



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

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:

57-year-old male with a history of depression, anxiety, PTSD, and past cannabis use as a teenager presents with significant mental health concerns, including insomnia, nightmares, and a history of severe trauma. He was sexually abused as a child by an adopted sibling and later discovered his murdered adopted brother's body. Lacking a support system, he faces financial instability as his disability benefits are set to expire in the fall. Currently engaged in EMDR therapy and medication management, he has struggled with medication efficacy and is seeking prior authorization for TMS after unsuccessful ECT. His treatment goals focus on reducing depression and suicidality, while providers aim to alleviate symptoms of depression, anxiety, and PTSD.

Question:

1. TMS after ECT failed and the effectiveness.
2. What other therapy options would you consider? Outside of Trauma focused CBT and EMDR.

Recommendations:

- ECT and TMS
 - The following article may have some insights on the effects of ECT on responses to TMS for major depressive disorders, including insights for patients who did not benefit from ECT and considerations for TMS as a treatment option, although be cautious with comorbidities like PTSD.
 - Article: [Effect of Previous Electroconvulsive Therapy on Subsequent Response to Transcranial Magnetic Stimulation for Major Depressive Disorder \(Yuan et al., 2019\)](#)
- Sleep Issues
 - Evaluate sleep patterns, including difficulty with initiation, continuation, and nightmares.
 - Consider a sleep study to assess for sleep apnea and recommend CPAP if indicated. CPAP therapy could be beneficial, though some patients initially resist it.
 - Trial Rosarim (now generic) as a potential sleep aid in conjunction with sleep hygiene and a regiment.
- Medication Adjustments
 - Optimize sleep medication by ensuring effective dosing (e.g., Seroquel >50mg, Trazodone >75mg) while minimizing side effects, and discuss patient preferences for what has worked best.
 - If trialing Vraylar, adjust dosage based on patient response.
 - Due to lack of response to multiple medications, assess developmental history for underlying conditions (e.g., autism) impacting treatment.
- Therapy Considerations
 - Consider adopting a supportive, long-term therapeutic approach, focusing on "walking alongside" the patient rather than solely attempting symptom reduction.
 - Explore participation in PHP for frequent, structured support, including group therapy for social support.
 - Consider DBT for emotional dysregulation and potential personality disorder traits.
- Social Considerations
 - Approach lack of social support using a Wellness Wheel.
 - Explore social activities and community engagement opportunities.
 - Explore case management support for social and treatment needs.



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Resources:

- [Healthy Mind Platter](#)
- [Meetup](#) - platform to find groups/activities
- [VolunteerMatch](#)
- [JustServe](#)
- [National Alliance on Mental Illness](#) (NAMI)

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

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