



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

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: 23-year-old man with commercial insurance and a history of severe childhood emotional, physical, and sexual abuse by his biological mother, whose substance use disorder contributed to significant developmental disruption and eventual removal from her custody. He has longstanding depression, PTSD, anxiety, emotional dysregulation, and chronic insomnia, with extensive prior residential psychiatric treatment and ongoing support through a young adult transitional program. He has no current substance use and maintains supportive relationships with his father, half-sister, and peers. Medically, he has eczema and stress-sensitive dermatologic issues. In 2023, after a COVID-19 infection, he developed persistent symptoms including lethargy, brain fog, and new-onset asthma, alongside a marked exacerbation of PTSD and anxiety that impaired functioning, particularly after being assigned a work client whose circumstances mirrored his childhood trauma; he returned to baseline after 6–9 months of therapy and medication (currently Seroquel and mirtazapine). In 2025, a second COVID infection again triggered prolonged respiratory symptoms, cognitive fog, increased PTSD/anxiety symptoms, and functional decline. The treatment team is seeking guidance on managing the intersection of long COVID and psychiatric symptoms—particularly the potential inflammatory relationship between COVID and PTSD—and strategies to help him reduce symptoms to a manageable level and return to meaningful work.

Recommendations:

- Consider gradual titration down of nighttime Seroquel if clinically appropriate, as it may be contributing to lethargy and fatigue.
- CBT and trauma-focused therapies may help manage recurrent PTSD and functional decline during symptom flares; patient has previously returned to baseline after similar episodes.
- Emphasize a multidisciplinary approach, including ensuring connection to primary care for basic medical monitoring and preventive care.
- COVID infections appear to have triggered medical trauma on top of pre-existing PTSD, with feelings of defeat associated with recurrent illness episodes. Work with therapist on trauma coping strategies.
- Prioritize sleep evaluation and management (consider CBT-I and screening for sleep apnea or other sleep disorders, especially given respiratory symptoms).
- Patient has not yet completed formal sleep apnea workup; continue focusing on sleep hygiene and rule out contributing sleep disorders.
- Review any sleep aids or medications that may worsen sedation, lethargy, or cognitive fog.
- **Kudos for being so supportive of this patient!**

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

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