

WELCOME to the

*Mental Health and Substance Use Part 1  
ECHO Session 2*

Session will start in less than 15 minutes



For educational and quality improvement purposes, we will be recording this video-session

By participating in this clinic you are consenting to be recorded – we appreciate and value your participation

If you have questions or concerns, please email

[ECHO@hitchcock.org](mailto:ECHO@hitchcock.org)



# Attendance

- Please type your name, organization, and email into chat
- If you joined as a group, please include all the names of those in your group
- Introductions of HUB team



# Respect Private Health Information

To protect patient privacy, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.

- **Names:** Please do not refer to a patient's first/middle/last name or use any initials, etc.
- **Locations:** Please do not identify a patient's county, city or town. Instead please use only the patient's state if you must.
- **Dates:** Please do not use any dates (like birthdates, etc) that are linked to a patient. Instead please use only the patient's age(unless > 89)
- **Employment:** Please do not identify a patient's employer, work location or occupation.
- **Other Common Identifiers:** Patient's family members, friends, co-workers, phone numbers, e-mails, etc.



# Conflict of Interest Disclosure Statement

No Conflicts of Interest





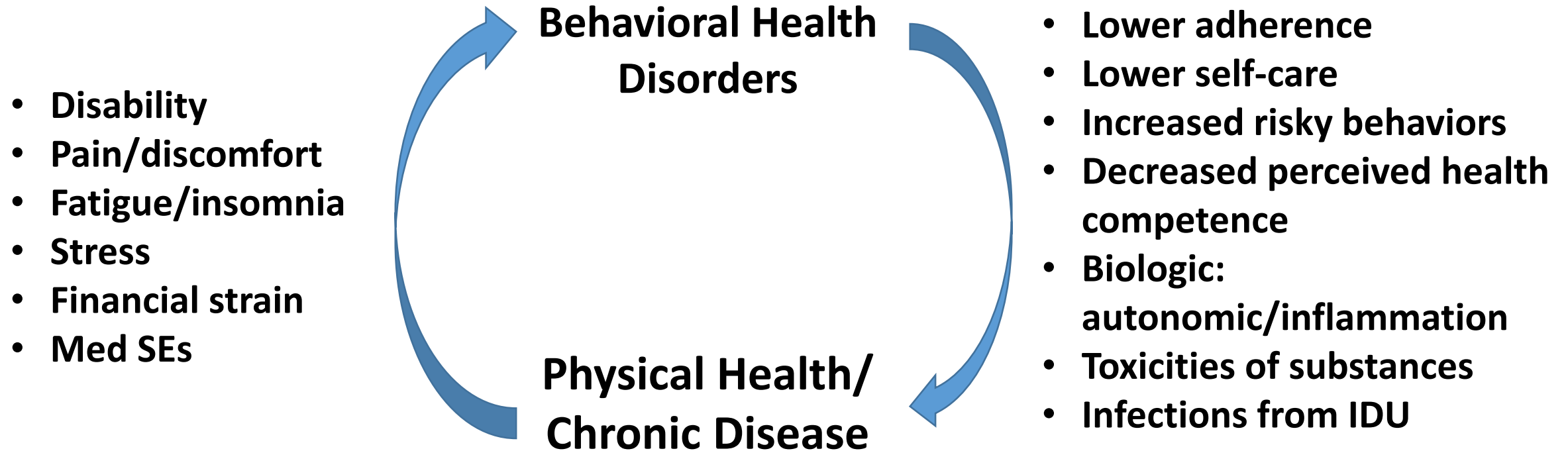
# **Recognition of Mental Health Disorders in Primary Care**

**-Charles Brackett, MD, MPH**

# BH Disorders are Common in Primary Care

- 30% of PC patients have an active BH Disorder
- Current Year Depression
  - Population: 6-7%
  - Primary Care: 15-20%
  - Chronic Illness: 24-40% (40-65% after MI)
- Active SUD (including alcohol)
  - Population: 10%
  - PC: 15%

# BH Disorders frequently co-exist with and worsen outcomes of chronic diseases





# BH disorders are under-recognized

- PCPs only identify ~30% of depressed patients
- Psychiatric disorders *usually (70-90%)* present with somatic symptoms
  - Patient awareness may be limited by alexithymia and stigma
  - Somatization process
    - Anxiety and depression → psychophysiologic/autonomic and stage 4 sleep disruption → symptom generation
    - Symptom amplification (interpretation)
    - Lower threshold for help-seeking



# Clues to detection of a “hidden” BH issue

- Multiple (>5), vague, inconsistent, or bizarre symptoms (MUS)
- Bodily preoccupation, fear and conviction of disease
- Symbolic meaning or temporal connection
- Multiple caregivers, treatments, or surgeries without benefit
- Not responding as expected
- Non-adherence or poor self-care

# Diagnostic approach to MUS

- Full history (treat it seriously)
- What do you think/fear is going on? Why today?
- What were you hoping we could do for you?
- ROS for vegetative signs of depression or panic
- Social history: any new “stress”? SDOH
- Inquire about mood, anxiety, anhedonia
- Thorough physical exam, limited studies
  - Don’t need to r/o all disease.....but
  - Avoid premature closure



# Somatization is common

- No psychiatric disorder or adjustment disorder, “Worried well”
  - Should respond to reassurance
- Patient acknowledges psychiatric issue
  - Treat/refer as appropriate
- Patient unaccepting of psychiatric diagnosis/somatic symptom disorder
  - Another talk!

# Screening is Recommended!

|                       | USPSTF Rec | Initial Screening Instrument  | Secondary Screening Instrument       |
|-----------------------|------------|---|--------------------------------------|
| Depression            | B          | PHQ-2   | PHQ-2 score $\geq 3$ triggers PHQ-9  |
| Anxiety               | N/A        | GAD-2   | GAD--2 score $\geq 3$ triggers GAD-7 |
| Unhealthy Alcohol Use | B          | <i>In the past year, have you had 5 or more drinks in a day?</i>  | “Yes” triggers AUDIT                 |
| Illicit Drug Use      | B*         | <i>In the past year, have you used an illegal drug or used a prescription medication for non-medical reasons?</i> | “Yes” triggers DAST-10               |



In Sum- think about whether the patient has a BH disorder when:

- There isn't a clear cause for symptoms
- There are adherence or self-care issues
- A patient has a significant burden of chronic disease or severe symptoms

And-

- Screen all patients for depression, unhealthy alcohol use, illicit drug use, and (maybe) anxiety- at least yearly



# Reminders:

- Next session Sept. 10<sup>th</sup> – Depression (Jules Knight, MD)
- Please type your name, organization, and email into chat
- Slides will be posted to the D-H ECHO Connect site
- Please complete post-session survey (link will be emailed)
- Please submit cases

