American Psychiatric Association

Psychiatric Education About Epilepsy

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American Board of Psychiatry and Neurology

- Only ABMS Board certifying two specialties

- Initial Board certification requires passing examination in both Psychiatry and Neurology for both psychiatrists and neurologists

- MOC (recertification exam) does not include neurology for psychiatrists nor psychiatry for neurologists
ACGME Program Requirements for Graduate Medical Education in Psychiatry

Definition of the Specialty

Psychiatry is a medical specialty focused on the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders.

An approved residency program in psychiatry is designed to ensure that its graduates are able to render effective professional care to psychiatric patients.

The graduates will possess sound clinical judgment, requisite skills, and a high order of knowledge about the diagnosis, treatment, and prevention of all psychiatric disorders, together with other common medical and neurological disorders that relate to the practice of psychiatry.

Graduates must have a keen awareness of their own strengths and limitations, and recognize the necessity for continuing their own professional development.
Patient Care

• Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

• Residents: should be familiar with Axis III conditions that can affect evaluation and care (e.g., CNS lesions, HIV/AIDS, and other medical conditions).
Clinical Experience

Neurology:

Two full-time equivalent months of supervised clinical experience in the diagnosis and treatment of patients with neurological disorders/conditions.

At least one month should occur in the first or second year of the program;
Didactic Curriculum

• Comprehensive discussions of the diagnosis and treatment of neurologic disorders commonly encountered in psychiatric practice, such as neoplasm, dementia, headaches, traumatic brain injury, infectious diseases, movement disorders, multiple sclerosis, seizure disorders, stroke, intractable pain, and other related disorders;
Best Practices for Psychiatric Education
Interface of Psychiatry and Neurology

• Residency Education – University of MA
• Medical Student Education – UCSF
• Continuing Professional Development/CME
Psychiatry Residency Training

- All Psychiatry Residencies approved by ACGME must provide 2 months of clinical neurology
- A survey of residency training directors showed large variations in attention paid to neurology rotations and objectives
- Best Practice: University of Massachusetts – Sheldon Benjamin, MD Training Director
DIDACTICS

• PGY-1 & PGY-2:
  • The weekly clinical neuroscience course (one hour per week for 12 months/year) includes 3-4 hours on epilepsy. This includes classification of seizures and epilepsies; seizure semiology and phenomenology; recognition of seizure types using video samples. There is also one hour on EEG interpretation for psychiatrists.
  • The Neuropsychiatry section of the core curriculum includes a 90 min session on Behavioral Issues in Epilepsy that reviews neuropsychiatric conditions (personality literature, mood disorders, psychotic disorders) that are seen in epilepsy.
  • Psychopharmacology Seminar includes sessions on Side effects of anti-convulsants and behavioral uses of anticonvulsants
• PGY-3 & PGY-4:
  • 90 min on temporal lobe epilepsy surgery including videos of WADA test, left hemisphere language mapping, behavioral outcomes of surgery
  • The Biological Psychiatry Seminar includes 4 sessions per year on clinical neuropsychiatric conditions that include a journal club related to epilepsy every other year (it's a two year seminar).
• ALL YEARS:
  • We have a twice monthly elective neuropsychiatry journal club that spends one month per year on epilepsy related papers for motivated trainees
Neurology Rotations
(Umass General Psychiatry Program)

- **PGY-1:** During the 3 months of neurology offered, residents attend the monthly epilepsy surgery case conferences at which MRI & PET imaging, EEG, video samples, neuropsychiatric morbidity, neuropsychological test results, and surgical treatment planning are reviewed.

- **PGY-1:** During the required month of neuropsychiatry (one of the 3 neuro months) residents participate in pre and post surgical evaluation of people with epilepsy and see a wide variety of neuropsychiatric pathology and drug treatment issues in people with epilepsy and neuropsychiatric morbidity. At UMass all TLE surgery candidates are required to have a pre-surgical neuropsychiatry evaluation and an evaluation 3 months post-op. In addition, any patients with behavioral morbidity who go through the surgery program are followed in the neuropsychiatry teaching clinic.

- During this rotation interns also attend EEG readout/tutorial every Friday afternoon to become familiar with EEG reading. If a WADA test or left hemisphere TLE surgery occurs during their rotation the intern scrubs in to observe the procedure. Last year, one of our interns was able to administer Spanish intra-operative language testing with our neuropsychologist to one patient undergoing left temporal lobectomy.

- **PGY-2:** Neuropsychiatry available as a selective block

- **PGY-3 & 4:** Longitudinal neuropsychiatry clinic 1/2 day per week available as elective. All residents in this elective evaluate multiple individuals with neuropsychiatric issues related to epilepsy such that they should be able to independently evaluate most of these issues post-graduation.

- **PGY-6 (combined neurology/psychiatry resident) acts as the Chief Resident in Neuropsychiatry and reviews all referrals to the Neuropsychiatry clinic for appropriateness and case distribution to the other residents in clinic.

- Every Monday at the conclusion of the Neuropsychiatry clinic session all residents, fellow, and attendings gather in clinic to discuss the "most interesting clinical problem of the day." This problem is frequently related to epilepsy.

**CASE CONFERENCES**

- Neuropsychiatry faculty and Chief Resident act as discussant at clinical inpatient, CL, or Outpatient case conferences if an epilepsy – related topic arises.

**READINGS**

- Rather than using a textbook, we distribute classic articles that are helpful.
- Included are reviews of literature on the seizure threshold effect of antidepressant and antipsychotic agents.
- We often have used the following review paper on differential diagnosis of Axis I syndromes from epilepsies: Tisher PW, Holzer JC, Greenberg M, Benjamin S, Devinsky O, Bear DM. Psychiatric Presentations of Epilepsy. Harvard Review of Psychiatry. 1:219-228, 1993.
- We also make sure to discuss the differential diagnosis of psychogenic non-epileptic seizures and frontal-lobe epilepsy and have included discussion of the following paper for this purpose: Saygi S, Katz A, Marks DA, et al. Frontal lobe partial seizures and psychogenic seizures: comparison of clinical and ictal characteristics. Neurology 1992;42(7): 1274–7. A newer review by Curt LaFrance will be used this year.
Medical Student Education at UCSF
Ann Poncelet, MD and Lowell Tong, MD

• Joint Psychiatry Neurology Core Clerkship – 1 month with psychiatry, neurology and joint objectives
  – Objectives are patient-centered, organized by patient presentation rather than diagnosis: e.g. “Work-up and Management of Acute Cerebral Dysfunction” covers seizures, strokes, encephalitis as well as non neurological entities
  – Required Web-based interactive modules: “Nine Volt Battery”
  – Neurology/Psychiatry Clerkship Cases: "I Need More Vicodin!“
• [https://www.mededportal.org/publication/510](https://www.mededportal.org/publication/510)
Objectives for Module:
Nine Volt Battery

- **1. Spells:** Perform a focused history, create a differential diagnosis
- 1a. **Seizures:** Perform a focused history, to characterize according to sz types, assess risk factors for epilepsy, determine appropriate workup (labs, EEG ramifications, MRI), management (drugs, education, safety)
- 1b. Non-epileptic spells
  - 1b1. Non-psychiatric non-epileptic spells: vascular, sleep
  - 1b2. Psychiatric non-epileptic spells: abnormal illness behavior, primary psychiatric disorders. IF AIB remains high on ddx, then workup, management
- 2. **Panic** (electrical sxs): focused history, create a differential diagnosis (anxiety and nonanxiety disorders), labs (tfts, tox screens)
- 3. **Mood “funks”**: focused history to determine primary mood syndrome or not
Nine Volt Battery

• A Student on Neurology Clinic Rotation meets a new patient referred by his internist. 32 y/o male with “spells”
  – Patient reports 3 types of spells in video clip
    • 1. Like licking a 9 volt battery
    • 2. Like a 110 volt shock
    • 3. Like a grand mal seizure

Students post questions they would ask the patient to clarify diagnoses.

Attending reviews student work and posts full history and physical exam before student moves ahead in the module.
APA Annual Meeting Sessions on Seizures and Neurology/Neuropsychiatry

• Courses: Updates in Neuropsychiatry: Jose Maldonado, MD; Advances in Neuropsychiatry: C. Edward Coffey, MD
• Depression and Epilepsy: several sessions including symposia and workshops
• Mood Disorders in Children with Epilepsy
• Non-epileptic Seizures
• Diagnosis and Management of Patients with “Spells”
• Medical and Neurological Disorders that Present with Psychiatric Symptoms
Recommendations

• Encourage patient-centered teaching covering symptoms and diagnoses occurring at the interface of psychiatry and neurology during medical school and residency

• ACGME- RRC for Psychiatry: encourage more specific objectives for neurology experience during residency

• ABPN – MOC examination could include specific questions at the interface of psychiatry and neurology, listed on MOC Content outline