DHC Interviews: Adrian Pellegrini, MD on Psychiatry and Elderly Care

Doctors for Healthy Communities is proud to present an interview with Psychiatrist Adrian Pellegrini, MD. Dr. Pellegrini graduated from the University of Louisville School of Medicine, completed an internship at the Medical University of South Caroling and residency at the Western Psychiatric Institute and Clinic in Pittsburgh. He's been kind enough to discuss his journey through the field of psychiatry, as well as his work with patients suffering from dementia.

Q: Dr. Pellegrini, thank you for speaking with us. Could we begin by discussing your work in psychiatry in Louisville?

Thank you for having me. Yes, I began practicing in Louisville in 1988. I've worked as a psychiatrist here ever since. However, doing hospital work is a younger man's game. Because of our training, we're really blessed to be put in a situation where we are trusted with medically and psychiatrically ill patients. But the toll it takes on a physician becomes too much at a certain age. I practiced inpatient psychiatric care, as well as outpatient work, until about six or seven years ago. Today, I'm focused more on teaching and supervision of nurse practitioners. I work with Team Health and Advanced Care House Calls.

Q: What fascinated you about psychiatry where you thought, "This could be my career?"

I remember a moment… I was reading an article in Time Magazine, of all places, about psychiatry. I remember thinking that I'd like to know what the writers of the article know. I wanted to pursue that. As I learned, as I was an undergraduate and then in medical school and on rotation, my decision was reinforced. I've really enjoyed the career I've had. It has been gratefully diverse. I did work in chemical dependency. I worked with adolescents. Now I'm more focused on geriatric work. The reason for that is that I enjoy looking at how polypharmacy affects geriatric patients.

We have a systematic way of reviewing the documentation in nursing facilities. "How can we have the patient on the least amount of medication possible?" Facilities want quality assurance. They want to be certain they aren't overmedicating people, and we're able to provide that.

I think there's more of an awareness of this issue these days, particularly among geriatricians. When I pick up a chart, my first thought is: "Is there anything here I can get rid of? Do I have a way to advocate for the medication they're currently on? I take a very critical eye, because we're trying whenever possible to reduce medications that are expensive and mind-altering.

Q: How much of your day to day practice would you say relates to the treatment of dementia and Alzheimer's Disease.

As we're frequently in nursing facilities, that's a good percentage of the people we see. I try to keep dementia in perspective. There are many, many types of the disease. So, we

try to tease out in the underlying diagnosis if there is a cause and identifiable treatment. We try to walk that delicate line to treat the symptoms. We also make certain we provide a safe and comfortable environment for the people who care for these individuals. We try to be gentle and take care of those individuals as well. The art of medicine is finding that balance.

Q: How do you start a conversation with those patients and families? What are the first steps when you are seeking to diagnose and treat?

There's a careful evaluation and interview process. The very first step is reviewing the patient's chart. Look at all the available information. Often times, the patients may be impaired to the point where they are not decisional. The families can be a big help. It's the difference between looking at a snapshot or a movie. Families can tell you if the patient's current circumstance is their regular condition or a change from their baseline. Is this a progression of their dementia or have they had an exacerbation for some reason? This helps us walk down the algorithm in our heads to determine the differential diagnosis and possible treatments.

Q: Have you had patients that you've grown close to? Could you discuss the support and trust you try to bring to their situations?

I closed my office a little more than year ago. At the time, I had 20 to 25 patients who I'd know for many years. It's a difficult time, because you're trying to help the person end a relationship in a healthy way and move them on to another caregiver. This is supposed to be about them, but physicians develop feelings of care for these individuals as well. Some of these people had been with me for 20 years or more. I miss those people still today, but I'm glad that I was able to provide them with good caregivers to continue their treatment.

A psychiatrist's office is a safe space. The patient knows you aren't going to step over lines or get into their lives more directly. We maintain a healthy distance, but in no way does that mean you don't really care, or you don't want what is best for the patient.

Q: For readers who may be experiencing a family member or loved one dealing with dementia for the first time, what advice would you give to help them prepare for the challenges ahead?

Hopefully, they have a good relationship with their primary caregiver where they can go in and begin the evaluation process. Be open to getting support from any number of places. There are community resources with excellent facilities and physicians available. Family members often feel so guilty knowing they must take care of themselves as well as their loved ones. For that reason, you must be open to support from outside places, because care often becomes more than what just one person can shoulder.

Thank you, Dr. Pellegrini for sharing your thoughts. We appreciate the sharing of your expertise with our audience.

Doctors for Healthy Communities | 2107 Twin Hill Road, Louisville KY 40207
dhcus.org@gmail.com | www.dhcus.org

STAY CONNECTED