

Management of Psychiatric Conditions in Primary Care : Panic ~~Disorder~~

Presented by:

NR566 Advanced Pharmacology for Care of the Family

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Date Submitted



Objectives

- ❑ Create a patient scenario for the behavioral health issue for Panic Disorder
 - Patient chief complaint
 - History of present illness
 - Social history
 - Family medical history
 - Past medical history
 - Medication
 - Treatment plan

- ❑ State and Federal Regulations
 - Identify the state where you live.
 - Identify what your state laws say about prescribing behavioral health drugs without being certified and/or credentialed as a psych-mental health NP
 - How does the Affordable Care Act affect behavioral health care?
 - How do these factors impact the patient in the scenario you provided?

- ❑ Community Resources
 - Provide information on how you would know if the patient you create needs support beyond what you can provide as a primary care NP



Patient Scenario: Panic Disorder

Patient chief complaint

Pyra Smith, a 38-year-old female, comes in the primary care setting complaining of palpitations, non-radiating chest pain, and dizziness (Sung et al., 2018). The patient explains to the primary care provider that she was grocery shopping and suddenly started to sweat profusely, and her hands are both shaking, not knowing what was causing it. She states that she did not understand what was causing it and that she started to feel dizzy and short of breath. Her 18-year-old daughter, who was with her, helped her sit down and gave her juice to drink, but it did not help. While sitting down, she felt very weak, and she felt like her whole body is shaking. She thinks that this episode only lasted from 5 to 10 minutes, but it felt like it forever, and she thought she would die.



Patient Scenario

History of present illness

The provider ordered a 12 lead EKG, and her results came back to normal sinus rhythm. There were no ST elevations that can indicate that she had a heart attack. Her vital signs were stable as well. Her primary care provider has referred her to a psychologist to evaluate her symptoms further. The patient states she has experienced multiple symptoms, and her psychologist diagnosed her with panic disorder.

Social history

Pyra's routine has significantly changed since her multiple episodes. She has opted out of doing online grocery shopping or sends her teenage daughter to do grocery shopping, thinking this will trigger her symptoms. She only spends a little time with her daughter, family, and friends.

Family medical history

Her mother had depression and anxiety. She does not know any medical history about her father.



Patient Scenario

Patient Medical History

- After seeing her psychologist, Pya reports her symptoms have happened more and more often, and she feels like it happens randomly, and she does not know the trigger of her panic attacks, and she is frightened because it happens more frequently, and the episodes feel worse and worse. Her psychologist has given her different exercises to decrease her panic attacks, keep a log diary assessing her triggers when she has panic attacks. Her psychologist also states that regular aerobic exercise should be included in her daily routine to reduce her panic attacks (Lattari et al., 2018).

Medication and Treatment Plan

- Fluoxetine 10 mg by mouth daily was initiated and increased to 20 mg by mouth daily.
- Pya was given instructions by her psychologist to monitor her breathing and pulse and take slow deep breaths when her pulse is going up to help it go back to a normal rate.



State and Federal Regulations

In the State of California:

- FNP is supervised by a physician or surgeon
- FNP needs to hold an active furnishing number to furnish Schedule II controlled substances
- FNP has to complete continuing education to obtain furnishing number
- Failure to renew can result in a penalty of \$75 to 500 dollars.
- The California Board of Nursing (BRN) may revoke, suspend, or deny the issuance of the number for incompetence or negligence of the nurse practitioner.



State and Federal Regulations

How does the Affordable Care Act affect behavioral health care?

- The newly expanded Medicaid was effective on January 1, 2014, to help low-income individuals and families under 65 who were not eligible for insurance coverage.
- The Affordable Care Act (ACA) established a limit of 138 percent of the federal poverty level, which helped most Californians become eligible for insurance.
- Resulting in improvement with mental health care and high-quality treatment services

How do these factors impact the patient in the scenario you provided?

- The increasing number of untreated behavioral health problems is increasing, and California Health Care Foundation (CHCF) is helping to improve the health system by focusing on behavioral and mental health, substance abuse, and physical health services to provide the highest level of care to Californians (California Health Care Foundation 2021).



Community Resources

➤ Pya's routine has significantly changed, and she cannot do her daily routine like she used to. She has multiple episodes and refuses to do her normal routine. She refuses to go to work and spend time with family and friends because she thinks something or someone will trigger her panic attack. She has had multiple episodes with similar symptoms for the past weeks, and she feels like every time it happens, she has a hard time recovering from it because she thinks that her attacks are getting worse and worse. She is still trying to figure out what her triggers are that causes her panic attacks



Community Resources

Marin Center for Anxiety and Behavioral Therapy

200 Tamal Plaza #235, Corte Madera, CA 94925

(415) 723 6160

Kaiser Permanente San Rafael Psychiatry and
Chemical Dependency Services

111 Smith Ranch Rd, San Rafael, CA 94903

(415) 491-3000

Lynn Ervin Psychotherapy

700 E St. Suite 102, San Rafael, CA 94901

(415) 307-3669

(California Health Care Foundation, 2020).



Community Resources

☐ Marin County Psychiatric Emergency Services
Mental health service
Greenbrae, CA · In MarinHealth Medical Center
· (415) 473-6666

☐ Marin County Mental Health Services
3230 Kerner Blvd, San Rafael CA,
94901 (415) 473 6769



Community Resources

☐ The Canal Alliance Social Services Team
91 Larkspur St, San Rafael, CA 94901
(415) 454 2650

☐ Community Institute for Psychotherapy
1330 Lincoln Avenue Suite 201, San Rafael, CA
(415) 459 5999



Legal & Ethical Considerations

Potential scenarios where FNP violates their Scope of Practice:

- Failure to monitor and follow up patient outcomes and refer patients to behavioral specialists or psychiatric mental health NP, psychologist, or psychiatrist if patient symptoms are getting worse
- When FNP disregards family concerns regarding patient condition
- Failure to refer patients with complex or severe mental health illness to a psychiatrist or psychologist, especially if specified in their state scope of practice.
- Exceeding prescribing authority for psycho pharmacotherapy or psychotherapy (Balestra, 2019).



Legal & Ethical Considerations

- Follow up with patient at least every 6 months
- Monitor patient's course with the treatment provided by specialist
- Connect with specialist to collaborate patient care

(Balestra, 2019)

Family Nurse Practitioner should:

- Adopt safe practices to ensure patient safety
- FNP should always protect themselves and their licenses
- FNP should be aware of the state scope of practice when providing



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THE END

Thank you for watching my presentation!

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