

## Consulting Psych

- What you write in order comments → what psych uses to prioritize urgency of consult.
- Reasons to page child psych on-call on nights/wknd: severe agitation, active SI w/plan/intent, psychosis, behavior interfering w/essential medical care

## Depression and Anxiety

<b>General Principles</b>	<ul style="list-style-type: none"> <li>• <b>TADS and CAMS:</b> large RCTs w/gov't oversight</li> <li>• Key findings: <b>Combination therapy of SSRI and CBT is superior to monotherapy w/ either.</b> CBT or SSRI is superior to placebo. No SSRI-associated suicidal events in either study.</li> <li>• Monitor carefully (weeks 1-4: weekly; weeks 5-12: every other week) after starting SSRI for increased suicidality.</li> </ul>
<b>Diagnosis</b>	<ul style="list-style-type: none"> <li>• Ddx: Adjustment disorder (needs psychotherapy only), Delirium, hypoactive type (wax/wane, acute onset, possibly 2/2 underlying medical illness or iatrogenic)</li> <li>• <b>Major Depressive Episode: 2w of 5+ of SIGECAPs</b> (Sleep, interest loss, guilt/worthlessness, energy loss/fatigue, cognition/concentration, appetite change, psychomotor change, SI) + depressed mood/anhedonia OR <b>irritability (**more common in kids)</b></li> </ul>
<b>Treatment</b>	<ul style="list-style-type: none"> <li>• <b>SSRI first line</b> (helps ⅔ of pts in first trial <b>over 4-8 weeks</b>. ⅓ of nonresponders respond to 2nd trial)</li> <li>• <b>Sertraline (Zoloft) and Fluoxetine (Prozac)</b> are most common, least SE (used in TADS, CAMS).</li> <li>• Mild serotonergic side-effects (hyperhidrosis, nausea, headache, tremulousness, diarrhea) can happen w/ SSRI/SNRI initiation and/or uptitration. Usually goes away in 2-3d.</li> <li>• <b>NEVER</b> prescribe Paxil/paroxetine to teens. Black box warning for suicide.</li> </ul>

## Suicide

- If you don't directly ask about suicide, you won't hear about it. NEVER assume! You don't have to be depressed to be suicidal.
- ~4% of patients coming in to ED (for all complaints) are suicidal.
- Adolescents more likely to kill selves by firearm; children by strangulation

### ASQ: Adolescent Suicide Screening Tool

1. In the past few weeks, have you wished you were dead?
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  
→ Yes to 1 or 2 (*passive SI*): Counsel, supportive listening, referrals
3. In the past week, have you been having thoughts about killing yourself?
4. Have you ever tried to kill yourself?
5. Are you having thoughts of killing yourself right now?  
→ Yes to 3 or 5 (*active SI*): **Immediate consult from ER/floor/outpt mental health clinician**

## A/P Template for Patients Awaiting Inpatient Psych Placement

**Assessment:** \_\_ is a \_\_y/o M/F w/ PMHx \_\_ who presents w/ concerning \_\_ SI that makes him/her unsafe for discharge home. S/He has been medically cleared and is awaiting placement at an inpatient psychiatric facility. We will continue to provide a safe environment and follow along w/ psychiatry.

A/P Template continued on next page →