

FP Essentials
Call for Authors – May 2024

Mental and Personality Disorders

We are seeking an author or author group to write an edition of *FP Essentials* on the topic of mental and personality disorders. This edition will cover four topics:

1. Attention-deficit/hyperactivity disorder in adults
2. Acute and posttraumatic stress disorders
3. Common personality disorders
4. Acute psychosis

The main text of the manuscript should be approximately 10,000 words in length, divided into four sections of approximately 2,500 words each, plus an abstract of approximately 200 words for each section. In addition, there should be key practice recommendations, a maximum of 15 tables/figures total, additional resources, and up to 200 references to provide support for all recommendations and factual statements in the manuscript.

This edition should focus on what is new in each topic and should answer the key questions listed for each section. Each section should begin with an illustrative case, similar to the examples provided, with modifications to emphasize key points; each case should have a conclusion that demonstrates resolution of the clinical situation. The references provided here include information that should be considered in preparation of this edition of *FP Essentials*. However, these should be used only as a starting point in identifying the most current guidelines and references to include in the edition.

Needs Assessment: Family physicians provide a substantial amount of mental health care for their patients, given the challenges related to access to psychiatrists and psychologists. In many cases, family physicians are the first contact for patients with mental health conditions and will manage these conditions along with comorbid medical conditions. In past surveys, members of the American Academy of Family Physicians (AAFP) have reported that the topic of mental disorders is highly relevant to their practices, but they noted having insufficient knowledge and skill to adequately address these conditions. These survey results reflect the need for education on this topic. Our aim for this monograph is to narrow knowledge gaps related to mental health conditions while providing detailed diagnostic and treatment algorithms to help family physicians navigate an approach to cost-effective care.

Section 1: Attention-Deficit/Hyperactivity Disorder in Adults

Example case: *SP is a 38-year-old patient who comes to your clinic asking for a prescription for a stimulant drug. He says he has a stressful job, has difficulty concentrating, and has been missing deadlines for important projects because he cannot stay focused. Throughout his school years, he had similar symptoms and his parents told him he was a hyperactive child. He has an 8-year-old son who was recently diagnosed with attention-deficit/hyperactivity disorder and started on stimulant drug. SP says he thinks his symptoms are the same as his son's.*

Key questions to consider:

Pathophysiology

- What is known about the pathophysiology and etiology of attention-deficit/hyperactivity disorder (ADHD)?
- What are the common genetic and other factors associated with ADHD?

Epidemiology

- What is the prevalence of ADHD? What effect does sex have on prevalence and rates of diagnosis?
- How commonly is ADHD associated with substance use disorder in adults?
- How often does childhood ADHD persist into adulthood? How often is the diagnosis missed in children and adolescents and then later made in adults?
- What are common comorbid psychological and medical conditions?

Evaluation and Diagnosis

- What are the diagnostic criteria for ADHD in adults? How are these different compared with the diagnostic criteria in children?
- Which types of neuropsychological tests can be helpful in making the diagnosis in adults? For which patients should neuropsychological tests be considered?
- What is the role of biomarkers in diagnosis of ADHD?
- What are the current evidence-based screening recommendations for identification of ADHD? Which screening tools are recommended for use in primary care?

Management

- What are the current evidence-based management recommendations for adults? Which treatments are most effective?
- What are the short- and long-term risks of stimulant drug use? When should this class of drugs be avoided? What are potential adverse effects and drug interactions? What types of monitoring are recommended when patients take stimulant drugs? Are there reasons to prescribe one class of stimulants over another? What nonstimulant alternatives may be considered?
- How effective is psychotherapy (eg, cognitive behavioral therapy) for treatment of ADHD? When should it be considered?
- What are the roles of transcranial pulse stimulation and transcranial magnetic stimulation? Are these treatments effective?

Prognosis

- What are the long-term outcomes for patients? Do they differ depending on the type of treatment used?

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- Verbeeck W, Bekkering GE, Van den Noortgate W, Kramers C. Bupropion for attention deficit hyperactivity disorder (ADHD) in adults. *Cochrane Database Syst Rev.* 2017;(10):CD009504.

Section 2: Acute and Posttraumatic Stress Disorders

Example case: *JG is a 28-year-old who comes to your office to discuss stress and insomnia. She recently ended a relationship with a man who was verbally and physically abusive, and this triggered memories of similar abuse from her father when she was a child. She admits significant anxiety in social situations, especially when she is around men. She asks about options for drugs and psychotherapy.*

Key questions to consider:

Definitions

- What are acute stress disorder (ASD) and posttraumatic stress disorder (PTSD)? How are they related to each other?

Epidemiology

- What is the prevalence of these disorders? What percentage of patients with ASD will develop PTSD?
- What are the common genetic and other factors associated with these disorders?
- What are common comorbid psychological and medical conditions?
- How commonly are these disorders associated with substance use disorder?
- Why are these disorders commonly underdiagnosed in children and adolescents?

Evaluation and Diagnosis

- What are the diagnostic criteria for these disorders?
- What are the most common presenting symptoms of ASD and PTSD in primary care settings? Which differential diagnoses should be considered?
- Which tools can be used to screen for ASD and PTSD? Which tools are most accurate? What are the current evidence-based recommendations for when to use these screening tools?
- Are there neuropsychological tests that can be used in making the diagnosis?
- Which tools can be used in patients with ASD to predict the likelihood of PTSD development?
- Do screening or diagnostic recommendations differ for pregnant patients?

Management

- What are the current evidence-based management recommendations for these disorders?
- What pharmacotherapy and nonpharmacotherapy options exist to prevent development of PTSD in patients with ASD?
- What behavioral techniques are recommended for treatment? How effective are these in relieving symptoms and preventing recurrence?
- How effective is formal psychotherapy for management of these disorders? When should it be considered? Which forms of cognitive behavioral therapy are effective?
- What are the recommended treatment approaches for comorbid PTSD and substance use disorder?

Prognosis

- For patients whose symptoms resolve with treatment, what is the rate of recurrence? Are there factors that predict recurrence?
- What is the risk of suicidality in patients with these disorders?

Initial references to consider:

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Section 3: Common Personality Disorders

Example case: *SL is a 29-year-old patient who comes to your office with her boyfriend to discuss mood instability. He says she is a kind and loving person but can suddenly exhibit impulsivity and signs of fear of abandonment. She recently became angry with him and cut herself when he did not propose to her while on a dinner date.*

Key questions to consider:

Please focus on the three most common personality disorders: obsessive-compulsive personality disorder, narcissistic personality disorder, and borderline personality disorder.

For each of these, please address the following questions as appropriate.

Definitions and Diagnostic Criteria

- How is the disorder defined? What are the diagnostic criteria?
- How does characterization of the disorder differ between the *Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition, Text Revision) (DSM-5-TR)* and the International Classification of Diseases 11th Revision (ICD-11)?
- What is the strength of evidence to support differentiation of this disorder from other personality disorders? How common is overlap of features?

Epidemiology

- What is the prevalence of this disorder?
- Are there common genetic or other factors associated with the disorder? If so, what are these? Is substance use disorder an associated factor?
- What are common comorbid psychological and medical conditions?
- Is risk of self-harm, suicidality, or homicidality associated with the disorder?

Evaluation and Diagnosis

- What are the most common presenting symptoms in primary care settings?
- Which differential diagnoses should be considered?
- Are there any evidence-based screening recommendations for diagnosis? If so, what are they?
- What types of neuropsychological tests can be helpful in making the diagnosis? When should formal neuropsychological testing be considered?

Management

- What are the current evidence-based management recommendations?
- How effective is psychotherapy? When should it be considered? Which forms of cognitive behavioral therapy are effective?
- What mindfulness techniques can family physicians recommend for treatment? How effective are these in relieving symptoms?
- What is the role of symptom-focused pharmacotherapy (eg, mood stabilizers, antipsychotics) in management? Which specific drugs are recommended?
- What are indications for referral to a psychiatrist or other mental health specialist?

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Section 4: Acute Psychosis

Example case: *YZ is a 20-year-old college student who presents with his parents, who report that he has been having mental status changes and confusion. During the evaluation, YZ repeatedly exclaims, “I’m fine! They think I’m crazy!” His parents say he has been acting erratically, has been shouting uncontrollably, has not slept in 2 days, and has made delusional and threatening statements. They believe he might be using illicit drugs. They are asking that he admitted to a psychiatric hospital ward for care.*

Key questions to consider:

Epidemiology and Definitions

- What is the definition of psychosis?
- What is the prevalence of psychosis? Which populations are at highest risk?
- What are the common genetic and other factors associated with psychosis? What are its etiologies?
- What are the risks of suicidality and homicidality in patients with psychosis?

Diagnosis

- What are the diagnostic criteria for psychosis? How these differ from the diagnostic criteria for delirium and mania?
- What types of neuropsychological tests can be helpful in making the diagnosis? When should neuropsychological tests be considered?
- What disease states and types of substance use should be considered in patients with new-onset psychosis?
- What are common comorbid psychological and medical conditions?
- When should patients with suspected psychosis be evaluated emergently by a mental health care team? When should patients be admitted for observation and treatment?
- What are the criteria to determine if patients have the capacity to make medical decisions?

Management

- What are the current evidence-based management recommendations based on the underlying cause of psychosis? Do the recommendations vary based on etiology?
- Which drugs and other treatments should family physicians be aware of?
- How effective is psychotherapy? When should it be considered? Which forms of cognitive behavioral therapy are effective?
- Are there situations in which treatment of a first episode of psychosis should be delayed? If so, what are they? Which strategies are effective for reducing the duration of untreated psychosis?

Initial references to consider:

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