measures blood pressure and its improvement with treatment. There are also multiple cognitive test batteries to measure cognitive impairment.⁷

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Finally, unlike psychiatric reimbursement, which is tethered to time, procedures are compensated more generously, irrespective of the time involved. The complexities of diagnosing and treating psychiatric brain disorders that dangerously disrupt thoughts, feelings, behavior, and cognition are just as intricate and demanding as the diagnosis and treatment of general medical and surgical conditions. They should all be equally appreciated as vital life-saving procedures for the human body, brain, and mind.



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