



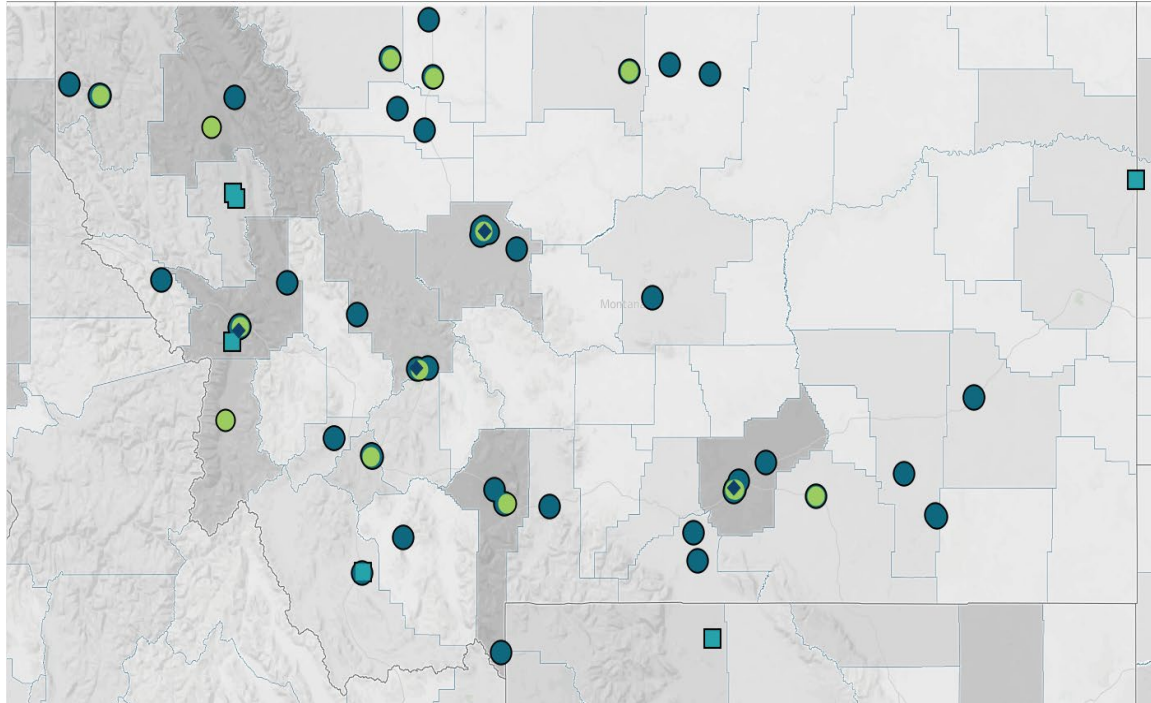
MPCCA

Montana Primary Care Association

***Magic and Marvel of Primary Care Behavioral Health Series:
Brief with Comorbidities***

Lacey Alexander-Wind, LCSW

This is us: MPCA



- ❖ The **Mission** of the Montana Primary Care Association is to promote integrated primary healthcare to achieve health and well-being for Montana's most vulnerable populations.
- ❖ The **Vision** of MPCA is health equity for all Montanans
- ❖ .
- ❖ MPCA values integrity, collaborations, and innovation.
- ❖ The Montana Primary Care Association is the support organization for Montana's 14 Community Health Centers and 4 of our Urban Indian Centers. MPCA centers serve over 117,500 patients across Montana.



Comorbidities



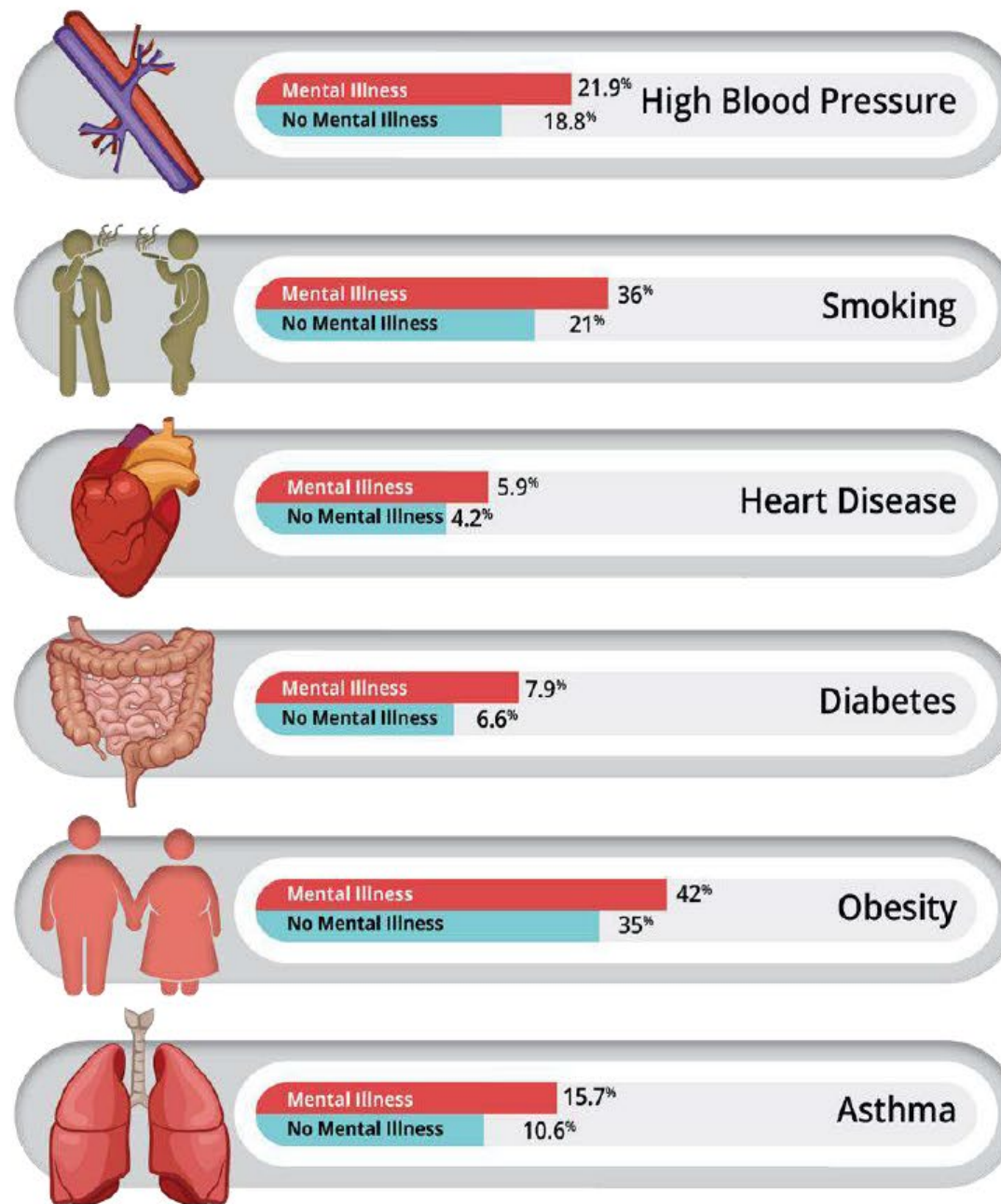
❑ the simultaneous presence of two or more diseases or medical conditions in a patient.

"age and comorbidity may be risk factors for poor outcome"

❑ a disease or medical condition that is simultaneously present with another or others in a patient.



Co-occurrence between mental illness and other chronic health conditions:



Co-occurring Disorders with SUD

Drug Only

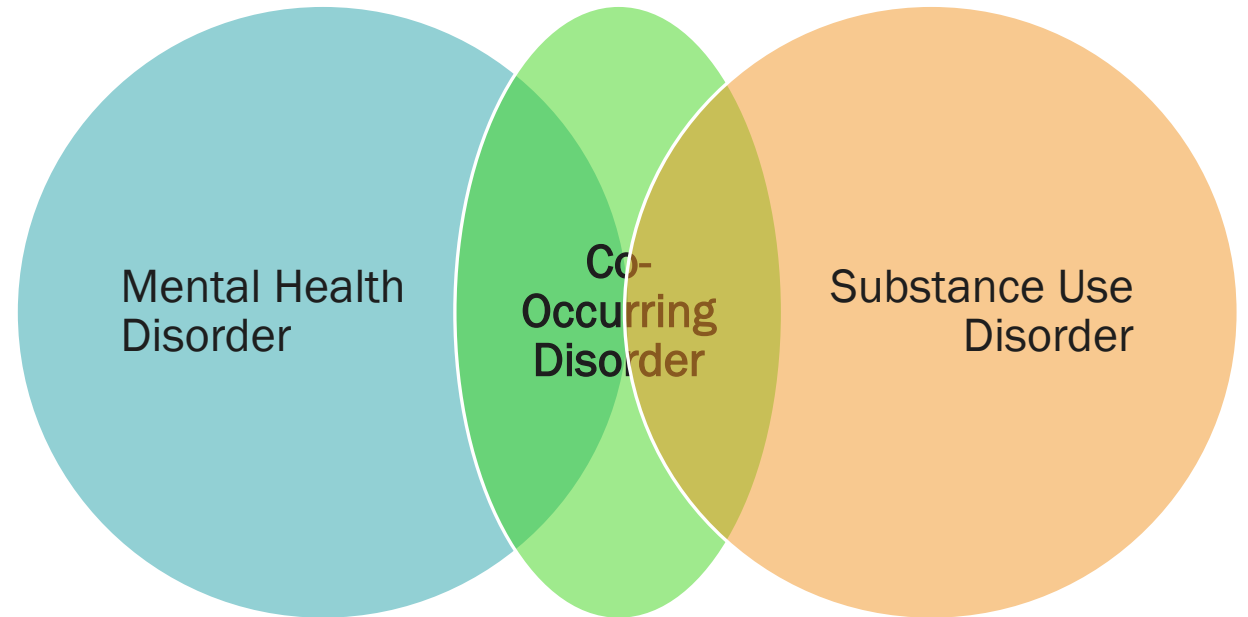
- 44% Personality
- 28% Mood
- 24% Anxiety

Alcohol Only

- 51% Personality
- 35% Mood
- 27% Anxiety

Drug and Alcohol

- 25% Personality
- 16% Mood
- 16% Anxiety



Depression as Significant Comorbidity

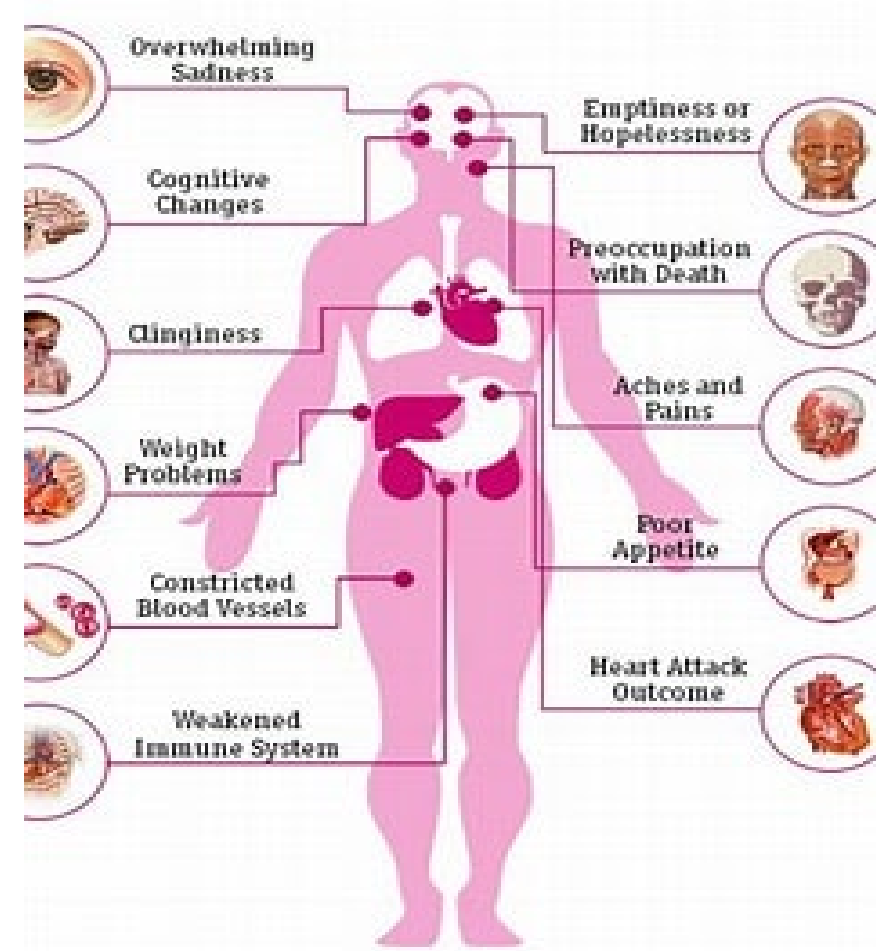
Arthritis, Diabetes, Stroke, Heart Disease

Physical complaints have been shown to increase the likelihood that the patient has a mood or anxiety disorder.

Depression decreases autoimmune response.

Depression and anxiety not only increased the likelihood of chronic disease but also markedly worsened the course and long-term outcome.

Collaborative care of depression and arthritis resulted in the **reduction of depressive symptoms**, a significant **reduction in pain intensity** and a **significant reduction of interference in daily activities** due to pain. Overall health and quality of life were also improved relative to **control patients after 12 months of depression treatment**.



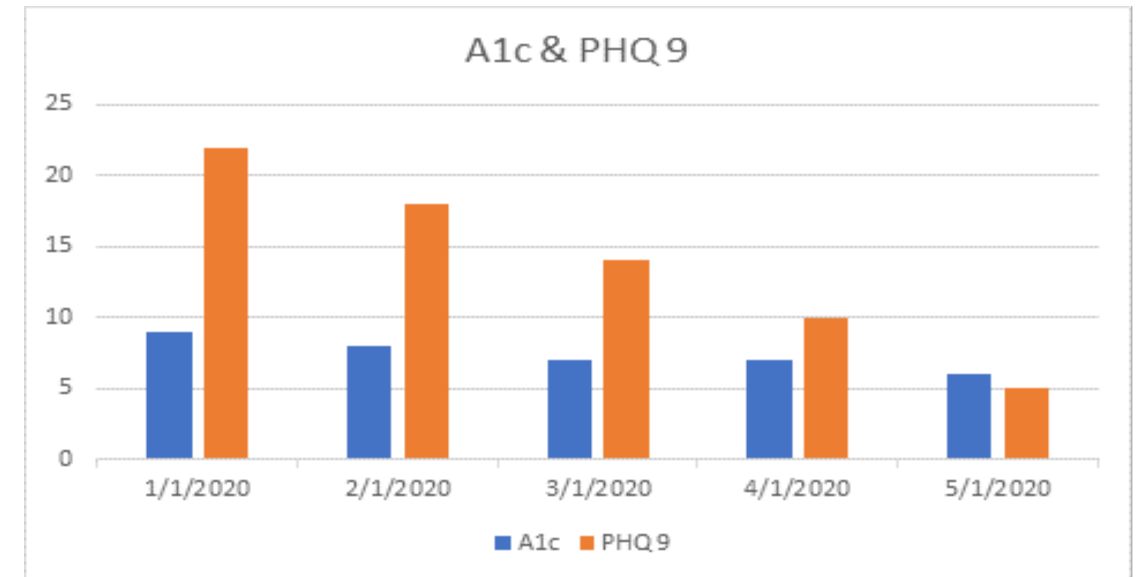
Depression as Significant Comorbidity

Arthritis, Diabetes, Stroke, Heart Disease

MDD appears to be a risk factor for the onset of diabetes.

Depression not only increases the risk for diabetes but, if untreated, also worsens the course of diabetes.

Successfully treating depression in patients with diabetes improves the course and outcome of both illnesses.



1. Chronic Illness also have symptoms of Depression
2. Chronic Illness treatment needs to include Behavior Changes

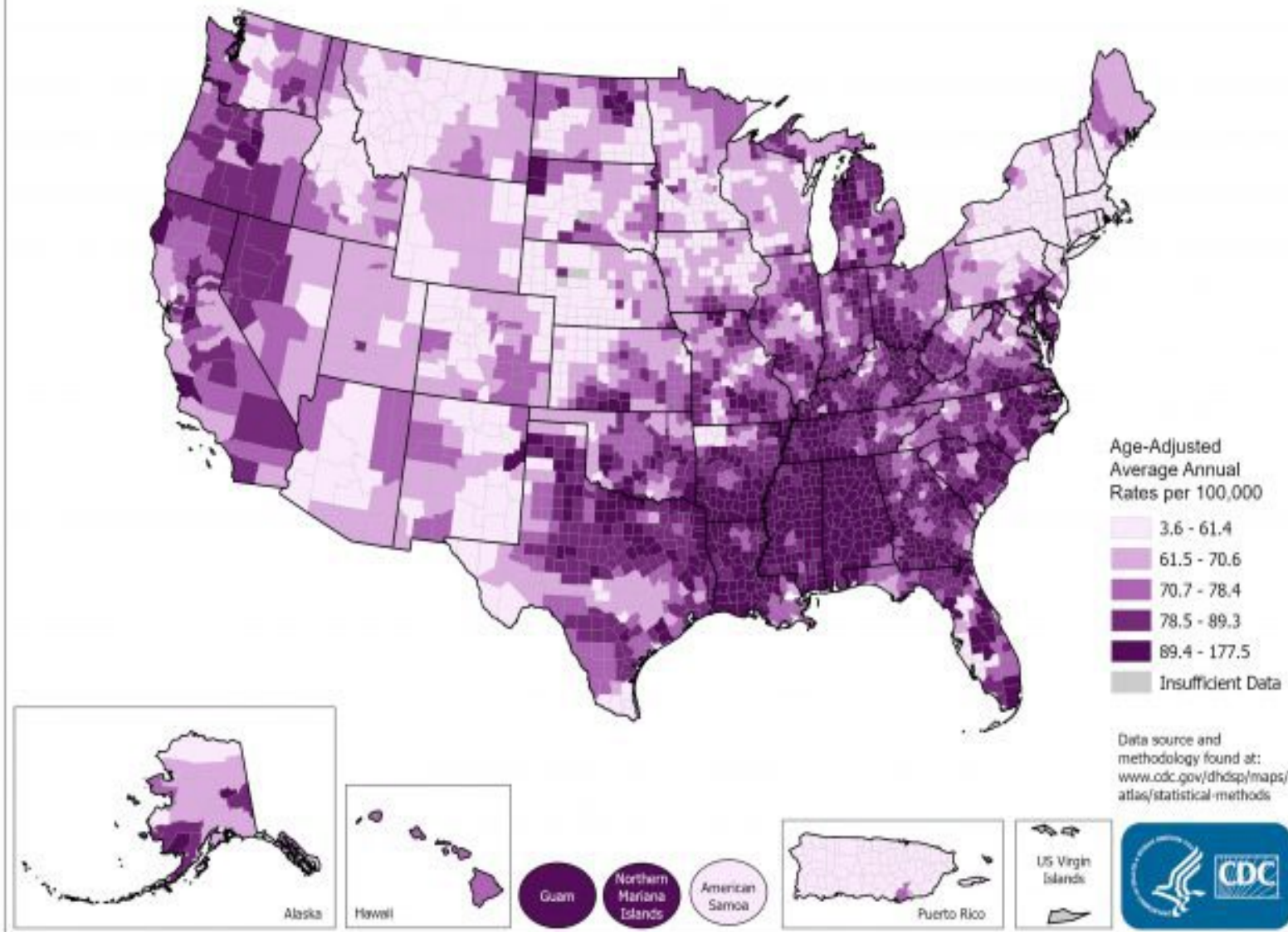


Depression as Significant Comorbidity

Arthritis, Diabetes, Stroke, Heart Disease

- ❑ Patients with a history of MDD were found to be 2.6 times more likely to experience a stroke than individuals without depressive illness.
- ❑ Patients with depression were also more likely to suffer a fatal stroke.
- ❑ Individuals with depression who experienced a stroke were 3.4 times more likely to die in the next 10 years than those who were not depressed.
- ❑ Functional recovery after a stroke may be accelerated by improvement in depressive symptoms.

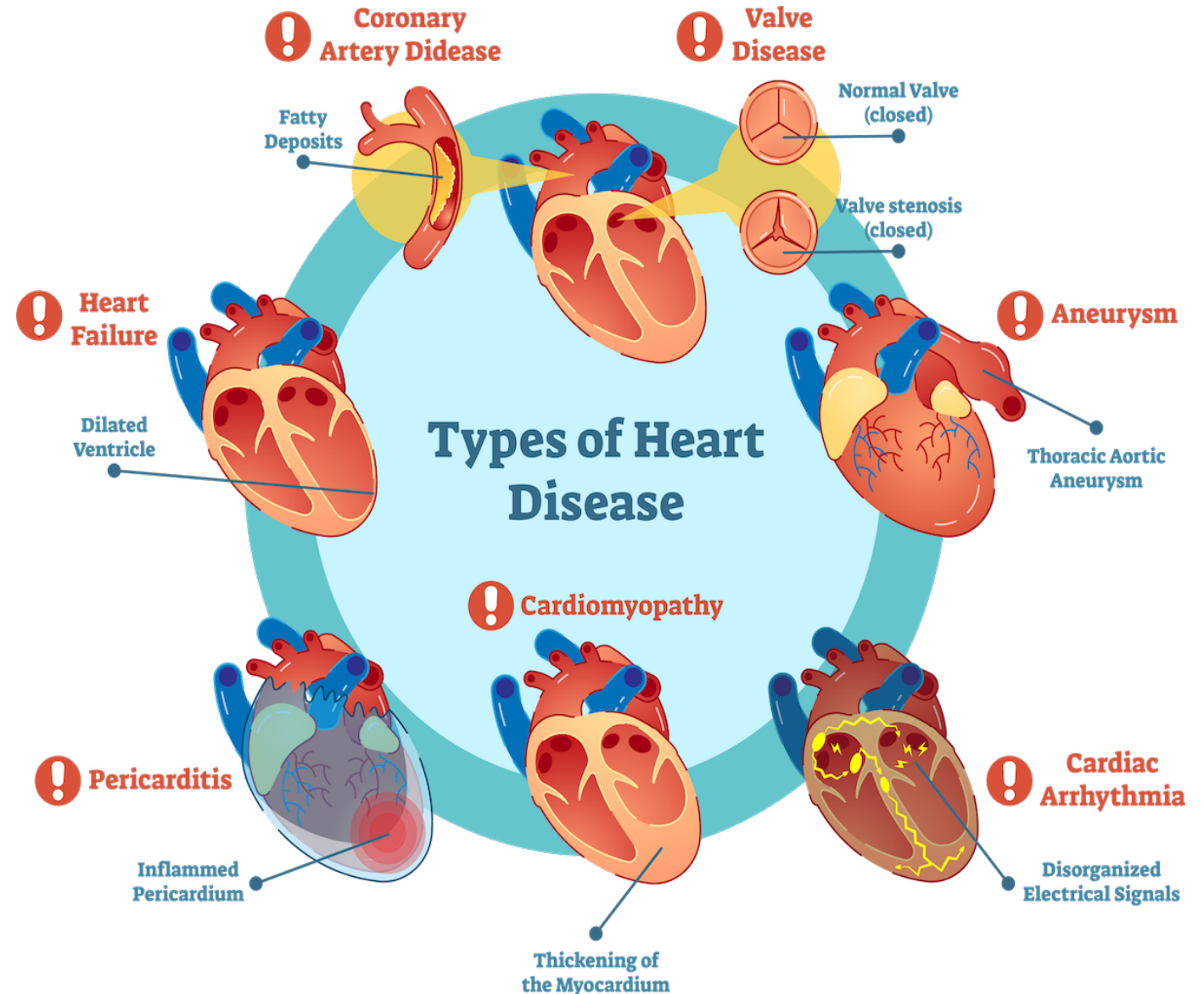
Stroke Death Rates, 2018 - 2020
Adults, Ages 35+, by County



Depression as Significant Comorbidity

Arthritis, Diabetes, Stroke, Heart Disease

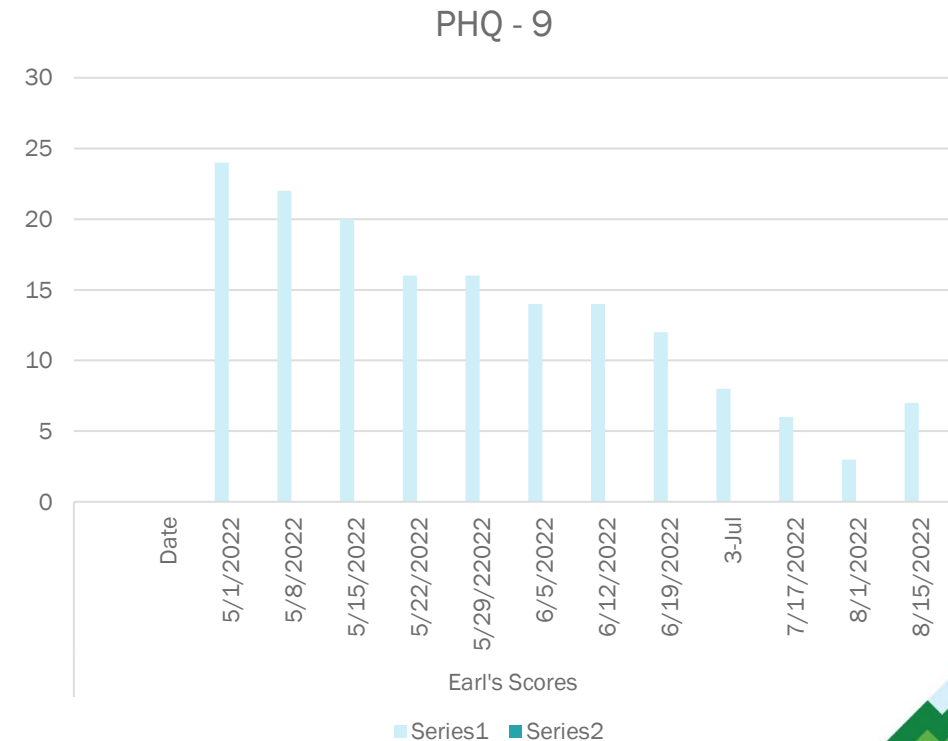
- Among patients with acute coronary syndromes, 15% to 23% have MDD, which is an independent risk factor for morbidity and mortality associated with heart disease.
- One study found the occurrence of myocardial infarction (MI), angioplasty, coronary bypass surgery, and death over a 12-month period was predicted by the presence of MDD before cardiac catheterization.
- Other studies found that depression was associated with cardiac mortality after MI and in patients with coronary artery disease.



Trajectory of Depression Recovery

- ❑ There is no such thing as straight line, continuous progress!
- ❑ Anhedonia is an indicator of more entrenched depression
- ❑ Subtle changes in thinking occur in first two weeks
- ❑ Energy and other vegetative symptoms improve in second two weeks
- ❑ Mood improves in third two weeks

Data provides important feedback for the patient and the treatment team



Principals of Co-Morbidity Treatment

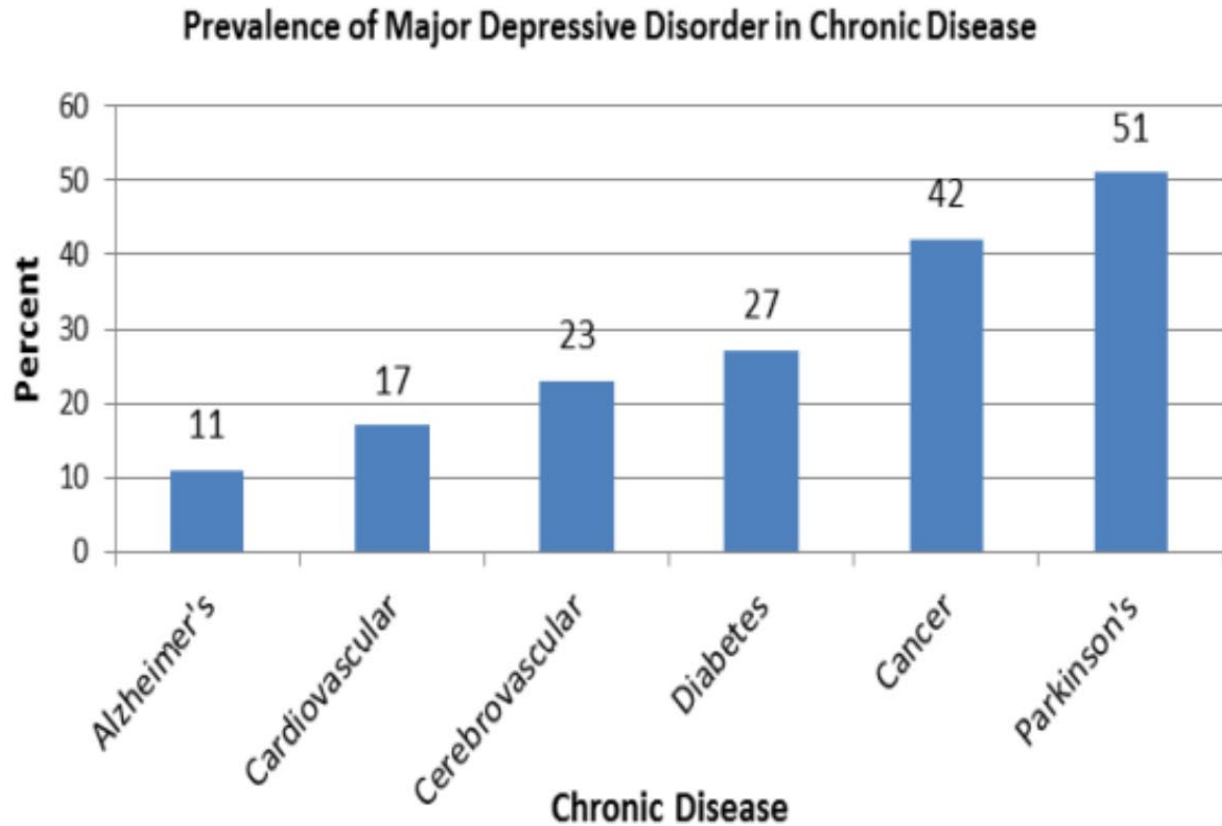
- ❑ Co morbidity is the expectation – NOT the exception
- ❑ Screening for leads to prevention.
 - Taking Emotional Vitals!
 - Tracking symptom Progress, same language and feedback, initiate right team member
 - Prevention and monitor by patient
- ❑ Data is critical to documenting patient progress.
- ❑ Depression is comorbid with almost everything and thus low hanging fruit.
- ❑ Start with the Low Hanging Fruit

- Medication Adherence
- Exercise
- Sleep
- Water
- Appetite
- Caffeine
- Alcohol Use
- Tobacco Use
(Nicotine)



How Can Integration Help

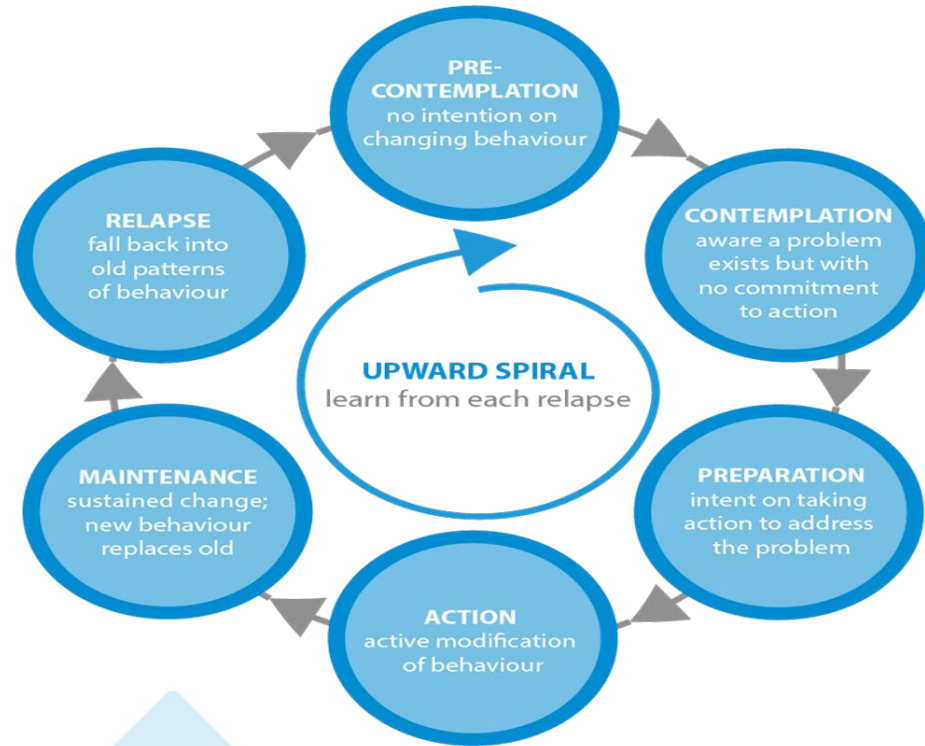
- A **team approach** to primary care that is patient centered
- Systemwide clinical expertise regarding service-connected conditions and disorders
- A holistic view includes physical, psychosocial, and social determinants of health, as well as critical support services for family members and caregivers.
- Continuous care across lifespan



Source: NHDS, NAMCS, NHAMCS, Mayo Clin. Proc. 73:329

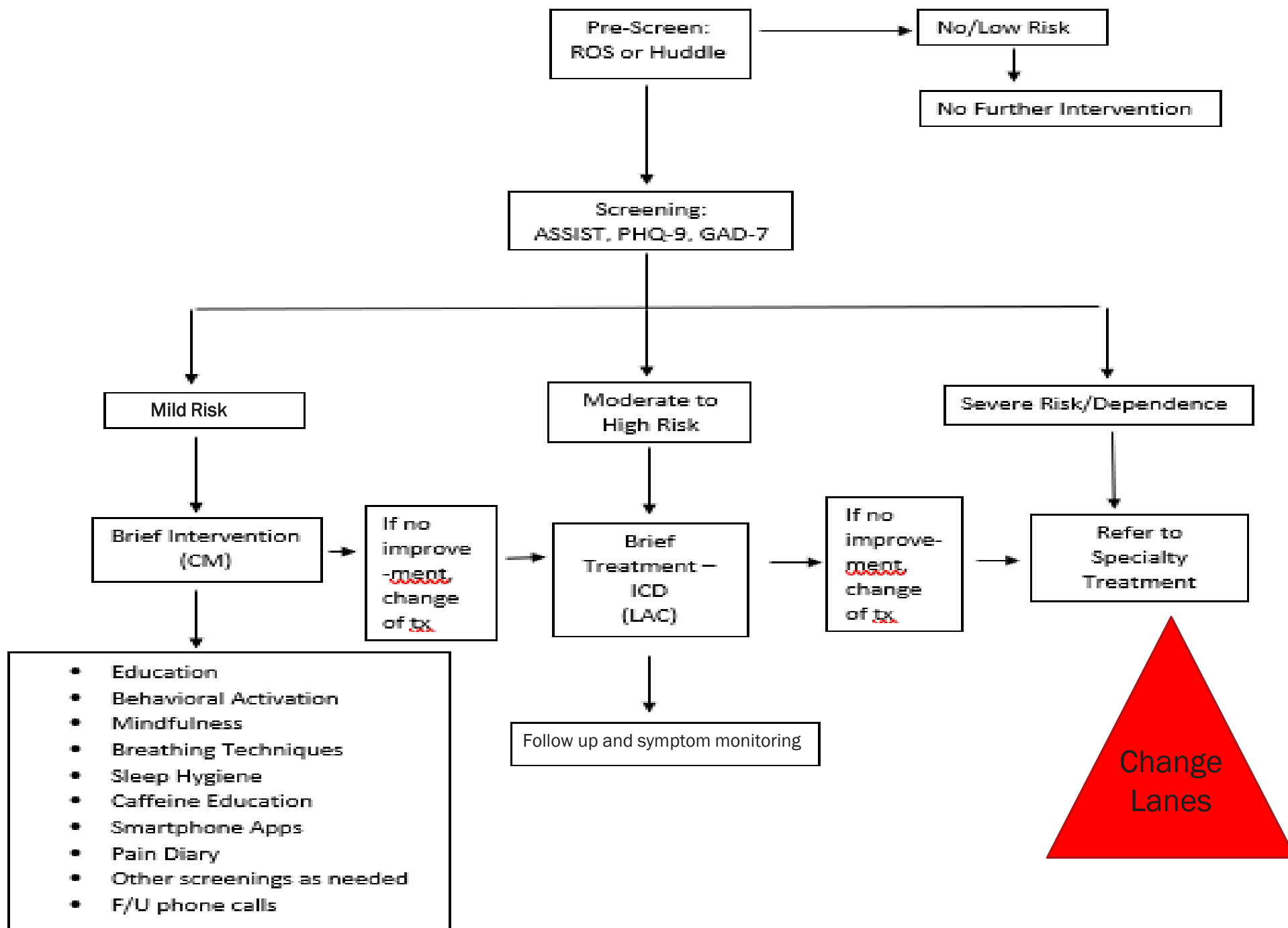
Basics Understanding of Brief Intervention

STAGES OF CHANGE



- ✓ MH must be seen as routine care
- ✓ Overall attitude of understanding and acceptance Active listening skills
- ✓ Focus on immediate goals
- ✓ Working knowledge of motivational interviewing and stages of change
- ✓ Working knowledge of cognitive behavioral and solution-oriented approaches





Problem Solving Process

3 Assessment Questions:

1. trigger?
2. Response
3. What made it worse?



Warm
Hand-Off

Assessment
teach,
practice,
homework

Assessment
teach,
practice,
homework

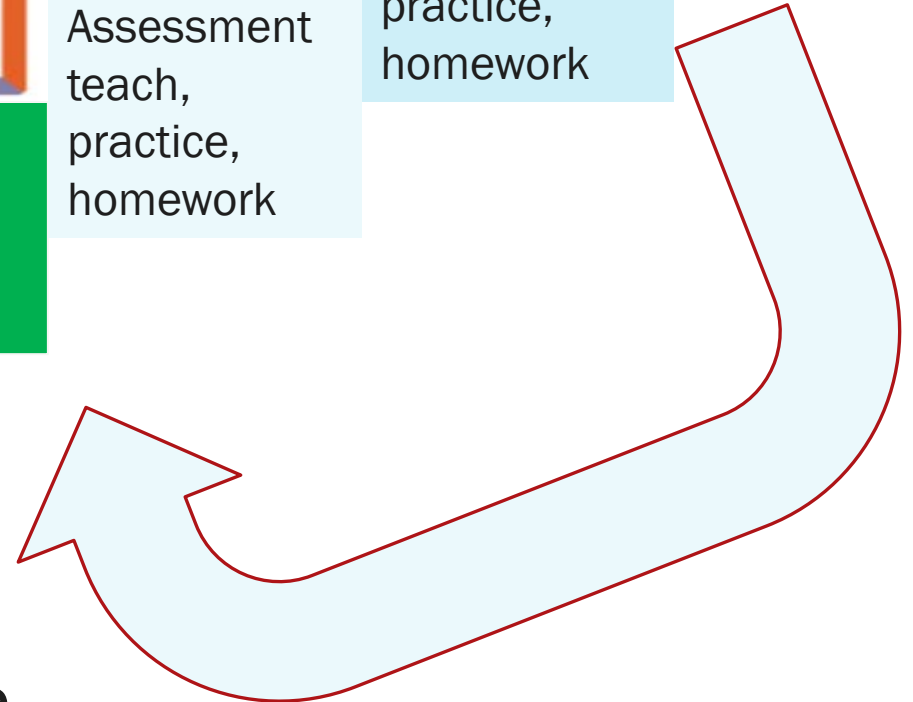
Assessment
teach,
practice,
homework

Assessment
teach,
practice,
homework

Assessment
teach,
practice,
homework

Relapse
Prevention
toolbox

Building Therapeutic Alliance



Physical

Progressive Muscle relaxation

Behavior Activation

4-Square Breathing

Breathing – slow breathing, slow heart rate

Diaphragmatic breathing

In through nose out through mouth

Inhale for three count, hold for three, exhale for three

Rule of 3



Cognitive



Thought Stoppers

Identifying Intrusive Thoughts
Stop Sign



Guided imagery/visualizations

Assess capacity to visualize
Identify colors/shapes associated with
relaxation



Meditation

Auditory focus
Visual Focus
Guided Meditation
Mindfulness



Sensory

Aroma Therapy – Lavender

- Cardiac Pts – 2 % via inhalation improved sleep reduced anxiety
- Chemo Pts – reduced anxiety
- Reduced pre-operative anxiety
- Hemodialysis – subjective quality of sleep improved, reduced anxiety

Music

- Current findings indicate that music around 60 beats per minute can cause the brain to synchronize with the beat causing alpha brainwaves (frequencies from 8 - 14 hertz or cycles per second). This alpha brainwave is what is present when we are relaxed and conscious. To induce sleep (a delta brainwave of 5 hertz), a person may need to devote at least 45 minutes, in a relaxed position, listening to calming music.

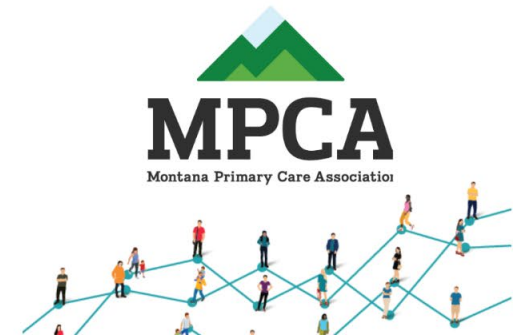
Have patient identify specific pieces of music that are calming for them

- Recent neuroimaging studies on music and emotion showed that music may strongly influence the *amygdala*

Can utilize smart phones for instant access to music



Role Play





Closing the loop

