

# 双心医学实践模式

The practice model of psycho-cardiology

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## 双心门诊 Outpatient clinic of psycho-cardiology



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# 主要内容 Main Content

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- 双心医学：概念、历史及现状 Psycho-Cardiology: concepts, history and current status
- 实践中的问题 Problems emerged in practice
  - @心脏、心理疾病在患者中存在形式 @ symptoms of heart disease and mental illness
  - @心理疾病识别中的问题 @ problems in the recognition of mental illness
  - @心理疾病处理中的问题 @ Problems in dealing with mental illness
- 双心医学实践模式 The practice model of Psycho-Cardiology



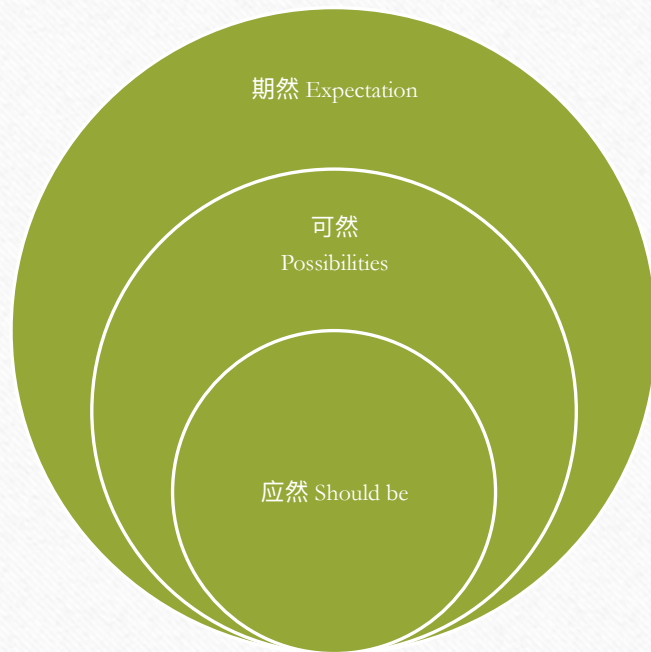
## 什么是双心医学？ What is Psycho-Cardiology?

- 是一门由心脏病学与心理医学交叉并综合形成的学科，是心身医学的重要分支。
- It is an interdisciplinary discipline integrated by cardiology and psychology. It is an important branch of psychosomatic medicine.
- 主要研究心理疾患与心脏病之间的相关性（找病因），即研究人的情绪与心血管系统之间的深层关系，以及控制这些心理问题对心血管疾病转归的影响（行干预）。
- It mainly studies the relationship between mental disorders and heart disease (finding the cause), that is, analyze the deep relationship between human emotions and the cardiovascular system. It also studies positive impact on cardiovascular disease when managing psychological problems (intervention).



# 医学的目的及其发展

## The purpose of medicine and its development





# 目前我国医学现况

Current situation of medical industry in China

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- 重技术，轻人文
- 重文章，轻临床
- 重《指南》，轻基本功
- Technology-oriented, less attention paid to humanities
- Academic articles-oriented, less attention paid to clinical practice
- ‘Medical guidance’-oriented, less attention paid to basic skills



# 双心医学的历史

## History of Psycho-Cardiology

- 1818年, Heinroth (德) : mind-body disease 心身疾病
- 1884年, Jacobi (法) : psychosomatic 心身医学
- 1943年, Harold Wolff: 开创开展双心医学研究工作
- 20世纪70年代, Engel: bio-psycho-social medical model 生物－心理－社会医学模式
- 1980年, 美国心身医学研究所定义心身疾病
- 1998年, 心理心脏病学现状及共识会议
- 1818, Heinroth (de): mind-body disease
- 1884, Jacobi (law): psychosomatic
- In 1943, Harold Wolff: begin to have researched on Psycho-Cardiology
- In the 1970s, Engel: bio-psycho-social medical model
- In 1980, the American Institute of Psychosomatic Medicine defined psychosomatic diseases
- 1998, consensus meeting on the status of psychology and cardiology

刘梅颜等主编.双心医学.北京: 人民卫生出版社, 2016



# 目前状况

## Current Status

- 1995年，双心医学的提出，后方兴未艾，但
- 不尽人意：

@精神卫生服务机构及服务人员严重不足

@民众对精神疾病认识不足

@医护人员精神卫生知识严重不足

@非精神科医生的生物医学诊疗模式有待改变

Following the emerge of Psycho-Cardiology in 1995, the development of Psycho-Cardiology turned out to be Unsatisfactory:

Mental health service institutions and professional staff are seriously inadequate

People lack knowledge of mental illness

Health care workers are seriously lack of mental health knowledge

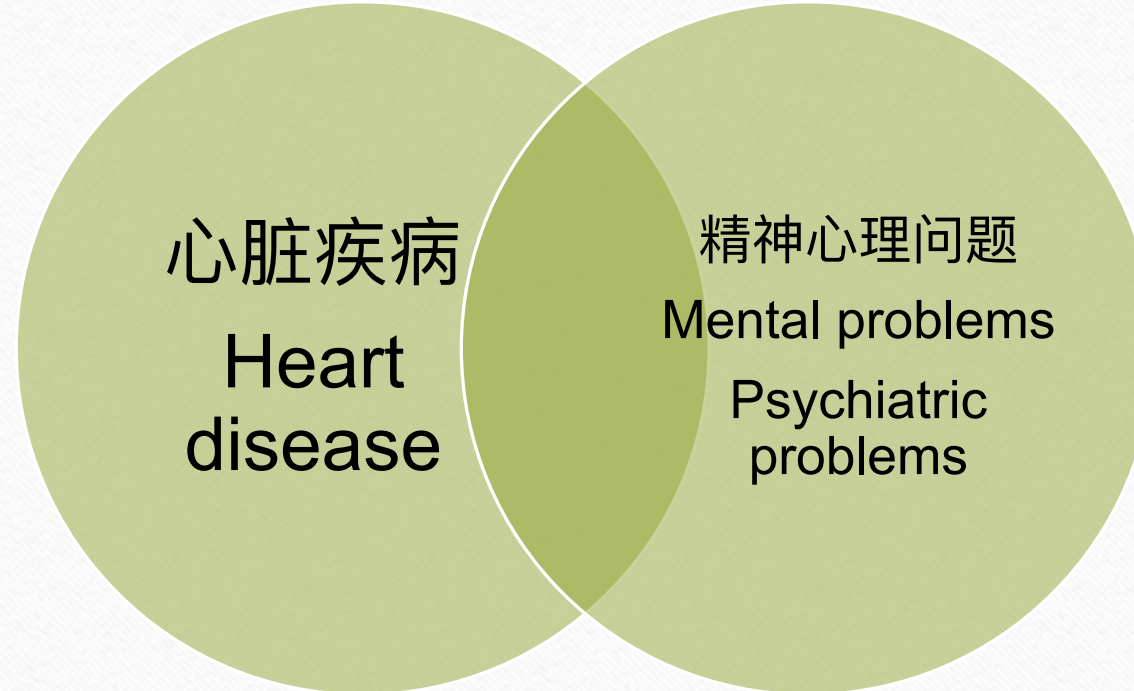
The non-psychiatrist's biomedical treatment model needs to be changed



# 双心疾病的关系

Internal relationship of psycho-cardiology

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**心脏症状可能的疾病**  
**Possible diseases related to heart symptoms**

- 心脏病只是一种可能 heart disease is one possibility
- 担心出来的病（虑病） diseases come from worries
- 吓出来的病 diseases come from fears
- 治出来的病 diseases come from over treatment
- 气/急出来的病 diseases come from irritation/anger
- 本来不是心脏病 it is not heart disease
  - 抑郁症 depression
  - 焦虑症等 anxiety disorder



# 心脏科常见精神/心理问题

## Cardiac common mental / psychological problems

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- 继发精神障碍
  - > 经历急救、手术以及患病后的多种不适应；
  - > 对疾病预后不了解，不知情
- 精神障碍相关的“假性心脏病症状”
  - > 躯体不适或躯体症状，但无躯体疾病的证据
- 医源性“情绪问题”：解释恰当吗？
- Secondary mental disorder
  - > Patients cannot get used to the situation after the first aid, surgery and diagnosis.
  - > Do not understand the prognosis of the disease, has little knowledge
- "false heart disease symptoms" related to mental disorders
  - > Physical discomfort or physical symptoms, but no evidence of physical illness
- Iatrogenic "emotional problem": is this explanation properly?



## “双心医学”共有症状 Common symptoms of “psycho-cardiology”

心血管疾病相关症状  
Cardiovascular disease  
related symptoms

晕厥  
血压高  
心动过速  
Syncope  
High blood  
pressure  
Tachycardia...

胸闷、胸痛  
心悸、气短  
呼吸困难  
Chest  
tightness,  
chest pain  
Palpitatio  
ns,  
shortness  
of breath  
Difficulty  
breathing

头痛、头晕  
睡眠障碍  
过度担心  
悲观厌世  
Headache, dizziness  
sleep disorder  
Overly worried  
Pessimistic

焦虑、抑郁障碍相关症状  
Anxiety, depression related  
symptoms



**有心脏病症状可能的判断**  
**Possibilities related to heart disease symptoms**

- **没病 no disease**
- **心脏病或心外脏器疾病 Heart disease or extra-cardiac organ disease**
- **心理疾病 Mental illness**
- **心脏+心理疾病 Heart disease + mental illness**



## 心内科常见精神/心理问题的专业称谓

### Terms of psychiatric/psychological problems related to cardiology

#### ➤ 抑郁障碍 Depression Disorder

- 抑郁发作（重性抑郁障碍）
- 恶劣心境（持续性抑郁障碍[心境恶劣]）
- Depression (major depressive disorder)
- Bad mood (persistent depressive disorder [bad mood])

#### ➤ 神经症 Neurosis

- 焦虑症：广泛焦虑（广泛性焦虑障碍），惊恐发作（惊恐障碍）
- 疑病症（疾病焦虑障碍）
- 躯体形式障碍（躯体症状障碍）
- 癔症（转换障碍）
- 神经衰弱
- Anxiety disorders: extensive anxiety (generalized anxiety disorder), panic attacks (panic disorder)
- Hypochondriac (disease anxiety disorder)
- Somatoform disorders (somatic disorders)
- Hysteria (conversion barrier)
- Neurasthenia

- 心理生理反应
- 医源性伤害（影响其他躯体疾病的心理因素）
- Psycho response and physiological response
- Iatrogenic injury (psychological factors affecting other physical illnesses)



## 心理疾病识别中的问题

Problems in the identification of mental illness

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- 病症分离
- 时间
- 量表
- 基本功
- Separation of the disease and symptoms
- time
- Scale
- Basic skills



## 心血管科医患关系优势模式

### Advantage model of physician-patient relationship in Cardiovascular disease

- 
- 大多数就诊时间<5min      Most of the treatment time <5min
  - 76%的时间——医生说话      76% of the time - the doctor speaks
  - 2%的谈话来建立伙伴关系      2% of the conversation -- to build a partnership
  - 62%看病医生没有主动建立伙伴关系的机会      62% of the doctors did not take the initiative to establish a partnership
  - 19%患者就医时主动谈话      19% of patients take the initiative to talk
  - 30%没有患者的主动参与      30% of patients without active participation

Gordon HS, et al. Physician-patient communication following invasive procedures: an analysis of post-angiogram consultations. Soc Sci Med 2005; 61: 1015-2



## 识别工具Identification tool

- 三问题法
- 量表：
  - 有用（他乡遇故知，久旱逢甘雨？）
  - 局限性
  - 实用性（可获得性）
- ICD-10（普及版）：where?
- 增加一类鉴别诊断（病症分离）

The Method of asking three questions

Scale:

Useful (other people know, long drought every rain?)

limitation

Practicality (availability)

ICD-10 (popular version): where?

Add more 'first class' diagnosis (disease separation)



# PHQ-9自评量表可作为 抑郁严重程度的评估工具

## 9条目病人自评健康问卷（PHQ-9）

根据过去两周的状况，请您回答是否存在下列描述的状况及频率，请看清楚问题后在符合您的选项前的数字上画√

问题	选项			
	0	1	2	3
1：做事时提不起劲或没有兴趣	完全不会	好几天	一半以上的天数	几乎每天
2：感到心情低落、沮丧或绝望	完全不会	好几天	一半以上的天数	几乎每天
3：入睡困难、睡不安稳或睡眠过多	完全不会	好几天	一半以上的天数	几乎每天
4：感觉疲倦或没有活力	完全不会	好几天	一半以上的天数	几乎每天
5：食欲不振或吃太多	完全不会	好几天	一半以上的天数	几乎每天
6：觉得自己很糟或觉得自己很失败，或让自己或家人失望	完全不会	好几天	一半以上的天数	几乎每天
7：对事物专注有困难，例如阅读报纸或看电视时	完全不会	好几天	一半以上的天数	几乎每天
8：动作或说话速度缓慢到别人已经觉察？或正好相反—烦躁或坐立不安、动来动去的情况更胜于平常	完全不会	好几天	一半以上的天数	几乎每天
9：有不如死掉或用某种方式伤害自己的念头	完全不会	好几天	一半以上的天数	几乎每天
总分： <u>          </u> = ( <u>  </u> + <u>  </u> + <u>  </u> )				



## PHQ-9评分规则及后续治疗建议

### PHQ-9 scoring rules and follow-up treatment recommendations

分值 score	结果分析 result analysis	治疗建议 treatment recommendations
0-4分	没有抑郁 No depression	无 No
5-9分	轻度抑郁 Mild depression	观察等待：随访时重复PHQ-9 Observe and wait: Repeat PHQ-9 at follow-up visits
10-14分	中度抑郁 Moderate depression	制定治疗计划，考虑咨询，随访和、 或药物治疗 Develop treatment plans, consider counseling, follow-up visits and, Or drug treatment
15-19分	中重度抑郁 Moderate to severe depression	积极药物治疗和/或心理治疗 Active medication and / or psychotherapy
20-27分	重度抑郁 Severe depression	立即首先选择药物治疗，若严重损伤或对治疗无效，建议转移至精神疾病专家，进行心理治疗和/或综合治疗 Firstly drug treatment preferred, if the mental illness is too serious or the treatment is invalid, it is recommended to refer patients to psychiatrist, having psychological treatment and / or comprehensive treatment



## 测评工具与心理线索

### Evaluation tools and psychological clues

- 测评工具，只是工具。发现问题有一定帮助，但无法代替医生对靶症状的把握。不是所有负面情绪都是药物治疗的适应证。真正的适应证，需要根据患者对患病故事的叙述，家人反映的情况，从中挑出来。这是症状谱评估和药物治疗适应证把握部分。
- 真正的心理线索，也是从与患者及家属接触中发现并在建立帮助关系同时商量出来的。不是简单竖立榜样能做到的。树立榜样，需要在患者可效法，有动力去改变基础上才会有好的效果。
- 有现实困苦时评出的不良情绪，与单纯抑郁症明显意义不同，对得分背后病理意义的把握，光看得分区分不了。需要结合具体感受，发生背景，波动规律等来分析。
- **The evaluation tool is just a tool. It is helpful in identifying problems, but it can not replace the doctor's diagnosis. Not all negative emotions are indications of medication treatment. The real indications should come from the patient's description of the sick story and the family's description. This is part of the symptom spectrum assessment and drug treatment indications.**
- **The real clue for psychological treatment comes from the interaction and communication with patients and their families. The treatment of "role model" is only efficient when the patient is very active in participation and highly motivated.**
- **Bad mood happens when there are real difficulties in life, they are different from depression symptoms.**
- **It needs to be analyzed based on the background story of the event, the specific feelings of patients, the fluctuations rhythm of those symptoms.**



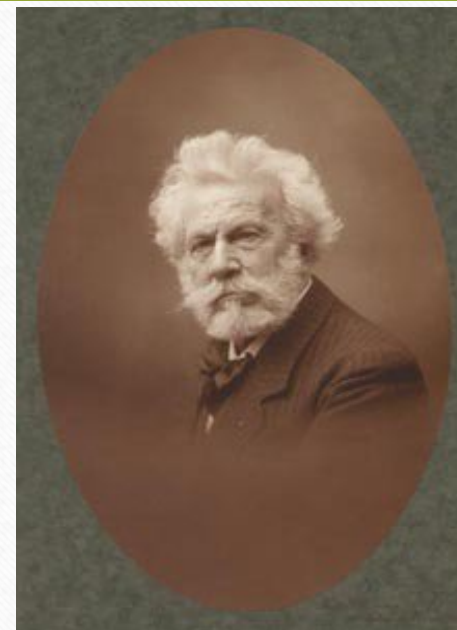
# 测量 measuring

- 量表 Scale
- 量子纠缠?
- Quantum entanglement?
- 人 people



G. V. Schiaparelli

意大利•斯基亚帕雷利, 1877  
Italy • Skopa Parelli, 1877



法•弗拉马里翁, 1893-1894

“发现”火  
星运  
河"Discover  
" the Mars  
Canal



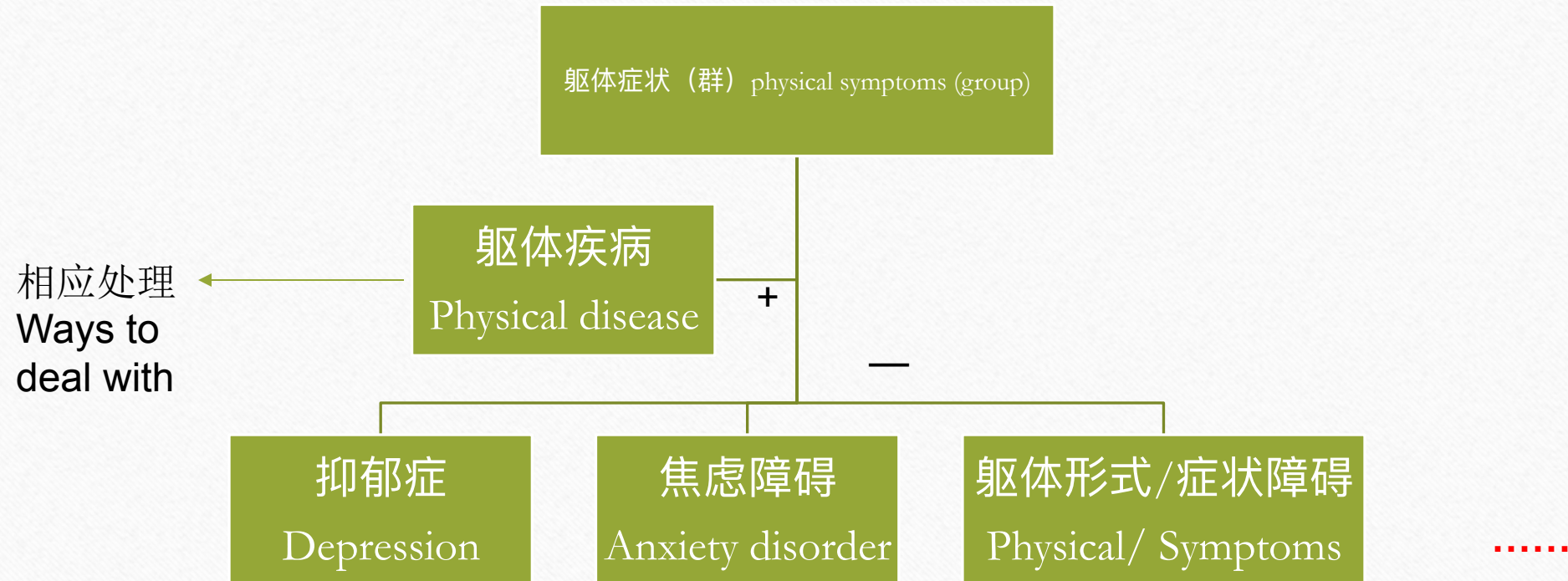
# 模式(model)

- Sb/sth to copy 去复制
- Someone or something which people want to copy because they are successful or have good qualities
- 当某人的方法 / 某些东西很管用或取得成功时，他人便想去复制



## 心脏科常见精神/心理问题处理流程

The handling process of common psychiatric / psychological problems in cardiology





## 双心临床实践模式:看病医院及科室

Clinical practice model of psycho-cardiology: hospitals and departments introduction

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- 综合/心脏专科医院 Integrated / cardiac specialist hospital
  - @心脏科 cardiology
  - @联络会诊科 Psychological consultation-liaison department
  - @精神心理科 Psychiatric-psychology
- 精神专科医院 Psychiatric hospital



## 双心临床实践模式:看病科室内

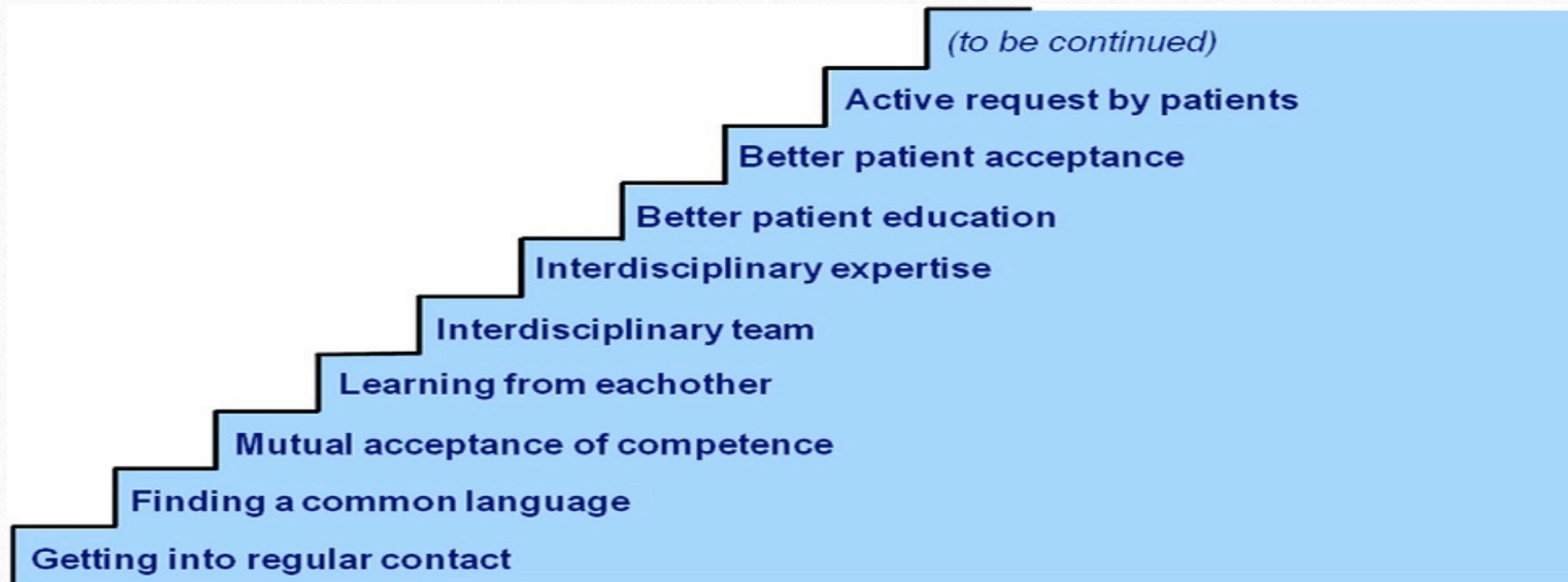
Clinical practice model of psycho-cardiology: situations in the clinical departments

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- 双人服务 Dyad service
- 单人服务 One-to-one service
- 同室操戈 Internal strife
- 异室而处 Separated rooms



# Stones from other hills 他山之石



Structural steps towards integration of psychocardiology.

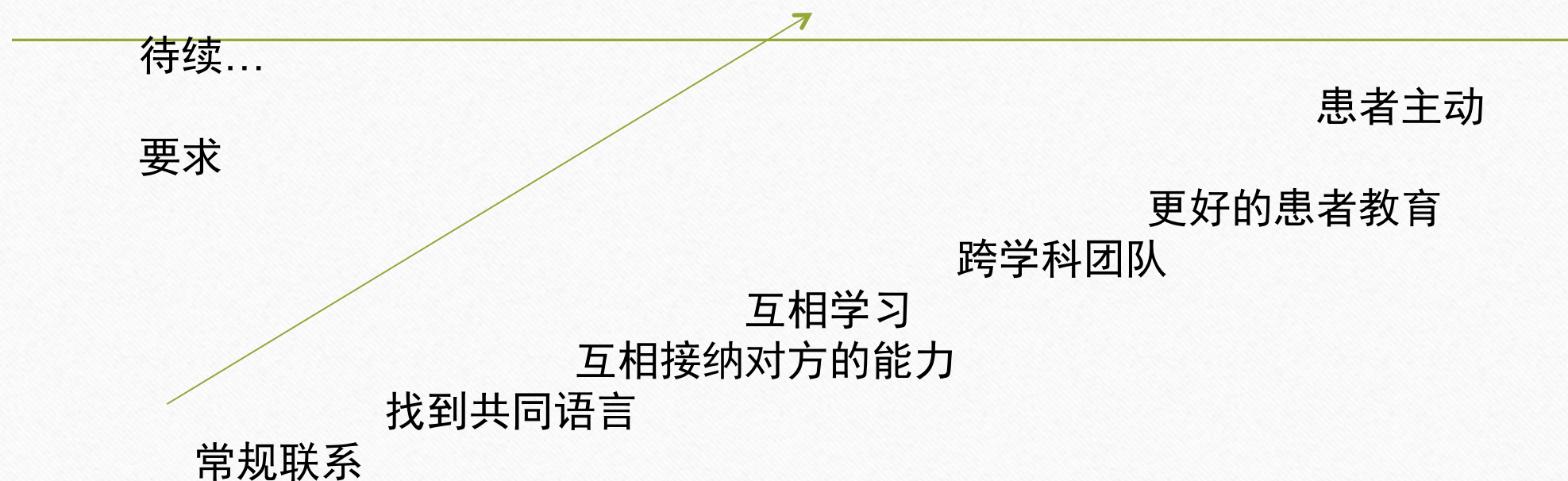
双心医学整合的结构性阶梯

Christoph Herrmann-Lingen. Steps towards integrated psychosomatic medicine—The example of psychocardiology. *Journal of Psychosomatic Research* 70 (2011) 111–115

15.09.17



# 他山之石

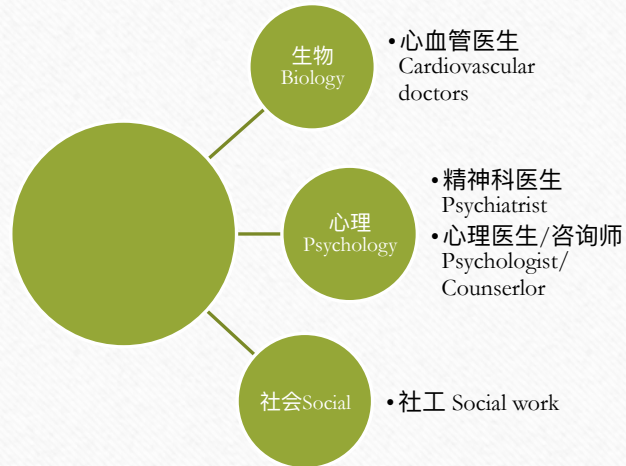


双心医学整合的结构性阶梯

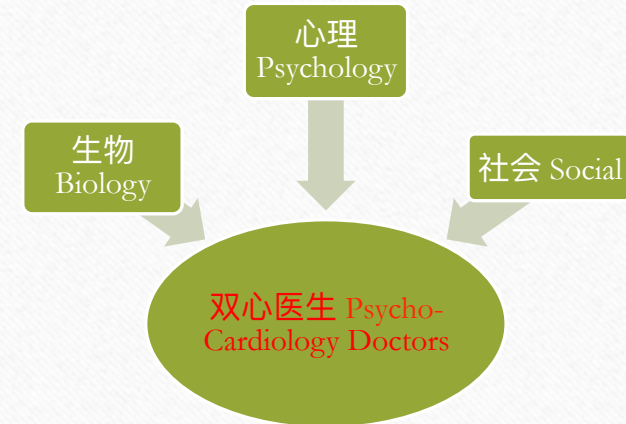


# 临床模式 Clinical Model

- 多元论模式 Pluralism model



- 折衷主义模式 Eclectic model





# 有效互动 Efficient Interaction

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- 心脏科自己解决 Managed by the cardiology department itself
- 综合医院心理/精神科/联络会诊科协助 Assisted by the psychological/psychiatric/consultation-liaison department in general hospitals
- 精神专科 psychiatric departments



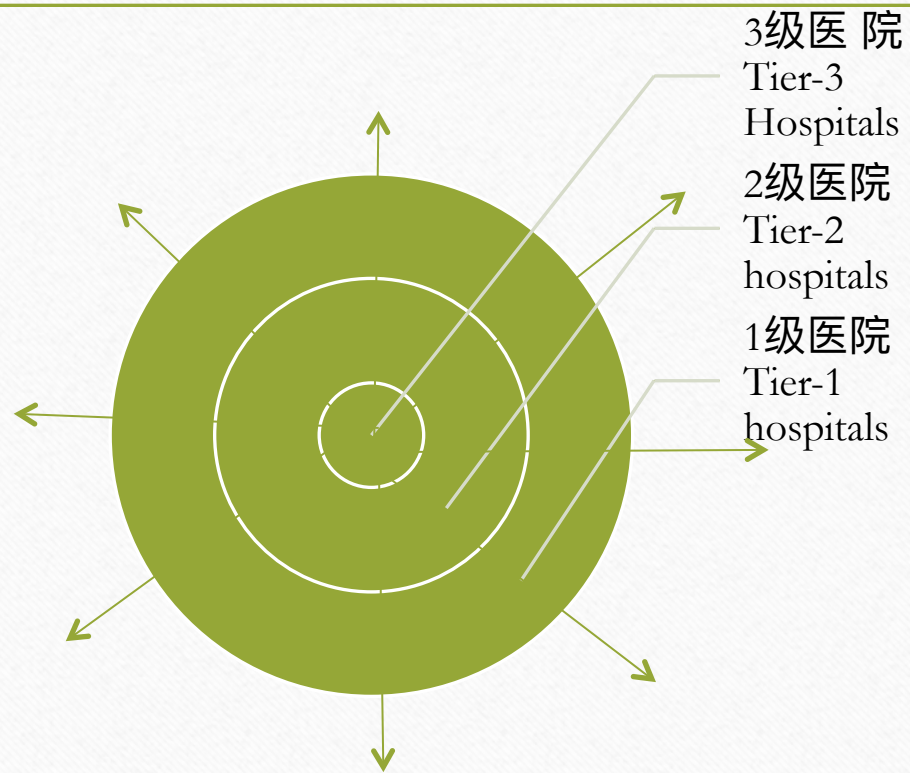
# 现实 Reality

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- 地大人多 Immense land and highly populated
- 资源稀缺 Resource scarcity
- 分布不均 uneven distribution
- 质量参差 Quality difference



# 医院辐射Hospital radiation





# 推广模式 Promotion Model

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- 潜修与顿悟
- 量表评估及处置 (“他乡遇故知” )
- “孩子是自己的好”
- practice and sudden enlightenment
- Scale assessment and disposal (‘encountering like-minded people in other provinces’)
- ‘Our own child is the best child.’



# 双心医学需要有何本领

## What are the professional requirements of psycho-cardiology medicine?

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- 对心脏疾病了如指掌 Well aware of heart disease
- 对假性心脏病症状之心理问题要能识别 Able to tell the difference between false heart disease symptoms and mental illness
- 掌握一些沟通技巧 Master some communication skills
- 加强自身的人文素养 Strengthen their own humanistic qualities
- 自己处理不了或处理不理想，千万别硬扛！ If you can not handle the situation or when the result is unsatisfactory, do not push yourself too hard!



## 循证医学 Evidence - based medicine

- 循证证据 Evidence - based evidences
- 医生的经验 Experiences of physicians
- 患者的意愿 Preference of patients



# 患者意愿 Patient's Preference

- 对许多医疗情况有影响——安慰剂&反安慰剂效应
- 有研究前景
- 评估手段不完整、不一致
- 评估策略呈异质性
- **Impact on many medical conditions - placebo & anti-placebo effect**
- **Have prospects for research**
- **The evaluation means are incomplete and inconsistent**
- **The evaluation strategy is heterogeneous**

Laferton JAC, Kube T, Salzmann S, Auer CJ and Shedden-Mora MC(2017) Patients' Expectations Regarding Medical Treatment: A Critical Review of Concepts and Their Assessment. Front. Psychol. 8:233.doi: 10.3389/fpsyg.2017.00233



## 心理疾病处理中的问题

Problems in dealing with mental illness

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- 心理咨询/治疗与药物
- 法律（资质、风险）
- 转诊
- 精神or心理科
- Psychological counseling / drug treatment and medication
- Law (qualification, risk)
- Referral
- Psychiatry or Psychology



# 什么是心理治疗 What is psychotherapy?

- 对心智进行治疗
- 用心智进行治疗
- 心理治疗的特殊性在于，病人和治疗师之间有一个明确的协议...专门拨出时间来集中进行治疗。它还遵循已知和约定的方式，双方清楚地知道将会发生什么，要还多长时间。
- **To treat the mindset**
- **Use the mindset to treat**
- **The particularity of psychotherapy is that there is a clear agreement between the patient and the therapist ... specifically to set aside time to focus on treatment. It also follows the known and agreed manner. Both sides clearly know what will happen, how long it will take.**



## 心理治疗的等级体系 The hierarchical system of psychotherapy

- 类型A：包括了在任何治疗中都使用的简单的心理治疗性理解（例如开抗抑郁药的医生提供的咨询和支持）
- 类型B：包含了致力于心理理解和情感支持的专门手段。它们使用一般的心理治疗原则，但不遵循严格的理论，也没有规定治疗的次数。
- 类型C：是“严格意义上的心理治疗”。治疗师受过得到认可的心理治疗训练，并且病人和治疗师之间对心理治疗的特定过程存在明确的共识，也共同在这个方向上努力。
- Type A: it includes all the empathetic method that are used in simple psychotherapies. (e.g. counseling and support provided by a doctor who prescribes anti-depression medicines).
- Type B: it contains specific methods such as showing understandings and offering emotional support. They use the general principles of psychotherapy, but do not follow rigid theory, nor there is rules for the times of treatment.
- Type C: it is the 'psychological treatment in a strict sense'. The therapist has received an approved psychotherapy training and there is a clear consensus on the specific process of psychotherapy between the patient and the therapist, and both sides are working towards this direction



# 精神科“掺和” 什么？

What's the hell is “psychiatry” doing here?

- 医学心理学、精神病学的地位
- 焦虑抑郁不是精神科的“专利”！
- Psycho-
- The status of medical psychology and psychiatry
- Anxiety and depression is not the "patent" for psychiatry!



# 成功或质优如何评判

## How to evaluate success or good quality

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- 疗效好坏最基础的是良好的医患关系
- 专业技能过硬
- 长期随访
- A good doctor-patient relationship is the basis for a good treatment
- Excellent professional skills
- Long-term follow-up visits



# 过程与结局

## Process and result

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- 路漫漫其修远兮.....
- 惊喜
- 成就感与幸福感
- There is a long way to go.....
- Surprises
- Sense of accomplishment and happiness



培养良好思维习惯时，最重要的因素就是要养成这样一种态度：肯将自己的见解搁置一下，运用各种方法探寻新的材料，已证实自己最初的见解正确无误，或是将它否定。保持怀疑心态，进行系统而持续的探索，这就是对思维最基本的要求。

——约翰·杜威《我们如何思

维》

The most important factor in cultivating good thinking habits is to develop an attitude that is willing to shelve your own opinions and use various methods to explore new materials, proving that the initial opinions are correct or wrong.

Always maintain a skeptical state of mind as well as explore systematically and continuously, this is the most basic requirements of thinking.

- John Dewey "How do we think"



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谢 谢!  
Thank you!