UVM Project ECHO: Adult Complex Mental Health

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“Introduction” to ZOOM

• Please mute microphone when not speaking
• Please use camera as much as possible
• Test both audio & video before joining
• Communicate clearly during session:
  • Can use “raise hand” feature to comment
  • Use chat function for questions, comments or technical issues
RECORDING OF SESSION TO BEGIN
Learning objectives for this ECHO series include the ability to:

• Enhance diagnostic skills in patients with complex mental health issues

• Incorporate new treatment strategies into management of common but challenging mental health disorders

• Improve the care that patients with mental health issues receive in the primary care setting
Session Agenda

• Welcome
• Objectives
• Didactic Presentation (30-35 min)
• Case presentation(s)
  • Clarifying questions
  • Participants – then faculty panel
• Discussion
• Recommendations
• Closing Announcements
  • Submission of new cases
  • Completion of evaluations
CMIE Disclosures

University of Vermont (UVM) Office of Continuing Medical and Interprofessional Education (CMIE) is approved as a provider of Continuing Medical Education (CME) by the ACCME. UVM designates this internet live activity for a maximum of 1.5 AMA PRA Category 1 Credits.

UVM CMIE is accredited by the American Nurses Credentialing Center (ANCC) to provide CE for the healthcare team. This program has been reviewed and is acceptable for up to 1.5 Nursing Contact Hours.

As a Jointly Accredited Organization, The Robert Larner College of Medicine at the University of Vermont is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. The University of Vermont maintains responsibility for this course. Social workers completing this course receive 1.5 continuing education credits.

This activity was planned by and for the healthcare team, and learners will receive 1.5 Interprofessional Continuing Education (IPCE) credit for learning and change.

Participants should claim only the credit commensurate with the extent of their participation in the activity.
CMIE Disclosures

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**Meeting Disclaimer:** Regarding materials and information received during this educational event, the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.
Bipolar Disorders

Suzanne Kennedy, MD
Associate Professor of Psychiatry
Consultation Liaison Psychiatrist, Dept of Neurology
May 25, 2022
Objectives

• Familiarize with new DSM diagnostic criteria
• Review epidemiology and genetics
• Review course and impact of disease process, risks associated with bipolar disorder
• Appreciate complexity of diagnosis and differential diagnoses
• Awareness of co-occurring disorders
DSM criteria (DSM V)

- BPAD I - only need to have 1 manic episode
- BPAD II - need hypomania + depressive episode
- Cyclothymic Disorder
- Substance-induced/Medication-induced Bipolar and Related Disorder
- Bipolar and Related Disorder due to another general medical condition
- Other specified Bipolar and Related Disorder
Bipolar disorder I - Manic Episode

A. abnormally & persistently elevated, expansive or irritable mood AND abnormally & persistently increased goal-directed activity or energy lasting 1 week and present most of the day, nearly every day

B. Plus 3 or more of the following (4 if mood irritable):
   - Increased self esteem
   - Decreased need for sleep
   - More talkative/pressured
   - Flight of ideas/thoughts racing
   - Distractibility
   - Increased activity/psychomotor agitation
   - Excessive engagement in high risk activity

C. Marked impairment in functioning OR psychotic symptoms

D. Not a result of substance or another medical condition
Hypomania

A. Elevated, expansive or irritable **mood AND** increased activity/energy at least 4 consecutive days, present most of the time

B. 3 of the following (4 if irritable mood):
   - Increased self esteem
   - Decreased need for sleep
   - More talkative/pressured
   - Flight of ideas/thoughts racing
   - Distractibility
   - Increased activity/psychomotor agitation
   - Excessive engagement in high risk activity

C. Episode is uncharacteristic of the individual when not symptomatic

D. Changes are observable by others

E. Not severe enough to cause marked impairment in functioning

F. Not attributable to effects of substance (Rx, substances)
Specifiers

• Current episode: depressed, manic/hypomanic, mixed
• With anxious distress
• With mixed features
• With rapid cycling
• With/without mood congruent psychotic features
• With catatonia
• With peri-partum onset
• With seasonal pattern
Type I or II?

- Mania = type (does not need prior depressive episode)
- BPAD I:
  - More likely to present with mania
  - Depressive episodes SEVERE (lethargy, psychomotor retardation, reduced intake, hypersomnolence, psychotic sx)
- BPAD II:
  - Need hypomania AND past depressive episode (never been manic)
  - More likely to present with depression
  - Not “milder” form - may have more chronicity (esp depressive sx, impulsivity)
  - More often have co-occurring psychiatric diagnoses (anxiety, substance, eating disorders)
Cyclothymia

A. Over 2 years; numerous episodes with hypomanic and depressive symptoms that do not meet full criteria for each episode
B. The episodes have been present at least half of the time (of the 2 yrs)
C. Criteria for major depressive, manic or hypomanic episode never met
D. Not better accounted for by a psychotic disorder
E. Not due to substances or other medical condition
Epidemiology

• 1.1-2% of world population lifetime prevalence
• 12 month US prevalence estimate: 0.6% (I) and 0.3% (II)
• Male: Female = 1.1:1
• Highest age group: 18-29y with mean age of onset: 18y (I); mid 20s (II)
• 70% manifest before age 25 yrs
• 6th leading cause of medical disability (WHO data)
• Suicide risk: 15 X higher than general population
• Genetics: 70-80% have genetic contribution (more so in type I)

Oligodendrocyte-myelin related genes  inflammatory homeostasis
neuronal- glial plasticity  cellular metabolic pathways
monoaminergic signaling  mitochondrial functioning
Course

- Untreated mania-escalating irritability, sleep deprivation, psychosis
- “Rapid” cycling: > 4 per year
- Females- more mixed states, rapid cycling, depression sx
- Mania typically followed by depressive episode (BPAD I)
Differential Diagnosis

- Schizophrenia spectrum
- Major depressive disorder
- Anxiety - PTSD, GAD, panic disorder
- ADHD
- Substance-induced
- GMC - Neurocognitive (TLE, HD, Neurosarcoidosis, MS, stroke, TBI), Malignancy, Cushing’s disease, Wilson’s disease
- Personality disorders - histrionic, borderline
Co-morbidities

- Anxiety disorders - panic disorder, social anxiety disorder, phobias
- ADHD, impulse control d/o, conduct d/o
- Substance use disorder - 50% alcohol use disorder; THC
- Eating disorders
Mood Disorder Questionnaire (MDQ)

Instructions: Check (√) the answer that best applies to you. Please answer each question as best you can.

1. Has there ever been a period of time when you were not your usual self and...
   - ...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? [Yes | No]
   - ...you were so irritable that you shouted at people or started fights or arguments? [Yes | No]
   - ...you felt much more self-confident than usual? [Yes | No]
   - ...you got much less sleep than usual and found you didn’t really miss it? [Yes | No]
   - ...you were much more talkative or spoke faster than usual? [Yes | No]
   - ...thoughts raced through your head or you couldn’t slow your mind down? [Yes | No]
   - ...you were so easily distracted by things around you that you had trouble concentrating or staying on track? [Yes | No]
   - ...you had much more energy than usual? [Yes | No]
   - ...you were much more active or did many more things than usual? [Yes | No]
   - ...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night? [Yes | No]
   - ...you were much more interested in sex than usual? [Yes | No]
   - ...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky? [Yes | No]
   - ...spending money got you or your family in trouble? [Yes | No]

2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? Please check 1 response only.

3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? Please check 1 response only.
   - No problem
   - Minor problem
   - Moderate problem
   - Serious problem

4. Have any of your blood relatives (i.e., children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder? [Yes | No]

5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder? [Yes | No]

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation.
CIDI-Based Bipolar Disorder Screening Scale

I. Stem questions

1. Some people have periods lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a period like this lasting several days or longer?

2. Have you ever had a period lasting several days or longer when most of the time you were so irritable or grouchy that you either started arguments, shouted at people, or hit people?

II. Criterion B screening question

1. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate. Did you ever have any of these changes during your episodes of being (excited and full of energy/very irritable or grouchy)?

III. Criterion B symptom questions

Think of an episode when you had the largest number of changes like these at the same time. During that episode, which of the following changes did you experience?

1. Were you so irritable that you either started arguments, shouted at people, or hit people?
2. Did you become so restless or fidgety that you paced up and down or couldn't stand still?
3. Did you do anything else that wasn't usual for you — like talking about things you would normally keep private, or acting in ways that you'd usually find embarrassing?
4. Did you try to do things that were impossible to do, like taking on large amounts of work?
5. Did you constantly keep changing your plans or activities?
6. Did you find it hard to keep your mind on what you were doing?
7. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?
8. Did you sleep far less than usual and still not get tired or sleepy?
9. Did you spend so much more money than usual that it caused you to have financial trouble?
Bipolar disorder- burden or blessing?

- Creativity
- IQ
- Disability burden
- Relationships
- Career
- Financial
- Legal
- Challenges with treatment ....next time
RECORDING OF SESSION TO END
DO NOT INCLUDE:

• Names
• Address
• DOB
• Phone/Fax #
• Email address
• Social Security #
• Medical Record #

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.
### **SESSIONS ARE ON WEDNESDAYS FROM 12:00PM TO 1:30PM**

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CONCLUSIONS

• Slides are posted at www.vtahec.org
• Volunteers to present cases (this is key to the Project ECHO model)
  • Please submit cases to Mark.Pasanen@uvm.edu
• Please complete evaluation survey after each session
• Once your completed evaluation is submitted, CE information will be emailed.
• Please contact us with any questions, concerns, or suggestions:
  • Mark. Pasanen@uvm.edu
  • Elizabeth.Cote@uvm.edu