

Doctors in the US have less time to treat patients

Ass. Prof. of Psychology **Ellen Braaten**, Ph.D., from the Department of Psychiatry at Harvard Medical School, and a clinical psychologist practicing at the Massachusetts General Hospital, spent the last six months at our faculty as a visiting professor. A conversation.

What was your main motivation to come and spend six months at the Second Faculty of Medicine as a visiting professor?

Let me start by saying that I am so honored to be a part of this esteemed institution and faculty. I first became acquainted with your faculty when I was asked to speak at an ADHD conference in 2014 that was organized in Praha. I became acquainted with Dr. Michal Goetz and Professor Radek Ptacek. We all have research interests in children and adults with ADHD and have collaborated on some projects. I was eager to continue our collaboration and to set up an ongoing cooperation between your institution and my own. When Dr. Goetz approached me about the opportunity to come as a visiting professor, I was very happy to explore the opportunity.

Was it difficult decision to come for six months?

It was not a difficult decision at all! Prague is the most beautiful city in the world and this is an once-in-a-lifetime experience. The most difficult part for me was making sure my clinical responsibilities at my department at home were covered. I am lucky that I have a very supportive staff at home.

What courses have you been teaching?

I have been teaching an advanced course on ADHD, as well as lectures on child psychopathology, abnormal psychology, and behavior disorders. I have also had the opportunity to lecture to the pediatric department on topics such as suicide in youth and the genetics of ADHD.

How do you find the students at our faculty?

The faculty and students are wonderful. Everyone has been very welcoming and open to hearing and sharing knowledge. I'm very impressed with the quality of the students. Any of them would do quite well in the U.S. The faculty is incredibly knowledgeable and I am learning as much from them as they are learning from me.

Your visit here, with your broad experience and background from both the Harvard Medical School and Massachusetts General Hospital, is quite a contribution to our students and teachers. Are there any benefits for you and your career?

There are definite benefits to my career. Knowledge is useless if it is not shared, and institutions such as Harvard and Massachusetts General Hospital value this concept. The Harvard University is eager to collaborate with other institutions and are very happy that I am appointed as a Visiting Professor here. Charles University has an outstanding reputation and my institution benefits from the partnership we have

formed here.

Have you been focusing on teaching here, or have you worked on any other projects?

I have been working on a number of research projects, such as a paper with Drs. Goetz and Ptacek on time perception in ADHD. I'm also assisting Dr. Goetz in organizing a conference on school mental health issues.

One of your main area of professional interest is ADHD. What are the most recent discoveries with regards to ADHD? Did you find the approaches to research, diagnostics, and treatment of ADHD here and in the USA different?

ADHD is a widely studied disorder and there are always new things being discovered – sometimes these discoveries can seem controversial or contradictory. For example, many studies show increased nicotine use in people with ADHD but a recent study here in the Czech Republic showed that was not the case for their sample. There have been quite a few recent studies on digital media use, with some studies finding it might increase ADHD symptoms in teens. One new way of thinking about ADHD relates to the fact that ADHD (just like most psychiatric disorders) co-occur with other disorders. For example, according to one longer-term study about 40 % of kids with ADHD will struggle with depression at some point in their lives. Current assessment and treatment approaches take into account the complexity of these disorders. Researchers are looking into whether there might be a type of ADHD that is closely coupled with depression, as adults with depression who aren't responding to antidepressants may actually have undetected ADHD. Overall, the rates of the occurrence and the clinical practice in the US and CR are quite similar.

What about the role of diet on children with ADHD? There is a frequent common opinion that some additives, colorants and 'E' stuff, especially in chocolate, candies and soft drinks, might contribute to hyperactivity in children and is worsening the symptoms of ADHD. For me, it was very interesting to hear at one of your lectures that there are no research results supporting this?

This is a great question. It's one that is asked frequently. For years, parents have been asking this question and researchers have been trying to answer it. Here is the research in a nutshell. There are no special diets proven to 'cure' ADHD or even to reduce its symptoms. Some people claim kids with ADHD should avoid certain foods, such as additives or food dyes. There is no evidence to support the idea that eliminating certain foods has a direct impact on ADHD symptoms. But some kids with ADHD may be particularly sensitive to certain foods and all kids benefit from reducing how much sugar they eat and drink. Overall, the best diet for kids with ADHD is the diet that is best for all kids. If a child appears to be particularly sensitive to a certain food, I encourage parents to monitor their symptoms. Cutting out those foods might help a child feel and function better.

From your experience, when it is first suspected that the child might not just be misbehaved but suffer from ADHD, who has the most important role? The teachers? The family? Or pediatricians?

This question is very dependent upon the age of the child. In child with significant issues that are obvious from a very young age, parents and other family members are the first to notice. Usually the pediatrician is the first professional to document and diagnose any problems. Pediatricians are in a unique position to offer information about a child's 'normal' course of development. After a child reaches the age of formal schooling (usually around 5 or 6), teachers are often the ones to call attention to any problematic

behaviors. After about the age of 6 years, teachers spend a large amount of time with children. Thus, they play an important role in the diagnostic process.

Why is public education about ADHD so important?

Education is important in a number of different ways. The general public and other professionals need to know the facts about ADHD. It is a real medical condition that affects brain functioning and is hereditary. It's not the result of poor parenting or means that a child just needs to 'try harder'. Better knowledge about ADHD can lead to earlier intervention, which leads to better outcomes in adolescence and adulthood.

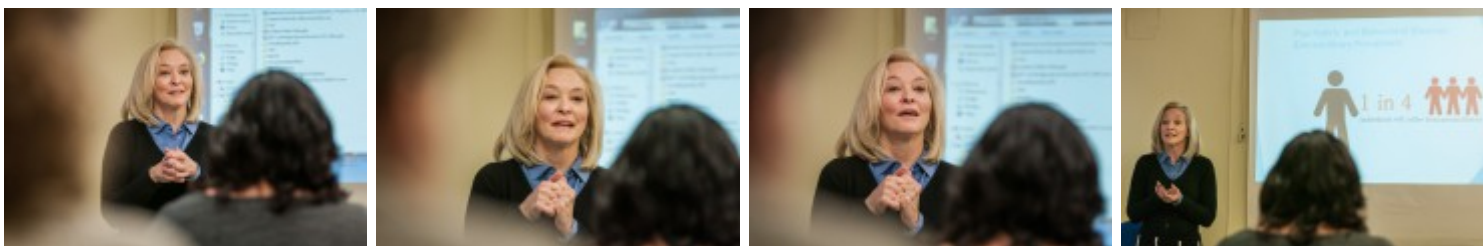
Are there any similarities between Harvard Medical School and our faculty? What were the biggest differences you found between those two institutions? Was there anything inspiring for you at our faculty?

The faculties between HMS and the Second Faculty are remarkably similar. The biggest difference I find is in the clinical practice. The medical system in the US is private and the physicians and psychologists in the US spend much time negotiating with insurance companies. Also, the length of stay in an inpatient hospital setting is much shorter in the US. Doctors in the US have less time to treat patients and generally are required to see many more patients because of insurance reimbursement. What I find most inspiring is the historical perspective of living in a country that has had so many political changes in the last century. The academic community has needed to be resilient and this has resulted in a faculty that is open to creating and hearing new ideas.

How did you find Prague and the Czech Republic?

I love everything about the Czech Republic – the food, people, and culture are amazing! My grandparents immigrated from Central Europe (Austria and Hungary) and my father's family was from Prague before living in Vienna. In many ways, this feels a bit like a home that I never knew. There is one important exception to my enthusiasm – and it's the language which is impossibly difficult to learn!

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