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: LCSW

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Summary: This 49-year-old female Medicaid patient presents with moderate depression (PHQ-9 = 12) and anxiety (GAD-7 = 15), with diagnoses of depression, anxiety, ADHD, and PTSD, and a history of substance use disorder in sustained remission for 10 years. Her trauma history includes emotional and physical abuse and neglect from caregivers and partners, a period of homelessness following divorce, and completion of drug court after possession charges. She is a social worker who recently completed graduate school, currently receives state assistance, and is seeking full-time employment. She is engaged in individual therapy and medication management and is experiencing increased mood dysregulation and executive dysfunction, with concern for potential perimenopausal contributions. Her goals include managing stress and ADHD, achieving stable employment, and supporting her children through positive parenting. Provider goals include differential diagnosis of ADHD, major depression, and menopausal hormonal changes; coordinated medical and behavioral treatment planning; parenting stress support; and strengthening financial and employment stability. The provider seeks guidance on distinguishing ADHD-related executive dysfunction from perimenopausal symptoms, treatment considerations and contraindications, the impact of perimenopause on ADHD, early warning signs of perimenopause, client education resources, and non-hormonal symptom management options.

Recommendations:

- Hormone Replacement Therapy (HRT) considerations
  - Estrogen-based HRT is contraindicated in individuals with a history of stroke, blood clots, or uncontrolled hypertension.
  - Given lifelong mental health concerns, she may be more vulnerable to mood instability during perimenopause and could benefit from a medical consult to evaluate HRT candidacy (if no contraindications).
- Psychogenetic testing
  - Strongly encourage follow-through; testing can be done via cheek swab and is typically fully covered by Medicaid/Medicare, which may help guide future medication selection.
- Advanced/non-medication treatment options
  - Revisit ECT and other non-medication options
- Symptom and cycle tracking
  - Recommend detailed tracking of menstrual cycles, mood, cognition, and physical symptoms for at least 3 months to identify hormonal patterns.
  - Apps like Natural Cycles (often reimbursable) can help with tracking.
  - The IAPMD symptom tracker can support structured symptom monitoring: https://www.iapmd.org/shop/p/iapmd-pmds-symptom-tracker
  - Note: For patients with ADHD, using a paper-based tracker (like the one linked) can be more helpful since they have a tendency to struggle with object permanence and having a printout on their bedside table or can be a very helpful reminder to complete the log.

- Psychotherapy approaches
    - A highly structured CBT approach can be particularly helpful for mood and executive dysfunction, though hormonal fluctuations may still impact symptom severity.
    - Psychoeducation about the menstrual cycle and symptom patterns can be empowering and clinically useful.
- Psychoeducation and family resources
    - Encourage education for both the client and family members to normalize experiences and reduce stigma. Evidence-based resources:
        - Menopause.org (North American Menopause Society)
        - "You Are Not Broken" podcast (for patient-friendly education)
        - The M Factor documentary (for broader understanding of menopause experiences)
- Emphasize that menopause is often over-commercialized, and HRT is not a universal solution; expectations should be realistic and individualized.

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

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