

Quality Report Card

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BEHAVIORAL HEALTH CARE

Medication-Assisted Treatment Effective for Substance Abuse Disorders

Substance-use disorders, including the most severe form – addiction, are understood to be chronic illnesses subject to relapse, and influenced by genetic, developmental, behavioral, social and environmental factors. As a person continues to misuse mood-altering substances, such as opiates, changes in the brain increase, which compromise brain function and drive the transition from controlled, occasional substance use to chronic misuse. To break the cycle, a number of effective medications have been developed and approved by the Federal Drug Administration (FDA) to treat opioid- use disorders. There is well-supported evidence that medication-assisted treatment (MAT), along with behavioral intervention, is a highly effective method to reduce illicit drug use and overdose death while also improving retention in treatment.

Addictive substances, including opiates such as heroin and prescription-strength pain relievers, create a euphoric or intensely pleasurable feeling during use. These feelings motivate people to use the substance again despite the risks for significant harm. Continuous use can lead to cravings for the substance and a negative emotional state after withdrawal from the substance. Brain changes endure long after an individual stops using the substance, creating a risk for relapse. The medications created for treatment can be used to manage or lessen withdrawal symptoms, reduce cravings and maintain recovery. MAT

programs provide a safe and controlled level of medication to overcome the use of an abused opioid.

To overcome the powerful feelings of withdrawal, a licensed physician from a certified opioid treatment program can prescribe methodone. The medication works by changing how the brain and nervous system respond to pain. It lessens the painful symptoms of opiate withdrawal and blocks the euphoric effects of opiate drugs such as heroin, morphine and codeine, as well as semi-synthetic opioids such as oxycodone and hydrocodone. Methodone replaces the opioids in the system, but the patient feels normal. Long-term maintenance treatment with methodone has been shown to be more effective than short-term withdrawal management. While treatment with methodone leads to better outcomes compared to behavioral treatments alone, methodone does have the potential to be misused and cause overdose. The patient should take the prescribed

dose under observation until craving and opioid misuse are significantly reduced.

Another medication used to help a patient in treatment is Suboxone®. Suboxone is the combination of two different drugs – buprenorphine and naloxone. As a partial opioid agonist – a chemical that activates receptors in the brain – buprenorphine delivers diminished opioid doses to a patient

Medication-Assisted Treatment
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Patient Story – Michelle

Michelle was diagnosed with acute depression as a young adult. Not only did the condition run in her family, she also had suffered many years of abuse as a child.

“I had been taking Prozac® for over 20 years, but several years ago, I noticed that it was not working in the same manner,” Michelle explained. “There was still an edge that I just could not relieve. I needed to explore new options, but I was nervous about trying additional medications and was concerned that they would not help.” A few years ago, Michelle began receiving care from Elizabeth Yoder, D.O., Licking Memorial Outpatient Psychiatric Services. “I had seen a few physicians over the years, but Dr. Yoder was the first one who really listened to what I did and did not need in a medication. She is very thorough. I was nothing short of completely impressed with her,” Michelle shared. “She is a psychiatrist and psychologist all in one. Dr. Yoder asks questions and truly cares about her patients.”

Dr. Yoder worked with her to identify new medications to try. After two different, three-month trials, they still had not found a solution. “It was then I realized my depression was more extreme than I originally understood,” Michelle said. Dr. Yoder recommended repetitive transcranial magnetic stimulation (rTMS). “I was anxious and unfamiliar with that type of therapy, but eager to feel better. Dr. Yoder provided me with a lot of helpful information, and I completed lengthy research before I made the decision to move forward with TMS.”

Repetitive transcranial magnetic stimulation is a non-invasive procedure that does not require any anesthesia or sedation, as the patient remains awake and alert during the treatment. TMS is used for the treatment of major

depressive disorder in adult patients who have failed to achieve satisfactory improvement from prior antidepressant medication.

TMS therapy generates a highly concentrated, magnetic field, which turns on and off very rapidly. A small electromagnetic coil is applied to the head above the targeted area of the brain, called the prefrontal cortex. This part of the brain is involved with mood regulation. TMS magnetic fields do not affect the whole brain, but only reach about two to three centimeters into the brain directly beneath the treatment coil. As TMS magnetic fields move into the brain, they produce very small electrical currents. This magnetic field is the same type and strength as that produced by a magnetic resonance imaging (MRI) machine. The electrical currents activate neurons within the brain which are thought to release neurotransmitters, similar to serotonin, norepinephrine, and dopamine to treat depression. These are the same neurotransmitters that are provided artificially through antidepressant medications; however, TMS provides such directly.

Each of Michelle’s treatments lasted about an hour with the entire treatment course consisting of five treatments per week over a six-week period. Patients are seated during each session and typically feel a tapping sensation under the treatment coil. Individuals are required to wear earplugs during treatment for their comfort and hearing protection, as TMS produces a loud clicking sound with each pulse, much like an MRI machine. “This was a very mild procedure,” Michelle commented. “I would compare the discomfort level to that of being flicked by a rubber band. It is remarkable that a simple physical stimulation can alter the chemistry of the brain.”

Michelle checked in weekly with Dr. Yoder during her therapy. Since successfully completing the treatment course in November 2017, she has been on a step-down schedule, starting with follow-up appointments every two weeks, then monthly and now every six months. “I did not experience any side effects from the treatment, and I feel terrific. Dr. Yoder’s entire staff has been wonderful. It was very easy to get to know them because they are all very kind. Amanda, who administered my treatments, was amazing. We spent a great deal of time together during each procedure, and she was very patient and comforting.”

Michelle was one of the first patients in the area to benefit from this type of treatment. “My experiences with Licking Memorial Health Systems have been positive. It was a convenient location for me to receive treatment, and I am very pleased with the outcome of my therapy. It has made a dramatic difference in my life.”

Licking Memorial Outpatient Psychiatric Services is open Monday thru Thursday, 7:30 a.m. to 5:00 p.m., and Fridays, from 8:00 a.m. to 4:30 p.m. For more information about alternative treatments, call (220) 564-4873.

**Michelle is not the patient’s real name.*

Behavioral Health Care – *How do we compare?*

At Licking Memorial Health Systems (LMHS), we take pride in the care we provide. To monitor the quality of that care, we track specific quality measures and compare to benchmark measures. Then, we publish the information so you can draw your own conclusions regarding your healthcare choices.

- Behavioral health is a broad term that refers to psychiatric illnesses and/or substance use disorders. Inpatient hospitalization for either condition is often necessary for effective intervention. LMH provides a wide range of services for people with behavioral health illnesses at its Shepherd Hill facility. One goal is to transition patients into outpatient settings where they can continue treatment, decreasing the need for readmission.

	LMH 2015	LMH 2016	LMH 2017	Goal
Psychiatric readmissions within 31 days	2.6%	0.0%	0.26%	less than 5.6%

- Outcome studies are conducted to monitor and measure the treatment success of addictive disease. Our data show how patients are doing up to two years after completing the program. Information regarding abstinence one year after completing the program is self-reported by patients.

	LMH 2015	LMH 2016	LMH 2017	Goal
Patients remaining abstinent	95%	91%	88%	greater than 85%
Improvement in quality of relationships	98%	92%	87%	greater than 85%
Improvement in overall physical and mental health	99%	92%	87%	greater than 85%
Improvement in overall quality of life	97%	95%	87%	greater than 85%

- Withdrawal management – the safe, medically supervised elimination of addictive substances from the body – is the most intensive care offered for patients with addictive disease. Acute withdrawal symptoms are managed by the appropriate medications for each patient’s situation. The length of stay for detoxification depends upon the drug of choice and the severity of the withdrawal.

	LMH 2015	LMH 2016	LMH 2017	Goal
Average length of stay – alcohol treatment	2.8 days	2.9 days	2.8 days	less than 3 days
Average length of stay – opiate treatment	2.7 days	2.6 days	2.9 days	less than 4 days
Average length of stay – tranquilizer (benzodiazepines) treatment	4.3 days	3.2 days	3.1 days	less than 5 days

- Education is considered an essential component of providing complete behavioral health care. A thorough understanding of the diagnosis, the purpose of medications, side effects to medications and the expected response to treatment leads to decreased relapse and readmission rates and increased long-term compliance with medication on an outpatient basis.

	LMH 2015	LMH 2016	LMH 2017	Goal
Diagnosis/disease education provided for patients and/or family	99%	99%	100%	greater than 97%
Medication education provided for patients and/or family	99.55%	99.28%	99.69%	greater than 97%

- Family participation is an important component in patients’ recovery. For continuity of care, a licensed professional clinical counselor or social worker will initiate contact with family members of Shepherd Hill psychiatric inpatients and encourage them to participate in a family meeting during the period of inpatient treatment.

	LMH 2015	LMH 2016	LMH 2017	Goal
Social work/family meeting during patient stay	84%	86%	91%	greater than 95%

- Valproic acid and lithium are two common medications used to treat multiple behavioral health diagnoses. These medications can facilitate control of symptoms and assist in recovery, but both have potentially dangerous side effects. Licking Memorial Behavioral Health professionals monitor their patients’ blood at specified intervals to ensure therapeutic levels of the medications and to observe for toxicity or other negative effects on vital organs.

	LMHP 2015	LMHP 2016	LMHP 2017	Goal
Appropriate testing complete for patients taking lithium (such as Lithobid)	90%	96%	91%	greater than 90%
Appropriate testing complete for patients taking valproic acid (such as Depakote)	94%	100%	94%	greater than 90%



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Medication-Assisted Treatment (continued from front)

who is addicted to a stronger opioid, but does not produce a sense of euphoria. Naloxone is an antagonist, meaning it blocks opioids by attaching to the opioid receptors without activating such. Antagonists cause no opioid effects. Naloxone also is sometimes used by injection or nasal inhalation to reverse a heroin overdose. Combined, buprenorphine and naloxone minimize the opioid withdrawal symptoms, producing similar effects to a weaker degree, reduces opioid cravings and offers a lower potential for misuse than methadone. Treatment with Suboxone is continued until the physician and patient believe it is no longer needed, and then slowly reduced.

For patients who wish to discontinue use of opioids, a physician can prescribe

naltrexone. Naltrexone is an opioid antagonist – binding with the opioid receptors in the brain and blocking their activation. The medication produces no opioid-like effects and has no potential for abuse. Naltrexone also interrupts the effects of any opioids, so if a person relapses and uses the problem drug, naltrexone prevents the feeling of euphoria. This interruption may trigger withdrawal symptoms in a person dependent on opioids. It is recommended that the medication be administered only after a complete detoxification from opioids. An extended-release injectable version of naltrexone called Vivitrol® can be administered on a monthly basis. There also is no withdrawal from the medication once the patient is ready to stop using it.

The number of overdose deaths from prescription and illicit opioids has doubled in recent years, but studies have repeatedly demonstrated the efficacy of Medication-Assisted Treatment at reducing overdose deaths. These medications can be used to help a patient function comfortably without the use of opiates while balance is gradually restored to the brain circuits that have been altered by prolonged substance use. The staff at Shepherd Hill work to match the intensity of treatment with the severity of illness to ensure individualized care. For more information on MAT, contact a Shepherd Hill staff member by using the Contact Us form on www.shepherdhill.net or call (800) 223-6410.

Health Tips – Ask the Doc

In order to help the community better understand the chronic, progressive nature of the disease of addiction, Shepherd Hill offers Ask the Doc sessions twice a month. The sessions are held the second and fourth Saturday of each month at 9:00 a.m., in the Shepherd Hill Auditorium.

Patients, families and others may ask questions of a physician knowledgeable in the field of addictive disease. The goal is to help those attending increase their knowledge and understanding of the chronic, progressive nature of addiction.

Sessions are free and open to the public. Registration is not required. For more information, call (220) 564-4878.

SHEPHERD HILL



Please take a few minutes to read this month's report on **Behavioral Health Care**. You'll soon discover why Licking Memorial Health Systems is measurably different ... for your health!

The Quality Report Card is a publication of the LMHS Public Relations Department. Please contact the Public Relations Department at (220) 564-1572 to receive future mailings.

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