

PRECISION AND PERSON-CENTERED MEDICINE IN PSYCHIATRY: TRANSDISCIPLINARY INTEGRATIVE PERSPECTIVE

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The concept of predictive, preventive, precision, person-centered and participatory medicine (5PMed) is a new emerging and formidable paradigm in psychiatry. Instead of relatively broad and non-valid pathological diagnoses and nonspecific „one-size-fits-all“ therapies, psychiatry is moving toward an era of 5PMed that should offer the right treatment to the right patient in the right time. Transdisciplinary integrative approach due to computer science, infotech and biotech tries to create an overarching theory that unifies all the scientific and humanistic disciplines dealing with human mind, mental health and mental disorders. The idea is very attractive and challenging: to offer all mental health scientists and practitioners a common language, bridge over academic gaps and easily exchange insights across disciplinary borders. Theoretically, it is expected that is possible to combine clinical data with different neurobiological measures, single-nucleotide polymorphisms and epigenetic mechanisms in the different populations of patients in order to identify profiles that refers to and predict individual clinical response to individual or personalized treatment. Current psychiatric therapies are actually effective and useful for many patients, but there are still high rates of partial therapeutic response and treatment resistance. Personalized, precision and person-centered psychiatry are commonly used as synonyms, in spite the fact that these terms refer to the overlapping, but little distinctively different meanings and approaches. Personalized medicine considers clinical and personality characteristics of a patient in order to predict susceptibility to disease, aid in diagnosis, and tailor individualized treatment, precision medicine searches objective measures, biomarkers, endophenotypes or biosignatures, while person-centered medicine promotes a patient to be proactive as partner in the treatment choice and course. While we are waiting for establishing optimal 5P medicine in psychiatry and more personalized algorithms, it is possible to improve our clinical practice by using knowledge and therapeutic methods from different disciplines in creative and integrative way and practicing principles of the person-centered psychiatry.

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CREATIVE PERSON-CENTERED PSYCHOPHARMACOTHERAPY OF DEPRESSION

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From time to time depression has been depicted as “one of the great scandals in medicine” because it is underdiagnosed, undertreated or wrongly and unsuccessfully treated disorder, while antidepressants are accused to be placebo with dangerous side-effects, “little more than a deceptive product of greedy pharmaceutical companies that sell hope to the hopeless”. The truth is that modern antidepressants are very useful and effective mental health medicine if used properly. What causes an optimal or good therapeutic outcome in psychopharmacotherapy of depression and how to achieve it is a fundamental question from the perspective of predictive, preventive, precise, personalized and person-centered medicine. Concept of creative, person-centered psychopharmacotherapy offers an overarching theoretical framework that permits the integration of different levels of explanation from neuroscience, clinical psychopharmacology, psychodynamics, evolutionary psychobiology and positive psychology in order to achieve full remission, personal recovery and positive mental health. It represents an art and practice of the learning organization in the frame of transdisciplinary, integrative, narrative, the person-centered and neuroscience based psychiatry and psychopharmacology. The key terms of this concept are: the focus on person in treatment instead of blockbuster and stratified medicine approaches, synergistic drug combinations, enhancing resilience and salutogenesis, not only decreasing illness but also increasing wellness, reconstructing disease and therapeutic narratives, and promoting creativity, therapeutic alliance and partnership. Each therapy is a learning process which involves systemic thinking, creative mental model, personal mastery, therapeutic vision and therapeutic dialogue. The more complicated treatment case, the more art and learning with the patient is needed for a successful therapeutic outcome. Creative psychopharmacotherapy is much more than prescribing mental health medicines in rational manner and careful control of their use. It is relational, contextual, multimodal, personalized and individualized application of the creative thinking and systemic information processing strategy. Creative psychopharmacotherapy includes not only creative and rational use of mental health medicines and their combinations, but it is also about creating favorable treatment context, reconstructing narratives that fuel mental health problems, resilience enhancing and fostering patients’ creativity and personal mastery. It is an alternative to dogmatic, rigid and authoritarian application of official treatment guidelines and marketing based practice.