# Project ECHO: Sunflower Health Plan Case Presentation

**Presentation Information**

**Series:** Behavioral Health and Addiction
**Session:** 4
**Name:** Cindy Claxton
**Date**: 3/31/2021

**Patient Information**

**Gender:** ☐ Male ☒ Female
**Age:** 46
**Race:**

☐ American Indian/Alaskan Native Asian ☐ Native Hawaiian/Pacific Islander ☐ Multi-racial Other
☐ Black/African American ☒ White/Caucasian ☐ Prefer not to say

**Ethnicity:**

☐ Hispanic/ Latino ☒ Not Hispanic/Latino ☐ Prefer not to say

| **Social and Trauma History** (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support system, etc.) |
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| Client is a 46-year-old Caucasian female who lives alone in her own apartment. She has been unemployed for the past 15 years after suffering a traumatic brain injury (TBI) in 2005, after having fallen from a seizure. She has one year of college and is single/ never married. She has no children. She has a twin sister and brother that she is not close to and who will not talk to her due to her use of alcohol over the years. Her mother is her closest support and although they live close to each otehr, they mostly talk by phone. The relationship with her mother is conflictual at times, she knows her mother gets frustrated with her use over the years as well.<br><br>Client has a history of severe alcohol use as well as cutting behaviors that started in high school. She has used tattoos to cover up the past scars and at times to get a more socially acceptable rush of self-harm.<br>Growing up her father was physically and emotionally abusive with possible sexual abuse, although she will not disclose more detail. She talks about having a lot of trauma in her past and that the trauma is what makes her drink, she has recurring nightmares and panic attacks from the trauma that she drinks to self-medicate.<br>When drinking, her behavior is erratic and aggressive at times. This has contributed to her not having stable/ safe supports as she tends to push others away. |

| **Medical History** (Diagnosis, conditions, etc.) | **Medication Summary** (Name, dose, frequency, route) |
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| TBI, had seizure and fell, hit head, broke teeth.<br>Seizures- disorder or alcohol related withdrawal<br>Thryoid<br>Hypertension<br>Elevated liver enzymes/ cirrhosis of liver<br>Pancreatitis, acute summer 2020 and fall 2021<br>Stomach problems<br>GERD | Gabepentin 300 mg 2 at bedtime<br>Hydroxyzone Pamoate 50 mg 2 x daily as needed<br>Trazadone Hydrochloride 50 mg 1 at bedtime<br>Vivitrol 380 mg intramuscular injection monthly<br><br>From hospital Dec 2020:<br><br>Famotidine 20mg, 1 tab BID, Ondansetron 4mg, 1 tab Q8 hrs prn |
| **Lab Summary** (Test, result, date, etc.) | **Toxicology Summary** (Test, result, date, etc.) |
| 11-24-2020:<br>Lab results: TSH 6.27 H, Magnesium 1.3 L, chloride 108 H, AST 45 H, Immature granulocytes % 1 H, mon absolute 0.7 H, WBC 6.7, RBC 3.21 L, Hgb 9.5 H, Hct 30 L, platelet 100 L.<br>Client stated to provider that PCP is aware of abnormal lab results. | Click here to insert summary |

**Substance Use History** (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)

Client averaged 5 drinks daily, that she admitted to, although heavier use was suspected due to her behavior and health concerns. She would often use steadily throughout the day to avoid going into withdrawal. She suffered with stomach pains to the point she could not eat for days at a time, seizures that caused her to fall and had been admitted multiple times to the hospital for injuries related to her falls.

Her medical issues became such great concern by July 2020 that her team at both the hospital and the mental health center let her know if she did not stop using, she would be dead soon. At that time, she had frequent hospitalizations due to both medical issues as well as suicidal ideations with a plan to "drink herself to death." She had 21 calls throughout the month of June to the MHC's crisis line reporting she felt hopeless, "I've screwed up my life, I've ruined my body," multiple calls in which she hadn't eaten for several days, a call in which she hadn't slept in 3 days. During this time she was drinking constantly. By June 9th she had received a pancreatitis diagnosis from the hospital, by mid-June she was feeling suicidal and hopeless, and by July 1st she had 3 separate hospitalizations. On 6/ 17 she was transported to the hospital for suicidal ideation. On 6/24/2020, after calling the crisis line, reported falling, hitting her head and throwing up blood, an ambulance was called. Finally, on 7-1 after falling again and hitting her head. During this series of hospitalizations, the mental health staff and hospital community care staff partnered to help client find a solution. Client was encouraged several times to attend detox/ SUD treatment to which she kept refusing.

Over the 4th of July weekend, 2020, after her last trip to the hospital that summer she agreed to give MAT a try and started the Vivitrol injection while at the hospital with the plan to follow up with taking the injection at the mental health center.

**Psychiatric History** **(Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)**

Diagnosed:
Chronic PTSD
Alcohol Use Disorder, severe, in remission
Bipolar I Disorder, most recent manic, severe with psychotic features

Client struggles with ongoing anxiety and panic attacks. Difficulty sleeping and suffers night terrors at times. SI at times when under the influence. Anxiety/ panic attacks make it hard for her to work or be social.

**Treatment Summary** **(Form of treatment, date entered, voluntary, etc.)**

Client came voluntarily to the mental health center with a 10 year history of steady, heavy alcohol use despite problems with her family, her job, and her physical health. She started drinking at the early age of 15. At the time of intake, she reported having lost weight and wasn't eating, up to 3 days at a time. She struggled with racing thoughts, nightmares, and panic attacks. She said at that time "I've lived my whole life wanting to die, I don't want to be here." She also suffered from hallucinations and paranoia.

She had significant difficulty engaging with her team for the first 2.5 years. She had her first involuntary hospitalization in February of 2019 after becoming drunk and making suicidal statements. At that time it was observed she was jaundiced from her drinking. She had frequent trips to the emergency room for health-related issues and was offered to work with the community care team at the hospital at that time to assist her and try to prevent continued use of ER. In May of 2019 client wanted to seek employment, however, knew that due to her drinking she would not "show up every day" for a job. Around that time, she became involved in a violent relationship that ended when he stole her debit card and took off. In July 2019 she had a seizure and was taken to the hospital. Around this time her mother and her became somewhat estranged, "Mom isn't returning my calls." In late September she suffered multiple seizures and expressed fear for her health after throwing up blood, not being able to eat, suffering multiple seizures, and having significant difficult remembering things.

In November 2019 she agreed to schedule with a primary care physician (PCP) and by December 2019 she did agree to try therapy. She attended two therapy sessions and would not continue therapy at that time. Between January and July 2019 client continued drinking and would not follow up with PCP, therapy, or any other treatment recommendations despite progression of symptoms related to her alcohol use.

After starting the Vivitrol in July of 2020, she was able to gain a period free of all alcohol use for the first time in over 12 years. She thought she could do it without SUD therapy and did have success connecting with her PCP and following up on her health needs as well as regularly working with her case manager to work on symptom management as well as connect her to resources. She began attending AA, Celebrate Recovery, and was able to re-connect with her mom. The team made the decision to allow her to take the Vivitrol, without requiring the full therapy/ treatment at time of initiation, on the grant after her initiation to it at the hospital due to the extreme issues with her health and her suicidal tendencies in an effort to gain stability so that she could consider therapy when she felt more ready.

In November, she decided she was doing well with the Vivitrol and felt much better, she decided to stop the Vivitrol, felt she no longer needed it and planned to switch to the pill form, Naltrexone. Her last injection was 10-2-2020 and by mid-November she had fully relapsed. She agreed to therapy by early December, stating I want to quit" and started

therapy on December 10th, 2020. She was feeling hopeless, was unable to eat, had at times vomited blood, had multiple seizures, and went to the hospital 6 times that month. Despite being so sick, she still had a lot of ambivalence about whether she fully wanted to quit the alcohol use. The final time, December 26th, she found out she had the pancreatitis again and at that point was scared, realized the damage the drinking was doing and fully believed she would die soon if she continued. She agreed to go back on the Vivitrol, was able to gain 9 days of sobriety and had her injection on 1-4-2020.

Since then she is doing well. She is still struggling with eating and stomach issues however sees her PCP and follows up on her medical care. She works closely with her case manager and the community care team to prevent hospitalization and rely on outpatient resources. This time, she has fully embraced therapy, completed a focused SUD therapy/ relapse prevention work in early February and has begun SUD/ trauma therapy to address her underlying issues that she self-medicates for.

She has a sponsor, is reconnecting with her support system (AA, Smart Recovery, Celebrate Recovery), has reconnected with her mom and talks to her regularly, put a deposit down on a new/ nicer apartment and is connecting with the vocational team to find work. When she talks with her providers, she has a great sense of humor, she laughs, and she smiles!

**Barriers to Treatment**

Severe alcohol use and resistence to MAT, lack of medication adherence.
Severe anxiety/ panic attacks. Sleep and eating issues.
TBI, medical issues
Difficulty connecting with PCP when drinking
Lack social supports/ conflictual relationship with mother (when drinking).