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"Medications" by Dr. Kevin Mays, M.D.

To medicate or not to medicate?

Unfortunately, this is putting the cart before the horse.

Whether you're a parent of someone who is struggling or you're that someone, it's a complicated decision. In general, if you're uncertain, go talk to someone about it. Clinicians, whether it's your primary care provider, a pastor, a school counselor, each of them are trained to offer some guidance/direction in this matter.

As a clinician, my task is to initiate rapport; identify the symptoms a person is experiencing-preferentially, based on their priorities of what is bothering them the most; round out the questions to fill in any gaps in the established criteria, for that disorder; then come to a differential diagnosis.

Recognizing that in many instances, more than one is present. Identifying which came first; which may have caused another; or whether what the individual thinks they have is accurate. For example, having a freshman in high school presenting with high levels of anxiety coupled with much depression and isolation, could be having those conditions, but is their untreated ADHD (Attention Deficit/Hyperactivity Disorder) diagnosis-highlighted by the increase in rigors of high school educational demands (and sport team time constraints) generating the pressure, ultimately, leading to their depression and anxiety issues. Many of the established diagnoses, e.g. per the Diagnostic and Statistical Manual*, edition 5 (DSM-5), have overlapping symptoms. By definition, each disorder's first criteria will include a significant impairment in one or more areas of their life and have it sustain over a varying timeframe. The remaining criteria will need to reach a threshold of, for example, 5 out of 8 or 6 out of 9 listed symptoms.

Once a diagnosis is made, then the discussion of treatment options presents itself. All too often, we jump to conclusions based on 2-3 symptoms. If a person doesn't meet the entire criteria, your chances of responding to a treatment for that condition drop dramatically. Even when treating a condition for which there is an FDA (Food and Drug Administration) approved therapy, there are no guarantees. Additionally, not everyone who has a psychiatric diagnosis requires medication. Some conditions may be best suited to individual/family counseling while others may improve, on their own.

When preparing oneself or for a loved one, to visit with a provider, it is best to list the symptoms you're experiencing; their duration; if possible, adding the order they presented; and whether they're worsening/lessening/began and staying the same. Furthermore, having a written record of this helps immensely, because in the heat of the moment, when being interviewed, you're going to forget important information. Being as specific as possible can be quite beneficial to the provider. For example, "I can't sleep", is an important symptom, but being able to answer-is it harder to fall asleep, stay asleep, and/or early morning wakening-will add valuable context to the clinician.

*DSM - per the American Psychiatric Association

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Suggested Next Steps:

Ask around-pastors/primary care provider/friend/coworkers may offer a positive experience with someone.

If one does pursue evaluation/treatment and have a negative experience, keep trying. Not every clinician is a "good fit", the first round.

Getting second opinions is also recommended if you don't agree and/or moving to another therapist rather than giving up when someone is really struggling.

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