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Integrating psychiatry and primary healthcare: Clinical strategies at a primary healthcare clinic in Malmo, Sweden

Disa Dahlman and Eva Ekstrom
Lund University, Sweden

Symptoms of anxiety and depression are increasing in the Swedish population. Also, patients with severe psychiatric disorders such as psychosis and heroin addiction are over-represented for physical illness such as blood-borne infections, cardiovascular disease and diseases related to tobacco use. Unmet healthcare needs are common in these patient groups. Our primary healthcare clinic aims to integrate psychiatry and primary healthcare. We present a clinical triage model of diagnosing and treating patients with psychiatric illness at primary healthcare level and a model of offering easy-accessible, low-threshold primary healthcare for patients receiving outpatient psychiatric care. Strategy for improving psychiatric care at primary healthcare level: Triage by psychiatric nurse, according to Figure-1; nurse led Antabuse and prescription drug distribution for patients with substance use disorders; patients with complex psychiatric problems are discussed in team with physician, psychiatric nurse, psychologist and counselor and on-site consultations with psychiatrist/psychologist for complex patients. Close collaboration with Addiction Centre Malmö. Strategy for improving access to primary healthcare for patients receiving treatment at psychiatric outpatient clinics: On-site primary healthcare for patients in opioid substitution treatment and yearly on-site health examinations for patients with psychosis.

Biography

Disa Dahlman has her research concerns in physical health and unmet healthcare needs among people who inject drugs and patients receiving opioid substitution treatment (OST). Her clinical work is focused on easy-accessible primary care for patients' groups having difficulties overcoming barriers towards primary health care, such as patients in OST.

disa.dahlman@med.lu.se

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