

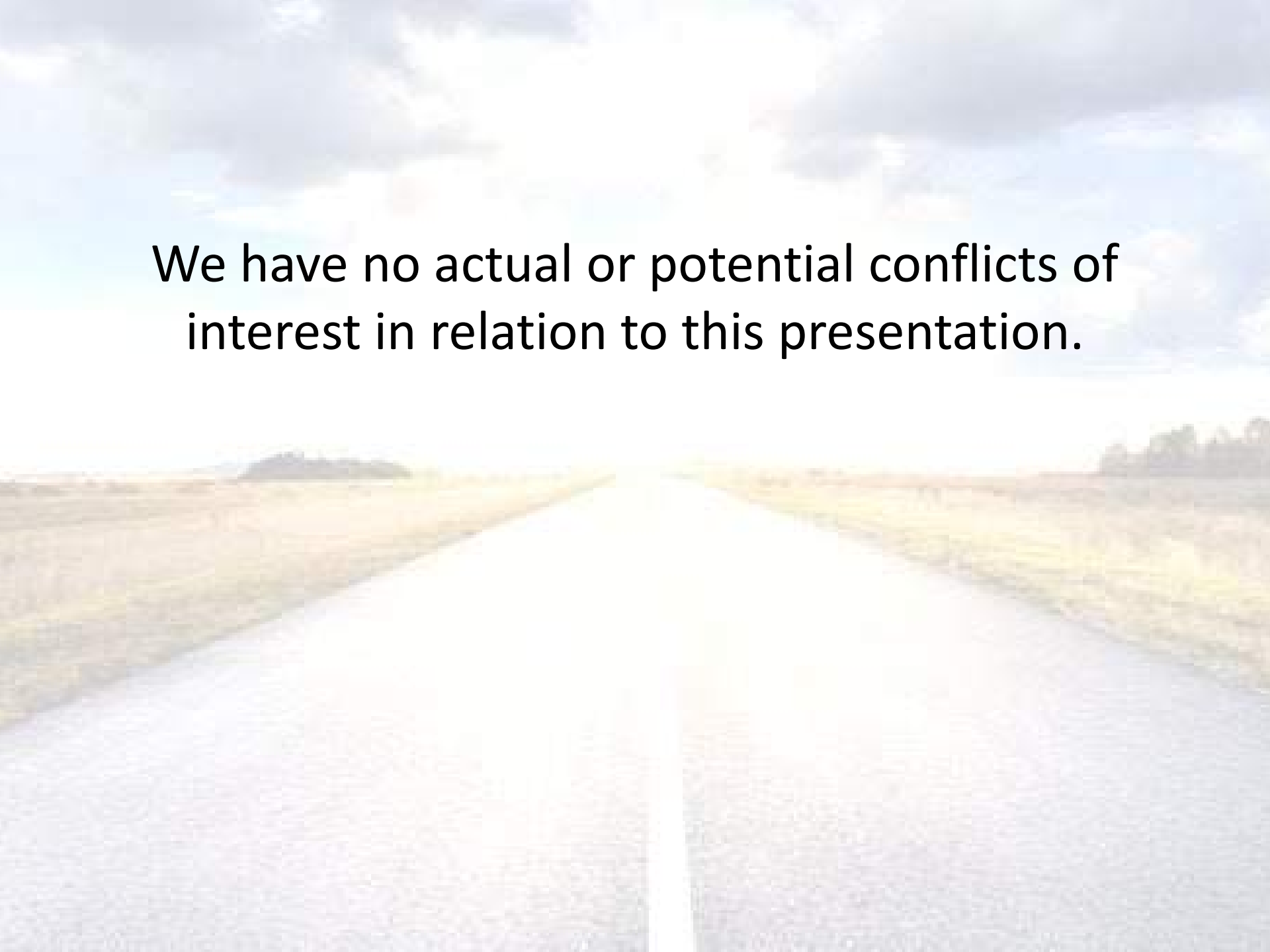
Sharing the Road: Getting the most from your MAP



BHIPP, DC MAP, & VMAP

Future of Pediatrics

June 19, 2019

The background of the slide is a blurred photograph of a two-lane asphalt road that stretches from the bottom center towards the horizon. The road has a white dashed line down the middle. On either side of the road are fields of dry, yellowish-brown grass. In the far distance, there are some dark silhouettes of trees or bushes. The sky is filled with large, soft, grey and white clouds, and the overall lighting is bright, suggesting a sunny day.

We have no actual or potential conflicts of interest in relation to this presentation.



Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP)



DC Mental Health Access in Pediatrics



Virginia Mental Health Access Program



2019 DC MAP Provider of the Year

Dr. Maria Aramburu

MedStar Georgetown

2019 DC MAP Resident of the Year

Dr. David Liddle

Children's National

2019 DC MAP Community Partner of the Year

Mary's Center



Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP)

- Offering support to pediatric primary care providers through free:
 - Telephone consultation (**855-MD-BHIPP**)
 - Resource & referral support
 - Training & education
 - Regionally specific social work co-location (Salisbury University)
- Supported by Maryland Department of Health, Behavioral Health Administration
- July 1, 2019: HRSA grant to expand into **direct services** (telepsychiatry, telecounseling & care coordination) and web-based, longitudinal training using **Project ECHO®**

www.mdbhipp.org

Care Coordinators



Erica Smith-Grasse

Psychology/Social Work Support



Kathy
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Child Psychiatrists



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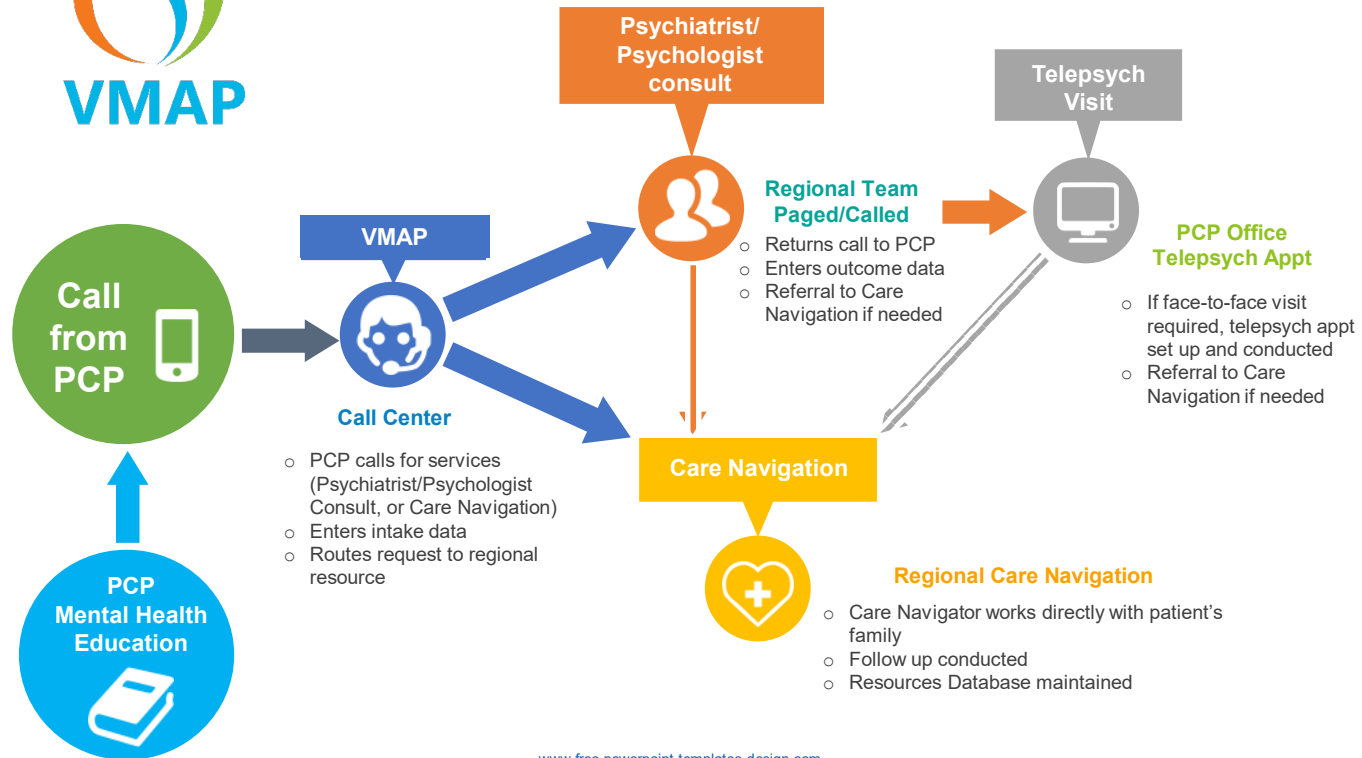
Laura
Willing



Rebecca
Begtrup



Virginia Mental Health Access Program How Does VMAP Work?



www.free-powerpoint-templates-design.com

Virginia Regions

Northern (CNMC/Inova), Central (VCU/VTCC), Eastern (CHKD), Western (UVA/Centra), Southwestern (Carilion)

Sample MAP Consult

- Our patient is 15 year old Hubert
 - “I just don’t care about stuff anymore”
- PCP calls local MAP program to speak to a care coordinator and then is routed to a child psychiatrist

Depression

Rebecca Begtrup, DO, MPH
(DC MAP and VMAP)

Depression Symptoms

- Mood
 - Depressed or irritable
- Neurovegetative (Somatic) & Cognitive:
“SIG-E-CAPS”
 - Sleep changes (Insomnia or hypersomnia)
 - Interest (loss of interest or pleasure)
 - Guilt (worthlessness)
 - Energy (lack) – fatigue
 - Cognition/Concentration (indecisiveness)
 - Appetite (weight loss or gain)
 - Psychomotor agitation or retardation
 - Suicide/preoccupation with death

Example of a Screening Tool for Depression: PHQ-9 A (for adolescents)

Severity Measure for Depression—Child Age 11–17*

*PHQ-9 modified for Adolescents (PHQ-A)—Adapted

Name: _____ Age: _____ Sex: Male ☐ Female ☐ Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past **7 days**? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

						Clinician Use
						Item score
		(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day	
1.	Feeling down, depressed, irritable, or hopeless?					
2.	Little interest or pleasure in doing things?					
3.	Trouble falling asleep, staying asleep, or sleeping too much?					
4.	Poor appetite, weight loss, or overeating?					
5.	Feeling tired, or having little energy?					
6.	Feeling bad about yourself—or feeling that you are a failure, or that you have let yourself or your family down?					
7.	Trouble concentrating on things like school work, reading, or watching TV?					
8.	Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you were moving around a lot more than usual?					
9.	Thoughts that you would be better off dead, or of hurting yourself in some way?					
Total/Partial Raw Score:						
Prorated Total Raw Score: (if 1-2 items left unanswered)						

Modified from the PHQ-A (J. Johnson, 2002) for research and evaluation purposes

When you hear hoof beats...

- ...think horses, not zebras, right?
- In general, you know what depression looks like.
- So, if it looks like a duck and quacks like a duck, it's probably a duck.

Except when it's a platypus in disguise!



The Platypuses/Zebras of Depressive Symptoms (AKA- some differentials to keep in mind)

- Bipolar Disorder
- PTSD
- Anxiety
- Grief/Bereavement
- Eating Disorders
- Substance Abuse
- Medical cause (ex: hypothyroidism, Cushing, hyperparathyroid, Addison, nutritional deficiencies- B12/B6/thiamine, seizures, encephalopathies, multiple sclerosis, OSA, space occupying lesion, SLE, etc.)
- Medication side effects (ex: beta-blockers, calcium channel blockers, steroids, hormone therapy, etc)

So, Trust Your Gut....

- ...But know when to refer!
- BHIPP, DC MAP, and VMAP are available to assist with these very questions. When you're feeling fairly confident, but there's a lingering doubt, or you genuinely have no idea what is going on, go ahead and give a call!
- And make sure to ALWAYS screen for safety!

Columbia Suicide Severity Rating Scale (CSSRS)

	In the Past Month	
Answer Questions 1 and 2	YES	NO
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?		
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
Always Ask Question 6	In the Past 3 Months	
6) Have you done anything, started to do anything, or prepared to do anything to end your life?		

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.

Any YES must be taken seriously. Seek help from friends, family, co-workers, and inform them as soon as possible.

If the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency Personnel for care.

**NATIONAL
SUICIDE
PREVENTION
LIFELINE**
1-800-273-TALK (8255)
suicidepreventionlifeline.org

DON'T LEAVE THE PERSON ALONE.

**STAY ENGAGED UNTIL YOU
MAKE A WARM HAND OFF TO
SOMEONE WHO CAN HELP.**



Two Screening Questions:

- 1) Have you ever wished you were dead or wished you could go to sleep and not wake up?
- 2) Have you actually had any thoughts about killing yourself?

Protective Factors Against Suicidality

- Circle of friends who are positive & supportive
- Personal goals/purpose, e.g., participation in art, music, sports
- Positive family connections
- Religious or spiritual connections
- School success
- No past suicide attempt
- Engagement in treatment

Treatment of Depression

- 1) Psychotherapy
- 2) Address lifestyle opportunities to improve mental health
 - Sleep hygiene, pro-social activities, eating regularly, family time, work/school-life balance, selecting supportive friends/romantic partners, etc.
- 3) If severe and therapy not feasible or not sufficient on its own, consider medication

Selection of Antidepressant Med

- 1st Line Med for Major Depressive Disorder: SSRIs
- Ensure that it is not Bipolar Disorder
- Half-life (long, medium, short)
- Interactions with other medications
- Psychiatric and Medical co-morbidities?
 - Prioritize and target symptoms
 - Assess Substance use/misuse/abuse
- Adherence Concerns
 - Doses
 - Side effects
 - Timing of med administration
 - Parental fear of certain agents

Selecting a SSRI

- **Fluoxetine (Prozac)**

- *FDA approved age 8 yrs and up for MDD*
- Very long duration of action/effect*
- Potent CYP2D6 isoenzyme inhibitor
- Can be activating/burst of energy

- **Escitalopram (Lexapro)**

- *FDA approved for ages 12 yrs and up for MDD*
- Not long acting & no isoenzyme interactions
- Smaller dosing window (5-20mg)

- **Sertraline (Zoloft)**

- Not long acting & less isoenzyme interaction
- Only FDA approval for children is for OCD
- Can be sedating (helpful for sleep)

- **Fluvoxamine (Luvox)**

- Only FDA approval for children is for OCD

Main Side Effects of SSRIs

- None (most common)
- GI discomfort, nausea
- Behavioral activation
 - more common in younger children
 - agitation, restlessness, insomnia, impulsivity
 - behavioral disinhibition
- Sexual
 - diminished libido
 - anorgasmia
 - erectile dysfunction
- Interaction with alcohol*

Patient Education for Remission

- Explain delayed onset of action
- Continue treatment 6-12 months after resolution of symptoms
- Reassure that agents are not addictive
- Describe common side effects and what to do if occur
- Discuss consequences of EtOH, other Substances, Medications (including OTCs)

(Stimmel, 2002)

Management of Antidepressant “Reactions”

Suicidality	Akathisia	Manic Switch	Discont. Syndrome	Serotonin Syndrome	Apathy
Thoughts or Acts of Self-Harm	Inner Restless, Pacing, Bilateral muscle movement	Silly, Anger, Sleep Loss	Fear, Dizzy, Paresthesia, Nausea, Vivid Dreams	Confusion, Fever, Sweat, Hypertonia, Clonus, Hyperreflexia	Disinterest, lack of enjoyment but not depressed
2%	5-25%	1-10%	4-18%	<1%	~10%
1-4 Wks	2-6 wks	2-4 wks, dose changes	1-7 days	Multiple 5HT agonists or RI's; Li, Abx	24-78 wks
DC; consider alternative	Propanolol, Benzo, Other Agent	DC; consider mood stablizer	Resume or add low-dose of Fluoxetine	Hospital mgt hyperthermia, BZ for Sz, 5HT antags (cyphept)	Augment with low-dose agent (BPN, ATX)

Patient Follow-up

- FDA recommends weekly X 4 wks, then every other wk X 1 month, then at 12 wks (7 visits over 3 months)
- 20% of pts starting antidepressants have even 3 follow-up visits over 3 months
- Follow-up rates have not changed over past 5 yrs

(G. Simon, Editorial Antidep & Suicide, BMJ, 2-14-08)

What if Antidepressant Don't Work?

- Switch (~60% respond to initial SSRI)
 - 334 Pts failing 2 month trial
 - Switch to Citalopram, Paroxetine, or Fluoxetine OR Venlafaxine
 - 40% Responded
 - No differences WRT efficacy or SE
- Add CBT (Cognitive Behavioral Therapy) to 2nd Medication
 - 54% response

Alternative Treatments

- ECT (for refractory depression, $>/+ 16$ yrs)
- Omega 3 fatty acids
- Music therapy
- Art therapy
- Exercise
- Yoga
- Meditation
- Etc...

The Unusual Patient/Parent Requests

- **CBD Oil**
 - Not FDA approved or regulated
 - Percentages of CBD to THC unknown
 - THC can cause psychotic symptoms
- **Esketamine intranasal spray (Spravato)**
 - NMDA receptor antagonist
 - NOT FDA approved for children/adolescents
 - For adults, it is only considered after multiple failed antidepressant trials
 - prescribers have to go through complex process to give- only administered in doc's office & must be monitor for 2 hrs (in office) afterwards
 - No long-term studies yet.

Thank you and Questions



Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP)

855-MD-BHIPP

mdbhipp.org



DC Mental Health Access in Pediatrics

844-30-DCMAP

dcmap.org



Virginia Mental Health Access Program

vmapforkids.org