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eConsults

Address pediatric and adolescent behavioral health conditions in the primary care setting with advice from a specialist.





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eConsults

Address pediatric and adolescent behavioral health conditions in the primary care setting with advice from a specialist.

All patient, provider and specialist details have been removed to de-identify these eConsults.

Increase Pediatric Behavioral Health Access to Specialist Advice with AristaMD

Pediatric patients benefit from eConsults in a variety of ways. Receive expert advice to provide faster care to your patients.

PATIENT COMPLAINT	CLINICAL QUESTION
Attention-Deficit Hyperactivity Disorder (ADHD)	<ul style="list-style-type: none"> ☐ Can you recommend new medication or adjustments to reduce irritability in the evening? ☐ Does this patient meet the criteria for outpatient therapy? ☐ Is nail picking a common side effect of stimulants?
Anxiety	<ul style="list-style-type: none"> ☐ Can you provide an interim recommendation to treat fatigue caused by anxiety medication? ☐ Can you provide a weaning schedule for Lexapro? ☐ What is an appropriate treatment for a 13-year-old with a history of motion sickness and flying anxiety which causes vomiting?
Autism Spectrum Disorder	<ul style="list-style-type: none"> ☐ Autistic patient with aggression and ADHD with no improvement on Guanfacine. What medication do you recommend? ☐ Please provide behavioral and medication recommendations to improve sleep, as melatonin is ineffective. ☐ While waiting for a psychiatry appointment, would you recommend any medication adjustments at this time for bilateral hand tremors?
Depression	<ul style="list-style-type: none"> ☐ A 16-year-old female currently in counseling does not like how she feels on Zoloft. Please suggest an alternate medication. ☐ Patients with thalassemia beta minor, which can increase sensitivity to medications. Should I increase sertraline, or can you recommend other options?
Post-Traumatic Stress Disorder (PTSD)	<ul style="list-style-type: none"> ☐ In addition to counseling, can you recommend medication to minimize nightmares? ☐ Would sertraline be an appropriate medication for this patient? Please suggest medication recommendations; the patient is currently in counseling.
Trichotillomania	<ul style="list-style-type: none"> ☐ Patient with worsening symptoms despite counseling, please advise on treatment options. ☐ Is testing needed? What are your treatment recommendations?

SPECIALTY

Pediatric Psychiatry

CHIEF COMPLAINT

Attention-Deficit Hyperactivity Disorder

COMMENTS TO SPECIALIST

A 6-year-old male patient with moderate to severe ADHD started treatment 3 months ago with Focalin, which has helped his ability to sit still during therapy and meals. Once the Focalin wears off, he has more aggressive behavior and difficulty sleeping. He is on clonidine 1mg at night, which his mother reports worsens his sleep.

His mother is reluctant to medicate but also wants to reduce his hyperactivity and improve his sleep.

We are transitioning to guanfacine short-acting 4 times daily and eliminating the Focalin. His mother really wants to address his sleep issues, as he wakes up at 3:00 AM several nights per week. He has been on melatonin with little effect. He is allergic to Benadryl.

MAIN QUESTION

Can you recommend a medication to improve his sleep? Do you think that stopping Focalin will resolve this issue?



Response from eConsult Specialist

ANGELA GREEN, MD, PEDIATRIC PSYCHIATRIST

NPI: 1002013046

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SUMMARY

Treatment options available at the primary care level.

DETAILS

Thank you for the opportunity to assist in the care of this patient. It seems that the patient is having some challenges with ADHD along with sleep disturbances where melatonin has not been entirely helpful.

Eliminating the use of a stimulant (Focalin) may reduce wakefulness. A few options could be considered to assist with sleep, depending on the other issues that may need to be treated simultaneously.

- ❑ Low-dose Depakote comes in the form of Depakote sprinkles, where the capsule can be opened and sprinkled on the food, particularly in the evening when mood may need to be addressed as well.
- ❑ Starting trazodone, a sleep aid, at a very low dose. You could also use much lower doses of Lunesta or Sonata etc.
- ❑ If behavioral management issues must also be addressed, low-dose Seroquel is an option. Seroquel is a challenging medication, particularly in this age range and with these diagnoses. However, you could consider Seroquel 12.5 mg.

Angela Green, MD

Angela Green, MD, Pediatric Psychiatrist

05/20/23 08:41 PST

Response Date Stamp

SPECIALTY

Pediatric Psychiatry

CHIEF COMPLAINT

Anxiety

COMMENTS TO SPECIALIST

A 15-year-old female with social anxiety and anxiety and depression is experiencing insomnia. The patient has significant social anxiety related to public speaking.

She is seeing a therapist weekly. Her latest Patient Health Questionnaire (PhQ-9) score was 17; no Suicidal Ideation (SI).

MAIN QUESTION

I am looking for recommendations for SSRI or other medication for depression and anxiety that might help with insomnia.

What is an appropriate treatment for social anxiety in public speaking? Propranolol Pro Re Nata (PRN), or do you recommend another medication PRN?

Please advise on recommendations for management.



Response from eConsult Specialist

THOMAS HALL, MD, PEDIATRIC PSYCHIATRY

NPI: 1000005001

SUMMARY

Treatment options available at the primary care level.

DETAILS

Thank you for the opportunity to assist in the care of this patient. It seems that this patient is having difficulty with sleep onset, particularly likely related to poor sleep hygiene as well as exhibiting social anxiety.

There are several options:

- ☐ Propranolol PRN, as you suggested.
- ☐ Remeron ☐ starting at 7.5 mg at night. The initial starting dose is usually 15mg at night, and this medication can be titrated up to 30, 45 or 60mg over time. This medication can help with sleep onset and maintenance as well as depression and anxiety.
- ☐ Buspirone ☐ either 2x or 3x per day. A typical starting dose would be 15mg 2x daily and titrating up to 30mg 2x daily (60mg total daily). This medication helps with generalized anxiety and may reduce her level of anxiety. It is a non-addictive way of potentially addressing anxiety.
- ☐ Gabapentin is another option.

I also recommend 2 apps: Headspace and Calm, and finding someone to teach her how to meditate. Exercise, even in the form of getting 5000 or 10,000 steps per day, can also be beneficial for anxiety. A hobby like martial arts, music, painting, or dance may also benefit the patient.

Thomas Hall, MD

Thomas Hall, MD, Pediatric Psychiatrist

06/02/23 12:13 PST

Response Date Stamp

CHIEF COMPLAINT

Autism Spectrum Disorder

COMMENTS TO SPECIALIST

A 12-year-old with autism is taking Risperidone 0.25 mg three times per day with increased aggressive behaviors and elevated prolactin.

Sending him to psychiatry locally, but I will provide care in the interim likely for months.

I note some allergy symptoms, which are being treated with loratadine and a nasal spray in case discomfort is causing his increased symptoms. However, increased aggression predated the allergy symptoms.

Attached are my visit notes and his only behavioral health notes from 3 years ago in his chart. Recent labs are attached as well.

MAIN QUESTION

Is there anything I could do to address this? For family education, what might be the cause?



Response from eConsult Specialist

MARTINA BETANCOURT, MD, PEDIATRIC NEUROLOGY

NPI: 1002013008

SUMMARY

Treatment options available at the primary care level.

DETAILS

The prolactin level by itself is not a problem unless he has symptoms. I would recheck his prolactin levels in 3 months to ensure it isn't increasing. If the aggression is related to rigidity/lack of flexibility, I would try Fluoxetine 10 mg daily for 5 days, then increase it to 20 mg daily. Decrease the Risperdal and use Seroquel 25 mg PO QD in the morning and afternoon. Risperdal is more effective at treating oppositional behaviors, but Seroquel is more sedating if that is indicated. Clonidine was tried, but he was noted to have mood swings, which is unusual. I would consider using Guanfacine to dampen arousal. Make only one medication change at a time and wait 4 to 6 weeks before making another change.

As school is almost over, if he is not in summer school or a camp for children with autism, I would encourage the parents to make a daily calendar and write it down on a whiteboard so he follows approximately the same routine every day. Consistency often decreases behavioral problems. The calendar needs to be detailed hour by hour. Try to add some of the activities he does at school in the same order he does them when at school. Check to see if he receives speech therapy or could get those services. Does he use pictures to express his wants and needs? If not, ask his parents to make 5-6 cards. Put them on the refrigerator so he can point to the pictures or bring them to a caretaker to meet his needs.

I would recheck renal labs in one month. Encourage parents to connect with Autism Speaks or their state autism council for opportunities for summer camps. They should start his eating routine, so make the same for breakfast, lunch, dinner, and snacks to decrease weight, lipids, and triglycerides. For example, giving him four crackers or 1/2 cup of popcorn rather than letting him decide how much to eat.

I would start the Prozac 10 mg PO QD for 5 days, then increase it to 20 mg PO QD. If this is helpful after 4 to 6 weeks, I would taper the Risperdal to 0.5 mg PO each morning, 0.25 mg PO each afternoon, and 0.5 mg PO at bedtime. After two weeks would decrease the afternoon dose. I would use medications only twice daily for ease of daily routine. I would consider hiring either a nursing student or a university student studying special education or occupational therapy to come 3 days a week from 3:00 to 6:00 pm, for example.

Martina Betancourt, MD

Martina Betancourt, MD, Pediatric Neurologist

07/20/23 08:46 PST

Response Date Stamp

SPECIALTY

Pediatric Psychiatry

CHIEF COMPLAINT

Depression

COMMENTS TO SPECIALIST

An 11-year-old female reports symptoms of depression for more than two years. There are no major triggers in her history.

Her Complete Blood Count (CBC), Comprehensive Metabolic Panel (CMP), Thyroid Stimulating Hormone (TSH), free thyroxine(T4) and urine sample were non-contributory last November. She is in counseling to little effect.

MAIN QUESTION

Is it appropriate to begin a trial antidepressant? Is yes, please recommend a medication.



Response from eConsult Specialist

ALICE MOORE, MD, PEDIATRIC PSYCHIATRY

NPI: 1000000112

SUMMARY

Treatment options available at the primary care level.

DETAILS

The main question is whether this patient is too young to start an antidepressant medication. The drug with the most research on patients of this age is Prozac. It is typically started at about age 12. It can be used in a younger population if indicated. It would be considered to be an off-label use of the medication.

However, this is a reasonable choice for your patient. I would start at the lowest dose available, something around Prozac 5 mg. If not available, then 10 mg would be fine at this age. The conversation would, of course, need to be had with the child's parent that it is possibly an off-label use of Prozac; however, the significant side effects tend to be very mild, including results from increasing serotonin, namely headache and nausea. Any other side effects and discussion points would be beneficial, but being able to document this discussion is legally important.

Otherwise, using low-dose Prozac at this age is relatively safe and reasonably routine.

Alice Moore, MD

Alice Moore, MD, Pediatric Psychiatrist

04/27/23 08:41 PST

Response Date Stamp

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For more information about eConsult services, contact us at info@aristamd.com or visit www.aristamd.com.