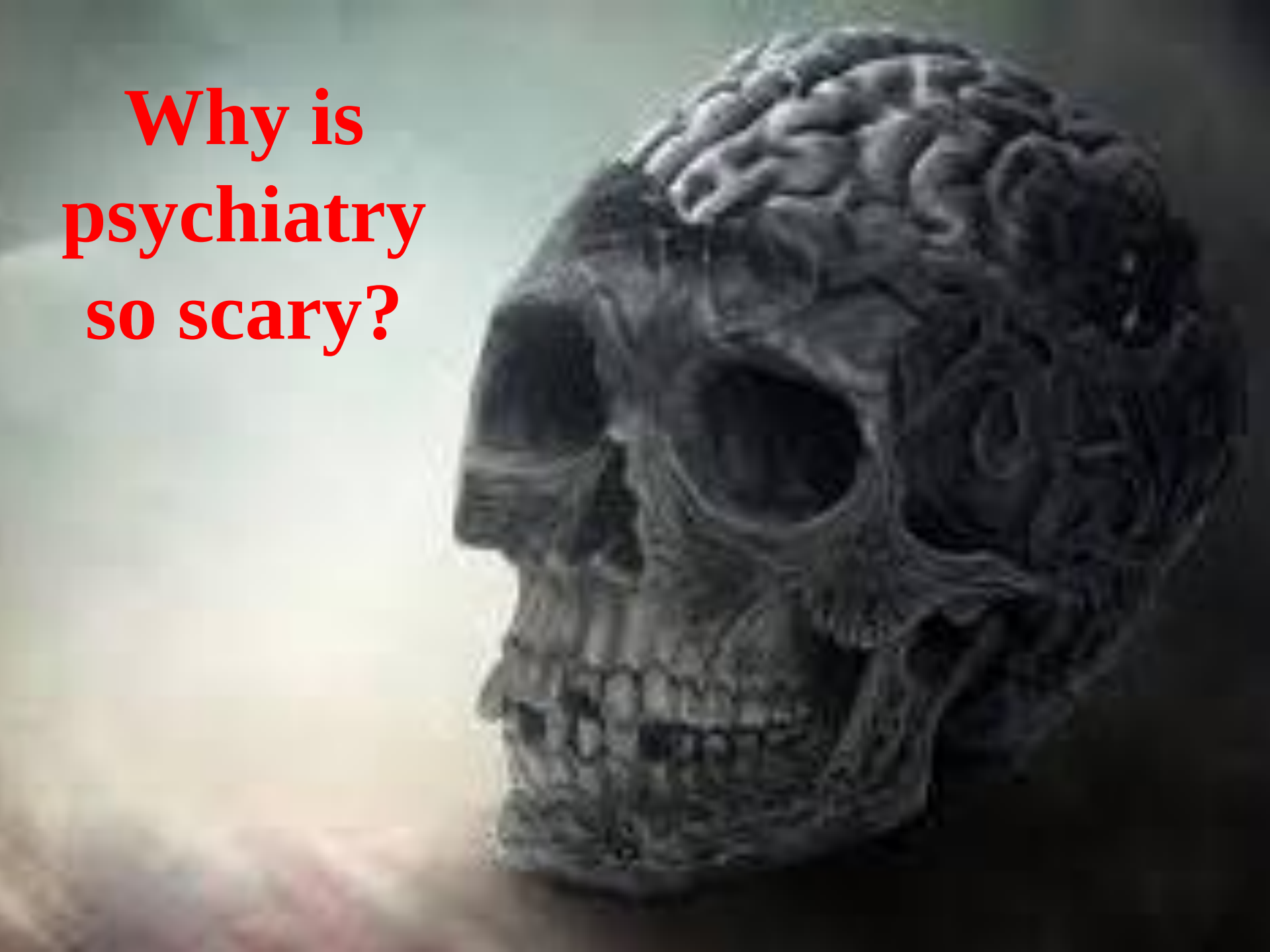
Psychiatry Bootcamp I

Depression
Anxiety Disorders
Obsessive Compulsive Disorder
Post-Traumatic Stress Disorder
Self-injurious Behavior and Safety Planning
Overview of Psychotherapy
TMS and ECT

Why should other physicians learn basic psychiatry?

ALSO.....

Why is psychiatry so scary?



Depression or Normal Sadness?

Clinical Presentation Over the Lifespan

- **In Children**: more anxiety, somatic complaints, irritability, temper tantrums, behavioral problems
- **Adolescents vs. Adults:** less neurovegetative symptoms, more behavioral problems (“acting out”)

The most risky thing to miss before prescribing an antidepressant.....

Bipolar Depression

- Always screen for h/o mania prior to prescribing an antidepressant as patients often won't spontaneously report this because they spend most of their time depressed.
  - Decreased need for sleep, grandiosity, euphoria, uncharacteristic risk-taking behaviors without considering consequences, increased sex drive, sense of invincibility

- More about Bipolar Disorder and its treatment in another presentation: recommend referring to psychiatry for treatment.

Screening Tools

- Depression
  - Beck's Depression Inventory
    - https://www.umms.org/ummc/-/media/files/ummc/for-health-professionals/gme/current-residents-and-fellows/wellness/screening/beck-depression-inventory.pdf
  - PHQ-9
    - http://med.stanford.edu/fastlab/research/imapp/msrs/_jcr_content/main/accordion/accordion_content3/download_256324296/file.res/PHQ9%20id%20date%2008.03.pdf
- Bipolar Mania – HCL-2
  - http://www.oacbdd.org/clientuploads/Docs/2010/Spring%20Handouts/Session%20220b.pdf

Patient Resources:

- Guide to the Medi-Mod Diet for Depression:
  - https://markspsychiatry.com/the-depression-diet/
- Adult
  - https://www.nimh.nih.gov/health/publications/depression/21-mh-8079-depression_161666.pdf
- Child and Teen
  - https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/med_guides/DepressionGuide-web.pdf
  - https://kidshealth.org/en/teens/depression.html?view=ptr&WT.ac=t-ptr

Lifestyle Changes:

- **Diet:**
  - Guide to the Medi-Mod Diet for Depression:
    - https://markspsychiatry.com/the-depression-diet/
  - Eat to Beat Depression and Anxiety by Drew Ramsey, MD
- **Exercise**
- **Stronger Relationships/Connection to Others**
- **Purpose/Meaning in Life**

Access some cool patient hand-outs on lifestyle changes from the American Board of Lifestyle Medicine:

- https://ablm.org/

Inflammation and Depression

- Small studies show efficacy of anti-inflammatory agents:
  - NSAIDs, Omega 3 fatty acids, Statins and Minocycline
- Especially consider anti-inflammatory interventions for patients with depression and elevated CRP.
- SSRIs may function as immunomodulators.
  - large study in Brazil of fluvoxamine reducing symptoms of COVID

Beloved Books

- The Noonday Demon by Andrew Solomon
- Man's Search for Meaning by Viktor Frankl
- Feeling Good, The New Mood Therapy by David Burns

Anxiety Disorders…

- **GAD (Generalized Anxiety Disorder)**
  - The "what if" worrier…..
  - Worry about "everything"
    - Making mistakes (perfectionism), Natural disaster, Getting sick
- **Social Phobia**
  - Excessive and persistent fear of social situations or situations that might involve public scrutiny
  - Feeling of being "under a microscope" – scrutinized
- **Panic Disorder**
- **Separation Anxiety Disorder**
  - Normal until around age 2 ½
  - Excessive worry about being separated from caregiver

Screening Tools

- Anxiety
  - Adults – Burns Anxiety Inventory
    - https://www.niagaranorthfht.ca/wp-content/uploads/2020/03/Burns-Anxiety-Inventory_.pdf
  - Children 8 and up – SCARED Assessment
    - https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/ScaredParent.pdf
    - https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/ScaredChild.pdf

Patient Resources: Anxiety

Pamphlets

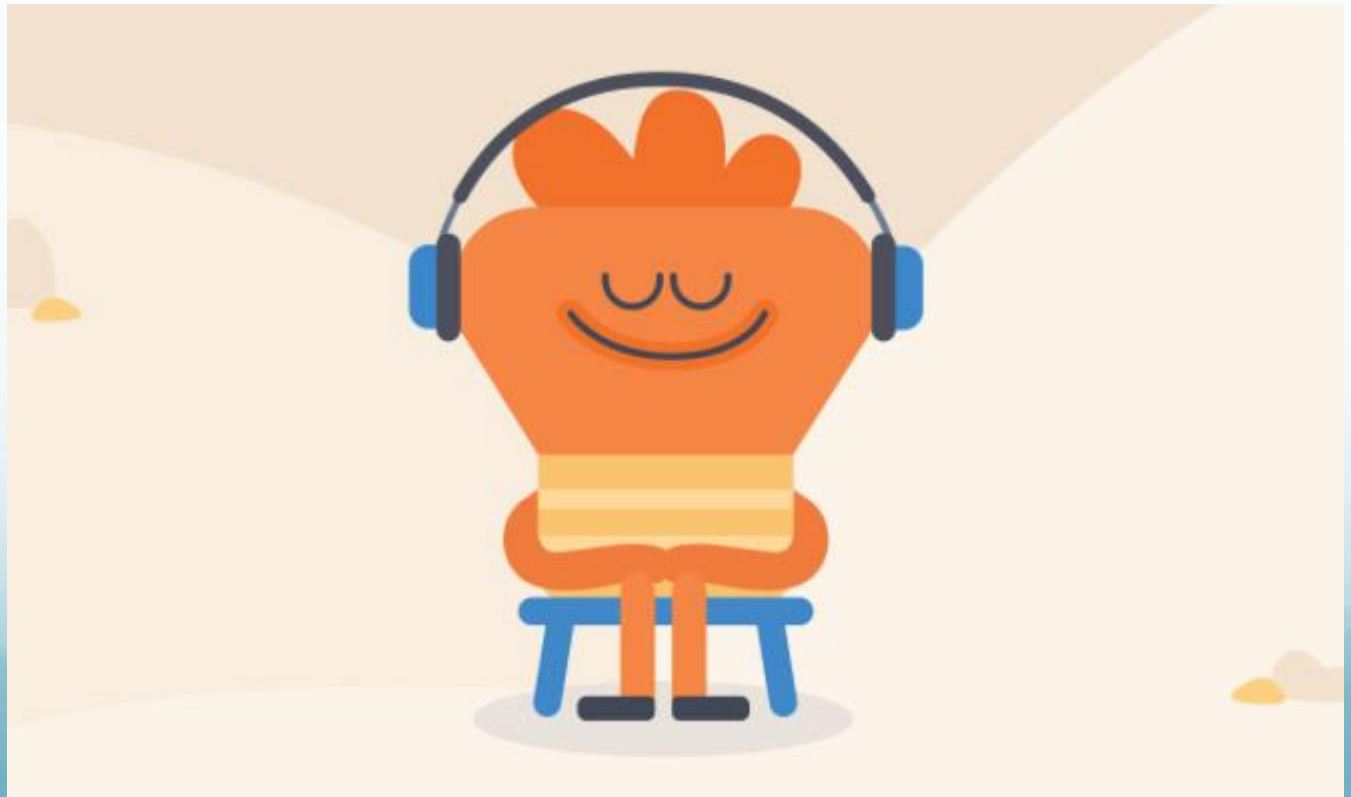
- Child
  - https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/med_guides/anxiety-parents-medication-guide.pdf
- Adult
  - https://www.nimh.nih.gov/health/publications/generalized-anxiety-disorder-gad/19-mh-8090-generalizedanxietydisorder_124169.pdf

Websites

- https://www.anxietycanada.com/
- https://adaa.org/
- Relaxation Techniques for Stress Relief - HelpGuide.org

Meditation Apps

- Headspace
- Calm



Beloved Books

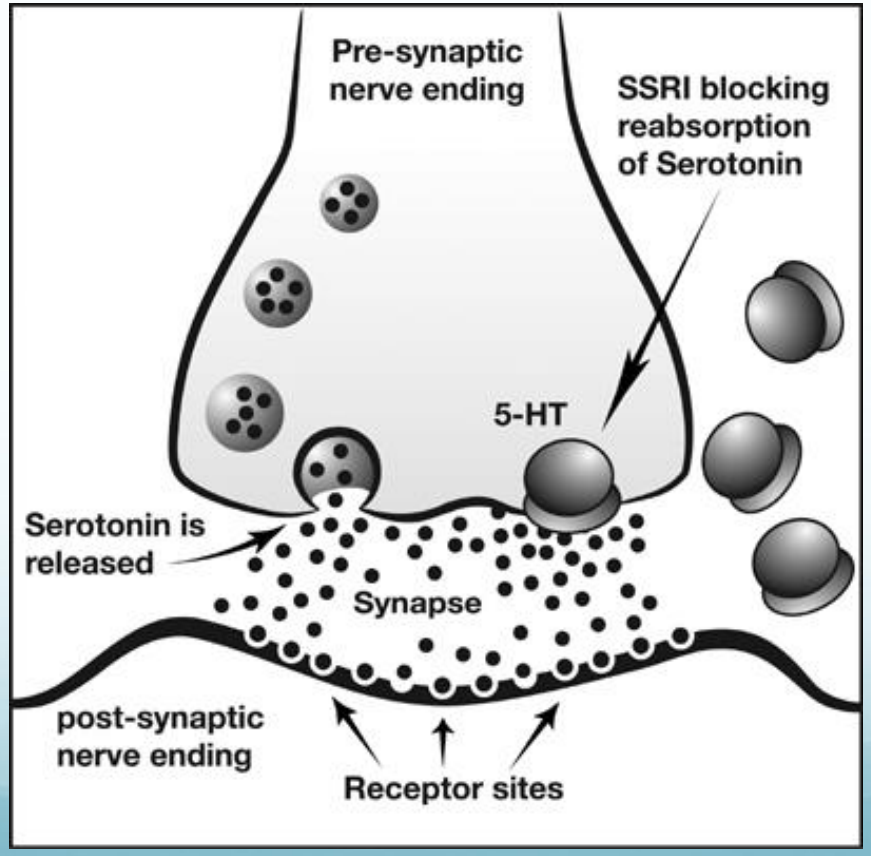
- The Anxiety and Worry Workbook by David Clark, PhD and Aaron Beck, MD
- Acceptance and Commitment Therapy by Stephen Hayes, PhD
- When Panic Attacks by David Burns, MD

Selective Serotonin Reuptake Inhibitors (SSRIs)

- First-line for depression, anxiety, OCD, and eating disorders

Selective Serotonin Reuptake Inhibitors (SSRIs)

- Increases the amount of serotonin in the synapse by blocking the reuptake of serotonin back into the neuron after it is released.




Belief in the Power of Medication to Heal
Belief in the individual's power to heal themselves
gettyimages
Barcroft
96183604

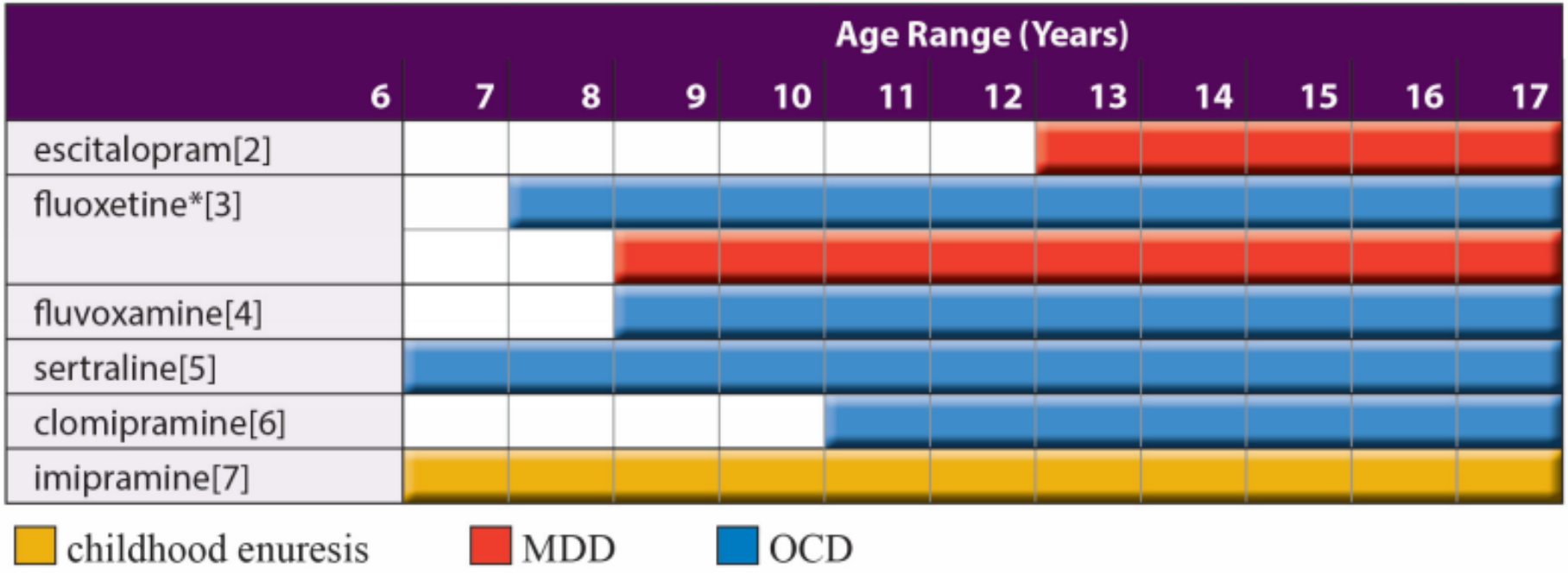
SSRIs Overview

- Fluoxetine (Prozac): 10-80 mg/d qd
  - Tried and true, is a strong CYP2D6 inhibitor
  - Long half-life
  - Least likely to cause weight gain among SSRIs
- Sertraline (Zoloft): 25-200 mg/d qd
  - Great for OCD and anxiety
  - Has the best data on safety in pregnancy and breast feeding
  - Causes more abdominal upset
- Fluvoxamine (Luvox): 25-300 mg/d divided bid
  - Makes people sleepy, so can get away with qhs dosing
  - Love it for OCD

SSRIs Overview

- Paroxetine (Paxil): 10-60 mg/d qd
  - Causes weight gain, sedation, and the most sexual side effects.
  - Less safe during pregnancy than other SSRIs due to fetal heart defects.
- Citalopram (Celexa): 5-40 mg/d qd
  - Prolongs QT interval, especially above 40mg
- Escitalopram (Lexapro): 5-20 mg/d qd
  - The active enantiomer of citalopram
  - Minimal drug interactions

Figure 1. FDA-Approved Pediatric Age Ranges and Indications for Antidepressant Medications



*Fluoxetine is FDA approved for the treatment of MDD in pediatric patients up to 18 years old.

Addressing Side Effects

- **Nausea**
  - Go slower in titration and take with food.
  - Divide dosing to BID
- **Sexual dysfunction**
  - Cialis an hour before intercourse
  - Buspirone augmentation
  - Wellbutrin XL
- **Sweating**
  - Glycopyrrolate

Addressing Side Effects

- **Bruxism**
  - Buspirone BID
- **Activation**
  - Go slower in titration or switch to less activating medicine
- **Increased sadness/suicidal ideation**
  - Stop and switch to a different medication

Antidepressants and Suicidality

- Meta-analysis from 24 pediatric antidepressant studies
  - 4% had suicidal thoughts/behaviors on medications
  - 2% had suicidal thoughts/behaviors on placebo
- No completed suicides
- In 2004, FDA issued a black box warning for antidepressant use and suicide risk
- In 2007, black box warning was extended to young adults (18-24 year old)

What is the risk of not prescribing?

- Two years after issuance of the FDA black box warning, antidepressant prescriptions declined by 31% in adolescents, 24.3% in young adults, and 14.5% in adults.
  https://www.nejm.org/doi/full/10.1056/nejmp1408480

- In the second year after the FDA warning was issued, drug overdoses increased by 21.7% in adolescents and 33.7% in young adults.

SNRIs

- **Venlafaxine (Effexor) –**
  - more side effects in kids, higher risk of emergent suicidal thinking
  - Can cause ECG changes and elevations in heart rate and blood pressure
  - Never suddenly discontinue due to risk of flu-like withdrawal symptoms and “brain zaps”
  - **Desvenlafaxine (Pristiq) –**
    - The active metabolite of venlafaxine
    - Does not rely on CYP 2D6 metabolism
    - Reduces vasomotor symptoms during menopause
    - Marketed as having less side effects
- **Duloxetine (Cymbalta) –**
  - Reduces nerve pain and fibromyalgia pain
  - can cause small increase in heart rate and blood pressure

Tri-cyclic Antidepressants (TCAs)

- Need ECG, cause sedation, weight gain, dry mouth, and constipation, urinary retention, worsening glaucoma, postural hypotension
- dangerous in overdose (cardiac arrhythmia)

Tri-cyclic Antidepressants (TCAs)

- **Clomipramine** is particularly effective for OCD.
- **Desipramine** is good for depression and nerve pain and used off-label for ADHD, least sedating and least weight gain
- **Amitriptyline** is useful for sleep and nerve pain.
- **Doxepin** is good for IBS, migraines, and is the most sedating/anticholinergic, good in low doses for sleep
- **Nortriptyline** is also helpful for chronic pain and causes less orthostatic hypotension

Bupropion (Wellbutrin)

- **NE and DA reuptake inhibitor**
  - No sexual side effects
  - Can worsen anxiety, increase HR and BP, and cause weight loss
  - Helps people quit smoking
  - Can help ADHD some, but it is third or fourth line for this
  - Wellbutrin XL form has lower risk of seizure and allows once daily dosing, 150mg to 450mg daily. Seizure risk is dose-dependent.
  - **Screen people for history of eating disorders, in particular purging, and seizures before starting this medication!**
  - Increased risk of seizure if prescribed with stimulants.

Buspar (Buspirone) –

- 5-HT 1a and 5-HT 2 receptors
- Good augmentation agent for anxiety and mitigating the sexual side effects of SSRIs.
- BID dosing is best, but I dose it all qhs if sedation is an issue 5mg BID to 15mg BID, max dose of 30mg BID

Mirtazapine (Remeron) –

- Alpha 1 autoreceptor antagonist, enhances adrenergic neurotransmission
- Blocks 5-HT 2 and 5-HT 3 receptor
- Causes sedation, weight gain, dry mouth, and constipation
- Great when you need to increase appetite, improve sleep, and decrease nausea. I add this on to help kids on stimulants eat and sleep.
- No sexual side effects

Some new kids.....

- **Vortioxetine (Trintellix): (kinda like an SSRI and then some)**
  - Causes a lot of nausea, start low and take with food
  - Less severe sexual side effects
  - Can be cognitively enhancing
- **Vilazodone (Viibryd): (kinda like an SSRI and then some)**
  - **Marketed as** having less sexual side effects, faster onset of action and as targeting depressed patients with anxiety.
- **Milnacipran (Savella) and its enantiomer Levomilnacipran (Fetzima): (new SNRIs)**
  - Milnacipran is approved for fibromyalgia and depression
  - Levomilnacipran is more selective for norepinephrine reuptake than serotonin, marketed as being cognitively enhancing

Medication Initiation

- Titrate every 3-6 weeks to desired response
- Do not switch meds until you have given a medication a fair trial unless a patient is having intolerable side effects
- Treat patients to FULL remission to decrease their chance of relapse and improve their chances of eventually coming off of the medication.

- Example:
  - Fluoxetine 10mg for a week
  - 20mg for 3 weeks
  - 30mg for 3 weeks
  - 40mg for 6 weeks, no response?
  - go to 60mg and eventually as high as 80mg

A couple more examples

- Lexapro
  - 5mg for a week
  - 10mg for 3 weeks
  - 15-20mg thereafter depending on tolerability
- Sertraline
  - 25mg for a week
  - 50mg for 2 weeks
  - 75mg for 2 weeks
  - 100mg for 4 week
  - 150mg -200mg thereafter depending on response

Follow Up Frequently!

- See patients every 2-3 weeks until they are improving steadily. Frequent contact with you is key!
- But psychiatry's most secret weapon is……

Just connect… and you'll be ok.

In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?

(Carl Rogers)

"How the doctor prescribes is even more important than what the doctor prescribes."
-David Mintz, MD

- A 2006 depression study was able to stratify patient outcomes by prescriber. The most effective one third of prescribers achieved better outcomes with placebos than the least effective one third of prescribers got with antidepressants.
  - *Mckay KM, Imel ZE, Wampold BE. Psychiatrist effects in the psychopharmacological treatment of depression. J Affect Disord 2006; 92:287-90.*
- Placebo-controlled trials have shown that a strong therapeutic alliance is a more powerful antidepressant than the actual drugs prescribed.
- Placebo effect accounts for 50-75% of the therapeutic benefit of antidepressants and anxiolytics and even bipolar disorder and schizophrenia can show a 25-50% placebo response rate.

https://www.researchgate.net/profile/David_Mintz2

Medication Discontinuation

- **6-12 months after full remission is achieved, can do a trial of tapering medication**
- When discontinuing, taper 25%-50% at a time.
  - You need to taper in smaller increments at the end of the taper than at the beginning. Hyperbolic Taper
- Feel free to leave patients on medication longer than 12 months when new stressors arise in their life or it's "not the right time" to stop medication, but do not continue the medication for no reason.
- Consider life-long treatment when a patient has had two failed attempts to come off of medication.

Switching Medications

- Cross-titration is most common method

- Example
  - Start on fluoxetine 80mg
  - Week one: fluoxetine 80mg, sertraline 25mg
  - Week 2-3: fluoxetine 60mg, sertraline 50mg
  - Week 4-6: fluoxetine 60mg, sertraline 75mg
  - Week 7-9: fluoxetine 40mg, sertraline 100mg
  - Week 10-14: fluoxetine 20mg, sertraline 150mg
  - Week 15-18: fluoxetine 10mg, sertraline 200mg
  - End on sertraline 200mg

Switching Medications

- Cross-titration is most common method

- Vary it up!
  - Fluoxetine has a long half-life so you can taper it faster.
  - If the medication you are switching off of is causing side effects, you will go faster.
  - If the patient has anxiety and is prone to side effects/psychosomatic symptoms, you will go slower.
  - If the patient has severe or life-threatening symptoms, you may go faster.

Geriatric Populations

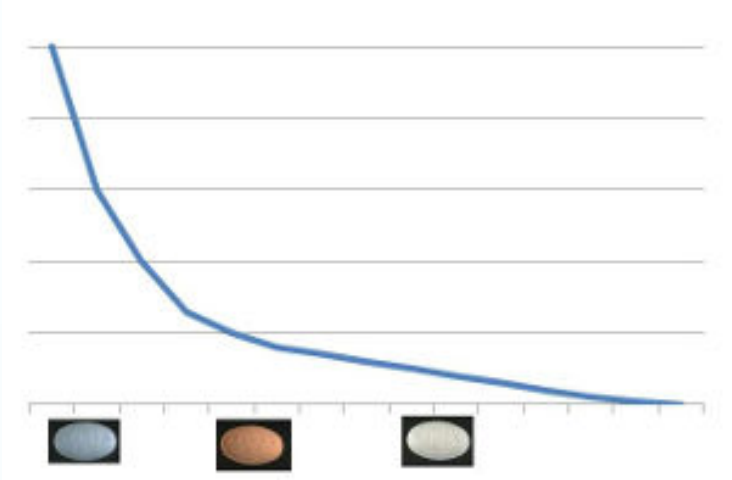
- Consider prescribing smaller dosages more often.
  - Many psychiatric medications are fat soluble and fat stores increase in later life, so medications may have a smaller initial effect, but accumulate in fatty tissue and release slowly resulting in toxicity.
- Liver function and kidney function decline so medications are metabolized more slowly.
- Older adults have extra sensitivity to benzodiazepine medications and anticholinergic medications.
  - sedation, delirium, orthostatic hypotension, falls, cardiac arrhythmias
- Geriatric Depression Scale (GDS)
  - https://geriatrictoolkit.missouri.edu/cog/GDS_SHORT_FORM.PDF

Non-Addictive PRNs for Anxiety

- **Hydroxyzine (Vistaril):** 25-50mg
  - Causes sedation, dry mouth
- **Propranolol:** 10mg
  - Can cause depressive symptoms, fatigue, syncope
- **Clonidine**: 0.1-0.2mg
  - fatigue, syncope
  - Advise on fluids and salty snacks

But what about benzos....

Tapering Benzodiazepines



- Switch from a shorter to a longer acting benzo (ie Xanax to clonazepam).
- Decrease by about 5-10% every 2-8 weeks. Go slower at the end of the taper.
- Clonazepam comes in 0.125mg wafers that can be cut in half for the end of your taper.

Brain Stimulation Therapies

- **ECT (electroconvulsive therapy)**
  - Most effective treatment for depression
  - Uses an electrical current to induce a seizure under anesthesia
- **TMS (transcranial magnetic stimulation)**
  - An electromagnetic coil stimulates areas of the brain
  - Not as effective as ECT and slower onset of action, but few side effects (mostly scalp tenderness)
- **Ketamine Infusion**
  - Rapid onset of action (within hours) but unclear whether effects last. Best evidence is for IV racemic ketamine or intranasal Spravato (esketamine).

OCD (Obsessive-Compulsive Disorder)

- **Obsessions** (worries that get really stuck) trigger **Compulsions** (repetitive behaviors and rituals).
- The obsessions are clearly unrealistic and the behaviors are clearly excessive.
- Many adults recognize that their OCD symptoms are bizarre and excessive, but children may not.
- Since many obsessions are of a violent or sexual nature or are bizarre and embarrassing people often hide their OCD.
- OCD is frequently underdiagnosed and undertreated because people work hard to keep it a secret.

OCD (Obsessive-Compulsive Disorder)

Examples:

- Obsessive worries about germs and cleanliness trigger someone to wash their hands so many times that they develop hand sores.

- Obsessive worries about a house fire trigger someone to check that the stove is off 20 times before leaving the house and then they still run back in again to re-check.

- Obsessive worries about a parent not loving them trigger a child to ask their parent over and over “do you love me?” and insisting that they say “I love you” a certain number of times.

OCD – screening

- OCI-R Assessment:
  - https://help.greenspacehealth.com/article/96-obsessive-compulsive-oci-r

- Do you ever have repetitive unwanted thoughts or urges that upset you?
- Do you have rituals that don't make sense?
- Do you have habits you have to do over and over to prevent something bad from happening?

OCI-R Assessment

		Not at all	A little	Moderately	A lot	Extremely
1.	I have saved up so many things that they get in the way.	0	1	2	3	4
2.	I check things more often than necessary.	0	1	2	3	4
3.	I get upset if objects are not arranged properly.	0	1	2	3	4
4.	I feel compelled to count while I am doing things.	0	1	2	3	4
5.	I find it difficult to touch an object when I know it has been touched by strangers or certain people.	0	1	2	3	4
6.	I find it difficult to control my own thoughts.	0	1	2	3	4
7.	I collect things I don't need.	0	1	2	3	4
8.	I repeatedly check doors, windows, drawers, etc.	0	1	2	3	4
9.	I get upset if others change the way I have arranged things.	0	1	2	3	4
10.	I feel I have to repeat certain numbers.	0	1	2	3	4
11.	I sometimes have to wash or clean myself simply because I feel contaminated.	0	1	2	3	4
12.	I am upset by unpleasant thoughts that come into my mind against my will.	0	1	2	3	4
13.	I avoid throwing things away because I am afraid I might need them later.	0	1	2	3	4
14.	I repeatedly check gas and water taps and light switches after turning them off.	0	1	2	3	4
15.	I need things to be arranged in a particular way.	0	1	2	3	4
16.	I feel that there are good and bad numbers.	0	1	2	3	4
17.	I wash my hands more often and longer than necessary.	0	1	2	3	4
18.	I frequently get nasty thoughts and have difficulty in getting rid of them.	0	1	2	3	4

Patient Resources: OCD

Pamphlets

- https://www.nimh.nih.gov/health/publications/obsessive-compulsive-disorder-when-unwanted-thoughts-take-over/20-mh-4676-ocd_150041.pdf

Websites

child

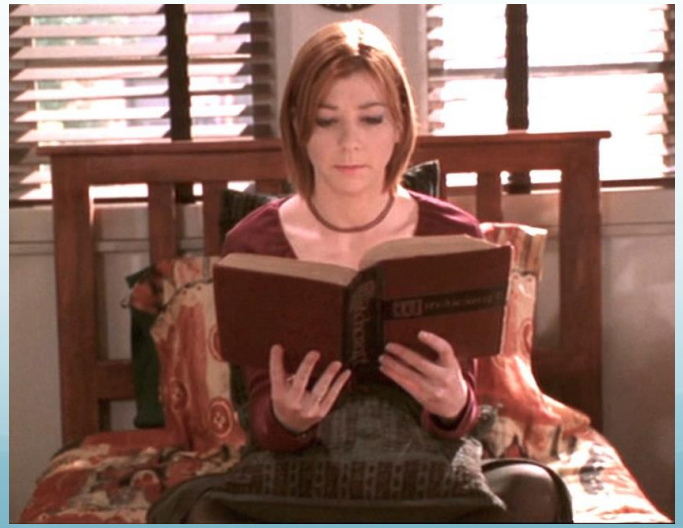
- AACAP OCD resource center
- https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Obsessive_Compulsive_Disorder_Resource_Center/Home.aspx

adult

- International OCD foundation
  - https://iocdf.org/about-ocd/
- Stories and Support Videos
  - theocdstories.com

Beloved Books

- Everyday Mindfulness for OCD: Tips, Tricks, and Skills for Loving Joyfully by Jon Hershfield and Shala Nicely
- Brain Lock: Free Yourself from Obsessive-Compulsive Behavior by Jeffrey Schwartz, MD
- When a Family Member has OCD by Jon Hershfield
- Turtles All the Way Down by John Green



OCD is Special

- Generally require higher dosages of SSRIs, don't be afraid to go up! In addition to SSRIs being first line, there is .....
- **Clomipramine** – tricyclic antidepressant
  - Can be used alone or to augment an SSRI
  - Can check a blood level to fine-tune dosing
    - **target levels of 250-400 range of clomipramine plus norclomipramine**
    - **>12 hrs after last dose**
  - Check an ECG
- Medications targeting glutamate pathways
  - N-acetyl-cysteine (Swanson's Brand supplement)
  - Riluzole

Non-suicidal Self-Injurious Behavior

Why do patients engage in self-injurious behavior?

- Tension reduction/emotion regulation
- Self-punishment
- Decrease dissociative feelings
- To elicit caretaking responses from others
- “Because it’s cool” – contagion effect in adolescents

Assessing Suicide Risk

- Suicide is unpredictable.
- Past suicide attempts are the biggest predictor of future suicide attempts.
- Investigate with neutral non-leading questions:
  - Frequency of suicidal ideation
  - Degree
    - Passive death wish <----------->suicide plan with intent
  - Triggers
  - Reasons to stay alive
  - Access to means
  - Lethality of past attempts

Effective Safety Planning

- List triggers and early warning signs
  - Feeling rejected, negative report card, break-up, etc
- What can they do to cope?
  - Deep breaths, listen to music, watch funny videos
- Who can they reach out to for help?
  - At least two different responsible adults who can be available 24 hrs if it is a child.
  - Guidance counselor, therapist
  - Suicide hotline
- What can friends/family do to help?
  - Distraction, pleasurable activity, take to the emergency room or call CARES Line.
  - Remove access to weapons/sharps/medications.

Patient Resources:

Stanley-Brown Safety Plan Template

- https://suicidesafetyplan.com/forms/

Pamphlets

- NAMI on Navigating a Mental Health Crisis
  - https://nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis/Navigating-A-Mental-Health-Crisis?utm_source=website&utm_medium=cta&utm_campaign=crisisguide

Websites

- https://suicidepreventionlifeline.org/
  - 1-800-273-8255
- American Foundation for Suicide Prevention
  - https://afsp.org

Post-Traumatic Stress Disorder

Post Traumatic Stress Disorder

- Re-experiencing symptoms
  - Intrusive memories of the event
  - Recurrent dreams
  - Dissociative symptoms, such as flashbacks
  - Distress when exposed to things that remind them of the trauma

Post Traumatic Stress Disorder

- Avoidance/numbing symptoms
  - Avoid things that remind them of the traumatic event
  - Persistent negative beliefs about self
  - Inability to remember events surrounding the trauma
  - Feelings of detachment from others
  - Dissociative symptoms (depersonalization, derealization)

Post Traumatic Stress Disorder

- Hyperarousal symptoms
  - Irritable behavior/angry outbursts
  - Hypervigilance
  - Exaggerated startle response
  - Sleep disturbance
  - Poor concentration

Clinical Presentation

- **Emotional Dysregulation**
  - Depression, mood swings, panic attacks, affect lability, aggressive outbursts, alterations in neuroendocrine stress response
- **Deficits in Cognition and Attention**
  - Decreased IQ, ADHD, impulsivity, hypervigilance
- **Disturbances in Sense of Self and Identity**
  - Self-injury, low self-esteem, dissociation, risk-taking behavior
- **Interpersonal and Relationship Problems**
  - Social withdrawal, promiscuity, antisocial behavior, insecure attachment in children

PTSD can look like.....

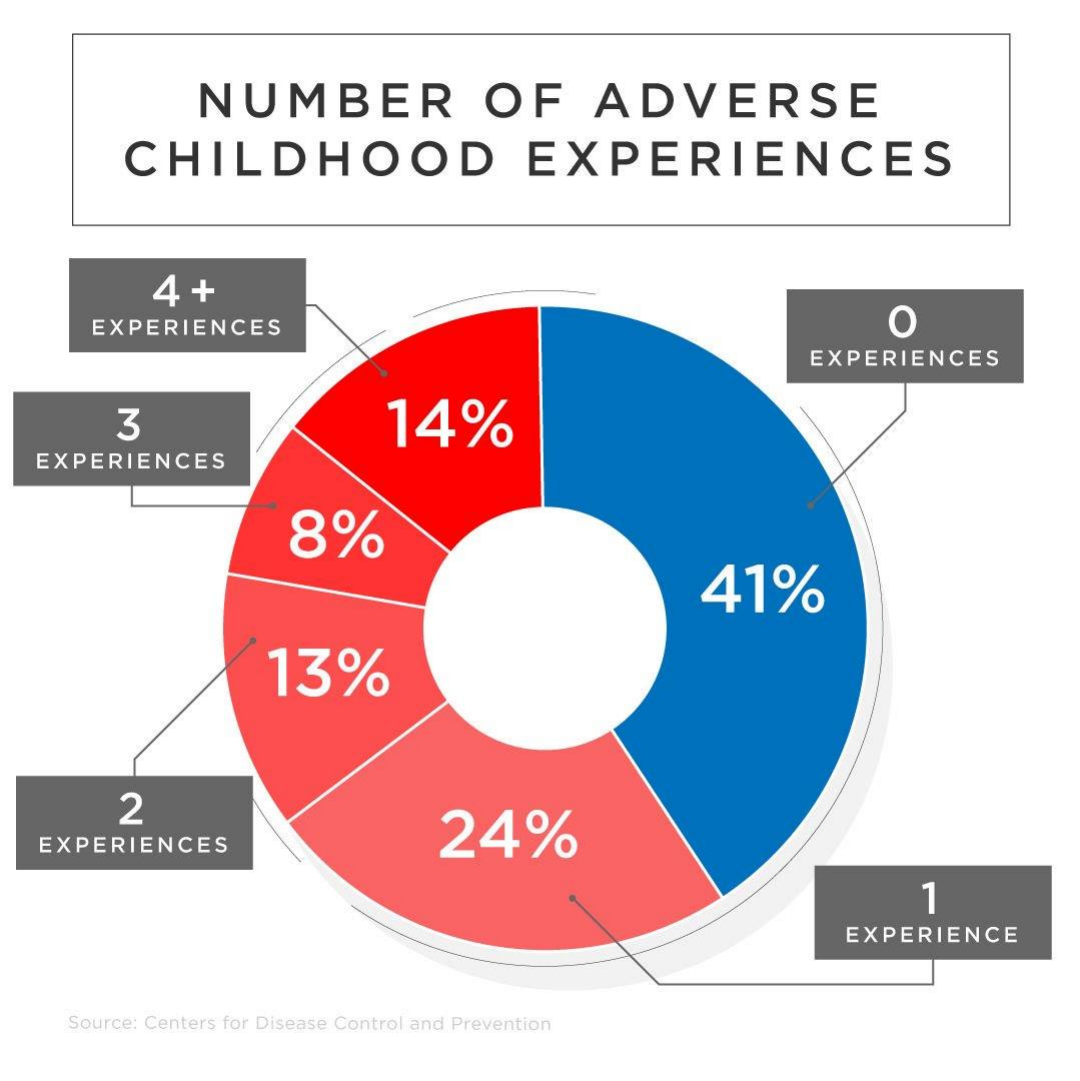
- ADHD
  - Patients with PTSD may present with poor attention and restlessness and hyperarousal symptoms.
- ODD
  - Children with PTSD may present with angry outbursts and irritability.
- Other Anxiety Disorders (social phobia, panic disorder, separation anxiety):
  - Can be difficult to distinguish from other anxiety disorders as patients my not be sophisticated enough to describe their internal feeling states in detail.
- Depression
  - Highly co-morbid with PTSD, some patients engage in self-injury as a means of coping with dissociation associated with PTSD.
- Psychosis
  - Flashbacks, hypervigilance, sleep disturbance, numbing and social withdrawal in patients associated with PTSD can be mistaken for a psychotic disorder.

Hallucinations in Post Traumatic Stress Disorder

- Patients with traumatic experiences very commonly experience hallucinations, related to their traumatic experience, but are not psychotic.
  - Hearing the voice of their abuser
  - Smelling the cologne their abuser wore
  - Hearing voices that are critical/verbally abusive
- Hallucinations and behavior changes appear after distinct traumatic event.
- **They are not thought disordered and do not demonstrate bizarre behaviors. Distinguish from psychosis.**

Adverse childhood experiences study (ACES)

- A questionnaire was administered to 17,337 adults from 1995 to 1997 to assess presence of abuse, neglect, and household dysfunction in childhood.

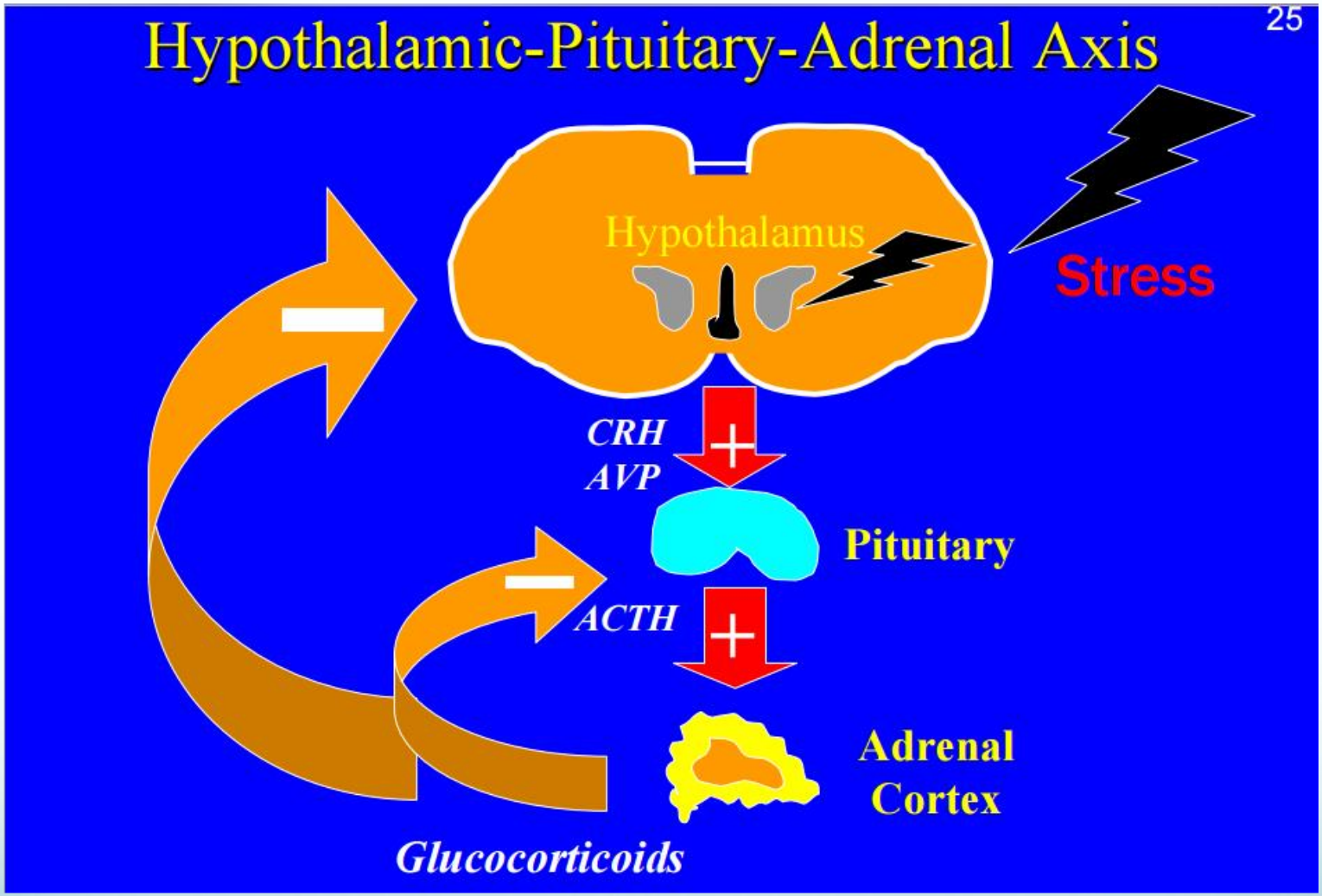

NUMBER OF ADVERSE CHILDHOOD EXPERIENCES
4 + EXPERIENCES
14%
0 EXPERIENCES
41%
3 EXPERIENCES
8%
13%
2 EXPERIENCES
24%
1 EXPERIENCE
Source: Centers for Disease Control and Prevention

Childhood Trauma is More Common Than We Think:

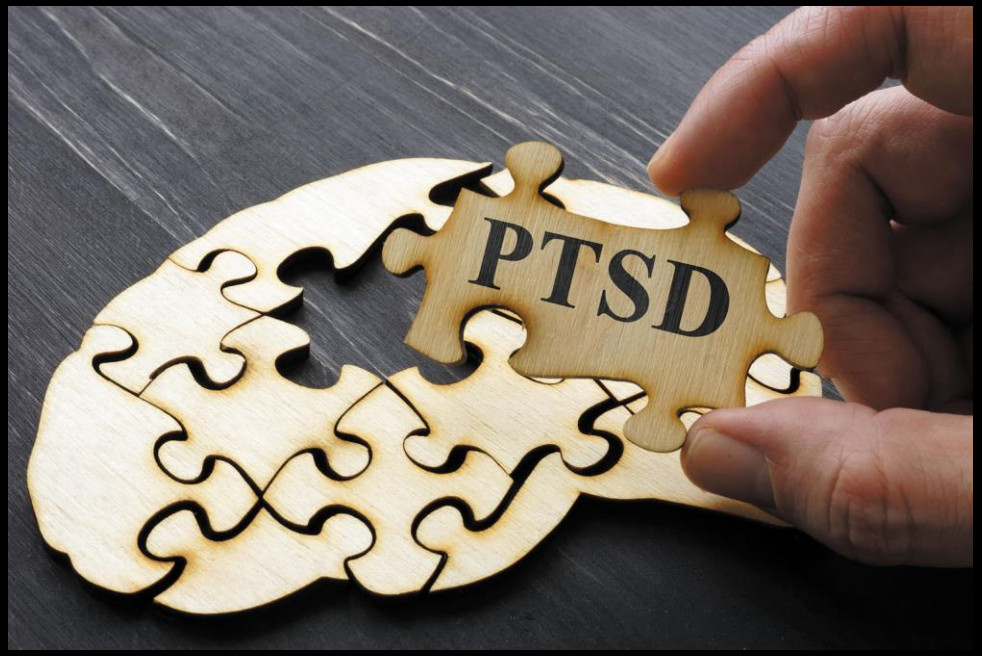
- Physical abuse in childhood – 27% of women, 29.9% of men
- Sexual abuse in childhood – 24.7% of women, 16% of men
- Household substance abuse – 29.5% of women, 23.8% of men
- **Adults with an ACEs score of 0 are actually in the minority**
  - **34.5% of women, 38.0% of men**

- **Adults who experienced ACEs were much more likely than adults without ACEs to have poor mental health, drug use with early initiation of drug use, physical health problems (obesity, COPD, liver failure, early death), and were much more likely to become victims and perpetrators of abuse in adulthood.**

Hypothalamic-Pituitary-Adrenal Axis



Screening Tool for PTSD



- **PCL-5**
  - https://www.ptsd.va.gov/professional/assessment/documents/PCL5_Standard_form.PDF

Patient Resources for PTSD

Pamphlets

- https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/20-mh-8124-ptsd_38054.pdf

Websites

- US department of Veterans Affairs National Center for PTSD
  - www.ptsd.va.gov
- Dougy Grief Support Center
  - www.dougy.org

Beloved Books

- The Body Keeps the Score by Bessel van der Kolk
- The Deepest Well by Nadine Burke Harris
- Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others by Laura van Dernoot Lipsky
- Nurturing Resilience by Kathy Kain and Stephen Terrell

PTSD Treatment

Unique Therapies for PTSD

- **TIR** (traumatic incident reduction) therapy
- **EMDR** (eye movement desensitization reprocessing)
- **ART** (accelerated resolution therapy)
- **TF-CBT** (trauma-focused CBT)

Meds for PTSD

Alpha-adrenergic agonists

- Decrease hyper-arousal (the fight/flight/freeze response), decrease nightmares

- Side effects:
  - Sedation, orthostatic hypotension, generally fixed with fluid and salty snacks

- Examples:
  - **Prazosin** – for a patient complaining of nightmares (2-15mg total in a day divided TID)
  - **Doxazosin** – extended release, for daytime hyper-arousal symptoms (1-8mg daily)
  - **Intuniv** (Guanfacine ER) – when they need impulse control help/ADHD help and have PTSD (1-4mg)
  - **Kapvay** (Clonidine ER) – when you need something stronger than guanfacine (0.1mg to 0.2mg BID)

Meds for PTSD

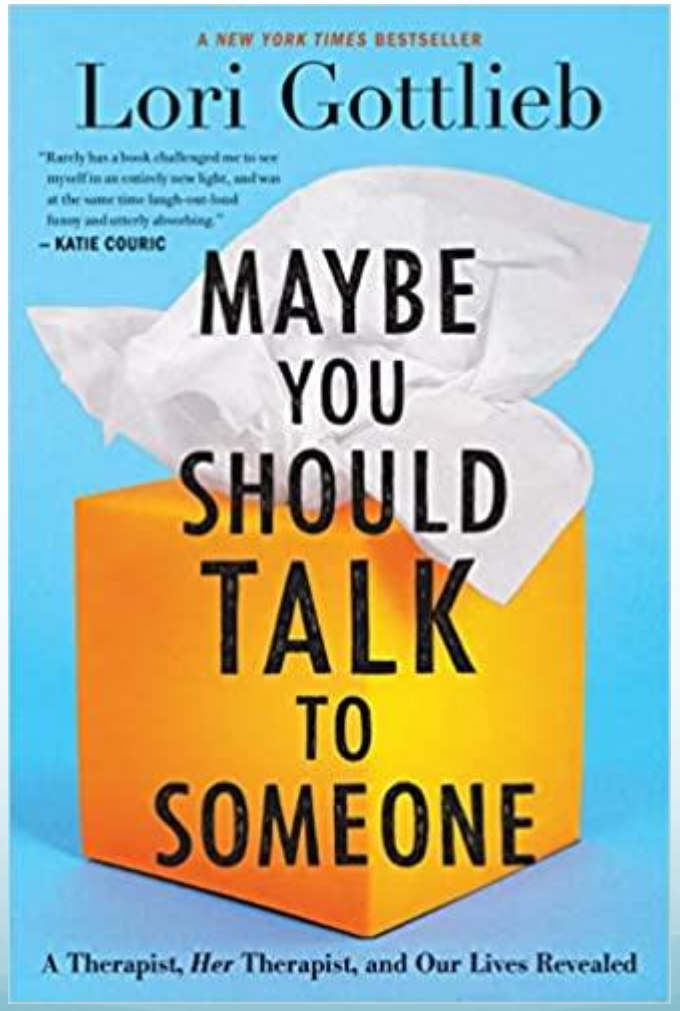
- **Seroquel (quetiapine)**
  - Traditionally used as an antipsychotic, but can use lower dosages in PTSD for insomnia, re-experiencing, avoidance, and hyper-arousal symptoms.
  - Target dose can be anywhere between 25mg-300mg
  - Side effects:
    - Weight gain, hypercholesterolemia, diabetes, orthostasis, long term risk of tardive dyskinesia at higher dosages
- **Topamax (topiramate)**
  - Can decrease nightmares and flashbacks
  - Side effects:
    - Weight loss, word-finding difficulty, sedation, decrease cognition

Giving benzodiazepines to patients during acute grief or trauma, increases their risk of developing complex PTSD.

Jeffrey Guina, Sarah R. Rossetter, Bethany J. Derhodes, Ramzi W. Nahhas, Randon S. Welton. **Benzodiazepines for PTSD**. *Journal of Psychiatric Practice*, 2015; 21 (4): 281.

When do I refer to psychiatry?

On to Therapy!



Therapy Changes The Brain!

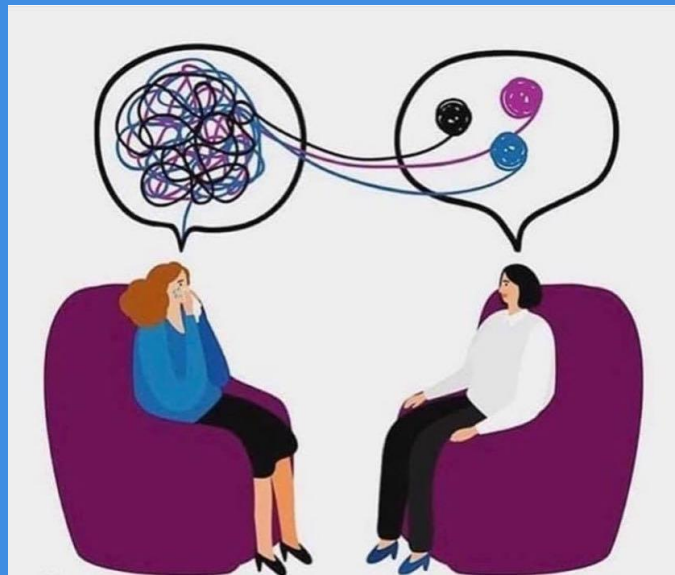
- Since 1992, 20 published studies have demonstrated differences in brain function associated with psychotherapy treatment, including...
  - Increases in metabolism in the hippocampus and dorsal cingulate, decreases in the dorsal, ventral, and medial frontal cortex associated with CBT
  - A decrease in hemodynamic response to negative stimuli in the right anterior cingulate, the temporal and posterior cingulate cortices, and the left insula in response to DBT.
  - Increase in 5-HT1a receptor density in response to short term psychodynamic therapy.
  - Frontal deactivation and amygdala-hippocampus hyperactivation associated with anxiety disorders have been found to be normalized following treatment of anxiety with therapy.

How do I find good therapists for my patients?

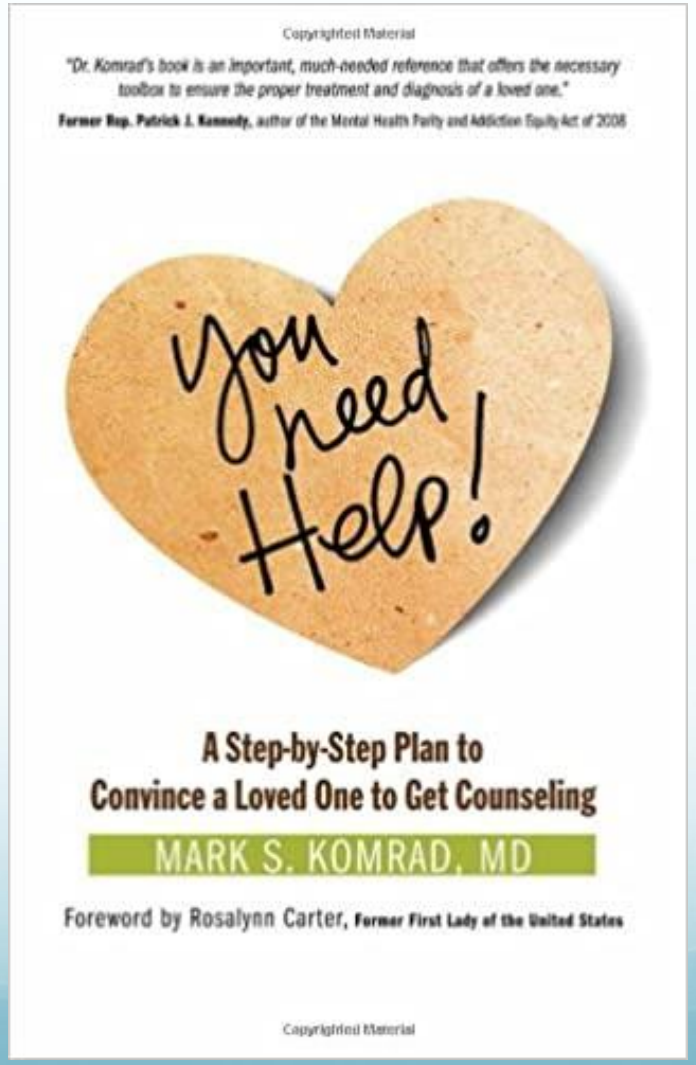
- **Ask your patients about their therapists….**
  - How do you feel about your connection to them?
  - What are some of the main insights you've gained from your work with them?
  - What have they done with you that you found most helpful?
  - Would you recommend them?
- **Have your front desk reach out to the therapist…..**
  - Who are your ideal clients?
  - What are your favorite schools of therapy?
  - What insurance do you accept?

How does my patient know the therapist is a good fit?

- Do you feel comfortable being open with your therapist?
- Do you feel like your therapist gets it? Do they understand you?
- Does your therapist challenge you? Do they leave you thinking differently?
- Do you feel connected to your therapist?



How do I get my patient to go to therapy?

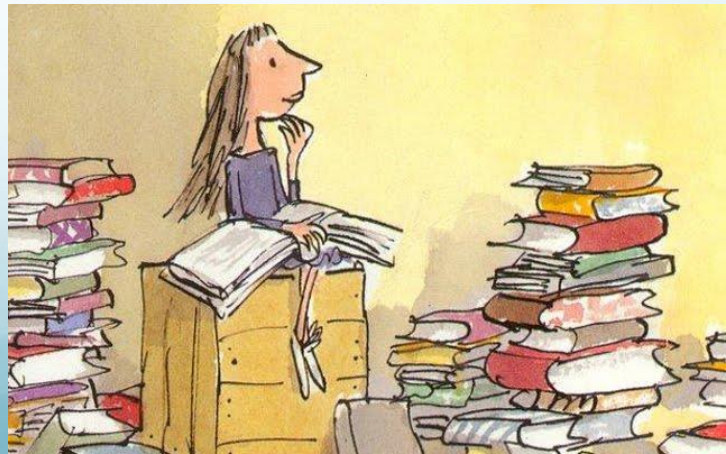


Therapy Referral Spreadsheet for Sarasota/Manatee Therapists

- https://docs.google.com/spreadsheets/d/1qoE2eeDDjygt7rgWBhQ8DsZCQZqJycLdJULIL4uYIsg/edit?fbclid=IwAR3f4GUBUF-aLPgINYmo5n3MU1qh_s97qLIhTXQ5hfK3Qz9-mbjxKgW6g98#gid=0

Beloved Books

- On Being a Therapist by Jeffrey Kottler
- Love's Exectioner and Other Tales of Psychotherapy by Irvin Yalom
- On Becoming a Person by Carl Rogers
- The Gifts of Imperfection by Brene Brown
- Building a Life Worth Living by Marsha Linehan
- The Examined Life by Stephen Grosz



Coming Up Next!

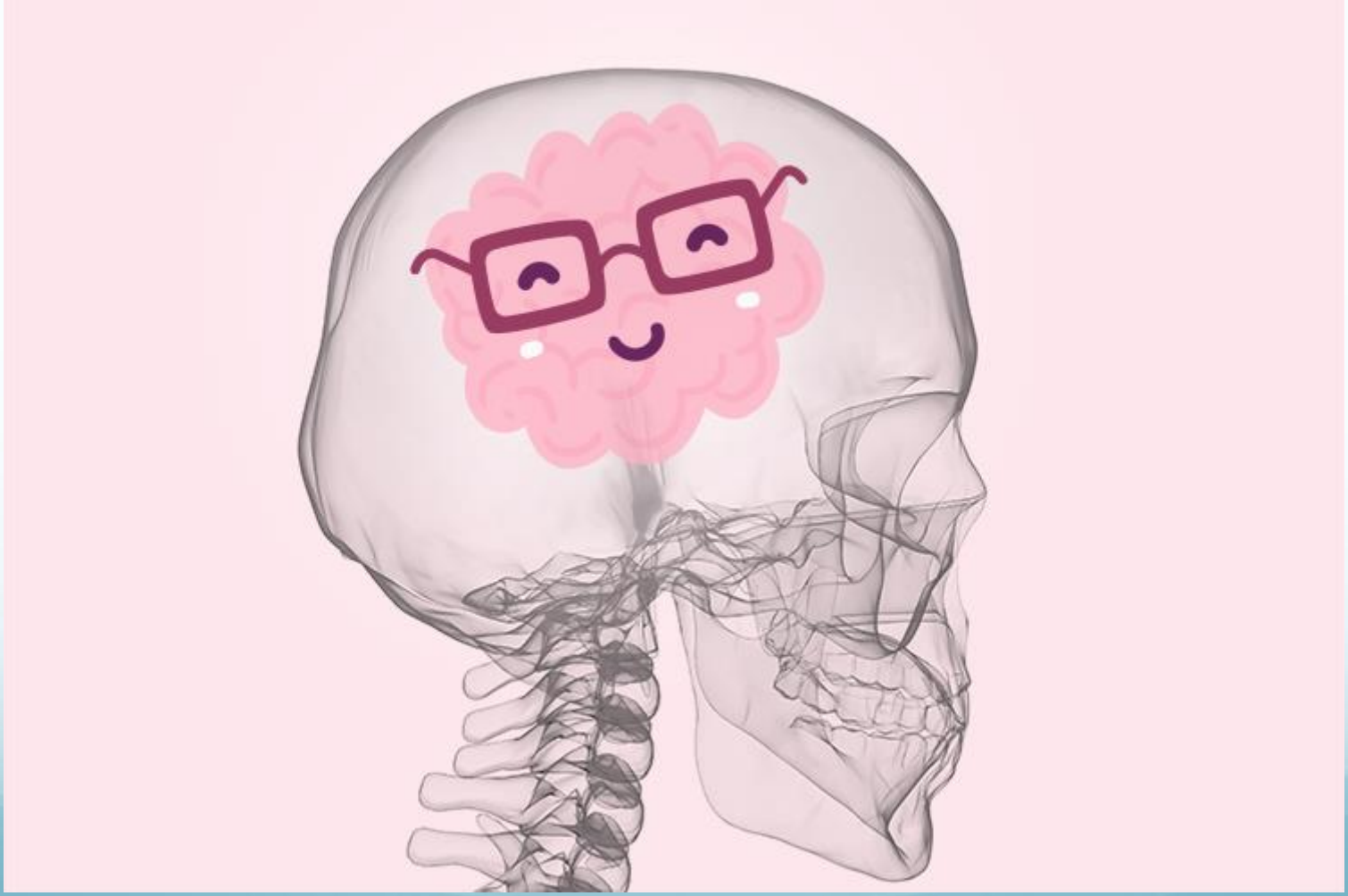
Psychiatry Boot Camp II

- **Jan 19 at 6:30pm eastern time**

- https://us02web.zoom.us/j/84010721728?pwd=bGtDWi9ZSW5vdlI5NFZVaHM0TEEzdz09
- Meeting ID: 840 1072 1728
- Passcode: 706924

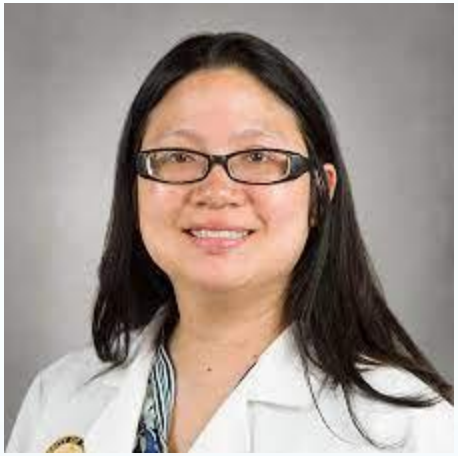
- Topics Covered:
  - **ADHD**
    ODD and Conduct Disorder
    DMDD
    Skin-picking, hair-pulling
    Tourette's Disorder
    Autism Spectrum Disorder

Hopefully Psychiatry Is a Little Less Scary Now.....



Special Thanks!

Jessie Hoang, MD



Ciara O'Connor, PA and
Nicole Peterson

Julie Le, DO

Farah Kalnoky, PA

Questions!