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THE ROLE OF THE PRIMARY CARE IN PROMOTING THE MENTAL AND FAMILY HEALTH

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Abstract: *The primary care remains the first line medical care that ensures continuous and undifferentiated health care for all the family members, regardless of age and gender. It is confirmed that the use of primary care improved the health status and reduced spending in the health system, taking into account that in this period the sums allocated for the healthcare system are insufficient and unevenly distributed.*

By knowing the complex problems at a family level, the primary care has an important role in health promoting and identifying, surveying and treating psychic ailments. It is necessary and beneficial to establish a reciprocal trust climate and team work between the primary care physician and his patients.

Key words**:** *primary care, health promotion, family health, mental health.*

The primary care physician has the role of taking care of the somatic and/or psychosocial ailments of the patients as well as the prevention activities. This role is highlighted in the WHO definition: "The primary care is the first line of the healthcare and, in a way or another, is present in every part of the world. As a rule, it is not limited to a specific disease or an age group. It is the medical field where usually the patient takes first contact with the physician and to whom he has direct access. The objective of the general practice is that of continuous and full medical care for the individual, family and community" [4].

All the governments are interested in finding new modalities to improve the equity, the effectiveness and proper functionality of the healthcare systems. In the last few years, the distinct role played by the primary care was unanimously acknowledged. International studies show that the force of the primary care system of a country is associated with the improvement of the health status of the population, with decreased mortality rates, with decreased premature mortality rates - in general – and in particular premature mortality rated due to cardiovascular and respiratory issues. More than that, the opening out of the access to the primary care is associated with the increase of the population satisfaction and with the decrease of spending in the healthcare system [11].

Reconsidering the role of the primary care and the necessity of its functioning at a level of performance was discussed within the first International Conference of Primary Care from Alma-Alta in 1978. With this occasion, there were discussions about the major differences between heath status of populations from various countries, between developed countries and countries under development, a reality

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with major social, economic and politic repercussions at a global level [4].

Beginning with the 80's many counties have understood that the capacity of the hospitals must be lowered and they must orient towards the primary care. In the East European countries the healthcare systems had developed with an accent on hospital care that was considered superior in quality and efficient, neglecting the primary care. The political changes in Central and Eastern Europe determined the reconsideration of the primary care concept due to the development of the healthcare insurance systems. In this European zone the primary care evolved differently according to politic, social, economic and cultural factors [9].

In Romania, after the implementation of the Social Health Insurance laws there were deep changes at an organizational level, financing and primary care functionality. The territorial distribution of the primary care was relinquished and the patient was given the choice to go to a preferred doctor in this segment. In the West European countries the professional role of the primary care was focused on leading and adapting the medical learning and extending the medical research in this filed. The management of the primary care was adapted to the real needs determined by the increased number of elderly patients and changes in the physician-patient relationship and an individual and family level. The importance of the primary care is that it supplies continuous care, adapting to the ever changing population demands.

Regarding the role of the primary care in promoting the family health, this is based on knowing the complex family problems (biologic, social and economic). The family is represented by a person or group o persons who live together and have general marital or adoption links. The family health is more that the sum of the individual health of the persons in it, the somatic, psychic and social evolution of each member of the family is considerably influenced by the interrelations in this social group [10].

The structure and size of the family is determined by the number of people, by age, occupation, level of education and the relations established between individuals. The mistuning of the structure and functionality of the family can have repercussions on the family members, determining pathologic changes reflected at a social level. The general practitioner must know the risk factors and disease prevalence at a family level to efficiently intervene in the prevention and correction of disturbances. Also it is recommended that the physician must be informed about an unhealthy lifestyle (alcohol, smoking, unhealthy foods, drug use or deviant sexual behavior) that can lead to perturbations in the child development or the apparition of pathologic disorders in the members of the family. By careful and rapid involvement of the GP in the different stages of the family evolution, non transmissible diseases can be prevented or delayed and can prevent transmittable diseases by applying proper prophylactic measures [8].

The GP can have specific adequate interventions in each stage of the family development [7].

In the stage of marriage, the GP can offer prenuptial advice, prenuptial exams, survey of the pregnancy and psychological training for the new family structure. The prenuptial advice has the role of identifying the eventual risk factors and to propose a reduction modality or elimination of those factors. The presence of genetic risk factors must be taken into account at this stage (Down syndrome, hemophilia, congenital malformations, diabetes, etc.). Also, the presence of somatic of mental diseases as well as chronic diseases and STDs represent a risk

factor for the future family members. The making-up of a family is influenced by accommodations, work place, income and wealth. The activity of the GP at this stage is easier if he knows the origins of the family members. The surveillance of the pregnancy represents the support for the pregnant woman and for the family so that the pregnancy should evolve correct and the birth is correctly prepared. The surveillance is done by clinic and laboratory exams (blood tests, urine tests, HIV test, bacteriology test, vagina secretion tests, PAP test, toxoplasmosis tests, dental exam, ultrasound exam and in dome cases HBS antigens or HVC antibodies). The triple test is important in weeks 14-20 for first time mothers over 35 years of age and for the pregnant women with antecedents suggesting malformation risk as the ultrasound performed in the weeks 22-26 for the fetal morphology. During the pregnancy it is also recommended: prophylactic folic acid and vitamin E for the neural tube malformations, the prophylaxis of anemia with elemental iron beginning with week 16, rachitism prophylaxis with D2 vitamin and /or D3 vitamin in various treatments, followed in the third trimester by the calcium treatment, the prophylaxis of tetanus and advice for healthy eating with a balanced nutrient intake for the increase on 10-12 Kg in weight until the birth (15-20 kg for twins) [13].

The stage of the family increasing in numbers after the birth of the first child is for the doctor a stage when he must monitor the postpartum woman, monitoring the newborn children, making the planned vaccinations and some vaccinations imposed by epidemiologic circumstances, monitoring of the infant (1-3 years), monitoring of the pre-schooled child (3-6 years), monitoring of the teenager, and of the young adult [5].

The doctor's intervention in the primary care can have an important contribution to the development and growth of the child, in professional counseling and a healthy lifestyle. In case of disease, the GP must analyze the causes of the disease, establish correlations with the family environment and propose optimum ways to treat the disease [1].

The last stage of family growth is when the last child is born and can be influenced by the doctor's family planning advice. The family planning represents a fundamental human right, an element of respect of the human dignity, allowing the couple to decide the number of children. Also preventing unwanted pregnancies, some contraceptive methods can influence the health status: lowering pelvic inflammatory disease, decrease in number of abortions, spacing of births (decreases the newborn mortality and mother's anemia). The recommendation of different contraceptive methods must take into account: efficiency, secondary effects, complications that can arise. Under the influence of social and economic factors, the evolution of the family is modified by transferring to the society some family functions (development and education of the child, watching after elderly people, handicapped people, people with psychic illnesses and the terminal state patient), the increase in time dedicated to the job instead for the family (increase in age at marriage time as the birth of the first child, decrease in number of children), changes in the lifestyle (sedentariness, changes in the circadian rhythm), psychological stress.

The stage of family shrinkage by the marriage of the firs child and leaving of the family as well as the final shrinkage by the marriage of the last child implies for the doctor an attentive care of the remaining family for any disease and monitoring of eventual chronic diseases. In this phase there can be some disturbances linked to

retirement by diminishing and abandoning professional activities, hard to cope with for some people with the feeling of uselessness with manifestations that can lead to depression. If the marriage partners remain together this stage is easier to cope with but if one of them dies the health status of the other can be seriously damaged.

The stage of dissolving family by the aging process is for the primary care physician a stage when he must provide services specific for the elderly by early detection of diseases and specific therapies for the prevention of hospitalization and/or institutionalization. He must take into account the somatic, psychic and social changes that can amplify the disease vulnerability of the person. There is the danger of misinterpreting of some signs and symptoms as the result of the aging process even when determined by some important somatic disease. The aging process is losing step by step the physic resources under the influence of hereditary factors, lifestyle, and environmental factors and trigger of advanced age induced diseases (neoplasia, neurologic disease, rheumatologic disease, hypertension, diabetes etc.) [3].

Another important activity of the primary care physician is represented by the monitoring and treating the mental health. The economic decline which determines an increase in unemployment and decrease of the standard of living has a negative influence on the health status and can represent a risk factor for mental disease. Those diseases are a real source of disturbance for the social and familial equilibrium of the individual.

A Who report from 2001 states that the mental diseases prevalence is 33%, thus one in three persons has during the lifetime a mental disease. During a year 20% of the adults have a mental problem manifested by anxiety, drug abuse or depression. Differing from the western countries, in Romania, the healthcare for mental illnesses is granted in mental hospitals. There is no concept of therapeutic team and more less of community care. In the public opinion the negative image of the mental illness is persisting [3].

Taking into account that the mental disease is one of the primary causes of morbidity and incapacity at a global level, the primary care physician has the important task to detect early any deviation from the normal and to direct the patient to a specialized medical service for diagnosis and treatment of the mental disease. He can intervene in the crisis, preventing the development of severe symptoms and acute episodes that can deteriorate the health status or can lead to suicide. Also, the participation of the primary care physician in the recovery process is important [2].

The main psychiatric disorders encountered in the primary care physician's activity are:

- Acute reactions to stress and adaptation disorders manifested by anxiety or depression that are present after identifiable events or are aggravated by unforeseen situations; detecting and fast intervention of the primary care doctor are essential for the shortening of the recovery time. It is also important to identify the medical diseases associated of the unhealthy lifestyle that can generate or worsen the primary illness;
- Somatoform disorders with varying symptoms. A correct differential diagnosis is important to determine a somatic disorder from a somatoform one for the correct therapy;
- Psychiatric disorders determined by alcohol abuse and/or drugs. The primary care physician must

identify the unhealthy lifestyle and establish corrective measures by involving the family members for the prevention of the physic and moral degradation. The alcohol abuse in associated frequently with depression, suicide, dementia and violence. By interpeting laboratory tests (HDL cholesterol, gamma GT, transaminase) with high values, the doctor can have the suspicion of alcohol abuse before the psychic disorders are manifest and can talk to the patient and the family about the unhealthy lifestyle and changes that must be made;

- Dementia and cognitive impairment can have a variety of symptoms and forms of manifestation (orientation disorders, attention disorders, dementia, loss of memory) can be present in chronic diseases, especially in elderly persons (Alzheimer disease, neoplasia, head trauma) or in the case of an unhealthy lifestyle (alcohol, stimulants, sedatives, drugs). The aging of the population phenomenon increases the number of dementia and cognitive impairment cases;
- Personality disorders, schizophrenia and other psychotic disorders represent psychiatric illnesses with a reserved outcome, in this cases the primary care physician can only make a early diagnosis and refer the patient to a specialist.
- Affective disorders are also physic disorders with severe evolution for which the early detection and treatment can avoid the suicide risk. The depression is the most frequent among elderly people and is influenced by genetic, traumatic and somatic factors and can be amplified by the death of the life partner [6].

The intervention of the primary care physician in the psychic disorders is generally an early detection of the symptoms, involvement of the patient's family by instructing them and following the patient's treatment and recommendations regarding mental hygiene and social reintegration [2].

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