

## 8 Conditions Primary Care Clinicians Dread to Treat: A Practical Guide to Nonpharmacological Care

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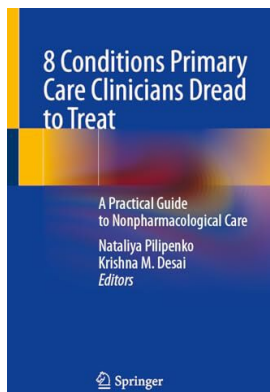
Every family physician knows the visit that overruns the schedule: symptoms persist, testing is unrevealing, medications disappoint, and both patient and clinician leave less hopeful than they arrived. *8 Conditions Primary Care Clinicians Dread to Treat* begins in this uncomfortable territory. Its editors, clinical health psychologist Nataliya Pilipenko, PhD, ABPP, and family and integrative medicine physician Krishna M. Desai, MD, ABOIM, draw on nearly a decade of coleading an integrative medicine consultation service in a community primary care clinic. Their goal is not to turn primary care clinicians into psychotherapists, but to make difficult encounters more skillful, patient-centered, and therapeutically useful.

After an introduction to contextualized, culturally informed, and integrative care, the book addresses four psychiatric conditions: somatic symptom disorder and illness anxiety disorder, panic disorder, posttraumatic stress disorder, and insomnia. The book then addresses four pain-related conditions: chronic pain, irritable bowel syndrome, fibromyalgia, and headache. A final chapter summarizes evidence-based psychotherapy and offers guidance for referral.

The repeated chapter architecture is the book's chief organizational strength. Each condition progresses from a case vignette and diagnostic overview to prevalence and disparities, screening instruments, patient-facing explanations, brief office-based techniques, integrative interventions, clinical pearls, frequently asked questions, and patient resources. Returning to each vignette shows how language and sequencing can alter the clinical trajectory. Consistent headings, an index, and condition-specific references aid navigation, although several dense or sideways tables are less convenient for rapid consultation.

The strongest sections translate the biopsychosocial model into language clinicians can use. Rather than implying that persistent symptoms are merely psychological, the authors model validation, explain reciprocal mind-body processes, and preserve attention to medical red flags. Cognitive restructuring for catastrophic thinking, diaphragmatic breathing for panic, pacing for chronic pain and fibromyalgia, sleep consolidation for insomnia, and symptom-trigger monitoring for irritable bowel syndrome and headache give clinicians concrete options beyond another test, prescription, or referral. Tables describing screening tools, psychometric properties, access, and availability in commonly spoken non-English languages are particularly thoughtful. The scripts and vignettes also lend themselves to resident role-play and interprofessional teaching.

The book occupies a useful middle ground in the literature. *Smith's Patient-Centered Interviewing* teaches a general method for eliciting and integrating the patient's story,<sup>1</sup> while *Integrated Behavioral Health in Primary Care* provides a broader framework for team-based assessment and intervention.<sup>2</sup> Rakel and Minichiello's *Integrative Medicine* offers greater depth on lifestyle medicine, mind-body practices, supplements, and acupuncture.<sup>3</sup> Pilipenko and Desai instead organize these domains around eight familiar clinical problems, making the book immediately usable for case conferences, resident seminars, and faculty development.



That breadth also creates the principal limitations. Grouping cognitive behavioral techniques, lifestyle interventions, acupuncture, and herbs or supplements under one nonpharmacological umbrella can make approaches with different evidence bases appear more equivalent than they are. The authors often acknowledge uncertainty and safety concerns, but chapters do not consistently grade evidence or distinguish interventions a primary care clinician can initiate from those requiring specialized training. Point-of-care labels such as “use during today’s visit,” “refer or co-manage,” and “consider with caution” would strengthen a future edition.

The title’s emphasis on conditions clinicians “dread” is memorable, but it risks reinforcing the stigma the text otherwise works to dismantle. Some model dialogues are more polished and extensive than a typical 15 minute visit permits, and the book offers limited guidance on reimbursement, scarce behavioral health access, and sparing follow-up capacity. The psychotherapy chapter is valuable, but placing it earlier might better orient readers before repeated recommendations for formal therapy.

This book is best approached as a teaching and consultation resource rather than one to read straight through. Its writing is accessible to residents and practicing clinicians, while its references and clinical detail provide substance for faculty and behavioral health colleagues. At \$69.99 for the eBook and \$89.99 for the softcover, the book may be most practical as a shared resource for residency programs, clinics, or departments, though individual clinicians with a strong interest in behavioral and integrative care may also find it worthwhile.

Despite its limitations, I found the book humane, practical, and unusually attentive to the words clinicians use when medical certainty is limited. It will be most useful to family medicine residents, early-career clinicians, preceptors, and integrated behavioral health teams. Experienced clinicians with well-developed behavioral health skills may find less that is new, but may still value the scripts, teaching cases, and multilingual screening resources. As a companion to condition-specific diagnostic and pharmacologic guidance, this book can help replace therapeutic dread with curiosity, structure, and a more durable clinical partnership.

## AI DISCLOSURE STATEMENT

I used ChatGPT for editorial assistance with organization and wording. I reviewed and revised the manuscript, verified its content and references, and take full responsibility for the final submission.

## REFERENCES

1. Fortin AH VI, Dwamena FC, Frankel RM, Lepisto BL, Smith RC. *Smith’s Patient-Centered Interviewing: An Evidence-Based Method*. 4th ed. McGraw-Hill; 2019.
2. Hunter CL, Goodie JL, Oordt MS, Dobmeyer AC. *Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention*. 3rd ed. American Psychological Association; 2024.
3. Rakel DP, Minichiello VJ, eds. *Integrative Medicine*. 5th ed. Elsevier; 2023.