



BEHAVIORAL HEALTH COMMUNITY OF PRACTICE

PHARMACOLOGICAL INTERVENTIONS TO INTEGRATE INTO PRIMARY CARE: EVIDENCE BASED GUIDELINES

Facilitator:

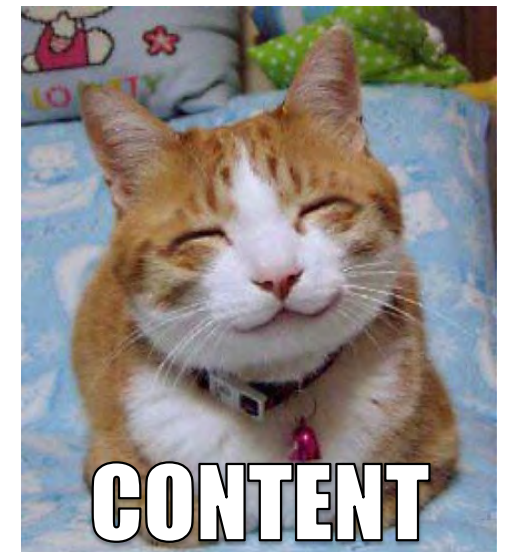
Trudi Matthews, MA

Senior Director of Quality and Value Strategy

UK HealthCare

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HOW ARE YOU FEELING TODAY?





ADULT MENTAL HEALTH

Sarah Oros, MD
Assistant Professor of Psychiatry, Departments of Psychiatry and
Internal Medicine
Program Director Combined Internal Medicine-Psychiatry Residency

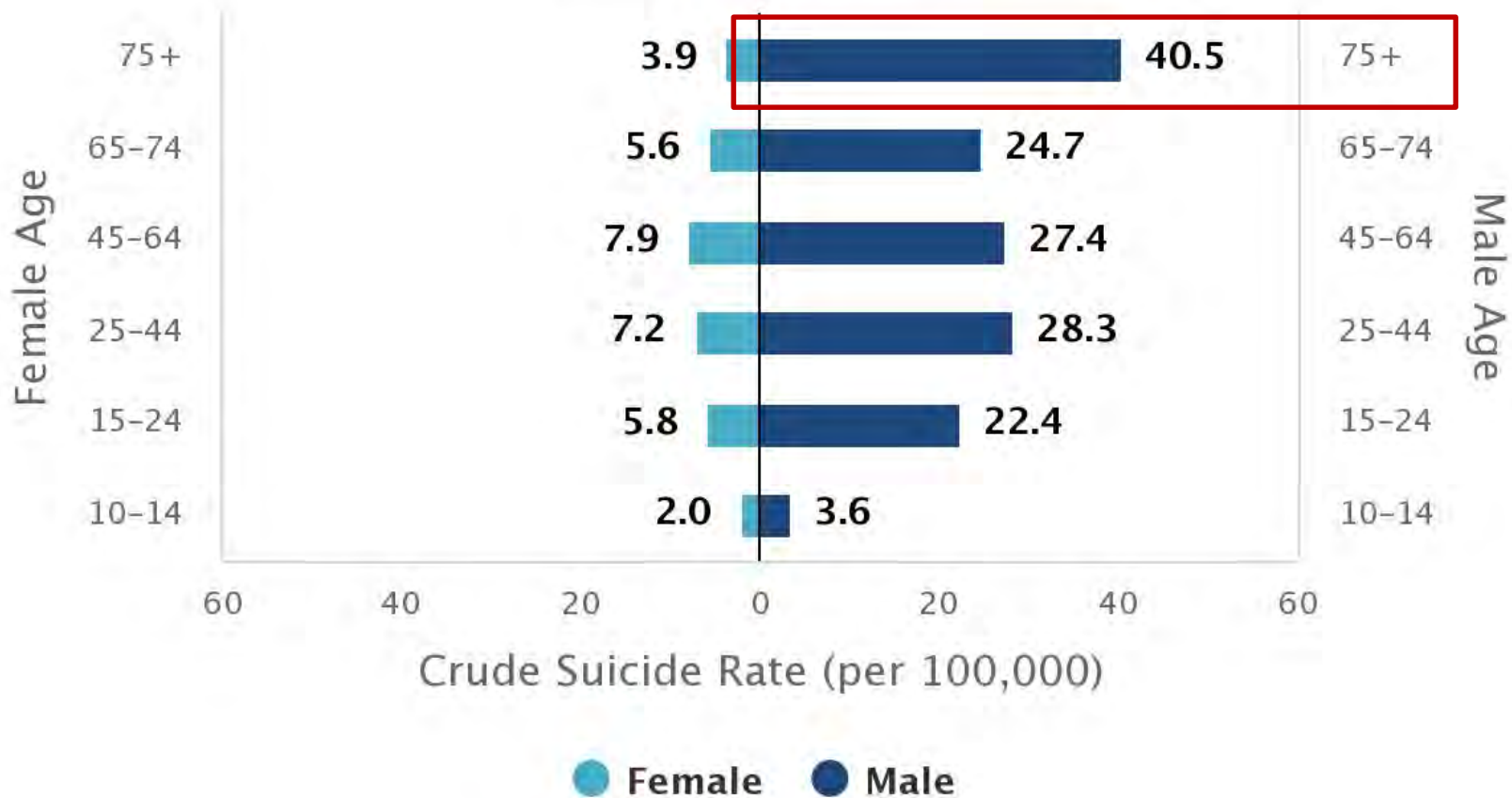
Objectives

- Discuss suicide statistics and evidence based strategies to mitigate suicide
- Review prevalence of mental illness and first line treatment for depression



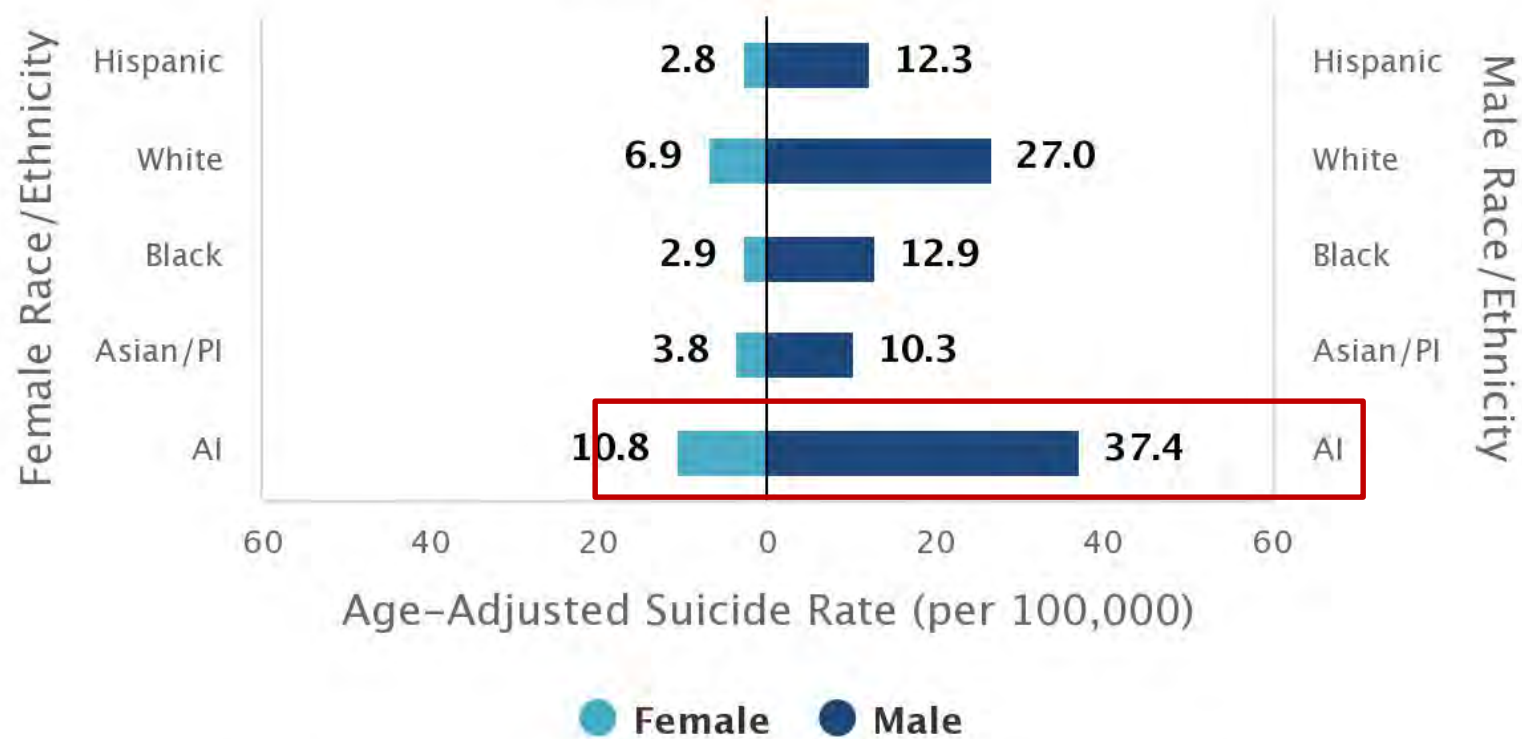
Suicide Rates by Age Group (2020)

Data Courtesy of CDC



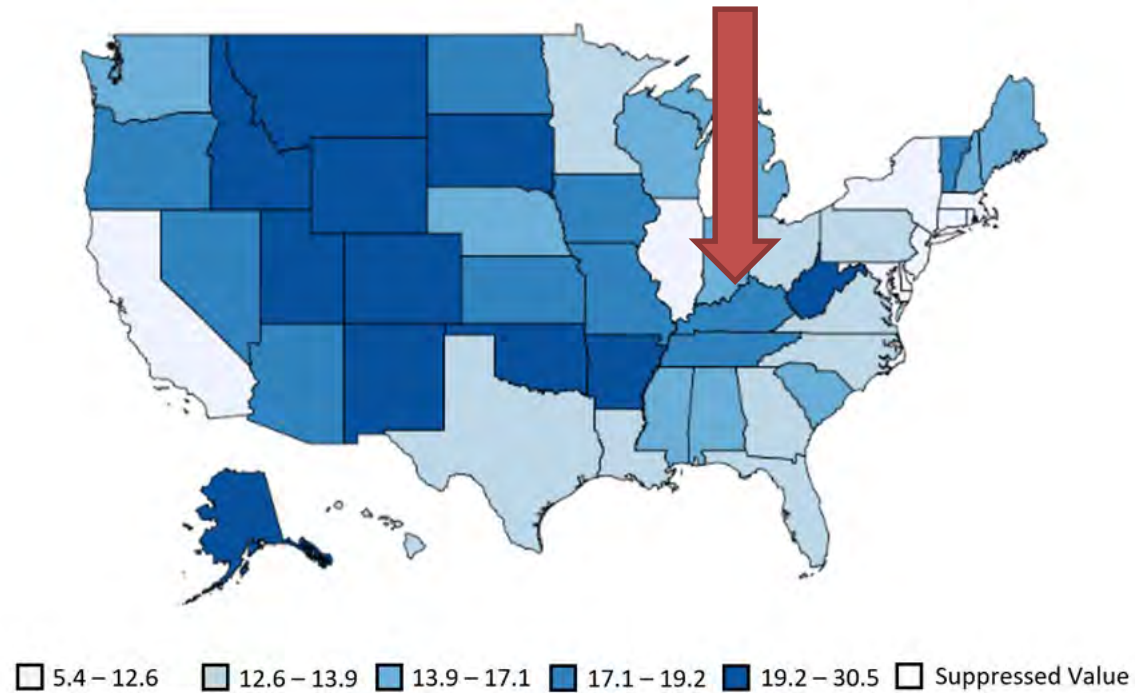
Suicide Rates by Race/Ethnicity (2020)

Data Courtesy of CDC



*Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hi
AI = American Indian, PI = Pacific Islander

Suicide Rates by State (2020)



Values are age-adjusted, suicide death rate per 100,000

Screening

- 50% patients who have gone on to die by suicide presented to primary care in the 1 month prior
 - Much higher than those presenting to mental health provider
- The Joint Commission recommends asking about suicide in the outpatient setting
 - United States Preventative Services Task Force insufficient evidence for screening

During the Interview

- Important to establish rapport before diving into direct suicide questioning (unless patient volunteers)
- Exploring passive SI:
 - Have you had thoughts of not wanting to be alive?
 - Have you felt like it did not matter if you woke up?
- Exploring active SI:
 - Have you had thoughts of wanting to harm yourself?
 - Have you had thoughts of wanting to kill yourself?
 - Have you gone so far as to come up with a plan as to how you would harm yourself?

Surrounding the Suicide Attempt/Ideation

- What are precipitating stressors?
 - Patients may be hesitant to discuss, can ask vaguely
- Establishing time line for suicidal thoughts
- Establish prior attempts/ideation
 - Lethality
- How has patient previously dealt with ideations/stress (why now?)
 - Does the patient feel hope that things will get better?



What Makes a Difference?

- Education of general practitioners in primary care lowered suicide rates, nonfatal attempts and ideation
- Mixed data for screening for suicide risk
 - C-SSRS was predictive of attempts in adolescents and young adults after a psychiatric evaluation in the ED
- Medications have been shown to decrease suicidal ideation and suicidal behavioral



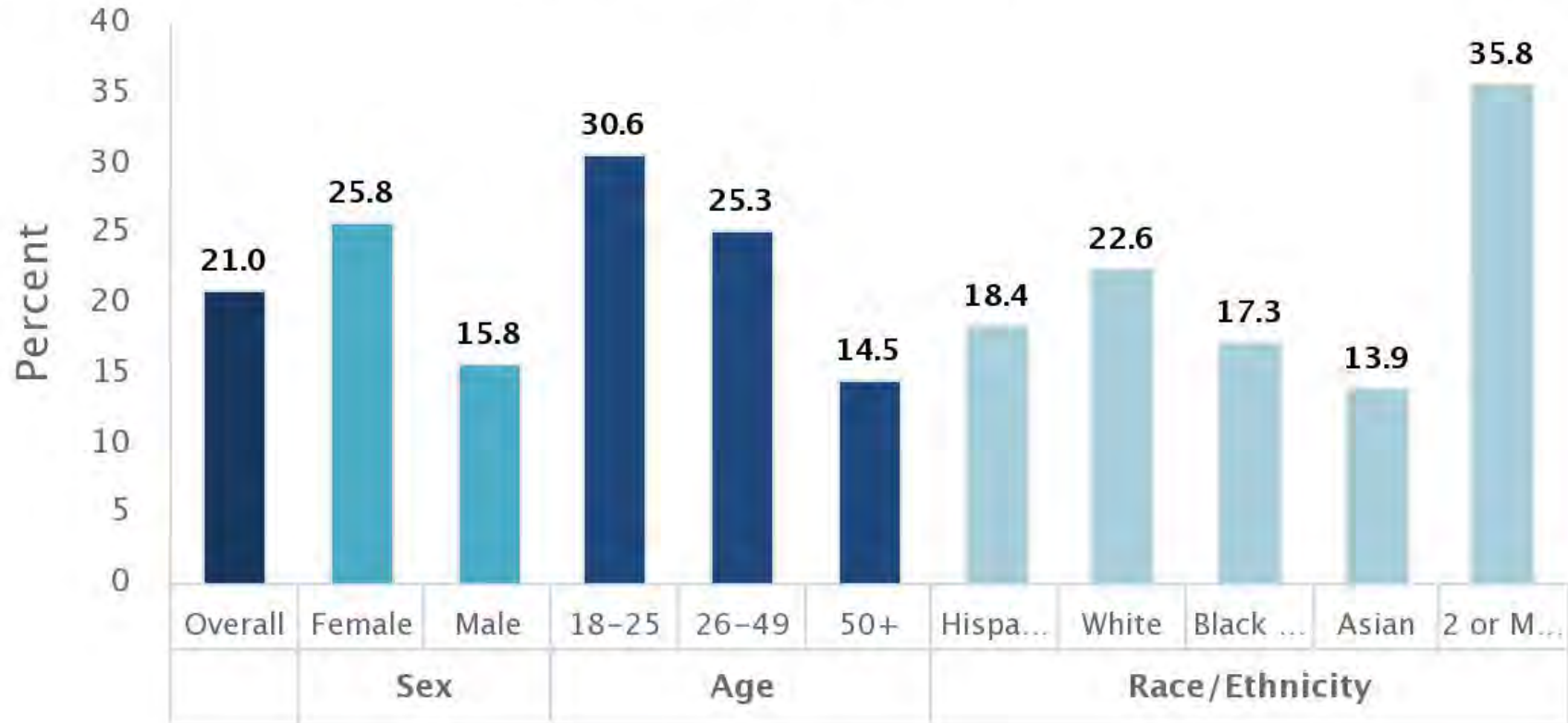
Difference Cont'd

- Psychotherapy
 - Cognitive behavioral therapy, dialectical behavioral therapy and psychodynamic approaches -> BPD
- Contact/outreach after a suicide attempt or suicidal ideation
- Means restriction
 - Firearms



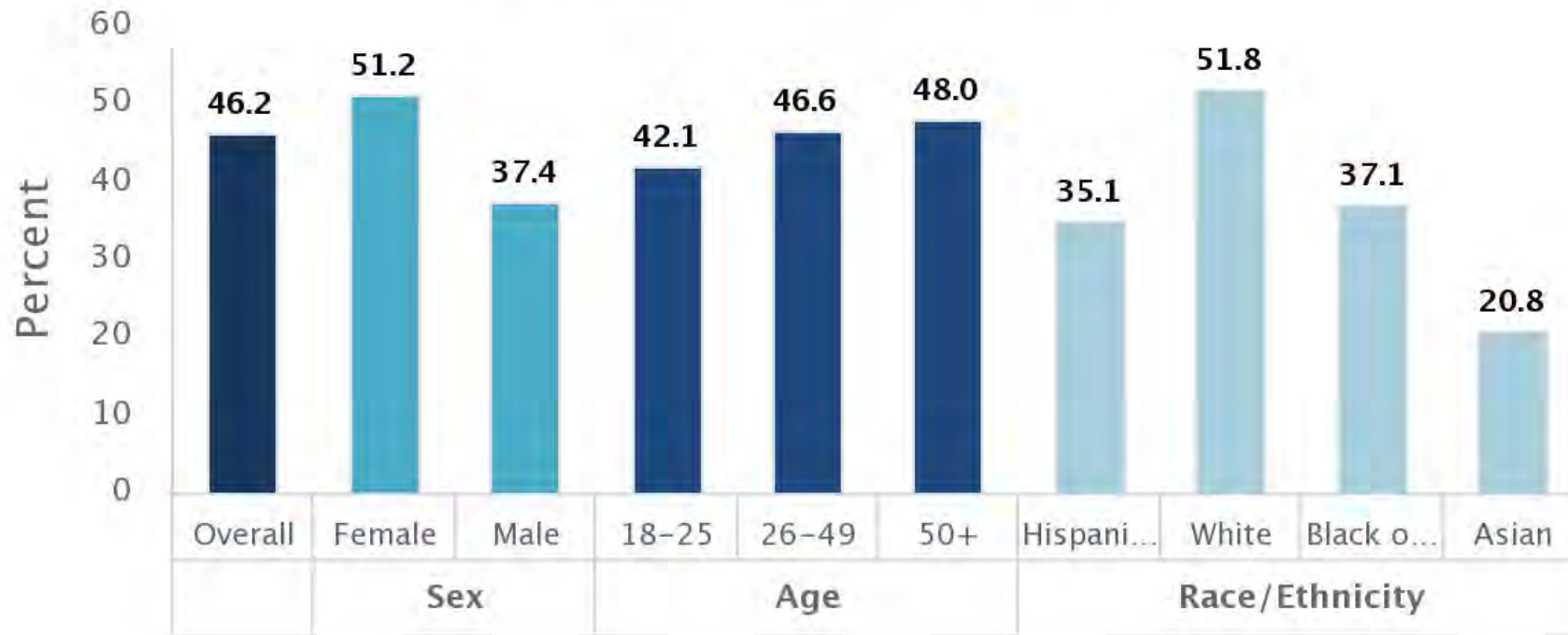
Past Year Prevalence of Any Mental Illness Among U.S. Adults (2020)

Data Courtesy of SAMHSA



Mental Health Services Received in Past Year Among U.S. Adults with Any Mental Illness (2020)

Data Courtesy of SAMHSA



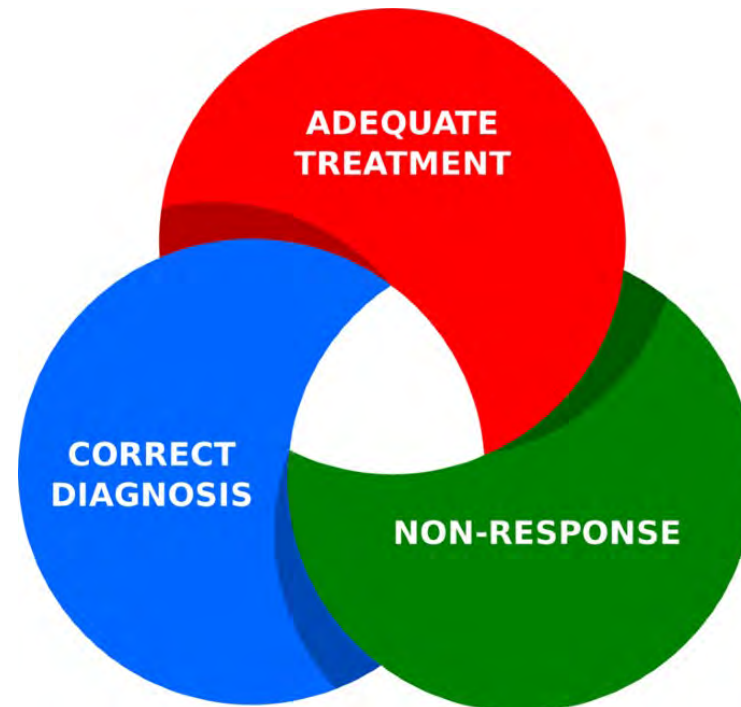
Depression Treatment Strategies

- **First line: selective serotonin reuptake inhibitor (SSRI)**
 - May also use SNRI, bupropion, or mirtazapine
- If failure, SSRI or SNRI
- If failure, may go to different class, i.e. SNRI, TCA or augment with agent such as bupropion or mirtazapine,
 - If anxious features, buspirone, benzodia-zepines, or Z-drug's (specifically if insomnia prominent)
- Psychosocial stressors should always be assessed at each point in treatment
- Psychotherapy may be offered first, or at any point in treatment
- Regular intervals of follow up



Treatment Resistance

- Evaluation for trauma
- Ongoing substance use disorder
- Personality disorder
- Secondary gain



Reasons to Refer

- Suicidal thoughts***
- Potential mania
- Psychotic symptoms
- Treatment resistant symptoms
- Consideration of advanced therapies such as ECT, TMS, ketamine/esketamine

References

- Ahmedani BK, Simon GE, Stewart C, et al. Health care contacts in the year before suicide death. *J Gen Intern Med.* 2014;29:870-877.
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- Nuñez NA, Joseph B, Pahwa M, Kumar R, Resendez MG, Prokop LJ, Veldic M, Seshadri A, Biernacka JM, Frye MA, Wang Z, Singh B. Augmentation strategies for treatment resistant major depression: A systematic review and network meta-analysis. *J Affect Disord.* 2022 Apr 1;302:385-400. doi: 10.1016/j.jad.2021.12.134. Epub 2022 Jan 2. PMID: 34986373; PMCID: PMC9328668.
- Richards JE, et al. Integrated Care approach to Identifying and Treating the Suicidal Person in Primary Care. *Psychiatric Times* Vol 36, Issue 1, Jan 31, 2019

QUESTIONS?

PLEASE DROP QUESTIONS FOR THE SPEAKER IN THE CHAT





PSYCHOPHARMACOLOGY FOR THE PRIMARY CARE OFFICE – ADOLESCENT EDITION

Amy Lynn Meadows, MD, MHS
Director, Division of Child and Adolescent Psychiatry
UKHC Department of Psychiatry
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Practice Gap

- Current State: Many pediatricians and family medicine physicians take care of adolescents with depressive disorders despite lack of training.



Expected Outcome

- Increased primary care provider comfort with adolescent depression will result in more effective identification, treatment, and understanding of the field.

Pediatric Depression

- Similar to adults, but differences attributable to development



- Irritable
- Low frustration tolerance
- Temper tantrums
- Somatic complaints
- Social withdrawal
- Tearful
- Longer to do homework
- May use terms like “empty,” “bored,” “feels nothing,” “cranky,” “angry”

Youth Suicide



Among 10 to 24 year
olds in the U.S.



1 in 5 adolescents
have thoughts of suicide
EACH DAY



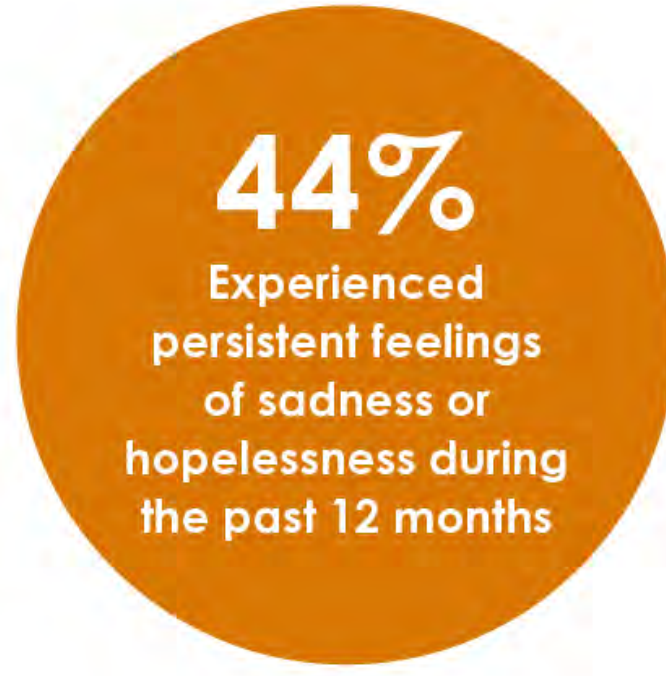
1 in 5 adolescents
are diagnosed with a
MENTAL ILLNESS
which can lead to suicide



**AT ANY GIVEN
TIME** 25% of adolescents
feel depressed



CDC DATA ON YOUTH MENTAL HEALTH DURING COVID-19



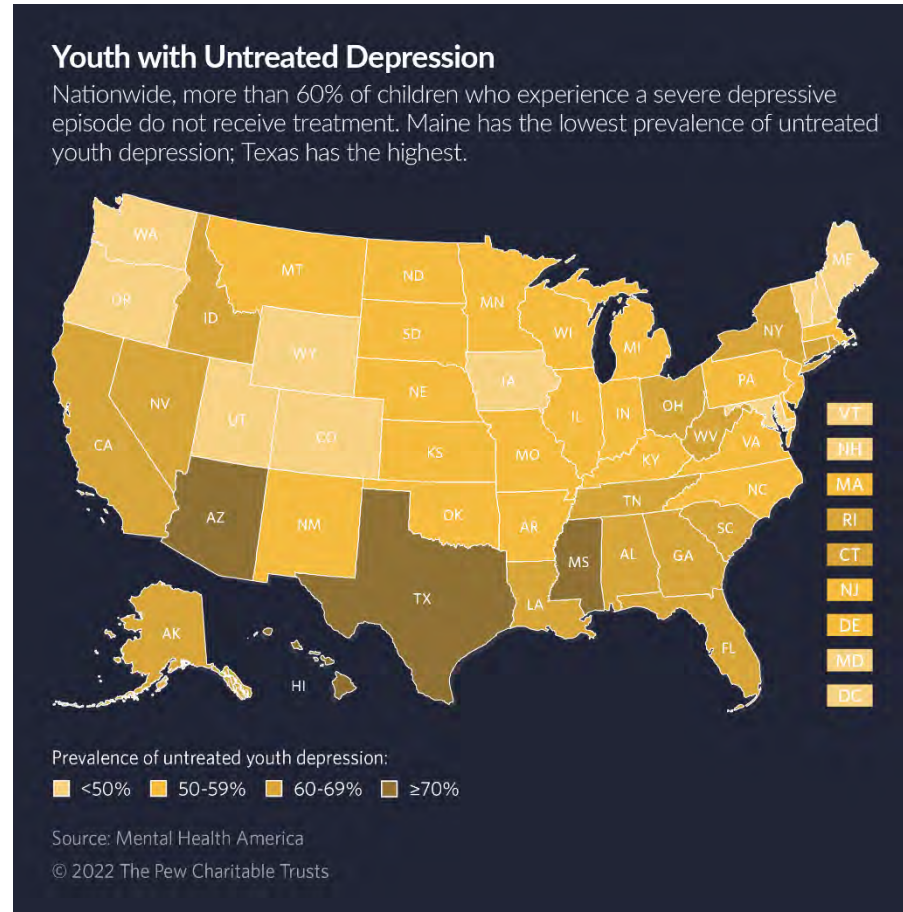
For more information, visit
[cdc.gov/nchhstp/newsroom](https://www.cdc.gov/nchhstp/newsroom)



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



Most Depression in Youth is Untreated



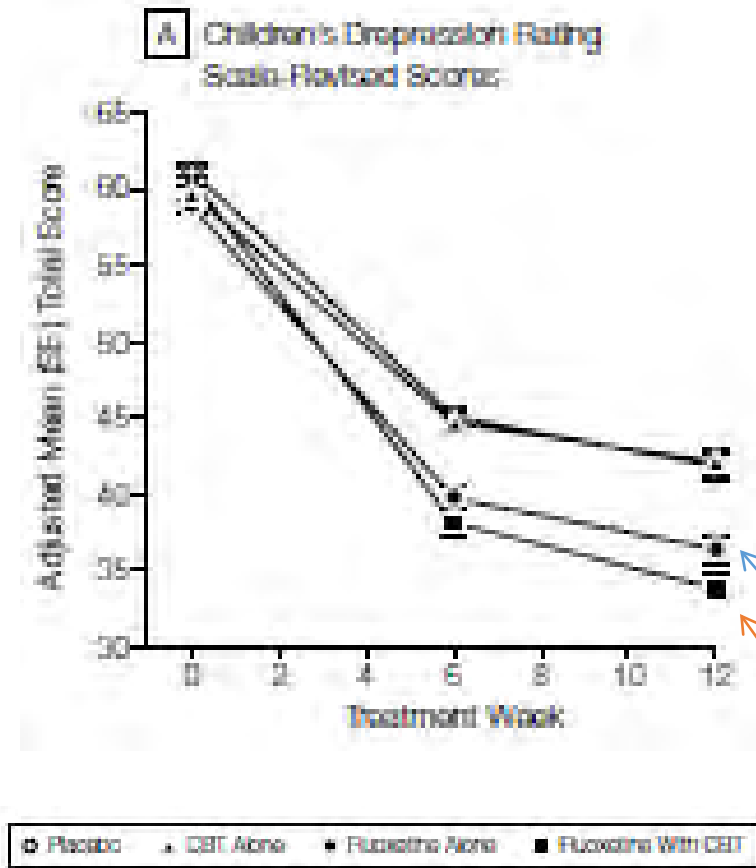
Treating Depression in Kids

First Line Treatment

- **Medication**
- **Psychotherapy**
 - Cognitive Behavioral Therapy
 - Interpersonal Psychotherapy
 - Family Therapy
- **Addressing Comorbidities**
 - Insomnia
 - Anxiety



Treatment for Adolescents with Depression Study (TADS)



- Best Clinical Global Improvement: Combo Fluoxetine + Therapy (CBT) (71%) > Fluoxetine (61%) > CBT (43%) > Placebo (35%). SI in 29%.

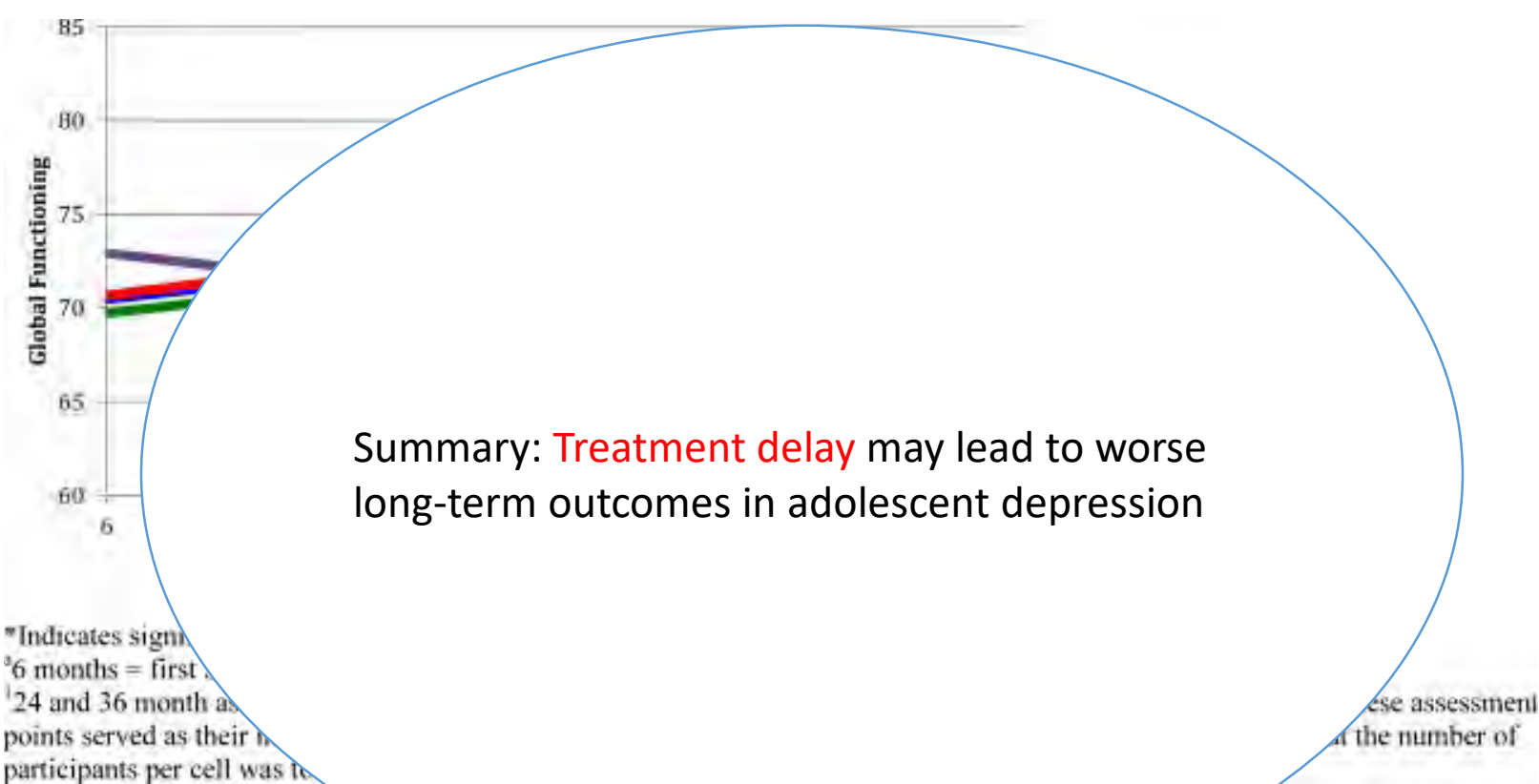
Fluoxetine

Fluoxetine + CBT

Medications are First-Line



TADS Long-Term Treatment Follow-up



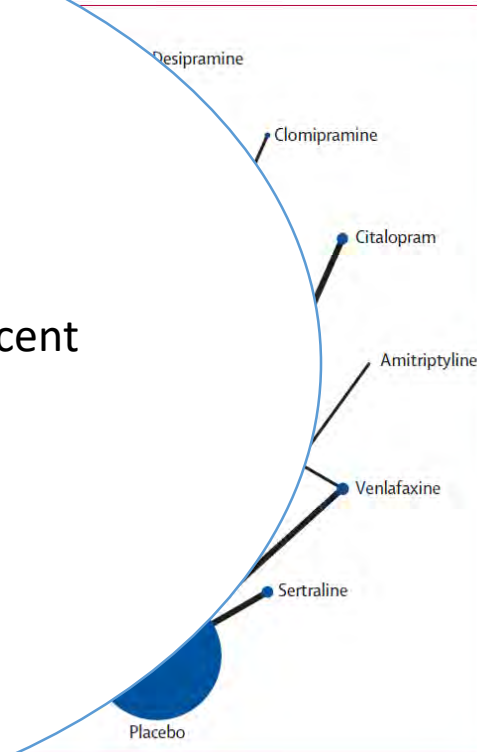
SSRIs

- Most evidence for efficacy and safety for fluoxetine (Prozac)
- Starting dose range from 2.5 mg (young, pre-pubertal children) to 10mg (most adolescents)
- Dose increases Q2 weeks to 20-80mg/day
- Escitalopram (Lexapro) is also FDA approved for adolescent depression
- Most common side effect from SSRIs is GI (nausea, stomach upset, diarrhea)
- Risk of agitation, secondary mania
- FDA recommends weekly face-to-face evaluations for first month of treatment

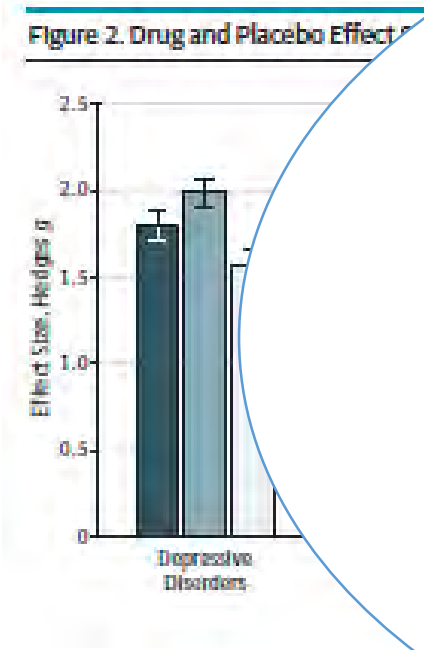
Meta-analysis 2016...

- Found AGAIN that tricyclic antidepressants are ineffective for adolescent depression.
- Fluoxetine is effective for adolescent depression.
- Other SSRIs are “ineffective” in this analysis

Summary: **Fluoxetine is effective** for adolescent depression.



Then... Meta-analysis 2017



Summary: **SSRIs and SRNIs work** (but sometimes so does placebo.)

larger effect for depression response

Black Box Warning

FDA Black Box warning regarding increased suicidality in kids and young adults

- Meta-analysis has shown that the NNT for MDD =10, OCD = 6, Anxiety = 3
- Number needed to harm (NNH) = 143

When to refer depression?

- Refer to a psychiatrist or a higher level of care with:
 - Psychosis
 - Coexisting substance abuse
 - Acute suicidal thoughts, plan, or intent – refer to ER or 988



Kids' Interface and Network for Healthy Development

KY K.I.N.D. = Kids' Interface and Network for Healthy Development (Mental Health Access)

- Educate/train pediatric primary care providers (PCP's) on children's mental health care, diagnosis, and treatment
- Support PCP's ability to conduct telepsychology and telepsychiatry visits in office
- Facilitate PCP access to consults with regional child psychiatrists and psychologists who determine treatment pathways
- Facilitate access to regional and state mental health resources for PCP's

For more information, contact KY K.I.N.D. Program Director, Pat Purcell, MD, FAAP, MBA at the KY AAP contact number 502-875-2205.

QUESTIONS?

PLEASE DROP QUESTIONS FOR THE SPEAKER IN THE CHAT



PANEL DISCUSSION: ADDRESSING BEHAVIORAL HEALTH NEEDS IN PRIMARY CARE



David Hudson, MD
CMO, New Vista



Ginny Lee Gottschalk, MD
Medical Director, Family and
Community Medicine, UKHC

Please enter your questions for our panelists into the chat!

LET'S HEAR FROM THE AUDIENCE!



What are some **barriers** that you have experienced in treating mental health conditions with pharmacological interventions in the primary care setting?

QUESTIONS?

PLEASE DROP QUESTIONS FOR THE PANELISTS IN THE CHAT



MENTAL HEALTH FIRST AID TRAINING

- Mental Health First Aid increases understanding and teaches people to safely and responsibly identify and address a potential mental illness or substance use disorder.
- We are offering **free** Mental Health First Aid Training classes to our attendees from January - April.
- Training is open to **everyone!**



Register for Mental
Health First Aid
Training Here!



THANK YOU FOR PARTICIPATING!

KENTUCKY REGIONAL EXTENSION CENTER
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[HTTPS://UKHEALTHCARE.UKY.EDU/COMMUNITY-COMMITMENT/MENTAL-HEALTH/BEHAVIORAL-HEALTH-CP](https://ukhealthcare.uky.edu/community-commitment/mental-health/behavioral-health-cp)

**NEXT COMMUNITY OF PRACTICE SESSION:
FEBRUARY 2, 2023, 12-1PM ET**

BEHAVIORAL HEALTH COMMUNITY OF PRACTICE LEADERSHIP TEAM



Seth Himelhoch, MD, MPH
Chair, Department Of
Psychiatry, UKHC



Lindsey Jasinski, PhD
Chief Administrative Officer,
Eastern State Hospital



Andrew Cooley, MD
Chief Medical Officer, Eastern
State Hospital



Marc Woods, DNP, MSN, RN
Chief Nursing Officer, Eastern
State Hospital



Julie Gosky
Regional Director CCBHC
Health Initiatives, New Vista



Trudi Matthews
Senior Director Of Quality And
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BEHAVIORAL HEALTH COMMUNITY OF PRACTICE TEAM



Mindy Ross,
Behavioral Health Community
of Practice Project Manager



Jenni Jinright,
Healthy KY Initiative Manager



Lori Maddux,
Healthy KY Initiative
Coordinator



Katie Sabitus,
Health Innovation Advisor



Katherine Shaw,
Business Development
Assistant



Alicia Anderson,
Health Innovation Advisor



Sydney Adkisson,
Healthy KY Initiative
Coordinator