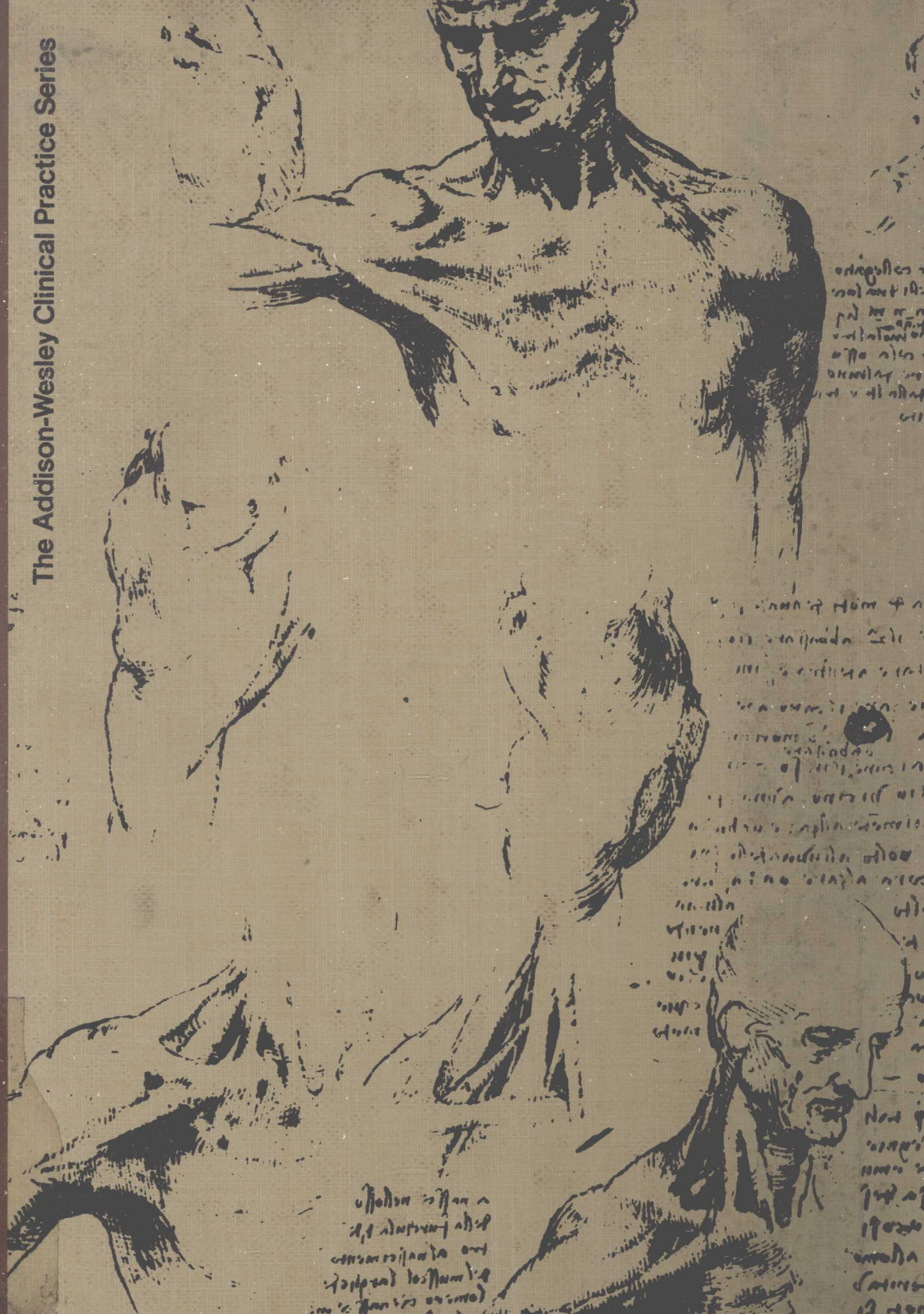


Behavioral Medicine in General Medical Practice

The Addison-Wesley Clinical Practice Series



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Behavioral Medicine in General Medical Practice

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The authors and publishers have exerted every effort to ensure that drug selection and dosage set forth in this text are in accord with current recommendations and practice at the time of publication. However, in view of ongoing research, changes in government regulations and the constant flow of information relating to drug therapy and drug reactions, the reader is urged to check the package insert for each drug for any change in indications of dosage and for added warnings and precautions. This is particularly important where the recommended agent is a new and/or infrequently employed drug.

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Behavioral Medicine in General Medical Practice

To my parents, Robert and Corinne
Patrick A. Boudewyns

To Delia, Dan, and Anne
Francis J. Keefe

Publisher's Foreword

The Clinical Practice Series provides current clinical information in a practical and accessible format. Each title in the series addresses an important topic in modern primary care medicine. Essential pathophysiology is presented in the context of clinical material; the emphasis is always on sound diagnosis and management. Recommendations on when to refer are often included.

Clinical Practice Series authors are authoritative clinicians from a variety of distinguished medical centers. Each manuscript receives extensive critical review and commentary from our consulting physicians, many of whom have worked with us to develop the editorial goals and design of the series.

The format of this volume provides direct access to information on two levels—quick reference and in-depth study. Open the book to the beginning of any chapter. Brief chapter contents guide you to the topics of immediate interest. The chapter overview summarizes the chapter's content and purpose. Marginal notes distill facts and opinions from the text and offer critical commentary when appropriate. Tables and figures summarize data and provide quick visual references. No other series offers such accessibility to practical information and comprehensive coverage of clinically important topics.

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Death and Dying
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Nutritional Management in Clinical Practice
Pediatric Nutrition
A Physician's Guide to Coronary Heart Disease Prevention
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Psychological Aspects of Medical Practice: Adults and the Elderly

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Preface

The purpose of this book is to acquaint primary care physicians with the field of behavioral medicine. Clinical applications of behavioral science techniques to a wide range of patients seen by primary care physicians are reviewed. The disorders selected for review are those for which research evidence indicates that behavioral techniques provide a viable treatment alternative. Although clinical material is stressed throughout the book, each author provides a brief description of the research basis for behavioral treatment programs.

A second purpose of this book is to furnish the physician with enough information about behavioral approaches so that the patients who are appropriate for such treatment can be identified and referred.

Many of the treatment programs discussed in this book are relatively simple procedures that could be carried out by the interested physician and/or trained office personnel. Some specialized techniques, however, are very time consuming, technically involved, and may require expensive equipment. The question of *when to refer* a patient for behavioral treatment must depend to some extent on the physician's interest and time constraints, but also on the complexity of the procedure. For these reasons, we have asked all contributors to include a "When to Refer" section in their chapters. Most of these sections are specific to the disorder(s) discussed in the particular chapter. In Chapter 4, however, Dr. Masur offers a more general model to help physicians determine when to refer patients for specialized behavioral treatment. This

model, identified by the acronym "REALISTIC," may be applied to any disorder for which behavioral treatment is helpful.

Where to refer is another problem. In our closing comments we have suggested several institutions and organizations that may be of help in locating a specialist. Behavioral medicine is a new field. Finding referral sources outside a large medical center may be difficult. On the other hand, many psychology internships and psychiatry residency programs are now offering specialized training in behavioral medicine. Continuing education workshops in behavioral medicine are available through a variety of sources. Several organizations, such as the Biofeedback Society of America, the Association for the Advancement of Behavior Therapy, the Society of Behavioral Medicine, and the American Psychological Association, offer training workshops at their annual conventions, as well as at other times throughout the year. Also, several medical centers have started offering regular continuing education programs. Some fellowships are available.

Given the increasing availability of training opportunities, we expect that most licensed clinical psychologists and some psychiatrists will soon be familiar with many of the behavioral treatment techniques described in this book.

This volume does not exhaust all the behavioral interventions that have been developed to treat medical disorders and health related behaviors. New techniques and new applications of old ones are suggested regularly in the literature. For example, we chose not to include a chapter on insomnia, even though several effective behavioral techniques have been developed to treat sleep disorders. This decision was made because all the controlled outcome studies on the effectiveness of these treatments for sleep disorders have been carried out on samples of college students with initial onset insomnia only. There is little evidence that these techniques work for older, more chronic insomniacs who are most likely to consult their physicians about the problem.

Similarly, a chapter on addiction and/or alcoholism might have been useful. There is at least one behavioral intervention that holds some promise for the alcoholic. However, successful treatment for alcoholism, behavioral or otherwise, involves intensive inpatient and outpatient treatment, usually in a group therapeutic community setting. Also, there is little evidence supporting the effectiveness of behavioral treatment of alcoholic problems when compared to more traditional approaches. Several other interventions were not included for similar reasons.

As the field of behavioral medicine develops new effective applications, future editions of this book should grow with it.

In editing this book, we owe a debt of gratitude to many

people. First, we wish to thank Dr. H. Keith H. Brodie for giving us the opportunity to develop the book and for his editorial advice. Ms. Jeanine C. Wheless was most helpful in offering editorial advice and for making the book more readable. Chester L. Dow, Richard W. Mixter, and Helene Harrington, from Addison-Wesley Publishing Company, were also very cooperative in advising as to the style and format of the book with an aim toward keeping it more easily referenced by physicians. Others we would like to thank include: Dr. David Shapiro for his comments on Chapter 7; Mrs. Jane Stone, Ms. Betsy Synder, Mrs. Jane Clark, and Dr. Linda Vierling for their help with Chapter 4; and Ms. Kit Chappel, Ms. Debbie Russell, Ms. Joanne Robb, and Mrs. Cynthia Mongeon for their assistance in the preparation of the manuscript.

We also wish to express our thanks to our colleagues in the Division of Medical Psychology and the Department of Psychiatry at Duke, where behavioral medicine is alive and prospering. Finally, we wish to thank our patients who have been our principal source of learning.

Patrick A. Boudewyns

Francis J. Keefe

Behavioral Medicine: An Introduction

Francis J. Keefe

Patrick A. Boudewyns

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Overview

Behavioral medicine is the field concerned with the development of behavioral science knowledge and techniques relevant to the understanding of physical health and illness and the application of this knowledge and these techniques to prevention, diagnosis, treatment, and rehabilitation. The distinguishing characteristics of behavioral medicine are described and compared to psychosomatic medicine. Three theoretical models have had a major impact on behavioral medicine: operant conditioning, classical conditioning, and modeling. The chapter concludes with a discussion of the treatment process in behavioral medicine.

Behavioral medicine is a new and emerging entity that is generating a great deal of excitement and interest. The above definition of behavioral medicine was arrived at by a distinguished group of behavioral and biomedical scientists meeting at the Yale Conference on Behavioral Medicine in 1976.

This definition underscores three important points. First, behavioral medicine is an interdisciplinary field involving both biomedical disciplines (for example, neurology, cardiology, and physiology) and behavioral disciplines (for example, anthropology, sociology, epidemiology, and psychology). Second, behavioral medicine is concerned with research—that is, the development of knowledge of how behavior and health or illness are related. Third, behavioral medicine is also concerned with clinical applications of behavioral science knowledge. Reports of successful application of techniques, such as contingency management, biofeedback, relaxation, and other procedures, have generated much of the present interest in the field of behavioral medicine.

The field of behavioral medicine is becoming well established. Shortly after the Yale Conference was held, the Academy of Behavioral Medicine Research was founded. The academy is composed of distinguished behavioral and biomedical scientists who have made a contribution to this field. In 1978 the Society of Behavioral Medicine was founded. In that same year the *Journal of Behavioral Medicine* was first published. In recent years additional journals have appeared, and numerous conferences and workshops in behavioral medicine have been held. Many medical schools either have developed or are in the process of developing programs in behavioral medicine. The National Institute of Health now has a separate study committee that reviews research proposals relevant to the field.

Clinical applications of behavioral medicine principles and techniques have yielded promising results. Subsequent chapters provide an in-depth discussion of treatment techniques used with such common medical disorders as headaches, hypertension, obesity, and smoking.

The purpose of this chapter is to provide an introduction to the field of behavioral medicine. We begin by comparing behavioral medicine and psychosomatic medicine. Basic concepts and principles of behavioral medicine are then described. Finally, we describe the basic steps of the treatment process in behavioral medicine.