# THE PRIMARY CARE COMPANION FOR CNS DISORDERS

### **Supplementary Material**

- Article Title: Survey of Primary Care Provider Comfort in Treating Psychiatric Patients in 2 Community Clinics: A Pilot Study
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#### List of Supplementary Material for the article

1. <u>Appendix 1</u> PCP Survey on Psychiatric Patient and Medication Management

#### **Disclaimer**

This Supplementary Material has been provided by the author(s) as an enhancement to the published article. It has been approved by peer review; however, it has undergone neither editing nor formatting by in-house editorial staff. The material is presented in the manner supplied by the author.

## Cherry Health

#### PCP Survey on Psychiatric Patient and Medication Management

As a valued provider, we need a few minutes of your time to help us determine your comfort level with managing psychiatric patients on various medications and stabilizing them. Your response to this survey will help us meet current unmet needs and provide better service to all patients. Thank you!

Please indicate your comfort level with managing the following:

		Least comfortable		Neutral		Very comfortable
1.	SSRI / SNRI antidepressants	1	2	3	4	5
2.	Tricyclics	1	2	3	4	5
3.	MAOIs	1	2	3	4	5
4.	Other antidepressants: mirtazapine, trazodone, bupropion, etc.	1	2	3	4	5
5.	ECT	1	2	3	4	5
6.	Depakote	1	2	3	4	5
7.	Lithium	1	2	3	4	5
8.	Tegretol	1	2	3	4	5
9.	Other mood stabilizers: lamictal, topiramate, trileptal, etc.	1	2	3	4	5
10.	Second generation antipsychotics: risperidone, olanzapine, aripiprazole, ziprasidone, quetiapine, etc.	1	2	3	4	5
11.	First generation antipsychotics: haloperidol, perphenazine, chlorpromazine, fluphenazine, etc.	1 .	2	3	4	5
12.	Long acting injectable antipsychotics: haloperidol, fluphenazine, risperidone, paliperidone, aripiprazole, olanzapine, etc.	1	2	3	4	5
13.	Clozapine	1	2	3	4	5
14.	Benzodiazepines	1	2	3	4	5
15.	Other sleep meds: melatonin, diphenhydramine, trazodone, quetiapine, etc.	1	2	3	4	5
16.	Stimulants	1	2	3	4	5
17.	Addiction medications: nicotine replacement, varenicline, acamprosate, naltrexone, Antabuse, suboxone, methadone, thiamine, folic acid, etc.	1	2	3	4	5

		Least comfortable		Neutral		Very comfortable	
18.	Dementia medications: donepezil, memantine, etc.	1	2	3	4	5 ·	
19.	Non-stimulant treatments for ADHD: Strattera, guanfacine, etc.	1	2	3	4	5	
20.	Unipolar depression	1	2	3	4	5	
21.	Anxiety disorders (generalized anxiety, panic disorder, etc.)	1	2	3	4	5	
22.	PTSD	1	2	3	4	5	
23.	Bipolar I, II disorder	1	2	3	4	5	
24.	Schizophrenia spectrum disorders	1	2	3	4	5	
25.	OCD	1	2	3	4	5	
26.	ADHD	1	2	3	4	5	
27.	Adult ADD	1	2	3	4	5	
28.	Eating disorder	1	2	3	4	5	
29.	Autistic spectrum disorders	1	2	3	4	5	
30.	Dementias/neurocognitive disorders	1	2	3	4	5	
31.	Conversion disorders (psychogenic non-epileptic seizures, etc.)	1	2	3	4	5	
32.	Sleep disorders (obstructive sleep apnea, restless leg syndrome, narcolepsy, etc.)	1	2	3	4	5	
33.	Addictive disorders (nicotine, caffeine, alcohol, opiates, cannabis, cocaine, etc.)	1	2	3	4	5	
34.	How comfortable would you be managing these conditions if the patient had a therapist?	1	2	3	4	5	
35.	How comfortable would you be managing medication treatment for psychiatric disorders with psychiatrist back-up?	1	2	3	4	5	

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