Caring for the homeless patient with mental illness

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Fralin Free Clinic

• Free standing free clinic associated with the Roanoke Rescue Mission
• Offers medical and dental services
• Psychiatry residents provide two ½ days per week of clinic services.
• Volunteer psychiatrists provide services three ½ days
  • One attending and several residents
Volunteer Program Highlights

• In 2015 six residents and two attending physicians contributed 248 volunteer hours - 150 unduplicated patient’s were seen during 468 patient encounters.
• An estimated $74,000 in psychiatric care was provided at no cost.
• Specialized program for persons living with HIV.
• Expanded Clinic Hours.
• In 2016 we have had 674 patient encounters for 200 unduplicated patients.
Treating Mental Illness In The Homeless

Clinical Pearls and Recommendations
“No offense, but I don’t really like psychiatrists”

Therapeutic Alliance
So...you don’t trust me?"

- Involuntary Treatment
- Paranoia/Hypervigilance/Guardedness
- Stigma
  - Mental illness
  - Medications
- Experiences of families
- Cultural differences
- Side Effects
Tip #1: Be Honest

- Establish collaborative relationship: “What are you willing to take”
- Ask questions
  - “What can I do that would be helpful for you?”
  - “What’s your understanding of why you’re here today?”
- Set boundaries
  - “Here’s what I can do and can’t”
  - “Here’s what I will do and won’t do”
- Consistency
  - Say what you mean, and mean what you say
Tip #2: Keep it Simple

- Most evidence suggests that our meds are at least “equally effective” to each other...so use what you’ve got.
- Once daily formulations if possible.
- Avoid medications that NEED calorie requirements.
- Avoid (if possible) meds that REQUIRE lab monitoring.
- Try to use meds that can address multiple symptoms.
- Avoid (if possible) meds with potential street value.
“I’m just feeling depressed”

Depressive Disorders
Tx Pearls for Depression

• Adequate dose and duration
  • At least 4 weeks at max recommended dose = adequate trial
• Think symptomatically...algorithms don’t always fit
  • Chronic pain + depression = SNRI
  • Low energy or apathy = SNRI or NDRI
  • Sleep or appetite disturbance = NaSSA
• Try to to use meds with longer half-lives
• Don’t be afraid to talk about sex
  • Anorgasmia
  • Decreased libido
  • Erectile dysfunction
Antidepressants

- Fluoxetine
  - Very long half-life = good for poor or intermittent adherence
- Sertraline
  - Safest in patients with cardiac hx
- Citalopram/Escitalopram
  - Reported higher risk for prolonged QTc
- Bupropion
  - Useful for comorbid ADHD, smoking cessation
• Mirtazapine
  • Useful for comorbid insomnia, poor appetite and in trauma related disorders

• Venlafaxine and paroxetine
  • Have very short half life w/ very uncomfortable discontinuation syndrome

• Duloxetine
  • Good for patients with pain. May consider AST/ALT due to potential liver toxicity

• Atomoxetine*
  • Indicated for ADHD, but has antidepressant activity (NRI)
"I just feel anxious all the time"

Anxiety Disorders
Tx pearls for anxiety disorders

• Normalize...but don’t minimize
• Provide reassurance
  • Panic attacks vs cardiac vs. pulmonry
• Try non-medications options
  • Meditation
  • Exercise
  • Distraction
  • Mindfulness
Med Options

• Antidepressants
• Buspar
  • Useful for antidepressant sexual side effects
  • Generally three times a day dosing
• Gabapentin*
  • Useful for comorbid alcohol use disorder and chronic pain
• Clonidine
  • Useful comorbid opioid use disorder and/or trauma disorders
• Propranolol
• Antihistamines
“I feel like going off”

Bipolar Disorder
Tx Pearls for Bipolar Disorder

• Get uncomfortable with ambiguity
  • Significant diagnostic overlap w/ personality disorders and substance use
• Depakote and Lithium are considered first-line for mood stabilization...but with caveats
• Use of antidepressants is controversial
• Psychoeducation can be very useful
Mood stabilizers

• Lithium
  • Can be dosed once daily
    • May be better for kidneys
    • Improve adherence
  • Hydration status is important*
  • Use caution if prescribing with diuretics, NSAIDs
  • Recommended to check EKG and thyroid before start
  • Epstein’s anomaly not as common as once thought

• Valproate
  • Avoid in women of child-bearing age
  • Easier to dose and requires less monitoring than lithium
  • Good for individuals with anger/aggression
• Lamotrigine
  • Indicated only for bipolar depression
  • Limited evidence for management of mania
  • Requires very slow titration
  • Must restart at beginning if off med for more than 3 days
  • Valproate can double levels

• Carbamazepine/Oxcarbazapine
  • Agranulocytosis
  • Cytochrome inducer...beware with OCP use

• Second Generation Antipsychotics
“I don’t think anything is wrong with me”

Psychotic Disorders
Tx pearls for psychotic disorders

- Side effect profiles matter
  - FGA = increased risk of EPS and dyskinesia
  - SGA = metabolic risks
- All adherence isn't equal...so use long-acting injectables whenever possible
- Treat early and “aggressively”
  - 5yr critical period
  - LAIs have evidence suggesting neuroprotection
- Be aware of impact on QTC
- Avoid antipsychotic polypharmacy
- DON'T use for sleep
- Titrate slowly to avoid side effects...and to gain alliance
Oral medications

- Ziprasidone/Lurasidone
  - Requires 350 – 500 kCals for absorption
  - Ziprasidone = twice daily dosing
  - Risk of QTC prolongation

- Olanzapine
  - Very effective...but will likely cause weight gain

- Quetiapine
  - Useful for mood and psychosis
  - Weight gain is NOT dose dependant
  - Has “street value”
Oral and Long-acting medications

• Risperdal
  • Increased risk of EPS, hyperprolactinemia at higher doses (>6mg)
  • Long acting option = Q2weeks

• Paliperidone
  • Active metabolite of Risperdal
  • If tolerated Risperdal in past, will likely tolerate
  • Long acting option = Q 30days and Q 90days

• Aripiprazole
  • Useful with co-morbid mood symptoms
  • Long acting option = Q30 days and Q 60days

• Haloperidol/Fluphenazine
  • Long acting = Q2 to 4 weeks
“I can’t keep going on like this”

Substance Use Disorders
Tx pearls for substance use disorders

• High association with other psychiatric illnesses
  • When in doubt err on the side of treating
  • But make diagnoses with caution in active substance use
  • Substance of choice can be diagnostically helpful

• Don’t take being manipulated personally

• Relapse is part of the disease course

• Maintain non-judgmental stance

• Focus on strengths and troubleshooting
Med options

• Gabapentin
  • Evidence for use in alcohol use disorders alone or in combination with naltrexone

• Topamax
  • Evidence in alcohol use disorders
  • Can worsen cognition

• Naltrexone
  • Useful in alcohol and opioid use disorders

• Clonidine
  • Can be helpful in opioid use disorders
  • Potential role in minimizing stress-induced drug cravings
"I have terrible nightmares"

Trauma Related Disorders
Tx pearls for trauma related disorders

- There's no magic pill
- Focus on the most distressing symptoms
Med options

- Prazosin
  - Useful for trauma related nightmares
  - Slow titration

- Cyproheptadine
  - Also for trauma related nightmares
  - Appetite stimulant
  - Potential anxiolytic effect

- Clonidine

- SSRIs
“I’m not sleeping at all”

Insomnia
Tx pearls for insomnia

• No really good options...EVERYONE sleeps poorly
• Suggest earplugs
• Over the counters are probably just as effective as off label meds
  • All generally rely on antihistaminc side effect
• Dose potentially sedating meds at night
Med options

• Vistaril/Benadryl
• Trazodone
  • Buzzword side effect = priapism
  • Doses greater than 200mg aren't necessarily more effective
  • Can worsen nightmares
• Remeron
  • Generally thought to be more sedating at lower end of dosing
• Ramelteon
  • Non-benzodiazepine receptor activity
  • Usually requires patient assistance
• Melatonin
  • Over the counter supplement
In summary....
• Be patient focused
• Therapeutic alliance is the key
• Even if patient declines treatment...keep seeing them and making the recommendation
• Use what you’ve got
• Meet patients where they are
• Having a partner in crime helps
• Don’t assume patients are adherent, even if they say they are
Questions?
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References


