Questions Answered by Dr. Amador After Session End

08:34:37 From Patty Gibson to Xavier Amador, Ph.D.(Direct Message):
Will you be speaking about DENIAL as part of Substance Abuse Disorders and how it is similar to this or different?

In SUD we also see anosognosia. However, whether the problem is this symptom versus denial makes no difference with respect to using the LEAP approach as it is for both conditions.

08:47:12 From Pamela Brown to Everyone:
So in a patient who doesn't acknowledge and has delusions, how do you respond when they ask you if you believe what there delusions are. I have tried I hear you but they continue to say but you aren't saying you believe me and get escalated.

In our LEAP program we do two things. We try and delay answers if it disappoints or frustrates the person. An example: "You've asked me whether I think the CIA is trying to assassinate you. I PROMISE TO ANSWER YOUR QUESTION. Before I do can you tell me more about_____(fill in the blank with something your patient will want to talk about). WOULD IT BE ALRIGHT IF I ANSWER LATER?

Then when we must give our opinion we use one or more of what we call the 3 A's:
APOLOGIZE for your opinion (as it will anger or disappoint the person) "I am sorry for my opinion but since you asked I will tell you. But first…" then,
ACKNOWLEDGE YOUR FALLIBILITY: "I could be wrong I don't know everything."
AGREE: "I hope we can agree to disagree. I don't want to argue with you. I dont see the same thing you see."

08:48:34 From Wendy Bradley to Everyone:
Do any medications improve the symptom of Anosognosia?

There is some data suggesting that Clozapine improves anosognosia.

09:02:45 From Kristi Brownfield to Patty Gibson(Direct Message):
Can you offer an example of how to use this approach with a patient in primary care with chronic medical issues who have anosognosia to their conditions

See above.