



## 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:** \_\_\_\_ MD

**Summary:** A 69-year-old woman with Medicare presents with complex medical and psychiatric history including likely Lewy Body Dementia with visual hallucinations, moderate dementia with mood disturbance, bipolar II disorder with a history of mania and psychotic features, generalized anxiety disorder, PTSD, and past suicide attempts. She has a GAD-7 score of 13 and a PHQ-9 of 6, improved from prior higher scores with passive SI. Her medical history includes stage 3a CKD, atrial fibrillation, polymyalgia rheumatica, obesity, ulcerative colitis, and severe malnutrition, among others. She lives in a small trailer with her elderly husband, experiences financial stress, and misses her distant family. She is highly religious and engaged in individual therapy. Current medications include duloxetine, quetiapine, buspirone, lamotrigine, and others. Goals focus on stabilizing mood, reducing anxiety, nightmares, hallucinations, and preventing SI.

**Question:** The provider seeks guidance on medication dosing and treatment modalities.

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

### **Recommendations:**

1. Medication Management:
  - Due to the complexity of her Lewy Body Dementia diagnosis, careful monitoring is advised when introducing any new medications.
  - Continue the current dose of Quetiapine (Seroquel) for mood stabilization and management of hallucinations.
  - If starting a new antidepressant, initiate at a low dose and monitor closely for efficacy and tolerability.
2. Trauma-Informed Interventions:
  - Recommend consideration of Accelerated Resolution Therapy (ART) as an additional trauma-informed approach, which integrates rapid eye movement, cognitive-behavioral, and psychodynamic elements.
    - Website: <https://acceleratedresolutiontherapy.com/contact-us-online/>
    - Contact: [teriannjness@gmail.com](mailto:teriannjness@gmail.com)
3. Overall Care:
  - The medication regimen is currently well-managed with minimal polypharmacy—commendation to you for maintaining a streamlined med list.
  - Continued interdisciplinary coordination and cautious titration of psychiatric medications are recommended given the patient's neurological and psychiatric complexity.

**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](mailto:sfmcowell@uidaho.edu)