

## Beyond the prescription pad

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As general practitioners we have a major role to play in the management of our patients' emotional problems, but we often feel ill-equipped to do so. The simplest response is to make a diagnosis of depression, perhaps with the assistance of a standardised severity instrument such as the PHQ-9, prescribe our favourite antidepressant, and offer to see the patient again in a few weeks' time. We may well be aware that checking the severity of symptoms does not tell the whole story and that drug therapy is, at best, a limited response to our patients' suffering,<sup>1</sup> but our time is limited and, besides, what else can we do? Referral for psychological therapy is sometimes an option and one that patients often prefer, but waiting lists are usually very long and hence this can seem too distant a prospect to be of much help with the problems they are facing right now.

problems to be addressed, and over the strategies used to address them. The patient is empowered and, equally importantly, the weight of responsibility for the GP is reduced. In this study patients offered PST by motivated registrars had consistently better outcomes than those seen by registrars providing usual care. Further research is needed, including formal elements of randomisation, and also testing whether PST can be delivered more briefly within standard consultation times. However, this study is valuable because it indicates that the techniques of an effective psychosocial intervention can be learned and applied by young GPs, conferring some likelihood of benefit for patients. It is an important step on the way to making better use of the intrinsically therapeutic elements of the primary care consultation.<sup>3</sup>

**The main advantage of PST is that it gives the patient control over defining the problems to be addressed, and over the strategies used to address them. The patient is empowered and, equally importantly, the weight of responsibility for the GP is reduced.**

If we are halfway decent, caring human beings—and most of us still are—the only other choice seems to be to take the weight of our patients' burdens on our own shoulders, and run the risk of becoming bogged down, exhausted, burnt out.

There are better alternatives. In their paper on the effectiveness of problem-solving treatment (PST) delivered by general practice registrars,<sup>2</sup> Hassink-Franke and her colleagues provide us with some clues about useful directions of travel. The main advantage of PST is that it gives the patient control over defining the

**References**

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