

## Identification and Evidence-Based Interventions for Treating Anxiety

Joe Hyde, MA, LMHC, CAS, Facilitator Laura Ross, MS, LMFT, Co-Facilitator

Tuesday, April 11, 2023

Vision: Healthy Communities, Healthy People





## Session 7: Medications for the Treatment of Treatment and Anxiety: A Behavioral Health Practitioner Primer

Vision: Healthy Communities, Healthy People



#### **Facilitators**





Facilitator: Joseph Hyde, MA, LMHC, CAS BHTA Project Director and Senior Technical Expert Lead JBS International, Inc. (JBS) Co-Facilitator: Laura Ross, MS, LMFT Technical Expert Lead JBS International, Inc. (JBS)





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## **Zoom Participation**

• You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



• We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.

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• To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.



#### **Continuing Education**

- We will be offering **1.5 CE credit per session** attended for a maximum of 9 CEs for participation in all 6 CoP sessions.
- You **must** complete the Health Center Satisfaction Assessment after **each** session for which you plan on receiving CEs.
- CE credits will be distributed for all sessions at the conclusion of the CoP.



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## **Weekly Office Hours**

- **Tuesdays** (after the session) 3:30–4:30 pm ET
- Fridays (the week of the session): 1:00–2:00 pm ET
  - Meet colleagues from other health centers
  - Discuss progress and/or challenges related to
    - Your team's action plan
    - The session topic(s)





#### **TA Offerings for Health Centers**

- One-on-One Coaching
- Webinars
- Virtual Site Visits to Improve Outcomes
- Communities of Practice (CoPs)





#### **CoP Agenda**

Session 1 (January 17): Orientation

Session 2 (January 31): Enhancing Cultural Relevance in Clinical Practice

Session 3 (February 14): Patient-Centered Care Planning

**Session 4 (February 28):** Contemporary Approaches to Behavioral Therapy – Part 1: Integrated Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT)

**Session 5 (March 14):** Contemporary Approaches to Behavioral Therapy – Part 2: Functional Analysis and Mindfulness

**Session 6 (March 28):** Contemporary Approaches to Behavioral Therapy – Part 3: Behavioral Activation

Session 7 (April 11): An Orientation to Pharmacotherapies for Depression and Anxiety



Source: iStock





Session 8 (April 25): Case-Based Learning, Wrap-up and Next Steps



- Recognize types of medications used to treat mental disorders and specific Substance Use Disorders
- Understand general considerations for taking medications (risks and benefits)
- Recognize side effects of medications
- Know where to find warnings about medications from the U.S. Food and Drug Administration (FDA)
- Identify considerations working with a patient prescribed a medication or for whom medication may be a benefit
- Understand the importance of routine monitoring and support



Source: iStock





Psychiatric medications are commonly used to treat mental disorders.

- •Medications treat and help manage symptoms of mental disorders.
- •They cannot cure the disorder, but they make people feel better so they can function.
- •Medications in conjunction with therapy usually yields best results





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# Medications for the Treatment of Anxiety





### **Anxiety Medication**

#### **Benzodiazepines ('Benzos')**

- Rapid-onset of effect
- Use for short-term treatment (pre-surgery, until other medications take effect, etc.)
- Not recommended for patients with a known substance use condition
- Not for pregnant or breastfeeding women
- May cause withdrawal symptoms after 3-4 months of daily use (withdrawal symptoms from benzo's can be life threatening)

#### **Dangerous Drug Interactions:**

• Benzos taken along with alcohol/barbiturates/opioids cause increased sedation which can cause respiratory arrest





### **Anxiety Medication cont.**

- Benzodiazepines: Valium Klonopin Xanax Ativan
- Other Medications: Buspirone (BuSpar) does not have strong sedative-hypnotic effect
- Antidepressants:
   SSRIs
   Lexapro
   Prozac
   Paxil
   Zoloft

**SNRIs** Cymbalta Pristiq Effexor





Image source: https://www.canstockphoto.com/images-photos/anxiety.html



Sometimes added if first course of treatment is ineffective.

- Beta Blockers: Atenolol (Tenormin) Propranolol (Inderal)
- Antihistamines: Non-addictive alternative to Benzodiazepines
  - Hydroxyzine hydrochloride (Atarax),
  - Hydroxyzine pamoate (Vistaril)





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# Medications for the Treatment of Depression



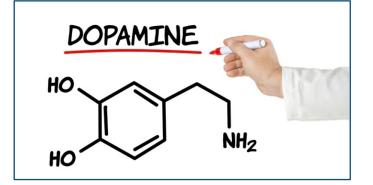


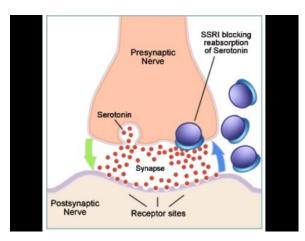
## Why Do Antidepressants Work?

It is theorized that:

 A deficiency exists in one or more neurotransmitters 5-HT, NE, or DA (dopamine) – and increasing these neurotransmitters alleviates depression.

2. Medication increases production of neurotrophic factors (to enhance survival of neurons and support new synaptic connections).







Dopamine image Source: https://www.vitamonk.com/blogs/health/natural-ways-to-boost-dopamine Serotonin/SSRI image source: https://youtu.be/KBhxTQD4Bsk



## **Target Symptoms**

Antidepressant drugs target depressive symptoms:

- •Sleep disturbance
- Appetite disturbance (increase or decrease)
- Fatigue
- Psychomotor retardation or agitation
- Variations in mood (usually worse in the morning)
- •Impaired concentration or focus; forgetfulness
- •Anhedonia (inability to experience joy or pleasure in previously pleasurable activities)





Image source: https://www.pexels.com/photo/monochrome-photo-of-girl-crying-2345374/



#### **Most Common Depression Medications**

The most commonly-prescribed type of antidepressants are Selective Serotonin Reuptake Inhibitors (SSRIs).

- Fluoxetine (Prozac)
- •Escitalopram (Lexapro)
- •Citalopram (Celexa)
- •Sertraline (Zoloft)
- Paroxetine (Paxil)





Image source: https://www.statnews.com/2016/06/08/antidepressants-teens-kids/



#### **Common Side Effects of SSRIs**

- Agitation, insomnia
- Headache, nausea, vomiting
- Sexual dysfunction
- Withdrawal effects may occur with (abrupt) discontinuation
- Do not take with certain other medications
- With induction and discontinuation some patients have experienced suicidal ideation
- Antidepressant medications should not be taken during pregnancy





#### **Suggestion: Monitor & Communicate**

It is suggested that Behavioral Health providers monitor and communicate with individuals taking medications.

- ✓ Monitor for adherence to instructions re: dosage & frequency
- ✓ Monitor for the desired effect
- ✓ Monitor for side-effects
- ✓ Monitor for medication discontinuation
- ✓ Communicate findings routinely to Prescribers
- ✓ Communicate concerning patient experiences ASAP





#### **Care Recommendations and the PHQ-9**

The PHQ 9 is the most used screening tool in primary care. The PHQ-9 screening tool stratifies risk and aligns recommended interventions for each risk level.

- Score 0-9: No intervention and/or watchful waiting
- Score 10-14: Behaviorally oriented counseling/psychotherapy
- Score 15-19: Psychotherapy and medication consult is advised
- Score 20 +: Pharmacotherapy and psychotherapy

Note: Patients with scores of 20 or higher often experience suicidal ideation that should be screened for and monitored closely.





#### About St. John's Wort



- This plant has been used in healing practices and traditions dating back centuries.
- It is commonly used as an over-the-counter supplement
- Evidence does support some positive benefit for mild to moderate depressive symptoms
- Saint John's Wort is known to have adverse reaction with other medications



Image source: https://www.gardeningknowhow.com/edible/herbs/st-johns-wort/st-johns-wort-plantcare.htm



#### Patients Who May be a Candidate for Medication

- In this conversation, the patient will participate in a respectful conversation about the possible benefits of medications.
- Be fully supportive in the patient's ability to make this decision on their own
- Provide information to support the patient in their efforts to make an informed decision regarding medication.
- Address the patient's questions and concerns and provide information only within your scope of practice.
- If the patient decides they are interested in either a medication evaluation or in actively pursuing medication support, the clinician will be actively engaged supporting the referral.
- Provide information to the prescriber in advance of the medication evaluation session.





#### **Group Discussion Psychosocial Interventions**

How might your health center incorporate knowledge gained throughout this CoP/Session regarding Behavioral Health in a Primary Care setting?

- Cultural Relevance
- Patient-Centered Care Planning
- Integrated MI & CBT
- Functional Analysis & Mindfulness
- Behavioral Activation
- Pharmacotherapy knowledge





#### **Group Report Outs**

How might your health center incorporate knowledge gained from this CoP/Session regarding Behavioral Health in Primary Care setting?

Including Challenges & Strenths

Health Center A:
Health Center B:
Health Center C:
Health Center D:

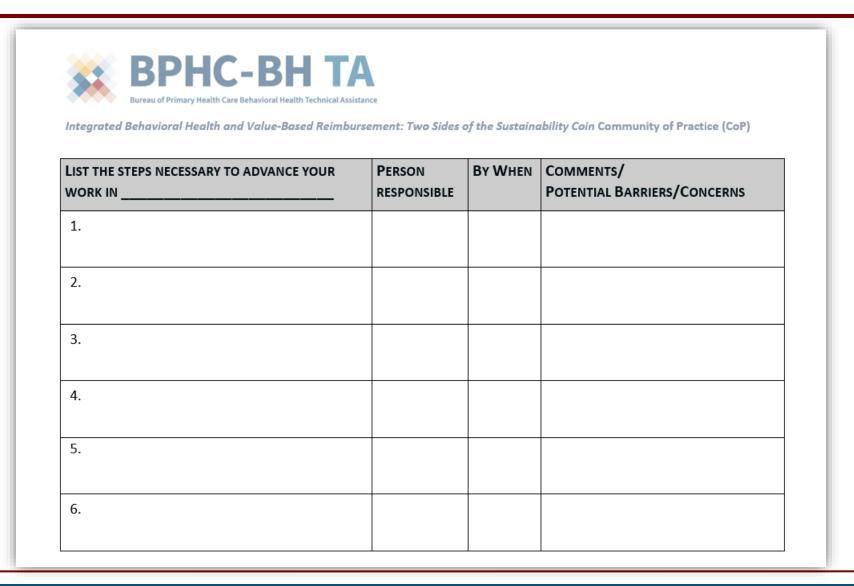




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#### **Q & A**





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### **Reflecting on Today: Plus, Delta**

- + What worked for you today?
- $\triangle$  What would you change?







## **Weekly Office Hours**

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- Fridays 1:00–2:00 p.m. ET

Designed to discuss progress and/or challenges related to

- Your team's action plan
- The session topic
- Meet colleagues from other health centers





#### **TA Offerings for Health Centers**

- One-on-One Coaching
- Webinars
- Strategies for Community Outreach: How Health Centers Can Use Social Media for Social Marketing
- Virtual Site Visits to Improve Outcomes
- Communities of Practice (CoPs)





#### **BPHC-BH TA Portal**

#### https://bphc-ta.jbsinternational.com/

- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options
  - One-on-One Coaching
  - E-learning Webinars
  - Virtual Site Visits to Improve Outcomes
  - Integration of Oral and Behavioral Health
  - Virtual Brown Bag Sessions





## **Coming in April & May**

Learning Collaborative (90 minutes)

(1.5 CEUs per session)

4/12/2023, 1:00 – 2:30 PM ET "Trauma-Informed Care for Better Oral Health – Didactic Session"

**REGISTER:** <u>https://us06web.zoom.us/meeting/register/tZApduGtqz8iHdTRTRf3O-922zwJqMa1H\_2I#/registration</u>

Virtual Brown Bag Lunches 8 Sessions for Health Center Staff Only (up to 1 CE for this session)

**4/12/23, 3:00–5:00 p.m. ET** *"Behavioral Health in a School-Based Setting - Discussion Session"* REGISTER: <u>https://us06web.zoom.us/meeting/register/tZ0pdeyrqTgrHtUxnVQbsZPjwK1ZWIJqbf3</u>

Micro-Webinar (30 minutes)

(.5 CEs for clinical staff)

5/10/2023, 2:30- 3:00 PM ET "Integrating Behavioral Healthcare into Clinical Workflows"

REGISTER: https://us06web.zoom.us/webinar/register/WN\_YbwrSsABRY6yU6k6j-KQYg#/registration





## **Continuing Education & Satisfaction Assessment**

- We will be offering **1.5 CE credit per session** attended for a maximum of 12 CEs for participation in all 8 CoP sessions.
- You **must** complete the Health Center Satisfaction Assessment after **each** session for which you plan on receiving CEs.
  - Follow the link in the chat
  - Use the link in the follow-up message from Alchemer (Survey Monkey)
- CE credits will be distributed within 2 weeks after the session



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# **Thank You!**

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#### References

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