



ECHO Idaho: Behavioral Health in Primary Care CASE RECOMMENDATION

Project ECHO Idaho (ECHO) case presenters are responsible for ensuring that no personally identifiable information (PII) nor protected health information (PHI) is shared during an ECHO session, in compliance with HIPAA privacy laws, to ensure patient privacy and confidentiality. Panelists and participants involved in reviewing the case may provide recommendations, suggestions, or considerations based on the information presented during an ECHO session. The professional practitioner presenting the case is free to accept or reject the advice and remains in control of the patient's care. ECHO case presentations are informal consultations that do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in an ECHO session.

Presenter Credential: PMHNP-BC

Summary: 45-year-old cisgender female with a complex psychiatric and medical history, including diagnosed ADHD, ASD, depression, and anxiety. Her ADHD diagnosis in her late 30s led to significant functional improvements and reduction in substance use. She is currently on Vyvanse and Cymbalta, with concerns about increasing the latter due to elevated blood pressure. Her medical history includes an overactive pituitary gland and mast cell disease. Psychosocially, she reports past emotional neglect, family enmeshment, and trauma from an abusive first marriage. Her 17-year-old daughter, who is in foster care and has multiple diagnoses, remains a major emotional trigger. Though now in a stable, supportive second marriage, the patient is geographically isolated, has declining function, and experiences occasional delusional-like symptoms (e.g., Morgellons-like beliefs). Her goals include managing emotional dysregulation, particularly around communication with her daughter's case worker, and rebuilding a sense of purpose and social connection within the limitations of her sensitivities. She is engaged in individual therapy, exercises regularly, and collaborates with her care team to address emotional and physical health.

Question: Looking for thoughts on treatment options (pharmacological and non-pharmacological) moving forward to help meet client and provider goals.

Recommendations:

- **Medication Management:**
 - Consider increasing the dose of Cymbalta. The current dose shows some benefits, and further symptom relief may be possible with a higher dose.
 - Any dose increases should be paired with ongoing BP monitoring.
 - Consider a trial on a Mood Stabilizer to potentially help regulate significant emotional fluctuations, especially in response to contact with the case manager. While efficacy is uncertain, it may support improved stability.
- **Mental Health & Therapy:**
 - Explore the patient's immediate dysregulation upon receiving calls or messages related to her daughter. These should be a focus in therapy.
 - Confirm the modality being used in current individual therapy. Consider introducing or transitioning to a modality targeted toward distress tolerance and mood regulation, such as DBT or ACT.
 - While group therapy may be overwhelming, especially if parenting-focused, non-custodial parent support groups could be a more approachable option.
- **Additional Considerations:**
 - Patient may benefit from exploring potential patterns of abuse replication in relationships or family dynamics.
 - Encourage development and practice of effective coping mechanisms, especially for moments of acute distress, rather than relying solely on medication adjustments.
 - It is a positive indicator that the patient feels comfortable disclosing intrusive or suicidal thoughts; continue to foster this openness in treatment planning.

Consider presenting follow-up for this patient case or any other patient cases at a future ECHO Clinic session.

Shannon McDowell, Program Manager. Office: 208-364-9905, sfmcowell@uidaho.edu