**Stigma**

We are all aware of the notion of stigma attached to seeing a psychiatrist. We all have tried to refer patients to psychiatrists, only to have the patient refuse. Yet recently the SSRI anti-depressants and the benzodiazepine anxiolytics have transformed the treatment of depression and anxiety in the US partly because these drugs are so easy to use, and partly because patients are willing to take medications for psychiatric reasons, so long as a non-psychiatrist prescribes the drugs.

Although I’m a neurologist, I am now, quite surprisingly to myself, dealing with that stigma directly. In February I moved to Butler Hospital. It is my fourth employer since I moved to R.I. in 1982, and hopefully my last. Since I am a movement disorders neurologist, one might reasonably ask why I would want to be at Butler, a psychiatric hospital, and why Butler would want me. These two questions have different answers. However, what is more interesting is why patients who wanted to see me when my offices were in Warwick and East Providence, do not want to see me at the Butler campus?

I am at Butler for two major reasons. The main one is to expand research endeavors into movement disorders, primarily Parkinson’s disease (PD), but also Huntington’s disease, drug-induced movement disorders and psychogenic movement disorders (more common than Huntington’s disease).

Almost all movement disorders have concomitant behavioral disorders. My own personal research interests have focused on these behavioral problems, so that while I treat, hopefully, the “whole” patient, movement and non-motor problems, I would like to expand research into the most debilitating aspects of PD, namely dementia, fatigue, depression and sleep disorders. And Butler, of course, has research groups interested in some of these areas.

The second answer to this question reflects my age. Although it was only after I moved that one of my patients left me a note asking for the name of the neurologist she should see when “something happens” to me and I stop seeing patients. The question had occurred to me as well. I have worried about where my many PD patients would go when “something happens” to me. While there are many superb neurologists in our area, there were none with special expertise and interest in PD. Now, with Victoria Chang, MD, working with me, there is, and hopefully another specialist will join us to follow these patients.

The second question, why would Butler want me, is more interesting. Butler views itself, and would like itself to be viewed, as a hospital for “brain disorders,” not just psychiatric disorders. It had a distinguished dementia center, and adding a movement disorders program advanced the notion that brain disorders don’t respect classification fault lines that separate neurologic and psychiatric disorders. Like the maps drawn arbitrarily through Africa in 19th century imperialist days, “officially” sanctioned lines separating disciplines may not reflect the reality on the ground. Brain disease is an all encompassing concept. A good example of the arbitrariness of classification is Bonnet’s syndrome, in which otherwise normal elderly people with severe visual impairment develop complex visual hallucinations. When onset is acute the patients go the emergency room, which then directs them to the psychiatric service, which then directs them to the neurologist.

Is Alzheimer’s disease a neurological or psychiatric disorder? As Dr. Easton would say, “Yes.” Obviously it is a brain disease. I’m a movement disorders neurologist but my research is in “neuropsychiatry,” which, by the way, is different from “behavioral neurology,” a field which addresses aphasia, abnormal emotional responses, and apraxia. But all of these are brain disorders. That aphasia is a neurological disorder while hallucinations are psychiatric is due purely to random historical events.

The stigma of Butler Hospital has affected my own practice. When I moved, my referrals slowed. Some patients who saw me in a private office were reluctant to transfer care. Occasionally family members would tell me, “He didn’t want to see you at Butler. We had to convince him.”

When I first opened my office at Butler, I asked the hospital not to advertise because I thought I would be overwhelmed and that I would alienate the doctors who referred patients because of lengthy waiting times. I wish. I’ve been here over 6 months and my schedule is still not full.

The orthopedists have offices on the Butler campus but I doubt they have this problem. Bones and brains aren’t confused and I doubt that patients refuse to see an orthopedist because the building is on the Butler campus. “I saw Dr X at Butler for my hip,” sounds different than, “I saw Dr. Friedman at Butler for my Parkinson’s.” Some do worry about seeing me on the Butler campus (“Will I have to stay there?” some occasionally ask my secretary, only semi-joking), and I believe this reflects the stigma of being treated at a psychiatric hospital. Butler and I are keen to correct this.

The neurological literature certainly reflects the changes in the discipline’s thinking about behavior in the last 15 years. Increasing numbers of articles discuss dementia, mood and other behavioral problems in PD, ALS, stroke, epilepsy, MS and all the other “neurological” disorders that used to be considered as not having a behavioral component. Increasing numbers of conferences now focus on the behavioral aspects of neurological disorders. There are few brain changes that do not have either direct or indirect behavioral consequences and, while for historical reasons certain disorders fall into one discipline rather than another, the basic identification of a disorder as “brain or not brain,” is really what counts.

Non-psychiatric physicians must help lead the way.

— JOSEPH H. FRIEDMAN, MD
A stranger walks down a country lane and sees a small farmhouse at the margins of a plowed field. He wonders: “Did that visibly fertile field attract the farmer who then built his dwelling next to the field?” Or, alternatively, “Did the farmer, inheriting the farmhouse from his parents, then clear the adjacent woodland to make a meadow capable of growing a crop?” A farmhouse and a plowed field: which came first? And did the farmhouse “cause” the plowing? Or did the fertile field “cause” the farmer to construct his farmhouse beside this obviously fecund field? Or, perhaps, was there no causal relationship between the two physical entities?

A tourist from the States visits Stonehenge in southern England and exclaims: “Wasn’t it thoughtful of those early Druids to build their primitive monument next to an accessible highway and parking lot!” Or an equally credulous tourist in Virginia questions: “How come so many Civil War battles were fought in National Parks?” People take two or more disparate things and speculate about their interrelationships, wondering, sometimes, if one came about because of the other.

Before they perceive the rudiments of language, young children learn the fundamentals of causal relationships. One of the first principles that they learn is the temporal connection between causes and effects: if A truly causes B, then A must precede B. A baseball game is not rained out if it rains the next day. Eating forbidden cookies comes before a spanking – not after (except, perhaps, in dysfunctional families.)

Nature respects the rules of causality but displays a cosmic indifference to how the many and varied consequences are perceived. It acknowledges neither penalties nor prizes, just outcomes.

But how reliable is a temporal relationship in assigning causality when the outcome is a complexity such as a human disease? For example, most people with Alzheimer’s disease have grey hair; but Koch’s postulates, recognizing that the world is awash with infectious disease, some of these postulates have been modified; its own specific, often idiosyncratic infection. It didn’t seem reasonable to most physicians that an invisible organism could “cause” the farmer to construct his farmhouse beside this obviously fecund field? Or, perhaps, was there no causal relationship between the two physical entities?

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