What Psych Providers wish Primary Care providers knew about psych.

Jessica Estes, DNP, APRN-BC, PMHNP – Lifespan
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Disclosures
• None

Objectives
• Determine the common mental health disorders in primary care
• Discuss the evidence related to non-pharmacologic treatment for mental health disorders
• Discuss the evidence for pharmacologic interventions in mental health.

Incidence and Prevalence

Defining Mental Illness
• Mental illness (MI) is “characterized by sustained, abnormal alterations in thinking, mood, or behavior associated with distress and impaired functioning”
  • Mental disorders are more disabling than any other group of illnesses, including cancer and heart disease (MI is the 3rd or 4th most costly condition)
  • Many mental and physical health disorders co-exist (called co-morbidity)

Prevalence of Mental Disorders
• 46.4% of Americans will experience some form of mental illness in their lifetime
  20% of women and 13% of men are affected by major depressive disorder each year;
  6% of women and 3% of men are diagnosed with panic disorder;
  9.7% of women and 3.6% of men are diagnosed with PTSD
• Men have higher rates of impulse-control disorders, substance use disorders, and suicide completion than women
Serious Mental Illness (SMI)

The National Survey on Drug Use and Health (NSDUH) defines SMI as:

- A mental, behavioral, or emotional disorder (excluding developmental and substance use disorders)
- Diagnosable currently or within the past year
- Of sufficient duration to meet diagnostic criteria specified within the 4th-edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)
- Resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

Impact

- Mental disorders are disabling and can affect all aspects of life:
  - Physical health
  - Parenting
  - Work
  - Finances
  - Care giving
  - Relationships with family and friends
  - Common daily activities

Treatment

In 2008, 13.4 percent of adults in the United States received treatment for a mental health problem. Just over half (58.7 percent) of adults in the United States with a serious mental illness (SMI) received treatment for a mental health problem.

Treatment rates for SMI differed across age groups, and the most common types of treatment were outpatient services and prescription medication.

Changing Service Patterns

- More drugs prescribed
- Shorter hospital stays

Substance Use/Abuse

- Defined as the “use of a substance (drugs and/or alcohol) for a purpose not consistent with legal or medical guidelines”
- Labeled “addiction” when “the user (referred to as an addict) is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means.”
- Approximately 10% of the general population are addicted to alcohol, while another 5% are addicted to drugs
- Substance abuse prevalence rates are higher among persons with mental illness, traumatic brain injuries, spinal cord injuries, and many chronic health conditions.
Epidemiology of Co-morbidity

- Odds ratio of alcohol/drug disorders is 2.7 times more if any mental disorder exists
- This is 10-20 times greater than expected for schizophrenia, mania, antisocial personality disorder

Treatment

- Two thirds of adults with mental disorders and/or addictive disorders are treated for these conditions in a general medical setting
- Nearly 70% receive no mental health treatment
- Adults with co-morbid conditions whose mental health conditions are untreated incur higher medical costs
- Less likely to undertake beneficial self care activities
- Less likely to adhere to treatment regime

Depression Diagnosis:

- The DSM-5 outlines the following criterion to make a diagnosis of depression. The individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.
- 1. Depressed mood most of the day, nearly every day.
- 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
- 3. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
- 4. A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
- 5. Fatigue or loss of energy nearly every day.
- 6. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- 7. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- 8. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
- To receive a diagnosis of depression, these symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms must also not be a result of substance abuse or another medical condition.

Screening Tools

- Depression:
  - PHQ-9: 9 questions about depression & its severity
  - PHQ 2 → 9: 2 question screen, then 9 if screen is positive
  - PHQ 9 for Teens: PHQ 9 + 2 questions about suicidality
- Depression, ADD, Anxiety, Conduct
  - Pediatric Symptom Checklist for Youth and Parent
    - 37 questions about mood, behavior, attention issues
    - 2 questions about suicidal thoughts, plans
- Drugs and Alcohol:
  - CRAFFT: 3 initial questions, then 6 more

Why Consider CBT for the Treatment of Major Depression?

- Acceptable
  - Recent meta-analysis indicates that psychotherapy is preferred 3:1 to pharmacotherapy for depression
- Efficacious and Cost-Effective
  - CBT is more cost-effective than pharmacotherapy over follow-up periods
  - Long-term Maintenance of Gains
  - CBT has a strong enduring effect over time

Anti-depressants......

- can be roughly categorized into groups, depending upon their chemical structure and the way they work
- 1) tricyclics and tetracyclics (TCA’s);
- 2) monoamine oxidase inhibitors (MAOI’s);
- 3) serotonin-specific reuptake inhibitors (SSRI’s);
- miscellaneous.
Commonly Rx Tetracyclics/Tricyclics
• amitriptyline (Elavil, Endep, Enden, Tryptizol)
  amitriptyline + (perphenazine, Etrafon, Triavil)
  amoxapine (Asendin)
  clomipramine (Anafranil)
  desipramine (Norpramine, Pertofrane)
  doxepin (Adapin, Sinequan)
  imipramine (Tofranil, Janimine)
  maprotiline (Ludiomil)
  nortriptyline (Pamelor, Ventyl, Aventyl)
  protriptyline HCL (Vivactil)
  trimipramine (Surmontil)

Serotonin-specific Reuptake Inhibitors (SSRI’s)
• These drugs, along with the tricyclic and
tetracyclic drugs and the MAOI’s, are
considered the major antidepressant drugs;
• they are also effective in a wide range of
disorders, including bipolar I disorder,
dysthymic disorder, eating disorders, panic
disorder, obsessive-compulsive disorder,
and borderline personality disorder.

Because they generally have fewer adverse
side effects than other classes of
antidepressants they are more widely
prescribed;
• one SSRI, fluoxetine (Prozac), the least
cardiotoxic of all antidepressants, has
become the most widely prescribed
antidepressant and is one of the top ten
most prescribed drugs in the US.

Commonly Prescribed SSRI’s
• fluoxetine (Prozac)
• fluvoxamine (Luvox)
• paroxetine (Paxil)
• sertraline (Zoloft)
  (Serzone)
  (Celexa)

Generalized Anxiety Disorder Criteria
A. Excessive anxiety and worry (aggressive expectation), occurring more days than not for at
least 6 months, about a number of events or activities (such as work or school performance).
B. The individual finds it difficult to control the worry.
C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at
least one or more of the following six symptoms (with at
least some symptoms having been present for more days than not for the past 6 months). Note:
Only one item required in children.
1. Restlessness, feeling keyed up or on edge.
2. Being easily fatigued.
3. Difficulty concentrating or mind going blank.
4. Irritability.
5. Muscle tension.
6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

GAD Continued
D. The anxiety, worry, or physical symptoms cause clinically significant distress or
impairment in social, occupational, or other important areas of functioning.
E. The disturbance is not attributable to the physiological effects of a substance
(e.g., a drug of abuse, a medication) or another medical condition (e.g.,
Hyperthyroidism).
F. The disturbance is not better explained by another medical disorder (e.g., anxiety
or worry about having panic attacks in panic disorder, negative evaluation in social
anxiety disorder (social phobia), contamination or other obsessions in obsessive-
compulsive disorder, separation from attachment figures in separation anxiety
disorder, reminders of traumatic events in posttraumatic stress disorder, gaining
weight in anorexia nervosa, physical complaints in somatic symptom disorder,
genital appearance flaws, in body dysmorphic disorder, having a serious illness in
illness anxiety disorder, or the content of delusional beliefs in schizophrenia or
delusional disorder).
Screening tool – GAD-7

Panic Disorder Criteria

The individual experiences recurrent unexpected panic attacks, which are abrupt feelings of intense fear or discomfort that reach great heights within minutes, during a time in which at least four of the following symptoms occur:

- Palpitations or quickened heart beat
- Abnormal sweating
- Trembling or shaking
- Instances of shortness of breath or feeling smothered
- Feelings of choking
- Chest pain or discomfort
- Nausea or abdominal pain
- Dizziness or faintness
- Chills or hot flashes
- Numbness or tingling sensations
- Derealization (feelings of unreality) or depersonalization (feeling detached from himself or herself)

One or more of the attacks were followed by a month (or longer) of one or both of the following:

- Persistent worry about having more panic attacks and/or their consequences (e.g., having a heart attack)
- A significant abnormal change in behavior in response to the attacks, such as ones intended to avoid unfamiliar situations.

The disturbance cannot be attributed to the physiological effects of a substance, such as a drug or medication, or another medical condition.

The disturbance cannot be better explained by another mental disorder, such as social anxiety disorder or specific phobia, which may involve panic attacks.

PHQ-SADS

PHQ-9 Anxiety sections

ANTIANXIETY MEDICATIONS

- Formerly called the "minor tranquilizers", the medicines in this group are primarily used in the treatment of anxiety;
- They are also used for some other disorders, such as depression, panic disorder, social phobia, bipolar I disorder, and substance withdrawal.

Because they have a higher therapeutic index and less abuse potential, the benzodiazepines

- (which comprise the largest number in this group) have largely replaced the barbiturates in treatment for these disorders,
- and are also widely used as sedatives and hypnotics as well as anesthetics, anticonvulsants, and muscle relaxants.

- Antihistamines are occasionally used to treat anxiety disorders, as are the beta-blockers.

Commonly Rx Antianxiety

- Alprazolam (Xanax)
- Atenolol (Tenormin)
- buspirone (BuSpar)
- chlordiazepoxide (Librium, Libritabs, Lipoxide)
- clonazepam (Klonopin)
- clonidine (Catapres)
Benzodiazepines

- Benzodiazepine Misuse - Abuse -
- Dependence
- Using for recreational purposes
- Continued long term use against medical advise
- Use of drug with other potentially psychoactive substances (alcohol)
- Abusive or addicted users inhale or inject BZD
- Long term prescription use without re-evaluation of necessity for continued use

BZO misuse

- BZD are rarely used as the “primary” DOC; usually is abused by poly-drug abusers
- BZD is the most frequently abused pharmaceutical by SAMHSA study 2nd to Opiates
- 35% are obtained from Emergency Rooms
- 26% of suicide attempts involve BZD
- Alprazolam is #1 followed by clonazepam, lorazepam, and diazepam
- In a recent NPR article they cited new data that 4/5 scripts are written in primary care

General Guidelines for Prescribing Benzodiazepines

- Avoid prescribing to known poly-drug users including those with dependence
- Dose reductions should be with patient consents
- Patient advisement of long-term use risks
- Patients should use one provider for all prescriptions
- Regularly scheduled Treatment Reviews including drug screens and pill counts

Anxiety Treatment

- Use of non-medication management for anxiety and insomnia
- Detoxification from BZD using long acting BZD and slowly tapering doses with counseling
- Management of anxiety and insomnia should rely largely on non-pharmacologic interventions
- BZD should be prescribed at the lowest dose to be effective and for the shortest period of time possible
- Residents of aged care facilities, BZD should be slowly tapered and discontinued wherever possible and used only “as needed” to control anxiety or agitation (average length of use no more than 2 weeks)

Bipolar Disorder DSM V Criteria

- Historical episode meeting the criteria for major depression
  - Mania, a period of at least 1 week of persistently elevated or irritable mood with increased activity and energy accompanied by at least 4 of the following:
  - Increased rate of speech, marked by rapid and restless behavior, including the pressure to keep talking or pressured speech even when others try to talk
  - Grandiosity, with inflated self-esteem or belief that one is better at doing something than anyone else or is more accomplished than others in less than 2 weeks
  - Reduced need for sleep and not feeling fatigued when sleep deprived
  - Excessive impulsive, repeated, and/or racing thoughts that resulted in a continuous stream of consciousness, a repetitive jumble of thoughts, or as if a “ball of yarn” is pulling you in different directions
  - Being easily distracted, unable to focus, or frustrated if a task can’t be put off
  - Increased goal-directed activity or psychomotor agitation (such as pacing or hand-wringing) is a severe form of restlessness that manifests with pointless movement, jitteriness, and/or repetitive movement.
  - Poor judgment and an increased period of risky or dangerous activities, including gambling, excessive or lavish spending, and hypersexual behaviors.

Bipolar Disorder Screening Tools – Mood Disorder Questionaire 0 MDQ
ANTIPSYCHOTIC MEDICATIONS

• This group, formerly known as the "major tranquilizers", or neuroleptics, is comprised mainly of a set of drugs known as dopamine-blockers,
• These drugs target the idiopathic psychoses that have no known cause, such as schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder..............

• brief psychotic disorder, manic episodes, and major depressive disorder with psychotic features,
• as well as being commonly used in the treatment of patients who are severely agitated and violent.
• They have a wide application for a variety of disorders, including movement disorders, anxiety disorders, and psychoses that have organic causes.

• Commonly RX Antipsychotic
  • haloperidol (Haldol)
  • risperidone (Risperdal)
  • Quetiapine (Seroquel)
  • Aripiprazole (Abilify)
  • Ziprasidone (Geodon)
  • Olanzapine (Zyprexa))

• Side Effects
  • Potent drugs usually have potent side effects, and the antipsychotic drugs are no exception!!!
  • Metabolic changes
  • Insulin resistant
  • Triglyceride increases
  • Weight gain
  • Somnolence
  • Nausea

ANTIMANIC MEDICATIONS

• Many of the drugs that have already been discussed have been found to be efficacious in effecting mood regulation or stabilization, such as the benzodiazepines, carbamazepine, clozapine, the dopamine receptor antagonists, lithium, L-tryptophan, and valproate.

Commonly Rx Antimanics
• Eskalith
• Depakote
• Topamax
• Tegretol
References


