

Dealing with the dependent patient

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Remember

- Dependent people have low self-esteem, making them submissive, clinging, indecisive and very trying.
- Doctors may be idealised by their dependent patients and invited to 'rescue' them by providing all the answers. Dependent patients can make you feel very important.
- Setting and stating realistic limits for the doctor–patient relationship safeguards against the doctor ultimately becoming frustrated or rejecting.
- Some dependent patients are 'lifers'. Having continuing problems guards them against treatment termination. Therefore, assess and reassure patients about their symptoms, but treat only actual observed signs.

Assessment

- Recognise the dependent patient pattern:
 - constantly seeks advice and reassurance but often unable to be reassured
 - promotes clinician's ego and 'need to cure' by emphasising patient's vulnerability and neediness
 - avoids decision making, urging clinician to assume all responsibility
 - presents new problems or fails to recover in order to maintain contact with the doctor.
- Enquire about frequently associated problems:
 - depression
 - anxiety
 - social avoidance
 - benzodiazepine or alcohol use
 - domestic violence.

Management

- Set structure by involving the patient in defining and planning each interaction with goals and endpoints.
- Set aside sufficient, but defined, appointment times and stick to them. Avoid fit-in appointments by booking frequent regular times to deal with actual illness.
- Maintain limits. Neither dismiss nor overinvestigate concerns. Gently identify and name patient behaviours like 'difficulties

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with decision making' or 'difficulty accepting reassurance'.

- Inform the patient that a 'cure' for all the symptoms may be beyond medical science and he or she may have to live with some problems.
- Avoid:
 - fostering dependence in the sick role
 - excessive reassurance
 - trying to eliminate all concerns
 - prescribing long term benzodiazepines.
- Encourage and reward:
 - planned action rather than complaint
 - learning problem solving for small issues
 - homework for specified limited goals
 - socialisation to diffuse dependent attachments
 - learning of relaxation skills and assertiveness training.
- Anticipate strong, often alternating, clinician's reactions. Wishes to rescue and fully satisfy the patient may be followed by derision, frustration and wishing to dismiss the patient, followed by guilty overcompensation because of the latter.
- Manage associated disorders, especially anxiety and/or depression, with brief psychotherapy focusing on separation and loss issues.

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