



21<sup>st</sup> WONCA World Conference of Family Doctors  
November 2 - 6, 2016  
Riocentro Exhibition & Convention Center  
Family Medicine  
Now, more than ever!

# Quaternary prevention of mental health problems in primary care

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# Mental health is the secret garden of family medicine

	To do	To be
individual	Bio math medicine	Mental health
community	Epidemiology	Anthropology

Figure 5 Four fields of General Practice / Family medicine  
Adapted from M. Van Dormael<sup>2</sup>

GP have to be trained in the four fields

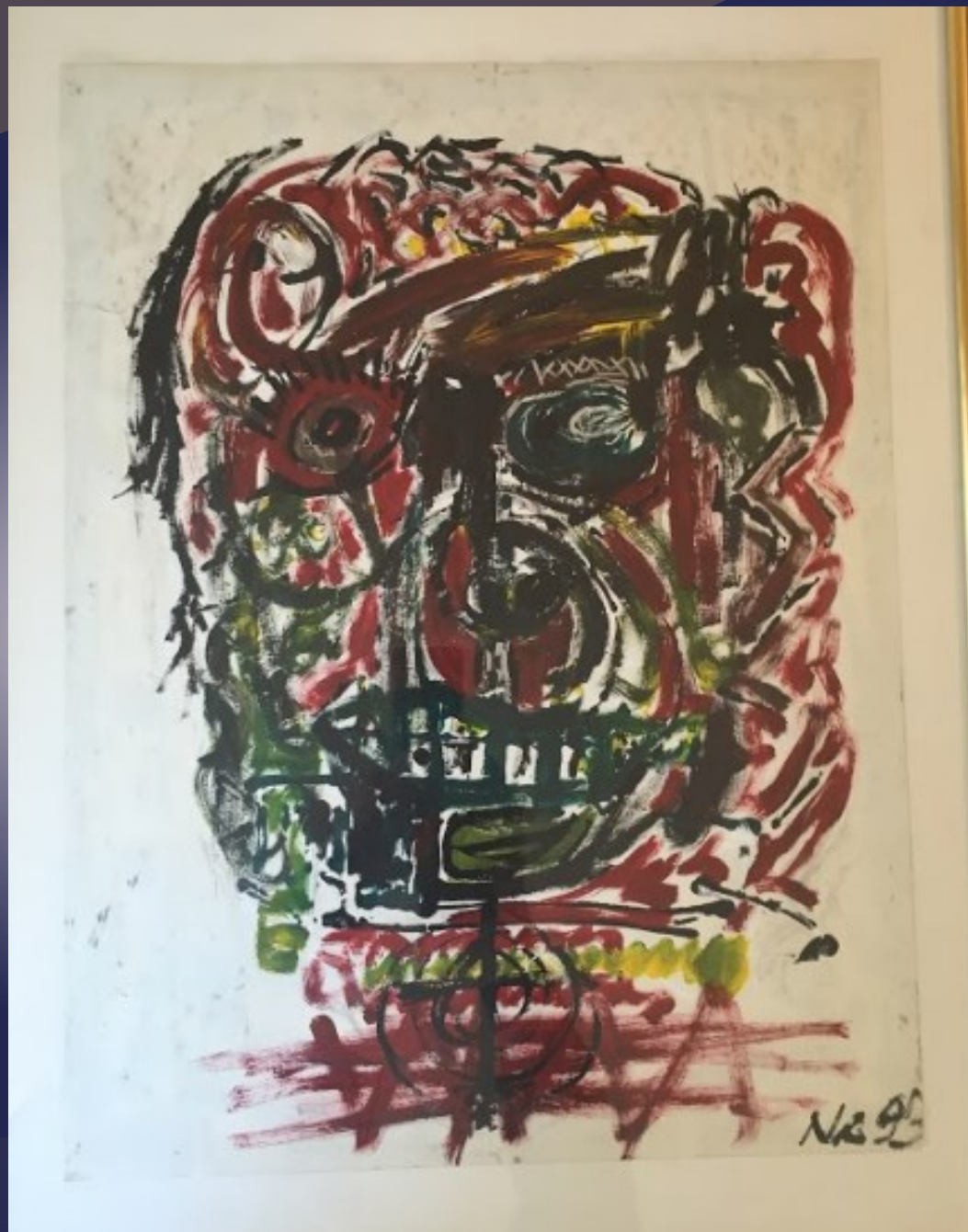
Sadness , why depression ?



Self Care

Psychotic  
patient before  
heroin

4



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Are strange  
patients  
sick  
patients?



**CHOI BYUNG-SO**

Musée d'art  
Contemporain  
St Etienne

y, November 8, 2016

Taking in account family doctors are always missing something



Hélio Oiticica, Metaesquema, 1958  
MALBA, Buenos Aires

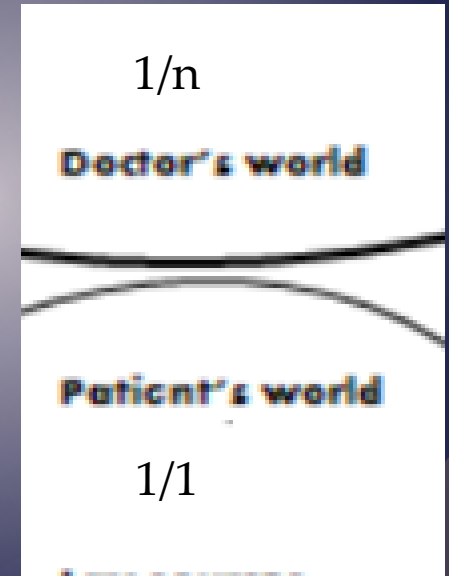
The consultation

A relation between  
two human beings

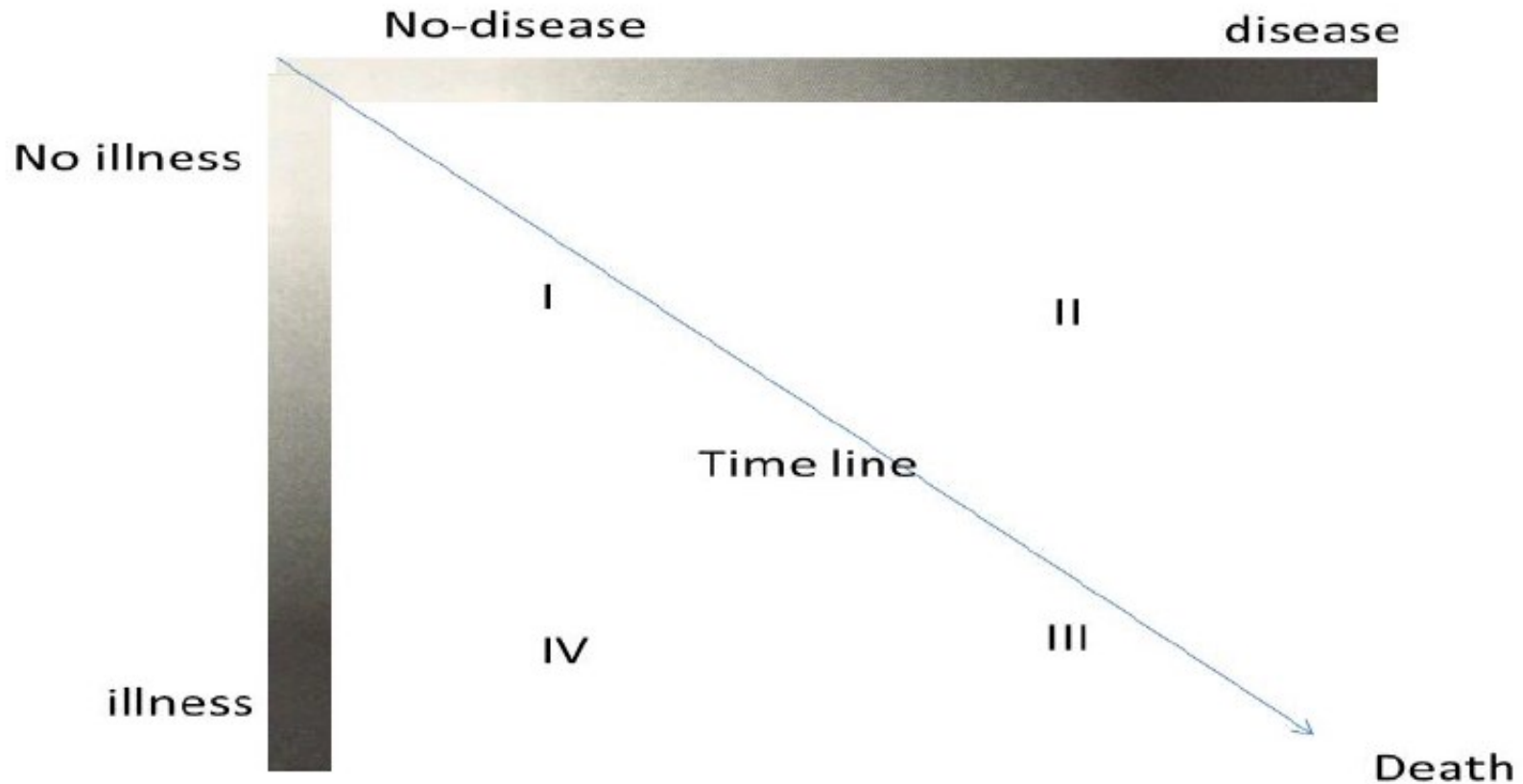
With different knowledge

With different agenda

Both uncertain and unsecure



Jamoulle M, Vander Stichele RH, Cardillo E, Roumier J, Grosjean J, Darmoni S..  
<http://orbi.ulg.ac.be/handle/2268/189292>



Fuzzy limits in provider (disease) versus patient (illness) situations.  
Crossing gives nebulous and not clear cut fields



Aspects	Leavell & Clark	Jamouille & Roland
Based on	Natural history of a target disease	Lifelong timeline
Well-fitted diseases	Infectious disease	Ongoing illness
Shape of paradigm	cause - effect	Circular Wheel
Mechanism	Host-Agent-Environment Equilibrium	Gene-Socio-Environmental Interaction
Underlying condition	Behaviors or Habits	Susceptible Genes, Culture, or Resources
Main targets	Infection organisms	Modifiable lifestyles, Self-care, and Health belief
Related Environments	Socioeconomic status, Occupational conditions	Socioeconomic status, Occupational conditions, Medical insurances, Healthcare delivery system

9 Differential aspects of prevention levels between Leavell and Clark versus Jamouille and Roland.

Tuesday, November 8, 2016

Table 2. Some virtual scenarios experienced by a primary care physician (PCP) about a screening mammography (SM) and their shifting levels of prevention suggested by Jamouille and Roland

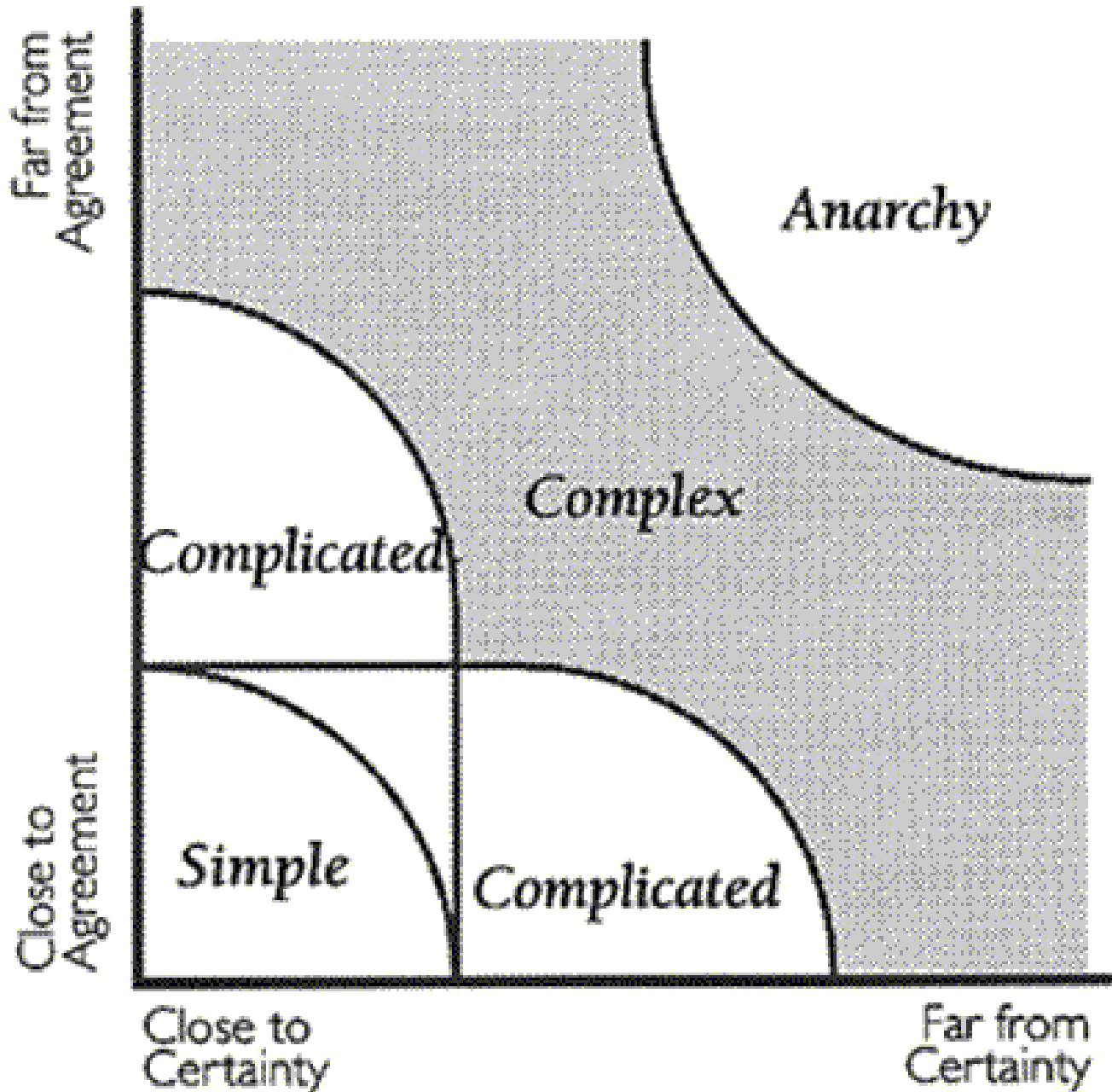
Types*	Virtual Scenarios	Shifting levels of activities	Hypothetically next paths
1	A prompt treatment for a painful breast mass	III → III	→ I or III or death
2	A prompt management for a mass found by the SM recommended by PCP	I → II → III	→ I or III or death
3	Reassurance with watchful waiting & avoiding overtreatment on a benign lesion found by the SM recommended by PCP	I → II → IV	→ I
4	A prompt treatment for a evidently dangerous mass found by chance	I → II → III	→ I or III or death
5	A valid evaluation for a palpable mass found by chance such as incidentaloma	II → IV	→ I or III or death

\* Complexity arises from the meeting of doctor and patient knowledge in different situations

Stacey  
Diagram

Patient  
agreement  
versus  
doctor  
uncertainty

P4  
could  
prevent  
anarchy





Wall, Rieti, Italy    The Chaos

Answering  
To chaos  
With  
Drugs

Why?

Why so many  
Drugs?

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day, November 8, 2016

# The classifications and mental health

- Systems of classification form a juncture of social organization, moral order, and layers of technical integration

Geoffrey C Bowker i. Sorting things out. MIT Press 1999. p33

- Classification systems reflect the conflicting, contradictory motives of the sociotechnical situation that gave rise to them

SNOMED-CT Term	# occurrences	Definition (by relations)
Borderline	188	is_a reference range interpretation value
Normal	1814	is_a normality findings
Abnormal	788	is_a modifier related to clinical specialty AND/or occupator
Pathological	92	is_a normality findings

Figure 3 Occurrences of usual terms in Clinical Clue Browser. (Cliniclue browser extract SNOMED CT International Edition (2010-01-31) <http://www.cliniclue.com> )

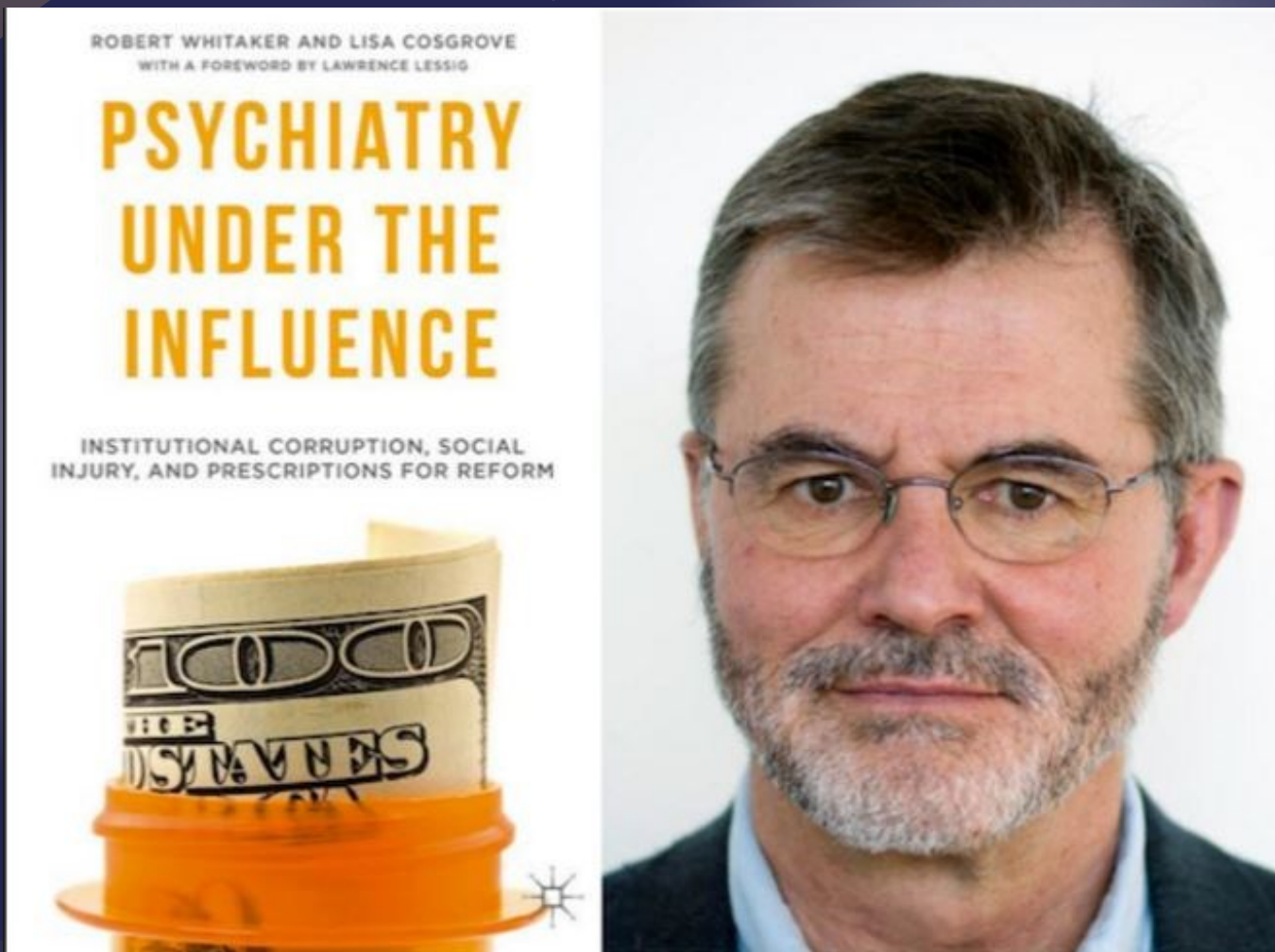
« Mental health problems » in 500 emergency unit records  
(randomized on 1,815,588) (coding SNOMED CT)

Mental health problems	89618007-Persecutory delusion disorder (disorder)			
Mental health problems	89675003-Sleep terror disorder (disorder)			
Mental health problems	8971008-Psychalgia (finding)			
Mental health problems	89809008-Delusion of parasitosis (finding)			
Mental health problems	89948007-Panic disorder with agoraphobia AND mild panic attacks (disorder)			
Mental health problems	90207007-Grinding teeth (finding)			
Mental health problems	90790003-Avoidant disorder of adolescence (disorder)			
Mental health problems	9083002-Pedophilia, opposite sex (disorder)			
Mental health problems	91510005-Spasmus coordinatus (finding)			
Mental health problems	9340000-Bipolar I disorder, single manic episode (disorder)			
Mental health problems	93461009-Gender dysphoria (disorder)			
Mental health problems	9514005-Briquet's disorder (finding)			
Mental health problems	95439001-Psychogenic aphonia (disorder)			
Mental health problems	95636001-Sadomasochism (disorder)			
Mental health problems	95637005-Munchausen syndrome by proxy (disorder)			
Mental health problems	95672008-Unilateral sensory loss of face and trunk, opposite sides (situation)			

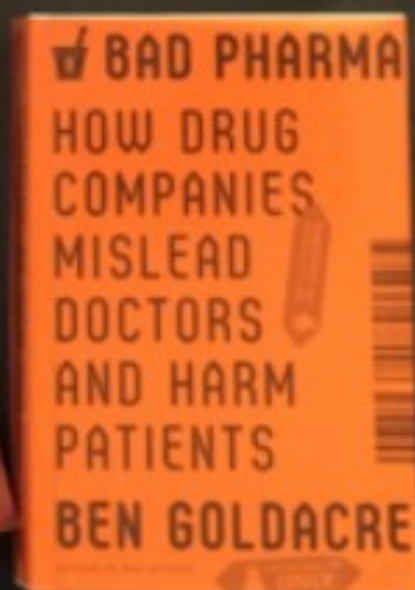
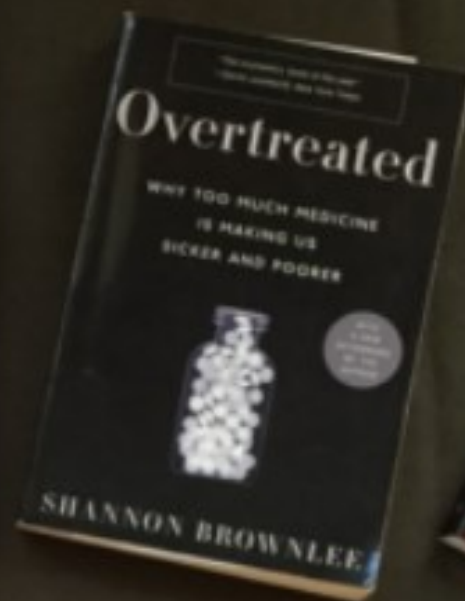
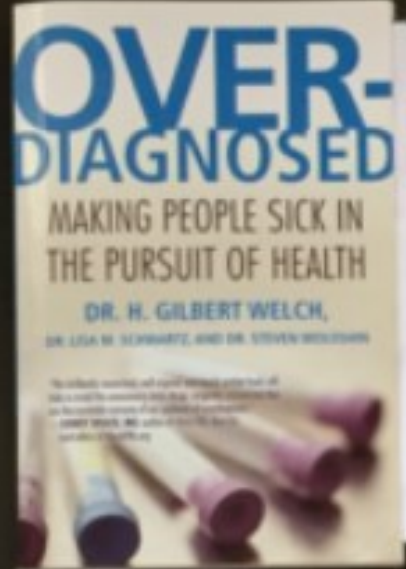
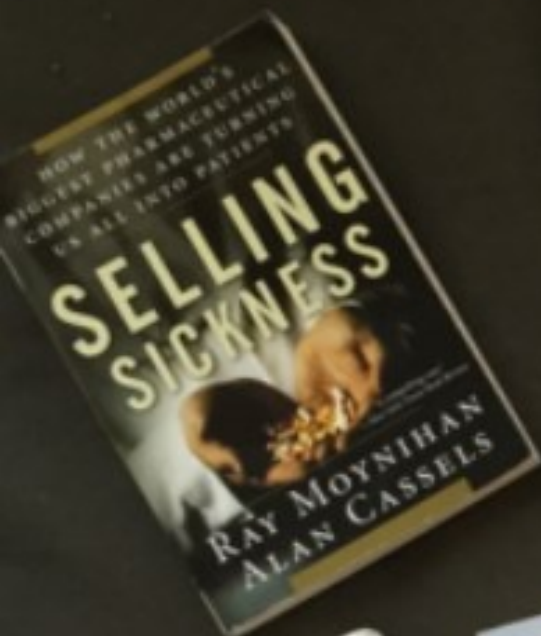
ESP-ULB Université

Liljeqvist HTG, Muscatello D, Sara G, Dinh M, Lawrence GL. Accuracy of automatic syndromic classification of coded emergency department diagnoses in identifying mental health-related presentations for public health surveillance. *BMC medical informatics and decision making*. 2014;14:84. doi:10.1186/1472-6947-14-84.

## Robert Whitaker et Lisa Cosgrove







<b>Psychological</b>	<b>P</b>
P01	Feeling anxious/nervous/tense
P02	Acute stress reaction
P03	Feeling depressed
P04	Feeling/behaving irritable/angry
P05	Senility, feeling/behaving old
P06	Sleep disturbance
P07	Sexual desire reduced
P08	Sexual fulfilment reduced
P09	Sexual preference concern
P10	Stammering/stuttering/tic
P11	Eating problem in child
P12	Bedwetting/enuresis
P13	Encopresis/bowel training problem
P15	Chronic alcohol abuse
P16	Acute alcohol abuse
P17	Tobacco abuse
P18	Medication abuse
P19	Drug abuse
P20	Memory disturbance
P22	Child behaviour symptom/complaint
P23	Adolescent behav. Symptom/complt.
P24	Specific learning problem
P25	Phase of life problem adult
P27	Fear of mental disorder
P28	Limited function/disability (p)
P29	Psychological symptom/complt other

CIAP-2

ICPC-2

CISP-2

Patients (green) / Doctors (Cyan)

P70	Dementia
P71	Organic psychosis other
P72	Schizophrenia
P73	Affective psychosis
P74	Anxiety disorder/anxiety state
P75	Somatization disorder
P76	Depressive disorder
P77	Suicide/suicide attempt
P78	Neuraesthesia/surmenage
P79	Phobia/compulsive disorder
P80	Personality disorder
P81	Hyperkinetic disorder
P82	Post-traumatic stress disorder
P85	Mental retardation
P86	Anorexia nervosa/bulimia
P98	Psychosis NOS/other
P99	Psychological disorders, other



Group of French doctor. Continuous Professional Development  
2 days seminar on Quaternary prevention. ADEPUL. St Etienne, France, 2016

in six steps. (previous distribution of texts)

Step1; one month before the seminar : retrieving of clinical personal experiences

Step 2; sharing experiences in little groups report synthesis., critical reading exercises to do

Step 3; (second day) Critical reading report experts contributions.

Step4; Disease or disease mongering in mental health case reports debate.

Step 5; Pros & cons trial about ADD/H, tribunal, attorney, lawyer, jury and final judgment.

Step 6; After one month, exchange of modified clinical situations related by participants

## Conclusions of the French colleagues: Essential questions in mental health problem

- Identification of the demand of the patient?
- Who is asking ; the patient, a third person ?
- What is the final expected outcome?
- Does the patient share it?
- Shared decision making? Informed consent?
- Which resource, family ? network ? social support?
- Is it urgent, which kind of ?
- Which therapy? No drug therapy possible?
- If any, deep knowledge of some chosen drugs
- Therapeutic education of the patient, of the family?
- Which knowledge has the patient about the problem?
- Who rule the treatment if any?



Tuesday, November 8, 2016



Vincenzo manenti  
Virgine St Ana (detail) 1634  
Rieti Museum, Italy



Lattanzio Nicoli  
Angeli musicanti 1640  
Rieti, museum , Italy

But the general conclusions of the seminar were that quaternary prevention is not a technique but an attitude, an active thought about the facts and about the doctor himself in action

Tuesday, November 8, 2016

Trainees at Espace-temps, Maison de Santé,  
Gilly , Belgium, 2015

Thank you

