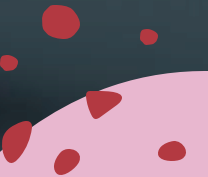


Case Studies in MH for Fam Med Docs

Neel Doshi, DO

Primary Care Conference - Kauai





Disclosures

Neel Doshi, DO

No relationships to disclose.

Case 1 – The Anxious Teen

15 year old female with CC of anxiety.

- **HPI:** Patient identifies anxiety as an issue but does not elaborate. Denies panic attacks
- Looks to mother to answer questions, but will answer if directly asked
- Has friends but usually based on activities; otherwise tends to prefer small groups or being alone; family call her “reserved”
- Good grades, although shy to speak up in class; prefers order and teacher-led activities
- Texts or calls parents throughout school day. Will get anxious if no timely response.
- **Pertinent Medical Hx:** Separation Anxiety as a toddler; Stomach aches throughout adolescence

Case 1 – The Anxious Teen

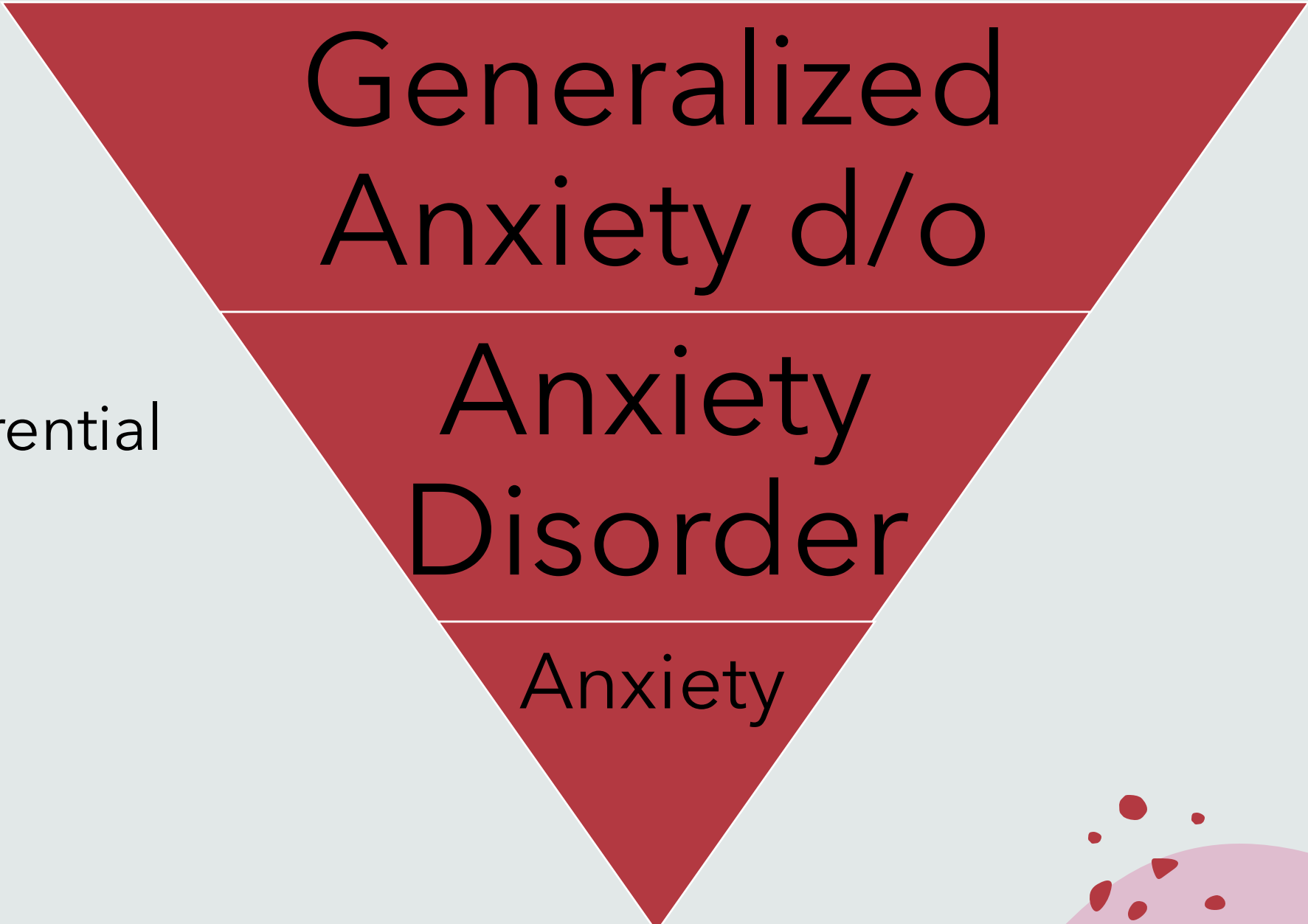
- No compulsions / no true obsessions but will have high level anxiety if out of comfort zone. May perseverate in these situations.
- **Past Psychiatric Hx:** no depression/psychosis/mood lability/substance abuse/trauma.
- **MSE:** Responded appropriately to examiner's social overtures. Appropriately initiated social overtures with examiner. Able to maintain reciprocal social interactions. There were no stereotyped or repetitive behaviors noted. Attention was appropriate in a one-on-one setting. There were no hyperactive or impulsive behaviors. Patient was cooperative with the majority of the examiner's requests. There were no significant disruptive, aggressive, or oppositional behaviors.

Case 1 – The Anxious Teen

>Next Steps

What else would we like to ask?

1. When do the stomach aches occur? (AM vs PM)
2. How many days of missed school?
3. Attendance at afterschool activities? Field Trips?



Generalized
Anxiety d/o

What is our differential
for this patient?

Anxiety
Disorder

Anxiety

Case 1 – The Anxious Teen

Types of stress responses

POSITIVE



A normal and essential part of healthy development

EXAMPLES

*getting a vaccine,
first day of school*

TOLERABLE



Response to a more severe stressor, limited in duration

EXAMPLES

*loss of a loved one,
a broken bone*

TOXIC

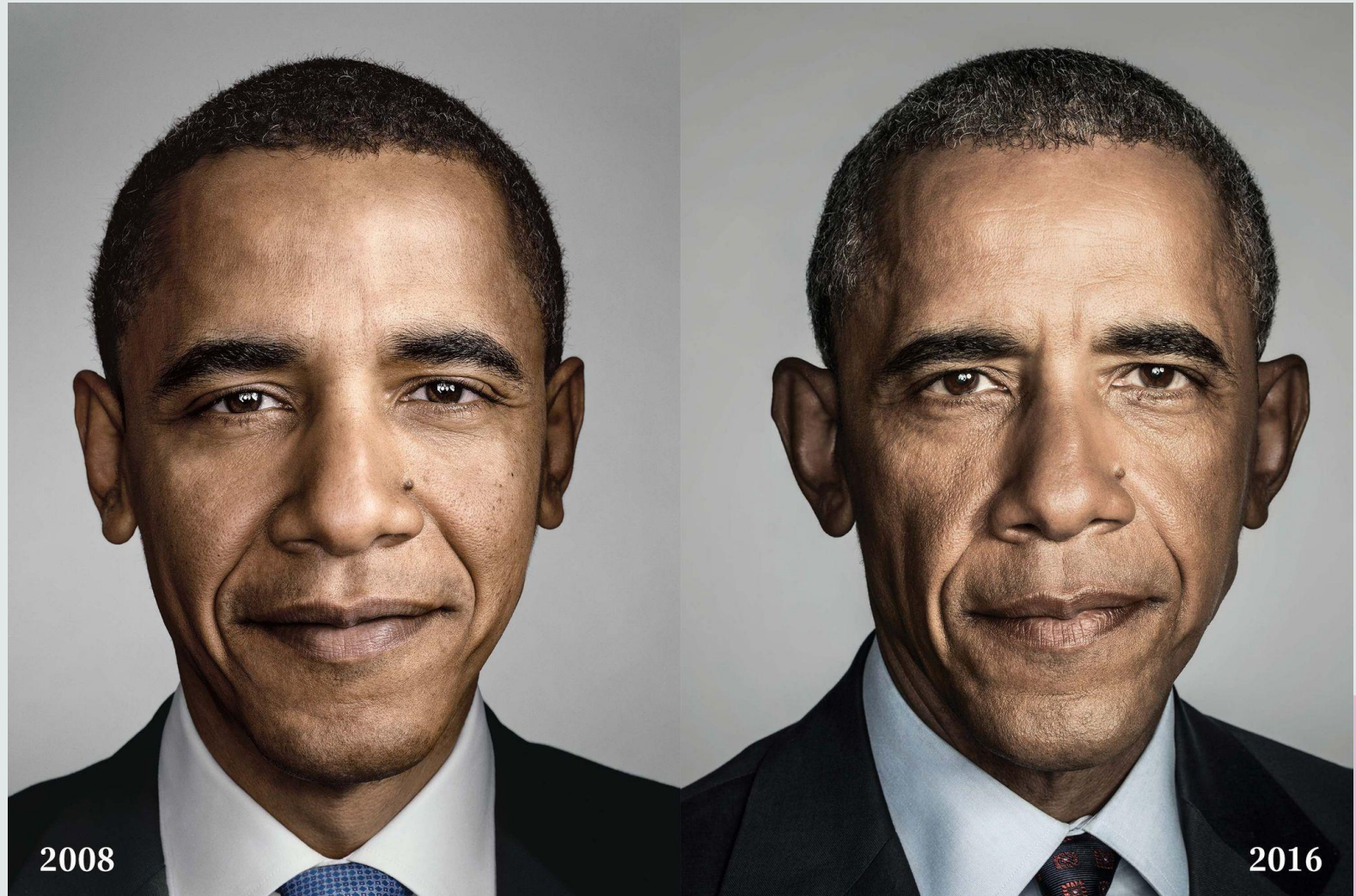


Experiencing strong, frequent, and/or prolonged adversity

EXAMPLES

*physical or emotional abuse,
exposure to violence*

*Stress is Normal. Chronic Stress has
consequences.*



Anxiety, the illness of our time, comes from our inability to live in the present moment. -Thich Nhat Hanh

31.9% of teens have some type of anxiety disorder

8.3 % of those with an anxiety disorder have severe impairment as a result.

38% of female teens have an anxiety disorder.

26.1% of male teens have an anxiety disorder.

Case 1 – The Anxious Teen

>Treatment

- Therapy
- Bibliotherapy / Apps
- Activities (martial arts, craft classes, team sports/dance)
- Medications: Standing vs PRN
- TED talk

Case 1 – The Anxious Teen

>Therapy



Group Therapy

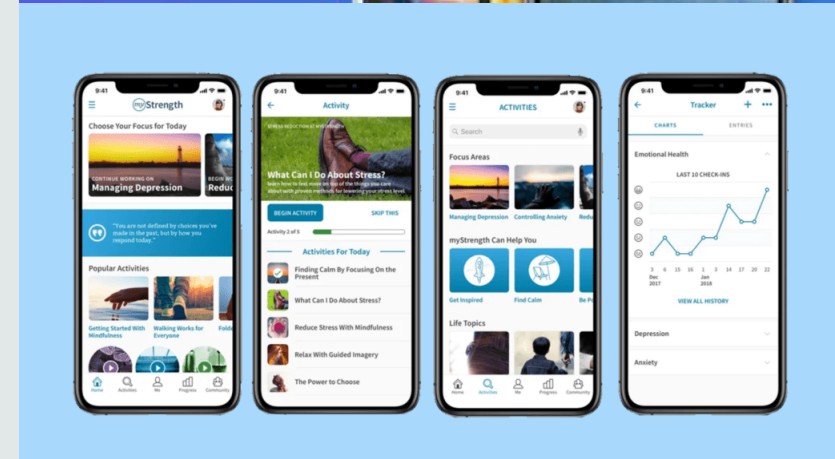
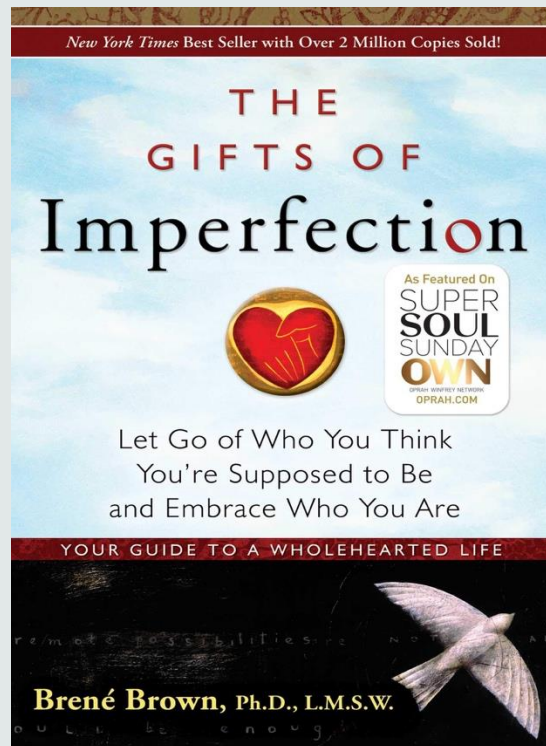
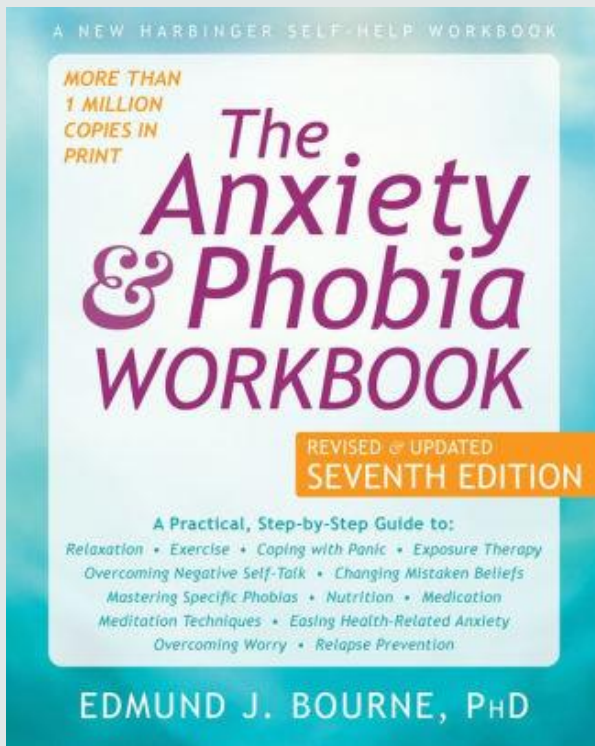
Individual Therapy

School based Therapy



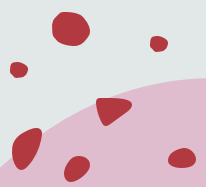
Case 1 – The Anxious Teen

>Bibliotherapy / Apps



Case 1 – The Anxious Teen

>Activities



Case 1 – The Anxious Teen

>Medications

Polling Question #1: Which of the following is true regarding med management in this teen with anxiety?

- A. SSRIs contraindicated as they are better for depression than anxiety at this age.
- B. Paroxetine (Paxil), due to its sedating nature, is better for anxiety and first line for this patient.
- C. Venlafaxine (Effexor XR) is a good initial choice as it's not an SSRI and therefore does not have a Black Box Warning for youth.
- D. Fluoxetine (Prozac) has the longest half-life of any SSRI and most research behind its use in teens.
- E. SSRIs in general should be tapered off after 1 month if patient is doing well

Case 1 – The Anxious Teen

>Medications

SSRI – Fluoxetine,
Citalopram/Escitalopram, Sertraline

Buspirone

Hydroxyzine (prn)

Silexan supplement

Silexan in anxiety disorders: Clinical data and pharmacological background

[Siegfried Kasper](#)

•World J Biol Psychiatry; 2018 Sep;19(6):412-420.

Case 1 – The Anxious Teen

> TED Talks

TED Ideas worth spreading

WATCH



4,642,403 views | Olivia Remes • TEDxUHasselt

Like (139K) Share Add

How to cope with anxiety

Read transcript

Imagine there's someone standing next to you all the time pointing out every! single! thing! you're doing wrong. This is what millions of anxiety sufferers feel on a daily basis, and it's awful. Anxiety researcher Olivia Remes lays out a roadmap to getting rid of that "someone." It begins, she says, with being kinder to ourselves and to others.

TED Ideas worth spreading

WATCH



539,994 views | Anne Marie Albano • TEDMED 2020

Like (16K) Share Add

How to raise kids who can overcome anxiety

Read transcript

Growing up means facing new challenges -- but for some kids, uncertain situations lead to anxiety that parents often seek to soothe. Psychologist Anne Marie Albano explains how constantly rushing to fix a child's problems can perpetuate a lifelong cycle of dependence and resentment -- and shares why a healthy dose of risk helps kids cultivate lasting confidence.

Case 2 – The Depressed Young Adult

19 year old male with CC of low energy, low engagement in non-essential activities.

HPI:

- Feels this has been an issue “for years” although mother feels his mood has greatly diminished over the past year since graduating HS
- Dismissive of help that had been offered at school, managed to pass classes but required “nudging” by parents; “Not a self-starter”
- Doesn’t cry regularly but does have lower energy level, lower enjoyment for usual activities. Spending days in room, on internet/TV, hygiene is low to fair. Eats 2 meals at most. Has insomnia most nights.

Case 2 – The Depressed Young Adult

Pertinent Medical History : None

Substance Use: Recreational Marijuana + Alcohol use (2-3x/month with friends), no history of daily use or withdrawal sx.

Past Psychiatric Hx: no anxiety/psychosis/mood lability/trauma.

MSE: The patient is alert and oriented. Dress and hygiene are fair. Looks stated age. Apathetic but cooperative. Good eye contact. No psychomotor agitation or retardation. Speech is normal. No thought disorder. Thoughts are goal directed. Affect is neutral and appropriate. The patient denied any audiovisual hallucinations. No delusions noted. Insight and judgment are fair.

Case 2 – The Depressed Young Adult

Polling Question #2:

How to get a patient to open up who isn't so inclined? (Free response)

Case 2 – The Depressed Young Adult

How to talk to a patient who doesn't spontaneously open up.

- Eliminate variables
- Empathy/Safe Space
- What does X help with?
- Open-Ended Reflections vs Questions
- Comment on something they value
- First person plural vs pronouns (We vs you)
- Take nothing personally / Share the feeling you have



Case 2 – The Depressed Young Adult

Differential: Adjustment Disorder, Depressive Disorder NOS, MDD

Diagnosis: Major Depressive Disorder

Treatment:

1. Therapy – Patient declines
2. Apps / Bibliotherapy – MyStrength, Mind Over Mood
3. Exercise
4. Medications – Patient accepted
5. Address Substance Use – 12 step groups

Case 3 – The Gamer

16 year old male BIB father. **CC:** Irritable, oppositional

- **HPI:** Father reports patient has B/C grades at school, generally a good kid but several times a week there is an argument around screen time. Kid refuses any professional intervention.
- Patient connects with friends online mostly, although sees them in person some weekends or when playing sports.
- Denies depression/anxiety/eating disorder/psychosis/mania.
- **Pertinent Medical History:** Insomnia

Case 3 – The Gamer

Polling Question #3: Which of the following is true?

- A. Patient should seek help from school counselor since refusing help otherwise.
- B. Patient is exhibiting signs/symptoms of Sleep Apnea.
- C. Hydroxyzine HCl (Atarax) 25mg prn insomnia
- D. This is Advanced Sleep Phase disorder and treatment consists of working together on timing of sleep.
- E. None of the above are true

Case 3 – The Gamer

Phase Delayed Sleep Disorder

Factors to Consider: Later start time for schools

Treatment: Sleep Hygiene, Light Therapy, consider Chronotherapy.

Case 3 – The Gamer

>Sleep Disorder Treatment

Phase Delayed Sleep Disorder	Light and melatonin affect the circadian clock
Melatonin	Start low, 30 mins before bedtime. Increase by an additional 30 mins before bedtime if not effective. Low doses (0.5-1 mg) Helpful when there's a longer circadian rhythm, i.e. 25 hours
Light Therapy	In the AM for night owls, HS for early birds 10,000 Lux; at least 30 minutes.

Case 3 – The Gamer

Families struggle for a million reasons but they do well for the same reason – **Respectful Communication**

Interventions that are generally acceptable:

1. Stand for last 10 minutes of playing
2. Switch from Social game to simpler game
3. Switch to a card game or board game as a family (DA maintained due to challenge)
4. Parent joins the game

Questions?

