

UVM Project ECHO: Adult Complex Mental Health

Course Co-Directors: Mark Pasanen, MD
Sara Pawlowski, MD

ECHO Director: Elizabeth Cote

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Jess Oehlke, MD
Kathy Mariani, MD
Jennifer Hall, DO
Jessica O'Neil, DO
Stephanie Fosbenner, MD

RECORDING OF SESSION TO BEGIN

Session Agenda

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



Series Objectives

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

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

Interest Disclosures: As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

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.

University of Vermont Project ECHO: Adult Complex Mental Health: Topic: ADHD

Sara Pawlowski, MD

Child, Adolescent and Adult Consultant Psychiatrist

Division Chief, Primary Care Mental Health Integration Psychiatry Service

Attending Psychiatrist and Assistant Professor, UVMMMC

Objectives

- Increase your confidence in making an ADHD diagnosis (or ruling it out).
 - Truth: I, a psychiatrist, am no better at doing this in adults than any other provider. I just 1) know what to rule out! 2) Hold boundaries when I think stimulants are more risk than benefit.
 - Empower you to say, “Yes, this sounds like ADHD... let’s do this” or “No, this isn’t ADHD ... but you can still do this to improve your attention.”
- Increase your knowledge of treatment (and limitations) including stimulant, non-stimulant and non-medication options.

Part 2: ADHD Treatment

Medications for ADHD

- Subtitle: Why are there so many Ritalins ?!?!?!

Medications used for ADHD

■ Stimulants

- methylphenidate
 - Ritalin, Ritalin-SR, Ritalin-LA
 - Metadate, Metadate-ER, Metadate-CD
 - Concerta
 - Methylin, Methylin-ER
 - Quillivant XR
 - Daytrana Transdermal Patch
 - dexamethylphenidate (Focalin, Focalin-XR)
- mixed amphetamine Salts
 - Adderall, Adderall-XR
- dextroamphetamine
 - Dexedrine, Dextrostat
 - lisdexamfetamine dimesylate (Vyvanse)

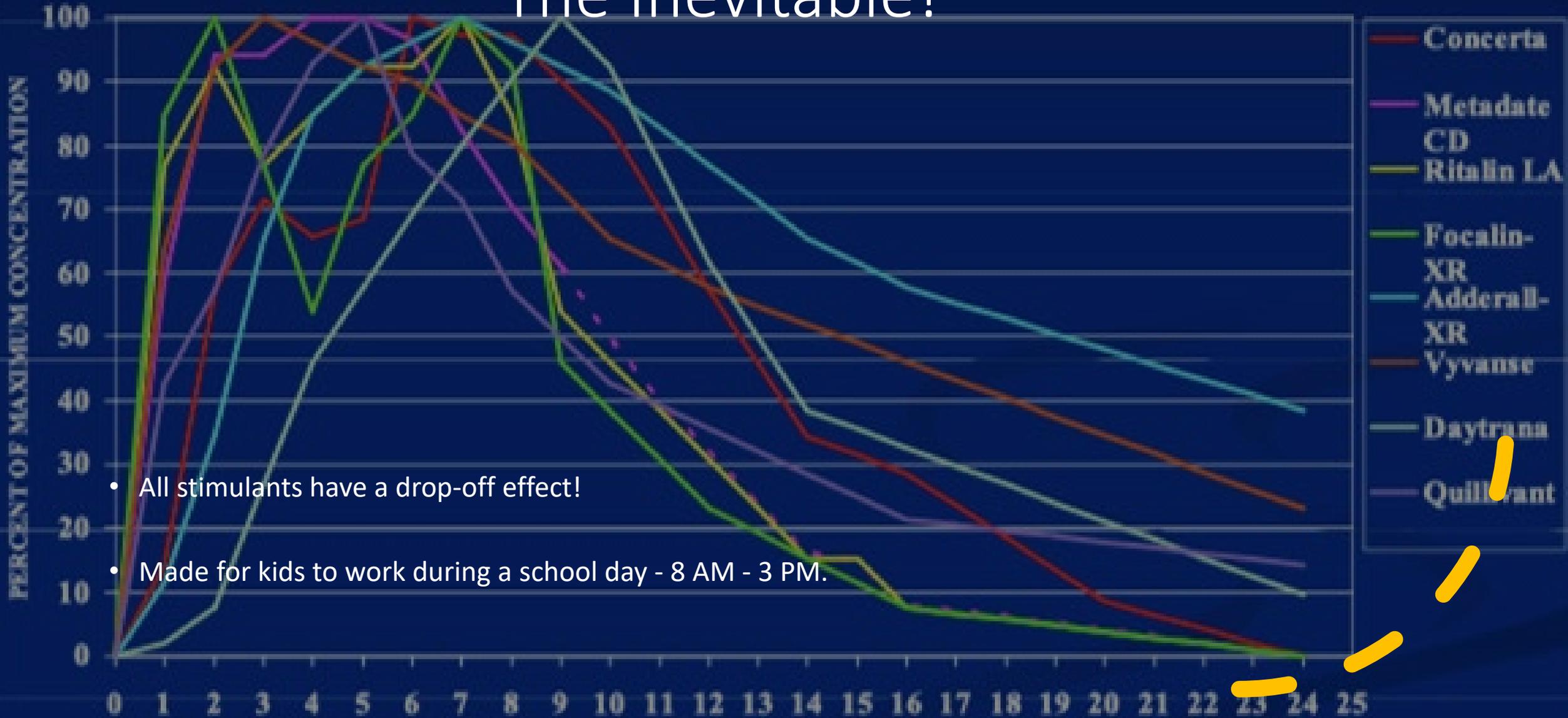
Medications used for ADHD

■ Non-stimulants

- atomoxetine (Strattera)
 - bupropion (Wellbutrin, Wellbutrin-SR, Wellbutrin-XL) *
 - clonidine (Catapres, Kapvay)
 - guanfacine (Tenex, Intuniv)
 - tricyclic antidepressants (imipramine, nortryptiline, desipramine, protryptiline) *
- * = no FDA indication for ADHD

Stimulant Serum Concentrations

The Inevitable!



- All stimulants have a drop-off effect!
- Made for kids to work during a school day - 8 AM - 3 PM.



Stimulants and Abuse

Stimulants are controlled substances with abuse liability

“Cosmetic Psychiatry:” Performance usually universally improves with them!

Changes in abuse liability have to do with rapidity of onset and peak response creating a continuum of liability:

- MPH < AMP < DEX
- If known substance abuse history, consider alternatives such as atomoxetine or bupropion.
- Lisdexamfetamine dimesylate (Vyvanse) is a d-amphetamine covalently linked to l-lysine to make it inactive if snorted or injected but active when taken orally.

Stimulant misuse

- 21 studies
- Up to 5 - 35 % in college age individuals
- Lifetime rates of diversion: 16% - 29%
- Reported reasons for misuse: concentrate, improve attention, “get high,” or experiment.
- Highest risk demographic: Substance use history, fraternities /sororities, immediate release > extended – release, “borrows” / tries friend’s medication, requests specific medication by name.



Stimulant contract: Setting expectations and boundaries

- No use of substances including marijuana
- Random urine drug screen expected
- Random pill counts expected
- X days for refill
- No replacement of lost or stolen prescriptions
- If you don't show up for X, prescription will be revoked
- No particular risk "discontinuation syndrome" with stimulant as with a benzo (seizure risk).

Patient's Name: _____ DOB: _____

TREATMENT AGREEMENT FOR USE OF CONTROLLED SUBSTANCES: STIMULANTS

We have agreed to use _____ for the treatment of ADHD.

The goals for using this medication are (1) to minimize suffering; (2) to improve functioning; (3) to decrease restlessness and impulsivity, improve attention and improve associated problems like sleep, anxiety and mood.

Stimulants can produce the following side effects: nervousness, restlessness, difficulty falling asleep or staying asleep, uncontrollable shaking of a part of the body, headache, changes in sex drive or ability, dry mouth, stomach pain, nausea, vomiting, diarrhea, constipation, loss of appetite, weight loss, bad taste in mouth, increased sweating.

Some side effects can be serious. If you experience any of the following symptoms, call your doctor immediately: fast or pounding heartbeat, shortness of breath, chest pain, excessive tiredness, slow or difficult speech, dizziness or faintness, weakness or numbness of an arm or leg, muscle twitching, seizures, mood changes, psychosis (losing touch with reality), hallucinations (seeing things or hearing voices that do not exist), mania (abnormally excited mood), aggressive or hostile behavior, changes in vision, fever, blisters, or rash.

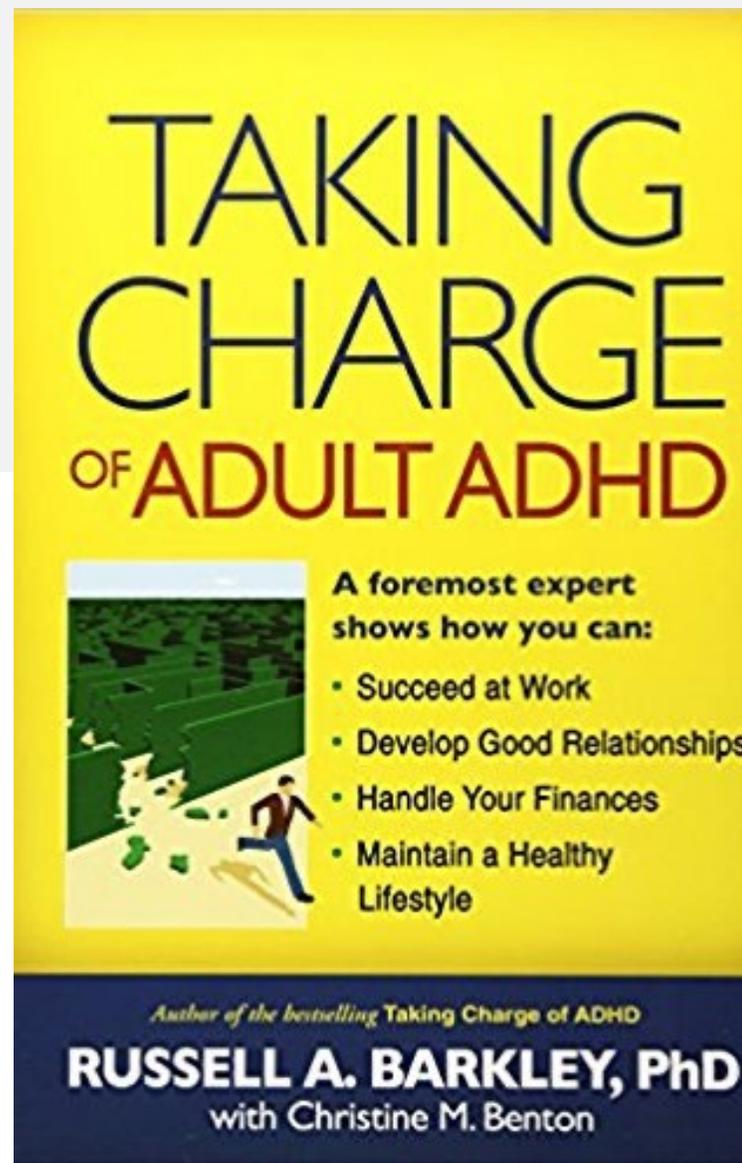
State and Federal laws regulate prescribing this class of medicines. It is very important that you agree with the following guidelines:

- 1) We agree that you will take these medications as prescribed. We agree that you will not change the dose or frequency of the medication without approval from your prescriber.
- 2) In order to safely prescribe this medication, we require that you choose a pharmacy that provides bubble-pack service.
- 3) We agree that you will store bubble-packed medication in a lock box.
- 4) **You may be asked to come in for a random pill count and urine drug screen on days other than when you're scheduled for an appointment.** Any of the following may result in immediate discontinuation of the medication:
 - a. If you do not show up for such a request



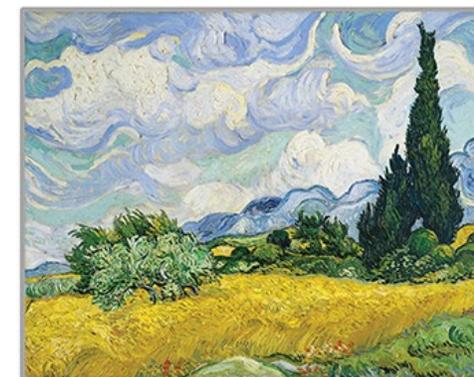
How to Improve Attention 101: Attention is a SKILL

- Skills training for improvement in executive functioning (theory in child development)
- Mindfulness training (Headspace app, Calm app).
- Exercise (> 30 minutes - 60 minutes daily, HIIT)
- Sleep quality and hygiene (8 hours)
- CBT works for this too!



A CLINICIAN'S GUIDE

Mindfulness for Adult ADHD

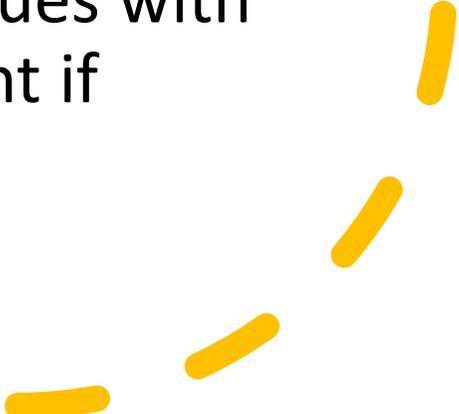


Lidia Zylowska
John T. Mitchell

Foreword by **Russell A. Barkley**

I don't want
to start a
stimulant!
This person
is ANXIOUS!

Anxiety + ADHD:

- If prominent anxiety, anxiety disorder or tics consider Strattera 40 mg daily up to around 80 mg (Atomoxetine - selective serotonin and NE reuptake inhibitor kind of like a Cymbalta)
 - Sure, it has a lower effectiveness rate < 60% (but that's around the same as SSRIs for depression).
 - If both ADHD and anxiety disorder, consider SSRI first to manage attention issues with anxiety and then add on stimulant if Strattera trial fails.
- 

I don't want
to start a
stimulant!
This person
is
DEPRESSED!

Depression + ADHD:

Wellbutrin has no FDA approval.

BUT, it's often used off-label due to + trials for ADHD and often a good option in patients with depression, or who have tobacco use disorder or co-morbid substance use disorder.

Usual doses begin at 150 XL up to 300 mg XL daily but need up to *450 mg daily for 6-8 weeks for a full trial.*

Clinical Pearls

- Difficulty falling asleep - dose earlier
- Decreased appetite - dose with breakfast
- Irritability - lower dose
- Headaches - lower dose
- Any of this? Screen for caffeine use - often people try to maximize stimulant effects with it.
- Make sure no alcohol or benzos with stimulants - increased cardiac risk, upper/downer effect, patients use to treat benzo or other sedative effects with stimulants - common pattern.

References

- MTA study review: Sibley et al. **Late-Onset ADHD Reconsidered With Comprehensive Repeated Assessments Between Ages 10 and 25.** Link: <https://pubmed.ncbi.nlm.nih.gov/29050505>
- Wender Scale Data: Ward et al. **The Wender Utah Rating Scale: an aid in the retrospective diagnosis of childhood attention deficit hyperactivity disorder.** Link: <https://pubmed.ncbi.nlm.nih.gov/8494063>

RECORDING OF SESSION TO END

Cases/HIPAA

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.

Case Presentation Format

Case presentation from a participant (*a real-world case, from the field*)

Then

Clarifying questions about the case from group to case presenter

Then

Ideas, suggestions, recommendations from participants

Then

Ideas, suggestions, recommendations from ECHO faculty team

Then

Additional discussion, if any (All)

Then

Summary of case discussion (course director: Mark Pasanen, MD)

Coming soon ...

2022 PROGRAM SCHEDULE

| **SESSIONS ARE ON WEDNESDAYS FROM 12:00PM TO 1:30PM** | | |
|--|---------------------|---|
| DATES | SESSION | DIDACTIC TOPICS (in addition to case review) |
| Jan 19 | TeleECHO Session 1 | Attention Deficit Disorder – Diagnosis (Sara Pawlowski, MD) |
| Feb 2 | TeleECHO Session 2 | Attention Deficit Disorder – Management (Sara Pawlowski, MD) |
| Feb 16 | TeleECHO Session 3 | Resistant Depression (Evan Eyler, MD) |
| Mar 2 | TeleECHO Session 4 | Management of Sleep Disruption (including menopause) and Impact on Mental Health (Jess Oehlke, MD) |
| Mar 16 | TeleECHO Session 5 | Role of Electroconvulsive Therapy (Evan Eyler, MD) |
| Mar 30 | TeleECHO Session 6 | Mental Health in Patients with Substance Use Disorders (Speaker TBD) |
| Apr 13 | TeleECHO Session 7 | Eating Disorders (Kathy Mariani, MD) |
| Apr 27 | TeleECHO Session 8 | Chronic Pain and Mood Disorders (Mark Pasanen, MD) |
| May 11 | TeleECHO Session 9 | Mental Health in the Elderly (Jennifer Hall, DO) |
| May 25 | TeleECHO Session 10 | Resistant Anxiety (Jessica O’Neil, DO) |
| June 8 | TeleECHO Session 11 | Bipolar Disease – Diagnosis (Stephanie Fosbenner, MD) |
| June 22 | TeleECHO Session 12 | Bipolar Disease – Management (Stephanie Fosbenner, MD) |

Prior to each session, if you have specific questions for our faculty expert(s), please let us know and we will pass along ahead of time.

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