Management of Emotional and Behavioral Symptoms

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Initial Disclosures

Project ECHO® and REACH collect registration, participation, chat comments. This data can be used for reports, maps, communications, surveys, quality assurance, evaluation, and to inform new initiatives.

Your individual data will be kept confidential.

For educational purposes, we will record this session and it will be available on our website to all participants.

By participating in this session, you are consenting to be recorded. We appreciate and value your participation!

If you have questions or concerns, please email REACH@stjude.org

Nursing Continuing Professional Development Activity

St. Jude Children's Research Hospital is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

The planners and the presenters have declared that they have no relationships with ineligible organizations.

1. Arrive no more than 5 minutes after start of session and stay until the end
2. Participate in case discussion
3. Complete evaluations
4. Keep track of how many sessions you attend

Zoom Etiquette

- **Mute microphone** when not speaking
- Remember to **unmute before speaking**
- Speak close to microphone
- Please keep your **camera ON**, if possible
- **IT Issues?** Chat or email REACH@stjude.org

Zoom Etiquette

- Ensure correct naming on your screen
  - Click on the three dots on your small screen in Zoom or find yourself by clicking “Participants”
  - Choose “rename”
  - Type your **first name, last name,** and **hospice organization**

- To communicate during sessions
  - **Raise your hand** if you would like to speak
  - **Use chat** for comments and questions

Ground Rules

- Safe space…everyone's questions, thoughts, and concerns are valid and valuable
- Take space and make space
- What's said here, stays here (Vegas!)
  - To protect the privacy of all participants, please keep everything discussed during the session confidential
  - When sharing real life examples from your work during discussions, only share de-identified information

Agenda

- Welcome and introductions
- Review objectives for the session
- Didactic presentation
- Case discussion
- Wrap up
- Mindfulness activity

Welcome and Introductions

- Please introduce yourself!
  - Your name
  - Your organization
  - Your role
  - Your practice location

Objectives

- Discuss common emotional and behavioral symptoms
  - Anxiety
  - Depression
  - Irritability

- Review treatment approach for each symptom
  - Comprehensive evaluation to identify underlying contributors
  - Initiate nonpharmacologic interventions
  - Initiate pharmacologic interventions
  - Identify thresholds for referral to child psychiatry

Anxiety

- Common presentations:
  - Worry or fear
  - Pervasive versus situation specific anxiety
  - Anticipatory worry
  - Episodes of panic, crying
  - Withdrawal, avoidance
  - Difficulty concentrating
  - Somatic symptoms

TABLE 13–1 Physical Signs and Symptoms of Anxiety

Anorexia	Muscle tension
"Butterflies" in stomach	Nausea
Chest pain or tightness	Pallor
Diaphoresis	Palpitations
Diarrhea	Paresthesias
Dizziness	Sexual dysfunction
Dry mouth	Shortness of breath
Dyspnea	Stomach pain
Faintness	Tachycardia
Flushing	Tremulousness
Headache	Urinary frequency
Hyperventilation	Vomiting
Light-headedness	

Barker MM, et al. Prevalence and incidence of anxiety and depression among children, adolescents, and young adults with life-limiting conditions: a systematic review and meta-analysis. *JAMA pediatrics*, 2019. // Pollack, et al.

Anxiety

- Comprehensive evaluation to identify underlying contributors:

Pain
Dyspnea
Impaired sleep
Nausea
Metabolic abnormalities
Arrythmias
Delirium
Medication side effects
Situational
Existential

Anxiety

- Address worries:
  - Find out what the real question or concern is
  - Welcome questions even though there may not be an immediate answer
  - Help children not to worry alone

- Language strategies:
  - “I wonder…”
  - “What is worrying you most?”…”What else is worrying you?”
  - ”I will be with you every step of the way”

Anxiety

- Initiate nonpharmacologic interventions:
  - Provide control where possible
  - Create schedule/routine
  - Promote good sleep hygiene
  - Provide familiar and comforting items
  - Relaxation training
  - Biofeedback
  - Self-Hypnosis
  - Aromatherapy
  - Expressive therapies: art, play, writing, music
  - Family education
  - Referral for cognitive behavioral therapy

Anxiety

- Address/treat any underlying contributors

- Initiate pharmacologic interventions
  - Selective Serotonin Reuptake Inhibitors (SSRIs) are first line therapy
    1. Fluoxetine (Prozac)
    2. Sertraline (Zoloft)
    3. Citalopram (Lexapro)

  - Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) can also be helpful
    1. Duloxetine (Cymbalta)
    2. Venlafaxine (Effexor)

  - Benzodiazepines can be used as a bridge while SSRIs are taking effect

Reminder: SSRIs carry a black box warning about increasing suicidal ideation in children and adolescents

Anxiety

- When to refer to psychiatry:
  - Post-traumatic stress symptoms
  - Obsessive-compulsive symptoms
  - Suicidal ideation or plan
  - Concern for comorbid psychiatric condition
  - Symptoms unresponsive to first line medications

Depression

- Common presentations:
  - Sad affect
  - Tearfulness
  - Socially withdrawn
  - Disinterested
  - Negative attitude
  - Hopelessness

Depression

- Comprehensive evaluation to identify underlying contributors:

Pain
Impaired sleep
Nausea
Delirium
Medication side effects
Grief/losses
Boredom

Depression

- Diagnostic criteria:

A)	**Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.** *(Note: Do not include symptoms that are clearly attributable to another medical condition)*
1)	**Depressed mood most of the day, nearly every day as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful).** *(Note: In children and adolescents, can be irritable mood).*
2)	**Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).**
3)	**Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.** *(Note: In children, consider failure to make expected weight gain.)*
4)	**Insomnia or hypersomnia nearly every day.**
5)	**Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).**
6)	**Fatigue or loss of energy nearly every day.**
7)	**Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).**
8)	**Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).**
9)	**Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.**
B)	**The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.**

https://chsciowa.org/sites/chsciowa.org/files/resource/files/7_-_depression_dsm-5_checklist.pdf

Depression

- Critical to assess risk of suicide
  - Ideation
  - Intent
  - Plan
  - History of suicide attempt in patient, family, or peers
  - Request for hastening death

★ If concerns, immediate referral to mental health provider for evaluation

Depression

- Initiate nonpharmacologic interventions:
  - Provide control where possible
  - Create schedule/routine
  - Promote good sleep hygiene
  - Expressive therapies: art, play, writing, music
  - Family education
  - Referral for cognitive behavioral therapy

Depression

- Address/treat any underlying contributors

- Initiate pharmacologic interventions
  - Selective Serotonin Reuptake Inhibitors (SSRIs) are first line therapy
    1. Fluoxetine (Prozac)
    2. Sertraline (Zoloft)
    3. Citalopram (Lexapro)

  - Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) can also be helpful
    1. Duloxetine (Cymbalta)
    2. Venlafaxine (Effexor)

  - Methylphenidate can be helpful to rapidly treat depression at end of life

Reminder: SSRIs carry a black box warning about increasing suicidal ideation in children and adolescents

Depression

- When to refer to psychiatry:
  - Suicidal ideation or plan
  - Concern for comorbid psychiatric condition
  - Symptoms unresponsive to first line medications

Irritability

- Common presentations:
  - Quick-tempered
  - Angry
  - Whiny
  - Difficult to soothe
  - Behaviorally dysregulated
  - Aggressive
  - Crying/vocalizing
  - Grimacing

Irritability

- Comprehensive evaluation to identify underlying contributors:

Pain
Impaired sleep
Hunger
Delirium
Depression or anxiety
Primary disease process
Anger
Age-appropriate assertions of self
Medication side effects

Irritability

- Initiate nonpharmacologic interventions:
  - Provide control where possible
  - Create schedule/routine
  - Promote good sleep hygiene
  - Expressive therapies: art, play, writing, music
  - Family education
  - Referral for cognitive behavioral therapy

Irritability

- Address/treat any underlying contributors
  - Empiric pain management often a good first step

- Initiate pharmacologic interventions if interfering with care
  - Benzodiazepines
  - Anti-psychotics

★ Managing irritability in our patients with severe neurologic impairment requires a unique approach…stay tuned!

Case Discussion

Case Discussion

Submit cases via online form on our website

www.stjude.org/reach

Case Discussion 1

- Michael is a 17-year-old young man with a diagnosis of relapsed Ewing's sarcoma. He is currently receiving disease directed therapy with oral chemotherapy alongside hospice services.

- You have seen him weekly for the past 3 weeks to manage his left lower extremity pain and have noticed that he has become quieter at your visits and answers with a few short words when you ask a question. His affect appears flat to you when previously, Michael would be quite chatty and engaged in conversation.

- Questions:
  - What might be going on with Michael?
  - What are next steps in your assessment?

Case Discussion 1

- After asking additional questions, you are concerned Michael may be experiencing depression. He endorses sleep difficulties, fatigue, and decreased appetite.

- He also has been laying on the couch or in his bed most of the day for the past 3 weeks and hasn't wanted to participate in his usual activities including playing video games with his friends and taking care of his dog.

- Question: How might you screen for suicide risk in this patient?

Case Discussion 1

1. In the past few weeks, have you wished you were dead?	❍ Yes	❍ No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?	❍ Yes	❍ No
3. In the past week, have you been having thoughts about killing yourself?	❍ Yes	❍ No
4. Have you ever tried to kill yourself?	❍ Yes	❍ No

If the patient answers **Yes** *to any of the above, ask the following acuity question:*

5. Are you having thoughts of killing yourself right now?	❍ Yes	❍ No

https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials

Case Discussion 1

- You are not concerned about Michael being a risk of harming himself and you would like to discuss developing a plan to help his mood.

- Questions:
  - How might you discuss topics like mood and depression with a teenager?
  - What interventions would you considering initiating first?

Case Discussion 1

- Michael is open to working on improving his pain control and sleep. You titrate his pain regimen with your hospice MD, start melatonin nightly, and provide education around improving Michael's sleep hygiene.

- You check in with him and his parents via phone 1x/week and do an in person visit 1x/week for the next 2 weeks. Despite these interventions, Michael is still depressed, and you think it's time to consider starting a medication to help with his mood.

- Questions:
  - How to you discuss starting an anti-depressant with a teenager?
  - What pharmacologic options exist and what is your preferred medication to start?

Case Discussion 2

- Poppy is a 10-year-old female with acute lymphoblastic leukemia who is now s/p bone marrow transplant; she has high risk disease and relapse remains a real concern.
- She has struggled with refractory nausea/vomiting throughout transplant and has lost a significant amount of weight.
- She now is hesitant to take any oral medications and is TPN dependent as she has anticipatory nausea with all oral intake.
- Her Mom has noticed more anxiety type symptoms (worry, preservation) in general recently.

Case Discussion 2

- You see Poppy weekly for labs and dressing changes, and she has difficulty with laying still and seems very nervous despite the rapport you have been able to build.

- You have watched her struggle to take oral medications at home.

- Questions:
  - What are some reasons that Poppy may be having difficultly?
  - Are there things that you can do to help her with dressing changes and/or taking oral medications?

Case Discussion 2

- Poppy is suffering from anxiety and/or anticipatory nausea/vomiting

- Non-pharmacological strategies that might be helpful:
  - 4-7-8 breathing OR belly/box breathing in younger kids
  - Guided imagery
  - Give as much control of the process as possible
  - Consider restorative yoga postures or position of comfort
  - Music
  - Aromatherapy
  - Referral for auricular acupressure/acupuncture

Case Discussion 2

- Pharmacological management:
  - Anxiety in the long term is best treated with a SSRI
  - In the short term, a short acting benzodiazepine will be helpful
  - Coping skills/non-pharm practices as before

Resources

- Dana Farber Blue Book

https://pinkbook.dfci.org/assets/docs/blueBook.pdf

- Ask Suicide-Screening Questions (ASQ) Toolkit

https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/screening_tool_asq_nimh_toolkit.pdf

- Integrative Resources:
  - Breathing app (iOS store), FREE
  - Insight Timer (iOS store), FREE
  - Many different free sound machine apps

Thank You!

- Please visit **stjude.org/reach** for more information including:
  - Curriculum overview
  - Registration form
  - Case discussion form
  - Session recordings
  - Additional resources

- Please complete your surveys to claim CEU credit

- Email REACH@stjude.org with any questions, comments, or suggestions

- Next session: May 18, 2023