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# HKCPMA Newsletter

Official newsletter of the Hong Kong Community Psychological Medicine Association



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## Welcome from the Chairman



Dr Lee Fook Kay Aaron

As the Chairman of the Hong Kong Community Psychological Medicine Association (HKCPMA), I view it as a privilege to write this message to our members in the first issue of our official newsletter. The new council was elected in December 2008. We would like to express our gratitude to our retiring Chairman, Dr Edmund Wing Wo Lam, for his tremendous contribution to HKCPMA, and a warm welcome to Dr David Wong and Dr Eunice Wong, who join us this year on the Council.

HKCPMA hosted a "Certificate Course in Effective Psychiatry in Primary Care" last year with various psychiatrists as speakers, in order to update its members on the newest advances in medications used for the treatment of mood disorders. This year, we plan to further consolidate our knowledge by holding focus mentorship groups under the leadership of Dr Peter Ng Chin Wang; this aims to strengthen the interaction between community psychiatrists and family doctors by providing a regional platform for regular practice-case discussions. The first meeting of its kind will be held on Hong Kong Island by March 2009.

As the Chairman of HKCPMA, I am honoured to be invited to join the Organizing Committee of the Hong Kong Medical Association's "Certificate Course on the Management of Drug Abuse Patients for Family Doctors" in 2009. As we all know, substance abuse has become an emerging threat among our adolescent population and it is time for family doctors to learn more about the screening and management

of this important psychosocial problem in the community.

One of our first and foremost tasks of the Council this year is to reinstate the public-private interface between family doctors and the Hospital Authority. There have been discussions on this hot topic, especially now that the Hong Kong SAR Government has laid down policies to ensure this must be carried out in the next few years. On the HKCPMA's part, I have already forwarded a letter to Mr Shane Solomon, CEO of the Hospital Authority, to express our viewpoints and to lobby him to reopen the gate for Public-Private Partnership as soon as possible, particularly when considering the present atmosphere of financial turmoil that started at the end of 2008.

The HKCPMA Scientific Meeting, held during its Annual General Meeting on 6 December 2008, was a great success, in large part owing to Professor Tang Siu Wah's two lectures, the first discussing how the brain changes in response to common psychiatric drugs, the second, on understanding the mechanisms of the drugs used to treat Alzheimer's disease. The presentations were given during a busy afternoon session at Mira Hotel, Tsim Sha Tsui, which achieved a full-house attendance, comprising a highly enthusiastic audience interested in community psychological medicine.

Finally, may I urge you to continue to support our Association by applying for membership with HKCPMA. I am pleased to announce that we have waived the annual subscription fee this year, after obtaining generous donations from two renowned past graduates of the diploma course.

I look forward to meeting you all at our coming academic meetings in the Year of the Ox!

# The challenge of mood disorders with painful physical symptoms

Despite the traditional focus on emotional symptoms in the diagnosis, assessment and treatment of mood disorders such as major depressive disorder (MDD) and general anxiety disorder (GAD), there is also an increasing acknowledgement of the importance of somatic or physical symptoms, particularly painful physical symptoms.

## Prevalence of painful physical symptoms in mood disorders

A cross-sectional, population-based study of more than 20,000 adults from six European countries showed that around one in every two people with a mood disorder also reported the presence of painful physical symptoms.<sup>1</sup> In the primary care setting, patients who complain of muscle pain, headache or stomach pain are 2.5 to 10 times more likely to screen positively for MDD, panic disorder or GAD.<sup>2</sup> Another study in the primary care setting showed that pain is present in two thirds of depressed patients requiring antidepressant therapy.<sup>3</sup>

Moreover, the association between depression/anxiety spectrum disorders and pain has been demonstrated in both developed and developing countries.<sup>4</sup> In one multi-country study conducted recently in Asia, approximately half of Asian patients with MDD were found to experience somatic pain.<sup>5</sup> In many cases, somatic symptoms, including pain, are the main reason for consultation with a primary care physician.<sup>6</sup>

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## Painful symptoms in depression

Significant associations have been shown between major depression and painful somatic symptoms such as joint pains, lumbar pain and headache.<sup>7-11</sup> A study of patients with MDD showed that only 1 in 4 patients had no pain complaints; in contrast, 57% reported multiple pain-related symptoms.<sup>12</sup> The researchers concluded that pain should be considered a component feature of MDD, and considered in the diagnosis of depression, as well as the planning of treatment and assessment of outcomes.

The initial presentation of somatic physical, rather than

psychological, symptoms may complicate diagnosis. In one study, only 50% of depressed patients who presented with somatic symptoms at a primary care clinic were correctly diagnosed.<sup>13</sup> Painful physical symptoms in depression may also involve a more problematic course, including more severe depression,<sup>5</sup> poorer quality of life,<sup>5,14</sup> decreased productivity<sup>1</sup> and poorer treatment response.<sup>3,15</sup>

## GAD patients more likely to first present with psychological symptoms

Similarly, in GAD, psychological symptoms of anxiety are generally accompanied by physical symptoms, and are often the trigger for patients to seek help.<sup>16</sup> For example, 23% of patients with atypical chest pain in an emergency department were found to suffer from GAD.<sup>17</sup> Respiratory symptoms are also common, with one small study in GAD patients showing that up to 82% of the study population fulfilled the criteria for hyperventilation syndrome.<sup>18</sup>

“ Serious consideration should be given to maintaining partial responders on the same treatment for a longer period of time (eg, 3–6 months) before switching medications

## Evidence for using SNRIs in the relief of painful physical symptoms

Given that both serotonin and noradrenaline appear to play a role in the perception of painful symptoms, it is possible that agents that act by modulating both neurotransmitter systems, eg, serotonin and noradrenaline reuptake inhibitors (SNRIs), may have an advantage over single-acting agents.<sup>19</sup>

## Relief of painful symptoms in depression

In a 1-year, open-label trial of venlafaxine extended release (XR) in patients with MDD and chronic pain symptoms who had failed treatment with either tricyclic antidepressants or selective serotonin reuptake inhibitors (SSRIs), significant improvements from baseline were observed in depression scores, pain scores and quality-of-life scores.<sup>20</sup> In another primary-care, open-label study of elderly patients diagnosed with depressive disorders, 24 weeks' treatment with venlafaxine XR achieved remission in 59% of patients, and significantly decreased scores for somatic pain symptoms ( $p < 0.0001$ ).<sup>21</sup>

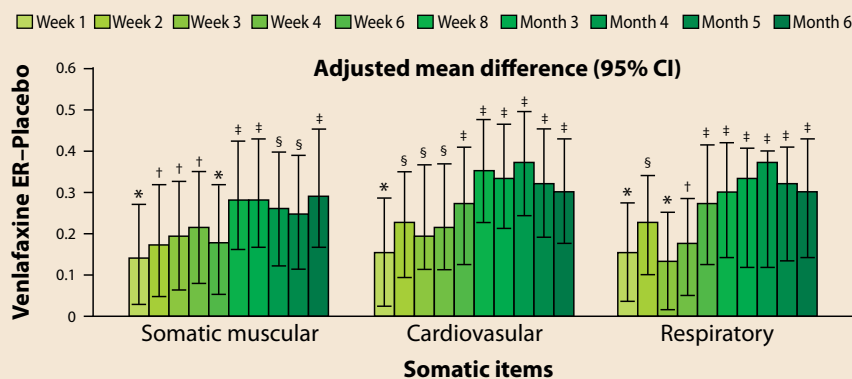
A 2007 review article highlighted a number of clinical trials investigating the efficacy of duloxetine in depression with

painful symptoms. On balance, the evidence showed that duloxetine was superior to placebo in relieving painful physical symptoms in patients with depression.<sup>22</sup> However, a 2008 meta-analysis concluded that the currently available evidence indicates a very small and statistically nonsignificant ( $p=0.057$ ) analgesic effect for duloxetine in depression with painful physical symptoms.<sup>23</sup>

### Relief of painful symptoms in GAD

In a posthoc analysis of pooled data from 5 placebo-controlled, double-blind, randomized trials of patients with GAD treated with venlafaxine XR, the SNRI was shown to significantly improve psychic symptoms by as early as the first week of treatment, and somatic symptoms by as early as week 2.<sup>24</sup> What made this analysis unique was its aim to evaluate the temporal profiles of treatment response with venlafaxine ER for individual symptoms. As such, the study determined that mean differences specifically in somatic muscular, cardiovascular and respiratory symptoms were significantly improved with active treatment by week 1 (Figure).<sup>24</sup> The results were consistent with other long-term studies in GAD which, the authors added, endorses the suggestion that a significant change in clinical thinking and strategy for GAD may be needed, namely: serious consideration should be given to maintaining partial responders on the same treatment for a longer period of time (eg, 3–6 months) before switching medications.<sup>24</sup>

**Figure. Significant improvements in somatic muscular, cardiovascular and respiratory symptoms (mean differences) apparent at week 1 of venlafaxine XR treatment<sup>24</sup>**



\* $p<0.05$  venlafaxine ER vs placebo; † $p<0.01$  venlafaxine ER vs placebo; ‡ $p<0.0001$  venlafaxine ER vs placebo; § $p<0.001$  venlafaxine ER vs placebo ER=extended release

### Conclusion

It is clear that painful physical symptoms are commonly comorbid with mood disorders, and can complicate diagnosis and treatment. The management of comorbid painful physical symptoms (PPS) may help to improve the management of these patients.

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## Extra training for GPs in managing psychological disorders

The Postgraduate Diploma in Community Psychological Medicine and its forerunner, the Certificate Course in Psychological Medicine, were designed to improve the skills of primary care physicians in diagnosing, managing and appropriately referring patients with psychological disorders. Interviews with two eminent physicians, Professor Lam Tai Pong and Professor Mak Ki Yan, who are both closely involved with the programme, reveal more about the rationale and aims of providing primary care physicians with postgraduate training in psychological medicine.



**Professor Lam Tai Pong**  
Assistant Dean, Faculty of Medicine, and Associate Professor and Chief of Postgraduate Education Family Medicine Unit  
The University of Hong Kong



**Professor Mak Ki Yan**  
Honorary Professor, Department of Psychiatry  
The University of Hong Kong;  
Vice President, Mental Health Association of Hong Kong; and Psychiatrist (private practice)

“It is thought that around 15–20% of patients presenting to primary care physicians have some form of psychological disorder,” explained Professor Lam. This highlights the magnitude of the problem at the primary care level and also underlines the important role that general practitioners (GPs) have to play in identifying patients who require care for psychological problems. However, the fact is, undergraduate training in psychological medicine is limited, and many GPs practicing in

“The training emphasizes to students the importance of knowing when to refer



Hong Kong do not have the confidence to identify or manage common psychological disorders, including depression, which are prevalent in the community.

Against this background, Professor Mak explained that the Department of Psychiatry of the University of Hong Kong began to develop a postgraduate educational scheme to give GPs additional training in the diagnosis and management of depression. Over time, this evolved into the Certificate Course in Psychological Medicine, which covered depression as well as other common psychiatric problems. This lecture-based course aimed to empower primary care physicians to recognize psychological disorders in their patients and provide them with contacts and resources for referring patients to appropriate care.

Nevertheless, many psychological problems seen in primary care may not be serious in nature and, as such, these patients may respond well to primary care management, if they are diagnosed and treated early. “This is often also preferred by patients, many of whom are reluctant to go to a psychiatric outpatient department because of the social stigma attached to mental illness,” commented Professor Mak.

Thus, there was a definite need to equip GPs with appropriate practical training to manage simple mild psychological disorders independently, with the option to refer when appropriate. That is, when initial management was unsuccessful or when patients had more complicated or serious conditions.

This need was filled by a collaboration between the Family Medicine Unit of the Department of Medicine, and the Department of Psychiatry, both of the University of Hong

Kong, to develop and implement the Postgraduate Diploma in Community Psychological Medicine, which has been offered since 2002.

The Diploma is a 1-year part-time course that includes seminar-based learning, group discussions and clinical training in psychotherapy, taking place within psychiatric and primary care outpatient clinics and rehabilitation facilities (see Box). Diploma holders receive practical clinical training that extends their skill set over the Certificate course content. Importantly, the training emphasizes to students the importance of knowing when to consult or refer to a psychiatry specialist — in short, whenever doubts arise about their capacity to adequately manage their patients with mental disorders.

Both courses have been very well received and attended. Although the Certificate course has since been withdrawn, graduates of the Certificate course can complete the Diploma with exemptions for some of the seminar sessions. Professor Lam said that the experience with the Diploma programme over the last 6–7 years shows that graduates feel more confident in recognizing psychological disorders and managing common psychological problems in primary care. In addition, they feel they are recognizing serious psychological problems earlier and referring them to appropriate specialists in psychiatry. As psychiatry and psychological medicine is a rapidly evolving field, Professor Mak emphasized that the course coordinators are keen to ensure their graduates participate in continuing medical education. “We want them to update themselves regularly, and we like to maintain contact with them and provide advice and supervision when needed.”

### The Postgraduate Diploma in Community Psychological Medicine

- The Postgraduate Diploma in Community Psychological Medicine consists of seminars, case discussions, clinical training session in psychotherapy and clinical teaching sessions by specialist clinicians, held once a week on a weekday afternoon at designated psychiatric and primary care outpatient clinics
- The Diploma is designed to enrich students with theoretical and up-to-date knowledge of common psychological problems, with specific reference to diagnosis and management
- This year's programme will run from September 2009 to June 2010. The closing date for applications is 30 April 2009

For more information on the Postgraduate Diploma in Community Psychological Medicine, including the list of seminar topics and course details, please refer to the Web site: <http://www.hku.hk/fmunit/psychiatry/index.htm>. The next course will commence in September 2009