



Mental Health of Doctors

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'I can more or less guarantee that you know someone for whom this book will be important and inspiring. There's a very strong chance that person will be you.'

STEPHEN FRY

IN TWO MINDS

A NOVEL

Gordon Parker



Depression in Doctors.

National Mental Health Survey of Doctors and Medical Students (by beyondblue, 2013).

21% of doctors diagnosed and/or treated for depression, and 6% currently depressed.

25% had thoughts of suicide in the preceding 12 months.

Two Disorders Overviewed.

Firstly, **melancholia**:

- A distinctive set of clinical signs and symptoms.
- Greater relevance of genetic and biological causal factors as opposed to psychosocial determinants.
- Selective response to physical treatments (e.g. antidepressant drugs and ECT), and poor or no response to psychotherapy.



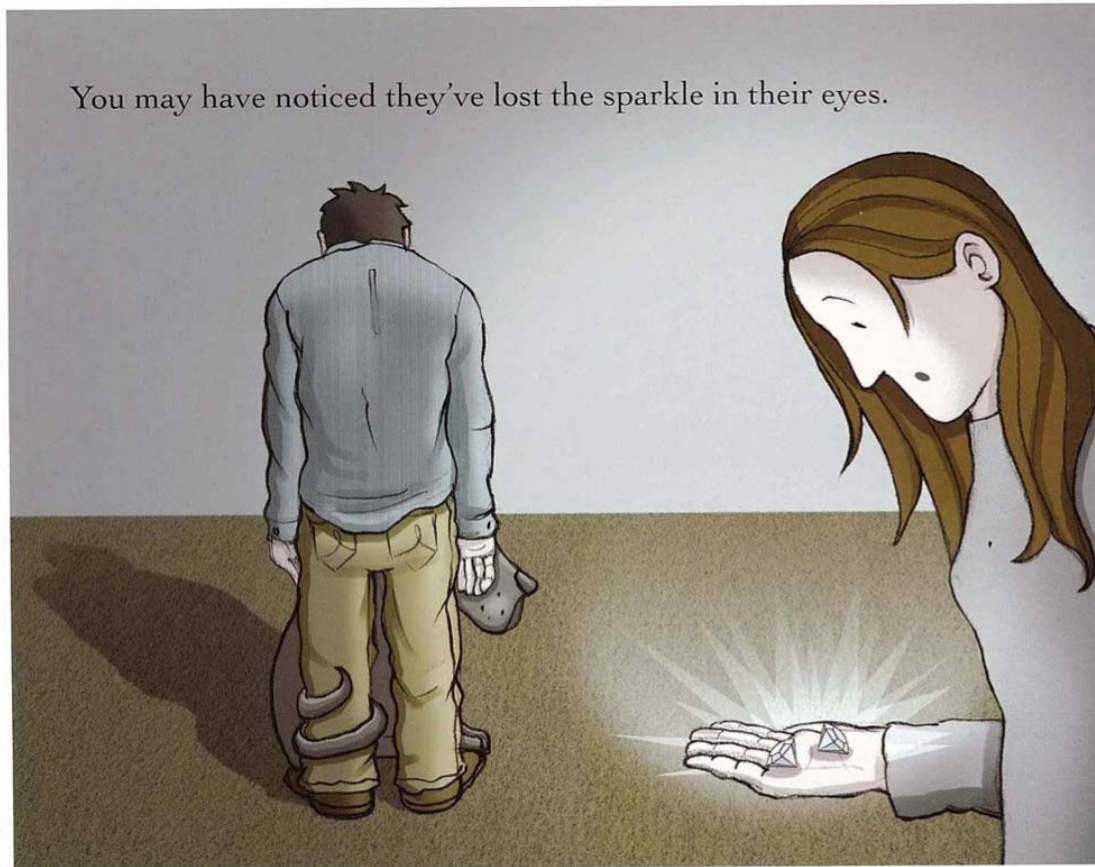
Key refined symptoms

Psychomotor disturbance (PMD)

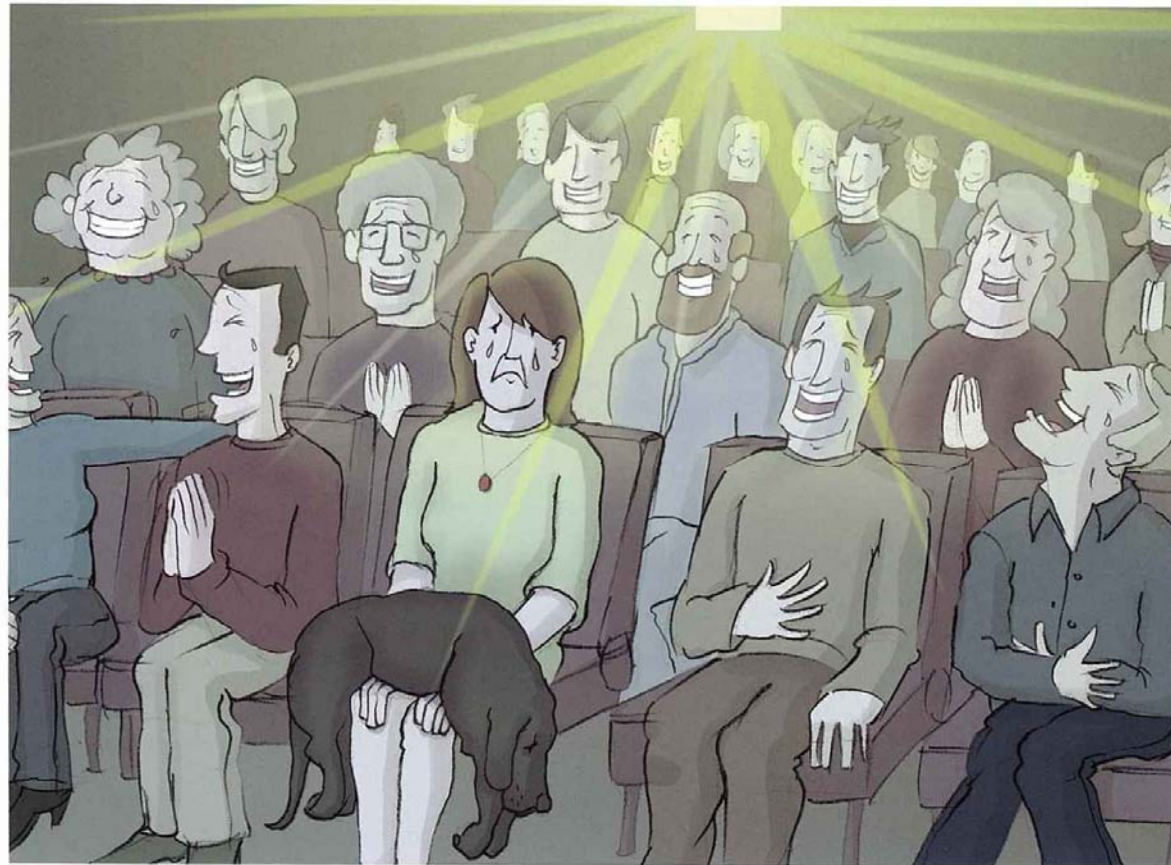


Loss of Light in the Eyes

You may have noticed they've lost the sparkle in their eyes.



A Non-reactive Mood



Laughter doesn't come as easily as it used to.

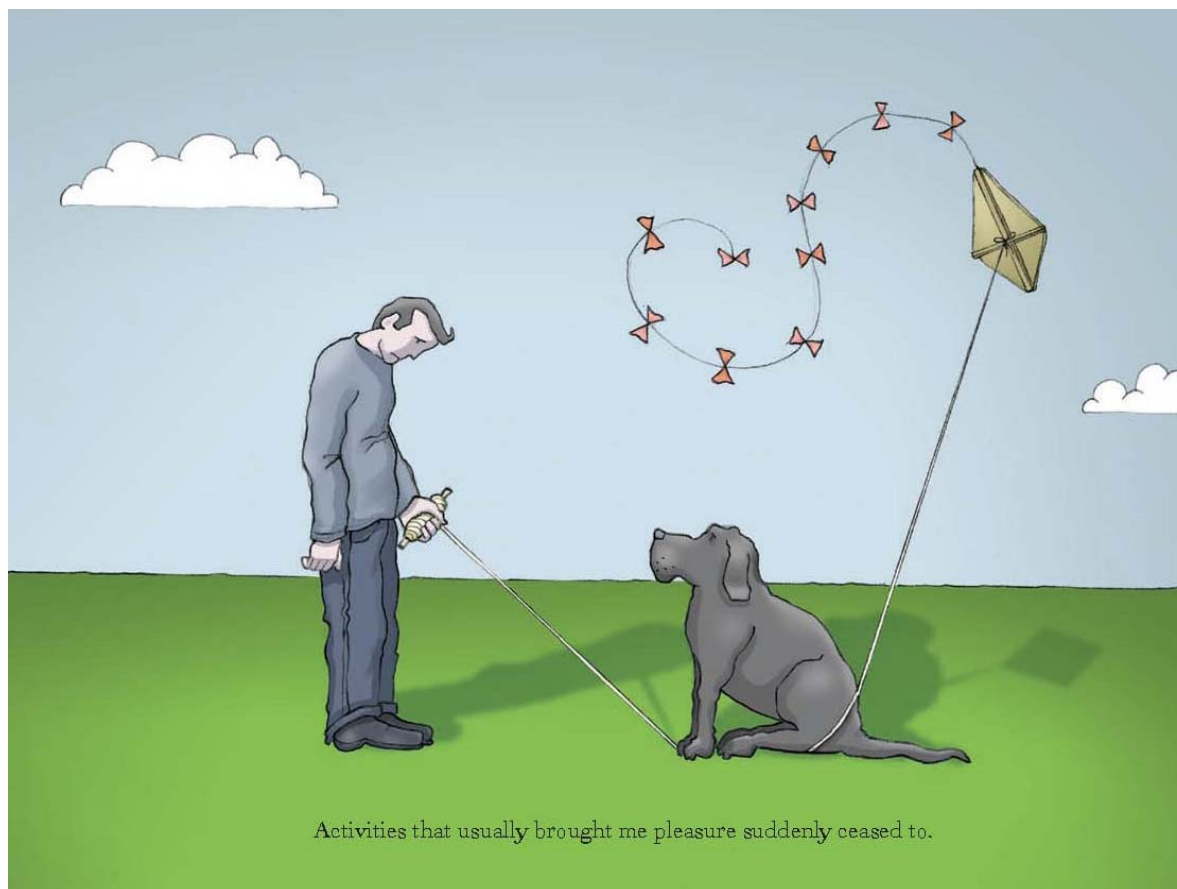
Anergia

An inability to Get out of Bed to Bathe
(+DMV – mood/energy worse in a.m.).



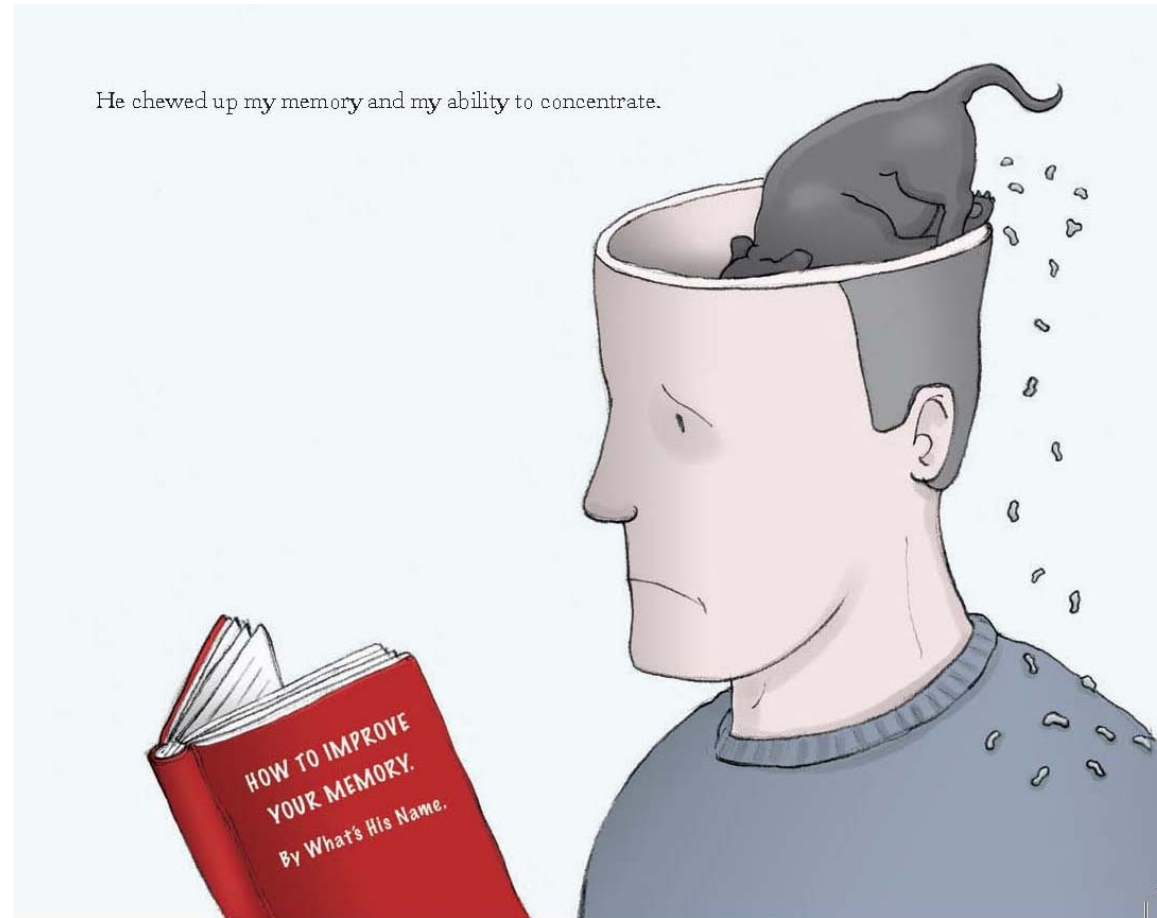
They may have real difficulty in firing-up and getting going.

Anhedonia



Impaired Concentration

He chewed up my memory and my ability to concentrate.

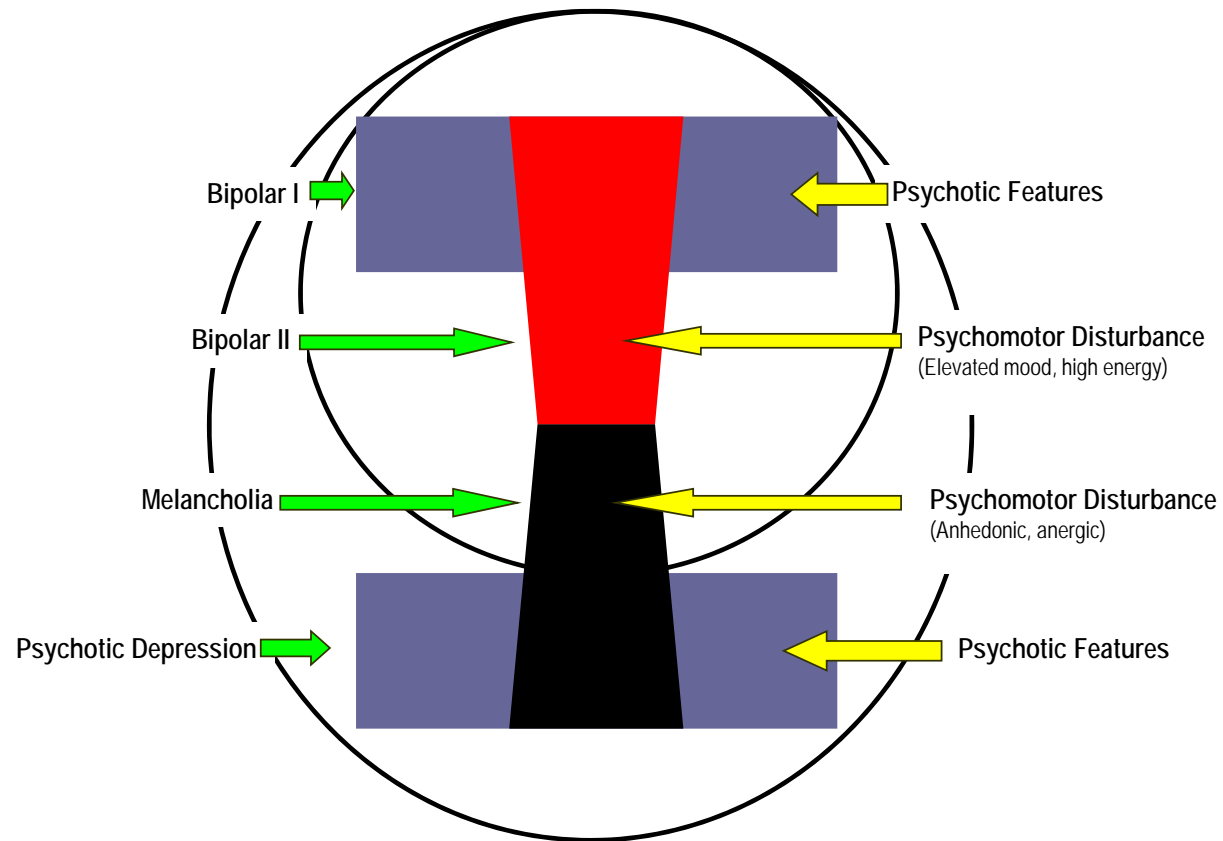


Two Disorders Overviewed.

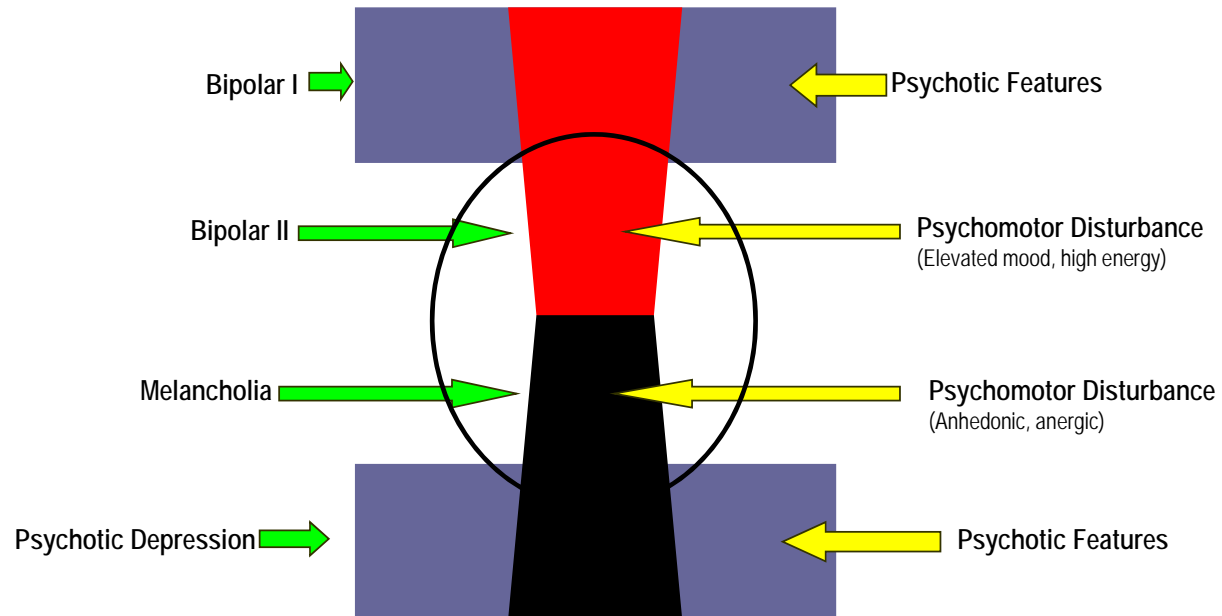
Secondly, bipolar II disorder



The Model for BP I



The Model for BP II



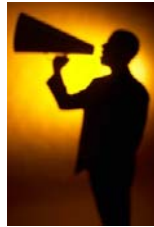
Presence of 'Highs'

- Experience periods of time when neither normal or depressed, but 'energised' or 'wired'
 - different to normal personality and states of happiness.
- Last from a few hours to years (i.e. do not dismiss bipolar possibility if 'highs' only last for a day or two).
- Proceed to pursue characteristic state features....



Prototypic Features of 'Highs' – I.

- Wired, energised, playful and polyphasing (ask for exemplars)
- Feel 'bullet proof' and invulnerable
- Talk more, loudly and over people
- Be verbally and socially indiscrete
- Need less sleep and not feel tired
- Libido increase
- Spend money (often unable to afford)
- Feel creative, the world is their "oyster", oceanic feelings with everything linking with everything else



Prototypic Features of 'Highs' – II.

- May be angry vs euphoric ('dark' vs 'sunny'; 'slappy' vs 'happy')
- Anxiety disappears or attenuates
- Alcohol craved and can be consumed in vast amounts ("Can turn wine into water").
- Often a 'performance enhancer' (creativity, elite sport functioning).
- A 'reactive' sub-type.....
- High rate of non-psychotic suprasensory perception

Quo Vadis?

General standard strategies – destigmatise, address/redress stressors, remove barriers to getting help.

My emphasis – more sophisticated clinical treatment for melancholia (e.g. TCAs > SNRIs > SSRIs) and for bipolar disorder (e.g. lamotrigine for BP II, lithium for BP I).