MADRID, SPAIN

Advancing Community Health and Well-being by Addressing Inequity in the Practice of Medicine

October 6, 2022
Hotel Riu Plaza España
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Madrid, Spain

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Advancing Community Health and Well-being by Addressing Inequity in the Practice of Medicine

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October 6, 2022

Disclosures /

No conflicts of interest to report. I do have a financial interest in the following companies: https://www.socialinnovationventures.co/

Objectives /

1. Understand what social deprivation indices measures
2. Recognize the role of primary care in addressing social risk factors
3. Know about state models in Medicare and Medicaid that provide align financial incentives with addressing social risk
4. Learn about a service design technique to bring diverse stakeholders together to redesign care models toward health equity

The workshop convenings have been made possible through generous support from The Commonwealth Fund, a national, private foundation based in New York City that supports independent research on health care issues and makes grants to improve health care practice and policy, and Arnold Ventures, a philanthropy dedicated to tackling some of the most pressing problems in the United States through research, education, and advocacy. The views presented here are those of the author and not necessarily those of The Commonwealth Fund and Arnold Ventures, its directors, officers, or staff. Additional support has been provided by the American Board of Medicine Foundation, 3M Health Information Systems, and the Samueli Foundation.

/ Medicare Workshop Summary

/ Medicare Workshop Overview

Facilitators

Andrey Ostrovsky,
MD, FAAP
Former U.S. Medicaid
Chief Medical Officer

Bob Phillips,
MD, MSPH
ABFM

Andrew Bazemore,
MD, MPH
ABFM

/ Medicare Workshop Summary

Workshop Overview /

On March 31, 2022, **18** federal & Industry experts gathered at the Cosmos Club in Washington, DC, to discuss the future state of incorporating social risk factors into Medicare Advantage (MA) payment adjustments. Specifically, the group discussed operational pathways that would ensure social risk-based payments address social needs rather than increasing profit margins for health insurers.

/ Medicare Workshop Summary

Workshop Plan /

The group was tasked with creating the ideal risk payment adjustment scenario (future-state) across three swimlanes to address the beneficiary's needs:

Provider

_____

Medicare Advantage MCO

_____

Center for Medicare

_____

Scenario /

Ms. Koval

Elderly dual - eligible widow with three chronic health conditions, living in a poor neighborhood struggling to manage healthy meals, transportation, and care coordination	Primary care is part of a health care system that is geographically spread out, so misses appointments, falls behind in chronic care management. Lack of assessment and support and becomes more frail	Multiple falls lead to repeat Emergency Department visits and hospitalizations with no discharge transition support	Worsening frailty and quality of life Very high, unnecessary costs Lack of tap of existing community support (aging services, meals on wheels) More likely to be placed in a nursing home

/ Medicare Workshop Summary

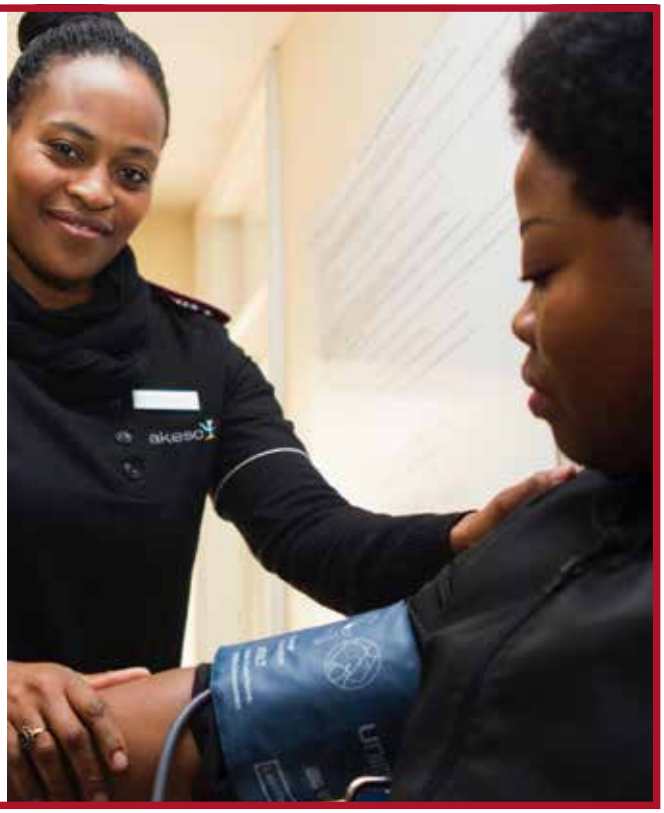
/ Findings & Recommendations

Finding 1

Patients often do not trust insurers or the healthcare system.

Recommendation /

To build trust, there should be an effort to build a personal relationship in conjunction with visits. Additionally, clinicians should work with CBOs as a "trust bridge" so that patients can feel comfortable providing the appropriate information to enable clinicians to address social needs.



Finding 2

Providers should adapt their practice to address social needs directly or in partnership with community based organizations (CBOs).

/ Medicare Workshop Summary

Recommendation /

Clinical practices (typically PCPs, but in some cases specialists) should invest in new staff that are non-clinicians to assist with care coordination and possibly social service provision.

Finding 3

Beneficiary -specific social need data are difficult to obtain and maintain for the most disadvantaged populations. There is an ethical obligation to address identified social needs; collecting the data is a burden and the inability to address social needs is a source of burnout.

Recommendation /

People share personal needs when they see its value and have trust. Allow the beneficiary, as well as the caregiver, to choose who they trust.

Finding 4

MA plans should fund medical and non-medical providers to enable them to address social needs.

/ Medicare Workshop Summary

Recommendation /

To support clinicians in serving social needs, Medicare may provide a transportation benefit, broaden the post-discharge home visit waiver, and use telehealth more robustly and on a permanent basis.

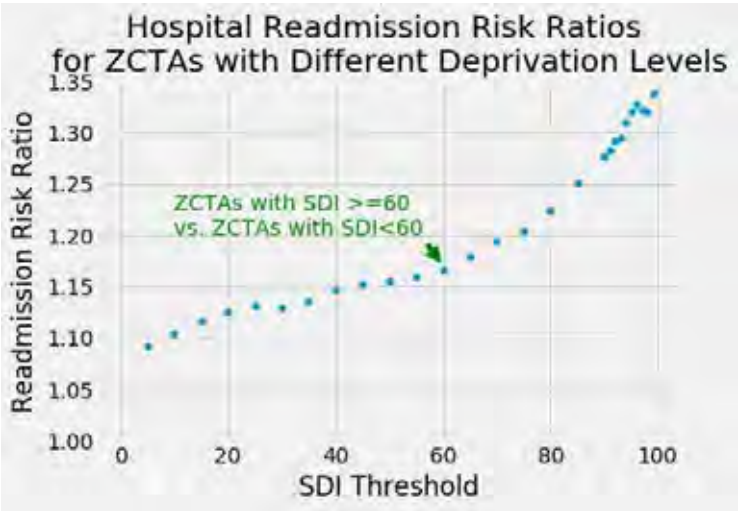
Finding 5

Payment adjustment for social risk should be based a curvilinear relationship rather than thresholds.

/ Medicare Workshop Summary

Recommendation /

Payment adjustment should rise as social risk increases based on small-area social deprivation indices.



Finding 6

Accountability means resources flow through primary care and CBOs to the patient and community.

/ Medicare Workshop Summary

Recommendation /

There needs to be just enough accountability without overburdening clinicians or community-based partners.

/ Medicaid Workshop Overview

WORKSHOP OVERVIEW /

Defining Future State to Account for Social Risks in Medicaid Payments

American Board of Family Medicine Foundation /

/ Medicaid Workshop Summary

Workshop Overview /

On May 12, 2022, **22** federal & Industry experts gathered at the Cosmos Club in Washington, DC, to discuss the future state of incorporating social risk factors into Medicaid payment adjustments. Specifically, the group discussed operational pathways that would ensure social risk-based payments address social needs rather than increasing profit margins for health insurers.

/ Medicaid Workshop Summary

Workshop Plan /

The group was tasked with creating the ideal risk payment adjustment scenario (future-state) across three swimlanes to address the beneficiary's needs:

Provider (Care Team)

_____

Medicaid - Managed Care Organization

_____

State Medicaid

_____

Scenario 1 /

Ms. Koval

Elderly dual-eligible widow with three chronic health conditions, living in a poor neighborhood struggling to manage healthy meals, transportation, and care coordination	Primary care is part of a health care system that is geographically spread out, so misses appointments, falls behind in chronic care management. Lack of assessment and support and becomes more frail	Multiple falls lead to repeat Emergency Department visits and hospitalizations with no discharge transition support	Worsening frailty and quality of life Very high, unnecessary costs Lack of tap of existing community support (aging services, meals on wheels) More likely to be placed in a nursing home

/ Medicaid Workshop Summary

Scenario 2 /

Parker Family

Rural, poor family distant from health care and social services and without broadband Must drive 90 miles to reach nearest clinic	Breaks in Medicaid coverage Lack of developmental tracking and preventive care Lack of WIC, SNAP	Rural Health Clinic loses its Critical Access Hospital partner (loss of cost-based reimbursement and support for social workers, behavioral health, etc.) Telehealth/Tele-social services not able to fill gaps	Poor health outcomes Prolonged hunger Poor educational attainment Poverty cycle reinforced Higher downstream costs

/ Findings & Recommendations

/ Medicaid Workshop Summary

Finding 1

Payment adjustment for social risk factors should be based on both community and individual variables.

Recommendation /

Small-area deprivation indices should be used for adjusting payments because they reduce burden of data collection, have low potential for gaming, and offer transparency for payers and providers.

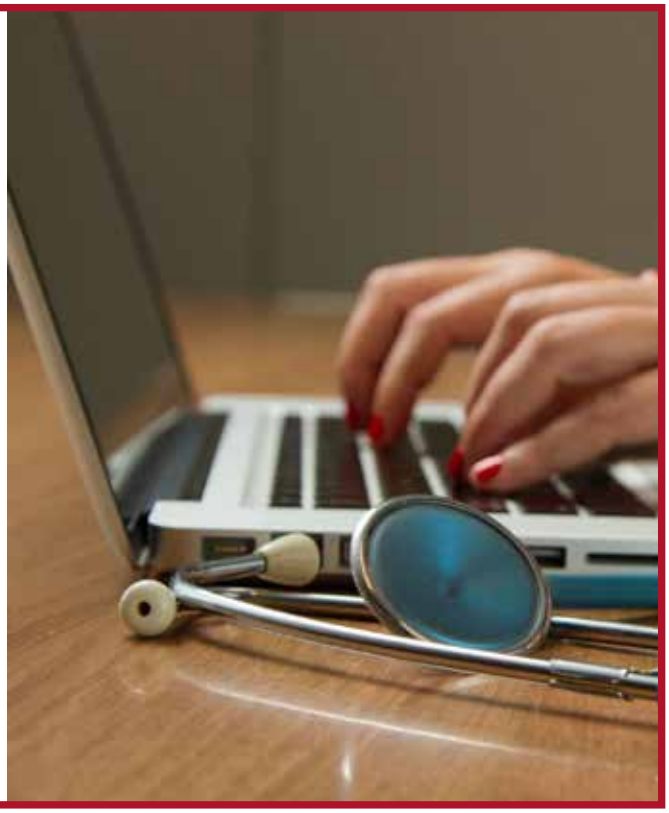
/ Medicaid Workshop Summary

Finding 2

The Maryland and Massachusetts Models offer templates for how to design social risk-adjusted payments that can meet the varied needs of different state Medicaid programs.

Recommendation /

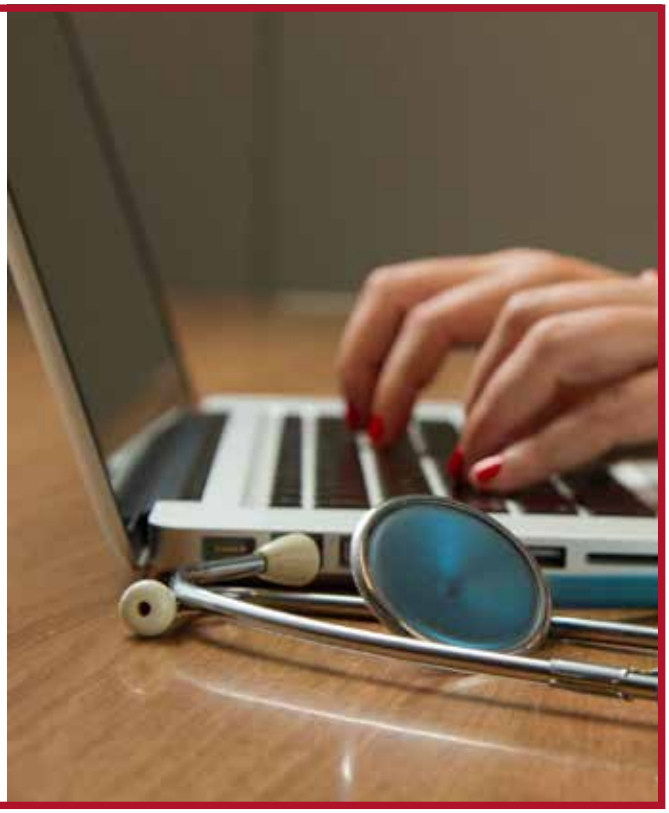
SMAs should update their state plans to classify SDOH services as medical assistance thus qualifying them for federal match. Medicaid MCOs or non-MCO payment distribution entities should update their credentialing processes to include SDOH providers as being in-network and eligible to receive SDOH payments.



/ Medicaid Workshop Summary

Recommendation /

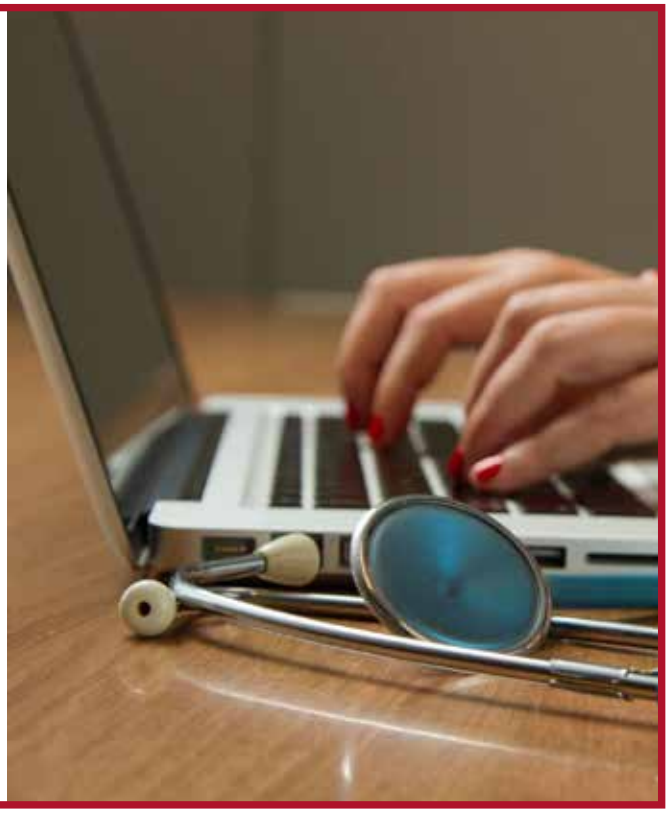
Medicaid MCOs or non -MCO payment distribution entities should apply their network management approaches to SDOH providers to ensure only high-quality providers are reimbursed for care.



Recommendation /

SDOH providers should be able to easily access funds.

Prospective payment can improve ease of accessing those funds.



/ Medicaid Workshop Summary

Finding 3

Community involvement is essential for social risk - adjusted payments to be implemented equitably and effectively. These payments can help fill in gaps in CBO infrastructure.

Recommendation /

Patient representation is needed at all levels of policy design, implementation, and evaluation pertaining to payment risk adjustment for social risk. Social risk-adjusted payments can help fill in gaps in CBO infrastructure that will shore up the community safety net.

/ Medicaid Workshop Summary

Finding 4

Patients and families need help navigating services. Providers need help navigating among themselves and health and human service agencies.

Recommendation /

The SMA should coordinate with other health and human service agencies and/or the SMA should provide resources to fund navigators, brokers, or managed service organizations (MSOs) that help providers coordinate amongst themselves and with other health and human service stakeholders at the local, state, and federal level.

/ Medicaid Workshop Summary

Recommendation /

CBOs may need support with payment processing, reporting, and practice transformation and this role could be filled by MSOs specific to CBOs. Maryland's Care Transformation Organization (CTO) model can serve as a template.

Finding 5

Data interoperability must be improved if SDOH payment adjustments are to lead to effective care coordination and improved health.

/ Medicaid Workshop Summary

Recommendation /

Improvements to data sharing should be attempted through the least regulatory burdensome routes possible, starting with existing authorities before seeking new regulation or legislation. There is an ethical obligation to be able to address individual gaps in SDOH if those gaps are being screened for.

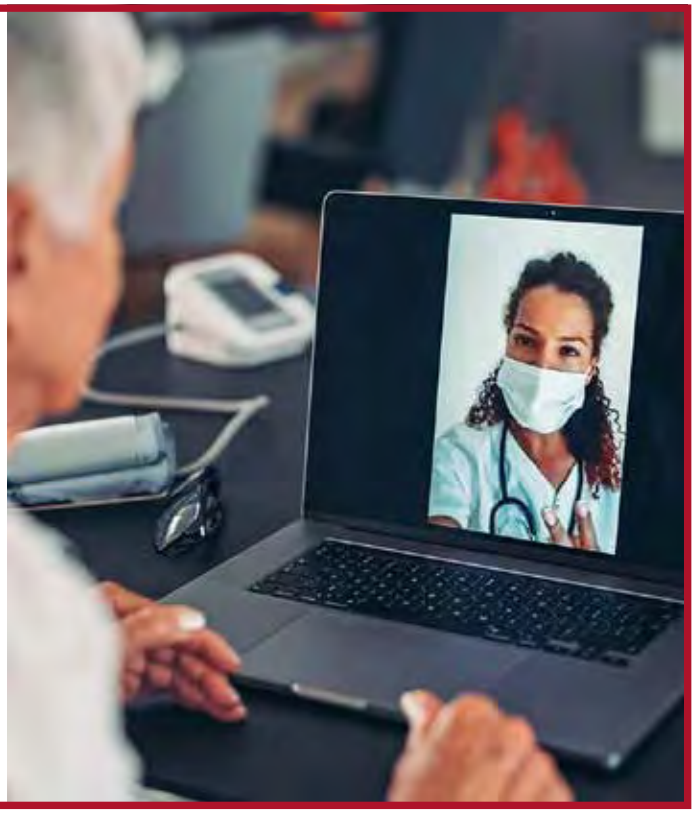
Finding 6

Telehealth plays a major role in equitably improving outcomes and should be covered and reimbursed permanently.

/ Medicaid Workshop Summary

Recommendation /

Permanent coverage and reimbursement for telehealth should be attempted through the least regulatory burdensome routes possible, starting with existing authorities before seeking new regulation or legislation.



Finding 7

Payment for social risk should be included in the MLR, would achieve better outcomes in value - based payment arrangements compared to fee - for - service (FFS), and should be measured through the lens of improved outcomes rather than just cost savings.

/ Medicaid Workshop Summary

Recommendation /

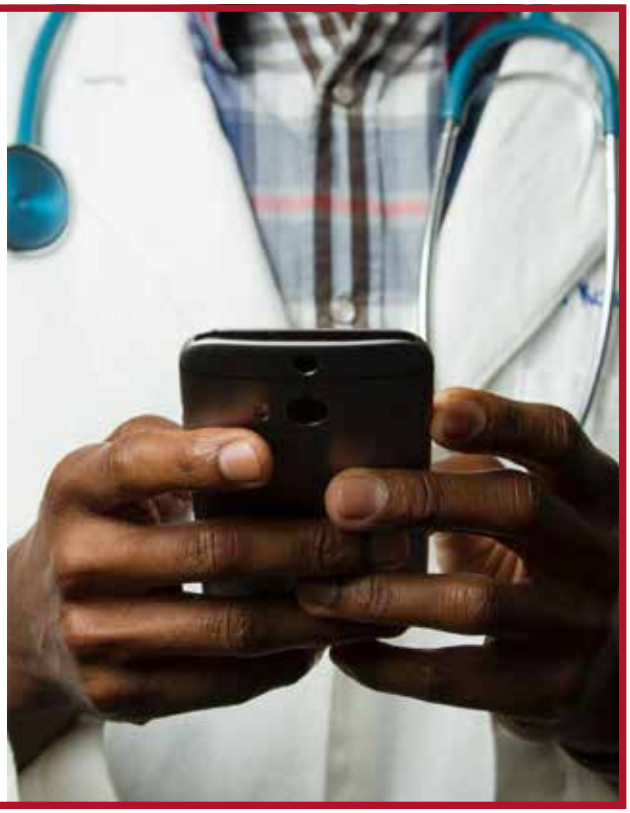
CMCS and SMAs should allow Medicaid MCOs to incorporate payments for SDOH services into the MLR, then assess the degree of impact.
In subsequent years, the premium amount can be increased if SMAs see that there are improved outcomes and cost-containment or reduction.

Finding 8

Measurement and evaluation of use of funds should not be overly burdensome to providers and should focus more on outcomes than on process, although process measures are likely still needed.

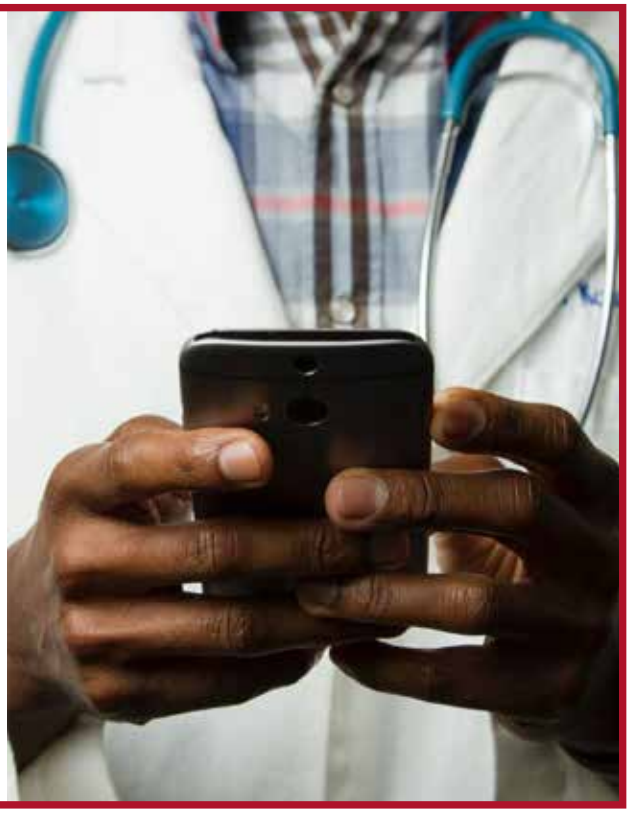
Recommendation /

Accountability for the SDOH provider can be achieved through **1)** attestation of how funds were used (process measure), **2)** measurement of concrete clinical outcomes such as reduction in emergency room utilization and Quality-adjusted Life Years (QALYs)...



Recommendation /

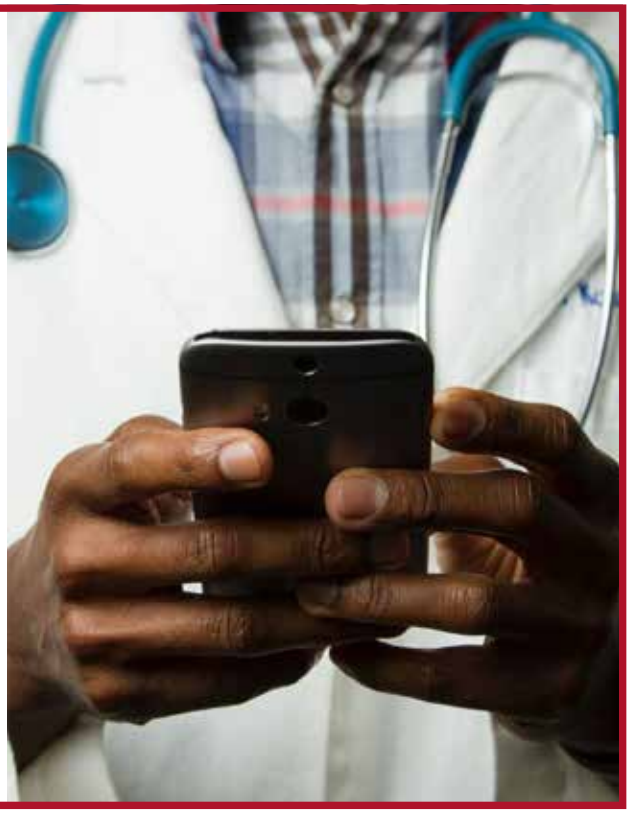
and **3)** approval/disapproval of further funding based on presentation to a "council of grandmas," a group representative of patients with substantial financial power over direction of dollars for providers.



/ Medicaid Workshop Summary

Recommendation /

Feedback from patients, SDOH providers, Medicaid MCOs, and SMAs would shape how CMCS evolves social risk factor adjustment into payment moving forward. Health equity should be incorporated into the goals and evaluation value-based contracts.



/ Questions

/ Thank you!

@andreyostrovsky

The Changing Environment of Healthcare: A Look at Evolving Primary and Ambulatory Care

Arthur Klein, MD, BSMD
Previous President and Previous President Emeritus of the Mount Sinai Health Network
Clinical Professor of Pediatrics and Administration at the New York Institute of Technology
Adjunct Professor, Mailman School of Public Health, Columbia University

October 6, 2022

Purpose and Objectives

PURPOSE

To examine the changing environment of healthcare through evolving primary and ambulatory care

OBJECTIVES

- *Objective 1*: To gain knowledge about the current challenges and anticipated changes in the healthcare environment
- *Objective 2:* To learn about what is attractive about the ambulatory arena

FINANCIAL DISCLOSURE

None

Current Trends in Healthcare in the US

1. Consolidation in the industry
   - Insurance companies
   - Hospitals
   - Physicians
2. Migration of care to the ambulatory environment
3. Virtual care/telemedicine
4. The move to population health
5. Consumerism

Current Trends in Healthcare in the US

6. The prevalence of chronic diseases
   - Diabetes, asthma, obesity, cancer
   - Diseases of aging (Alzheimer's, Parkinson's)
7. Addressing healthcare inequities
8. Increasing reliance on technology
9. Ever increasing healthcare costs
10. The emergence of concierge medicine

Current Challenges

1. Socioeconomic factors and their impact on healthcare
2. An aging population
3. Critical increases in healthcare expenditures
   - What are we getting for the cost of healthcare in the US compared to other western economies?
4. Workforce issues
   - Not enough? Disenfranchised? Not the right specialties?
5. The migration of healthcare to the ambulatory environment
6. The expectations of increasing consumerism in healthcare

Current Challenges

7. The continued lack of insurance coverage for a large group of Americans
8. How to incorporate and pay for new technologies
9. Lack of a public health structure
10. The burdens of chronic disease
11. How to restructure the academic medicine enterprise in the US to be more responsive to the changing education and training needs of medical professionals.

Why Ambulatory Care?

1. More cost-effective: operating costs, capital costs
2. Allows for greater geographic spread of healthcare services
3. More efficient: witness ambulatory surgery
4. Speed to market
5. More responsive to consumerism: convenience, ambience, services
6. Allows for less complex “once stop shopping” for patients (multi-specialty groups)

Why Ambulatory Care?

7. Creates new investment opportunities without upsetting the financial structure of the hospitals.
8. Allows for enhanced physician alignment
9. Payer pressure
10. Is vital if we are to extend our commitment to public health and preventative medicine
11. Takes the pressure off acute care hospitals in medical emergencies (witness COVID)
12. Provides an environment for rapidly adopting new technologies

Ambulatory Care Challenges

1. How to oversee and address quality monitoring
2. How to pay for the necessary commitment to preventative health
3. How to pay for ongoing virtual services
4. Training a new set of executives and managers in this environment
5. How to get the regulatory environment to embrace expanded ambulatory care
6. How to navigate between patient and doctor preference as to site of care
7. How can hospitals and hospital systems adjust to the financial shifts inherent as more care moves towards the ambulatory environment

Thank you!

Arthur Klein, MD, BSMD

Previous President and Previous President Emeritus of the Mount Sinai Health Network

Clinical Professor of Pediatrics and Administration at the New York Institute of Technology

Adjunct Professor, Mailman School of Public Health, Columbia University

EL MODELO MADRID FRENTE AL COVID-19

Enrique Ruiz Escudero
Consejero de Sanidad

Comunidad de Madrid

somos

06/10/2022

THE MADRID MODEL AGAINST COVID-19

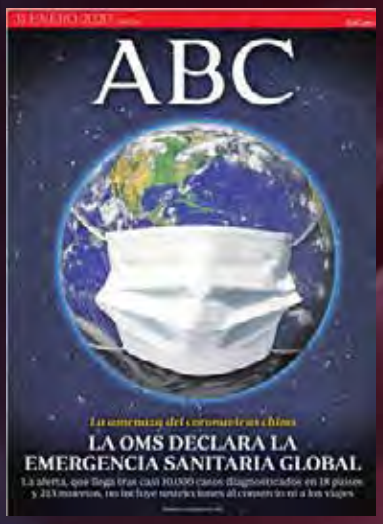
Mr. Enrique Ruiz Escudero
Cabinet Minister of Health

Comunidad de Madrid

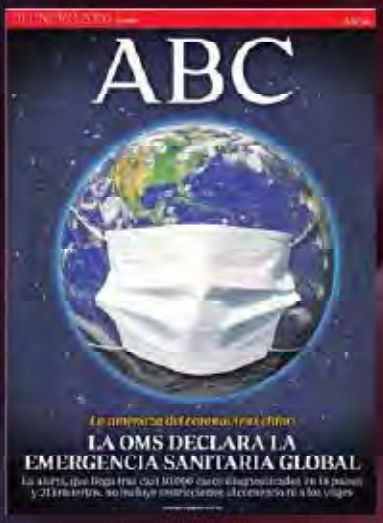
somos

06/10/2022

MARZO 2020: LA OMS DECLARA AL COVID-19 COMO PANDEMIA
EN ESPAÑA SE DECRETA EL ESTADO DE ALARMA



MARCH 2020: *WHO* DECLARES COVID-19 A PANDEMIC
SPAIN DECREES STATE OF EMERGENCY



CÓMO HA AFECTADO ESTA PANDEMIA AL MUNDO

Comunidad de Madrid | CONSEJERÍA DE SANIDAD

615 millones de casos positivos

6,5 millones de fallecidos

255 millones de empleos perdidos

246 millones de casos de depresión grave
(*la nueva ola silenciosa*)

somos

HOW THIS PANDEMIC HAS AFFECTED THE WORLD

Comunidad de Madrid

615 million positive cases

6,5 million deaths

255 million jobs lost

246 million cases of severe depression
(*the new silent wave*)

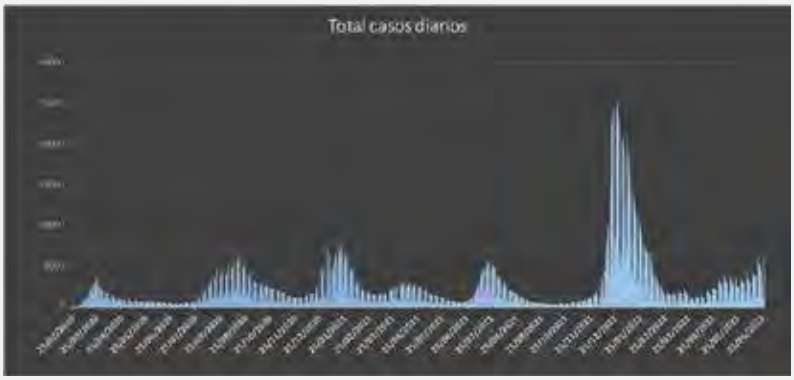
somos

CÓMO HA AFECTADO ESTA PANDEMIA A LA COMUNIDAD DE MADRID

1,8 M casos

167.000 hospitalizados

16.600 UCI



2,2M seguimientos domiciliarios

28.000 fallecidos

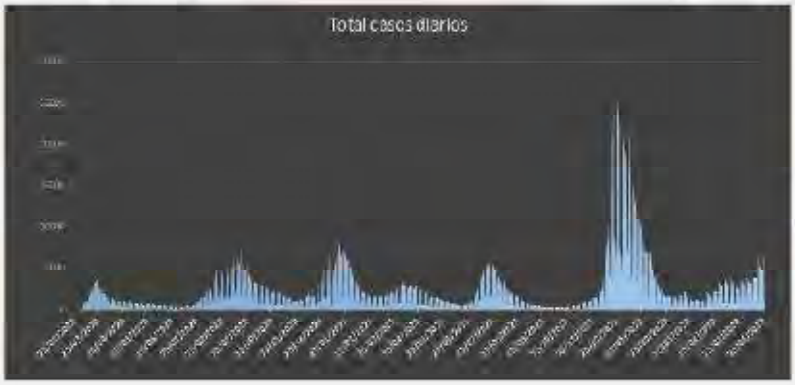
somos

HOW THIS PANDEMIC HAS IMPACTED THE COMMUNITY OF MADRID

1,8 M Cases

167,000 Hospitalizations

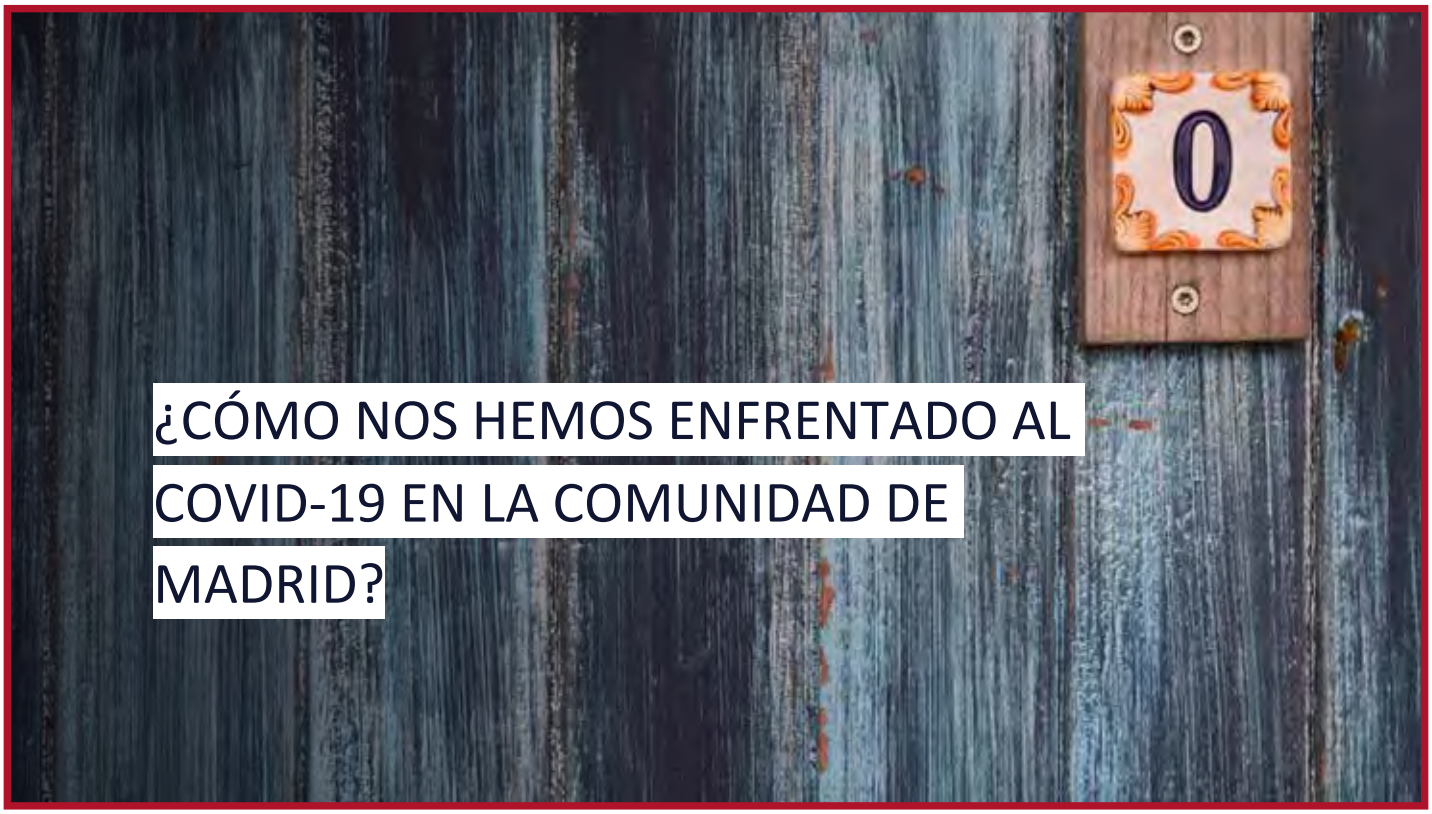
16,600 ICU



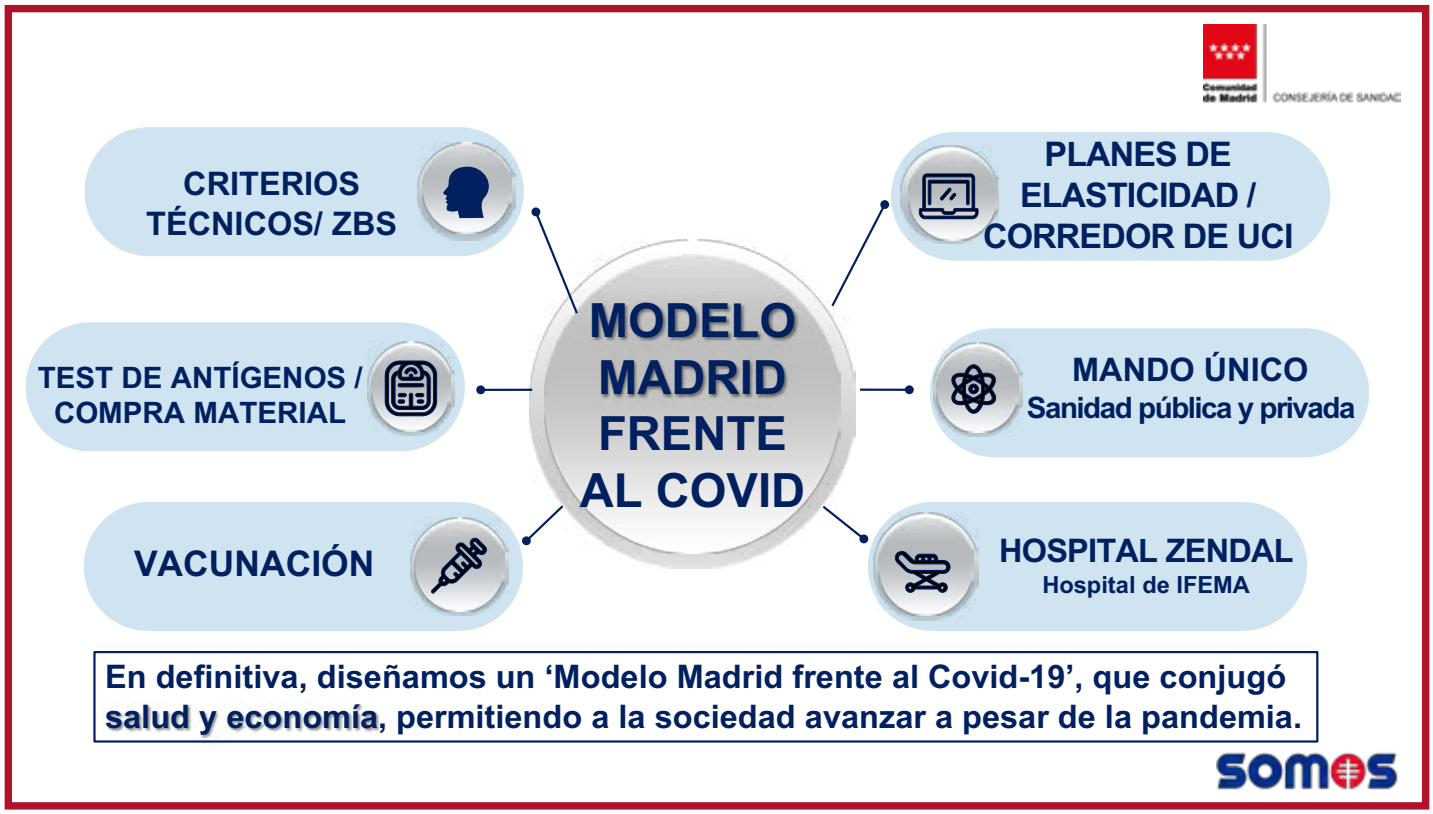
2.2M At-home medical treatments

28,000 Deaths

somos


¿CÓMO NOS HEMOS ENFRENTADO AL COVID-19 EN LA COMUNIDAD DE MADRID?


HOW THE COMMUNITY OF MADRID FACED COVID-19


CRITERIOS TÉCNICOS/ ZBS
PLANES DE ELASTICIDAD / CORREDOR DE UCI
MODELO MADRID FRENTE AL COVID
TEST DE ANTÍGENOS / COMPRA MATERIAL
MANDO ÚNICO
Sanidad pública y privada
VACUNACIÓN
HOSPITAL ZENDAL
Hospital de IFEMA
En definitiva, diseñamos un 'Modelo Madrid frente al Covid-19', que conjugó salud y economía, permitiendo a la sociedad avanzar a pesar de la pandemia.
somos


TECHNICAL CRITERIA/ ZBS
FLEXIBILITY PLANS/ ICU NETWORK AGREEMENT
MADRID MODEL AGAINST COVID
ANTIGEN TESTS/ MATERIAL PURCHASES
SINGLE CONTROL
Public and Private Health
VACCINATION
ZENDAL HOSPITAL
IFEMA Hospital
In short, we designed a 'Madrid Model Against COVID-19', which combined health and economy, allowing society to move forward despite the pandemic.
somos


21 de marzo
22 de marzo
HOSPITAL DE IFEMA
EN MENOS 24H
4.000 PACIENTES ATENDIDOS
1.250 PROFESIONALES
1.200 CAMAS
24 de marzo
26 de marzo


March 21st
March 22nd
IFEMA HOSPITAL
IN LESS THAN 24 HOURS
4,000 TREATED PATIENTS
1,250 PROFESSIONALS
1,200 BEDS
March 24th
March 26th

HOSPITAL ENFERMERA ISABEL ZENDAL

REFERENTE INTERNACIONAL

MAYOR UNIDAD REHABILITACIÓN FUNCIONAL

10.000 PACIENTES ATENDIDOS

2,2 MILLONES VACUNAS ADMINISTRADAS

ENFERMERA ISABEL ZENDAL HOSPITAL

INTERNATIONAL BENCHMARK

LARGEST FUNCTIONAL REHABILITATION UNIT

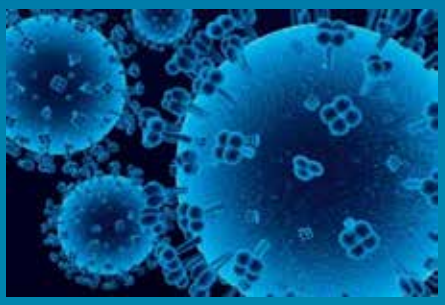
10,000 TREATED PATIENTS

2.2 MILLION VACCINES ADMINISTERED


Comunidad de Madrid
CONSEJERÍA DE SANIDAD
En otoño de 2020 comenzamos a perfilar el **PLAN OPERATIVO DE VACUNACIÓN FRENTE AL COVID-19**
El programa de vacunación poblacional **más ambicioso** de las últimas décadas: **Vacunar y vacunar** a la mayoría de la población en el **menor tiempo posible**


Comunidad de Madrid
CONSEJERÍA DE SANIDAD
In the fall of 2020 we began to outline the **COVID-19 VACCINATION OPERATIONAL PLAN**
The **most ambitious** population vaccination program in recent decades: **Vaccinate** and **vaccinate** the majority of the population in the **shortest amount of time**

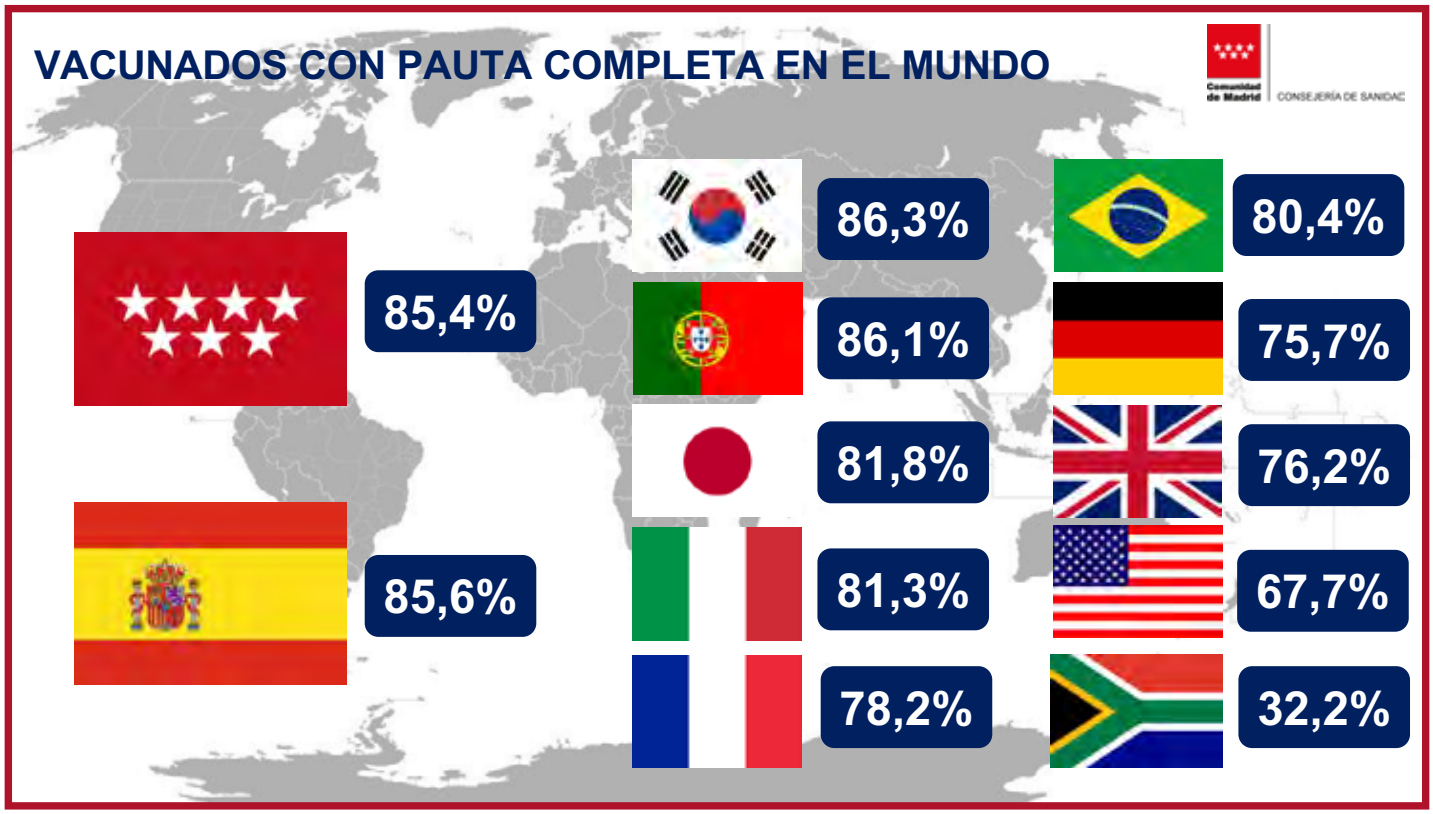
LA VACUNACIÓN ES LA MEJOR ALTERNATIVA AL **CONTROL DE LA PANDEMIA** PORQUE **PREVIENE LA TRANSMISIÓN** DE LA ENFERMEDAD Y **EVITA SUS CONSECUENCIAS MÁS GRAVES**"

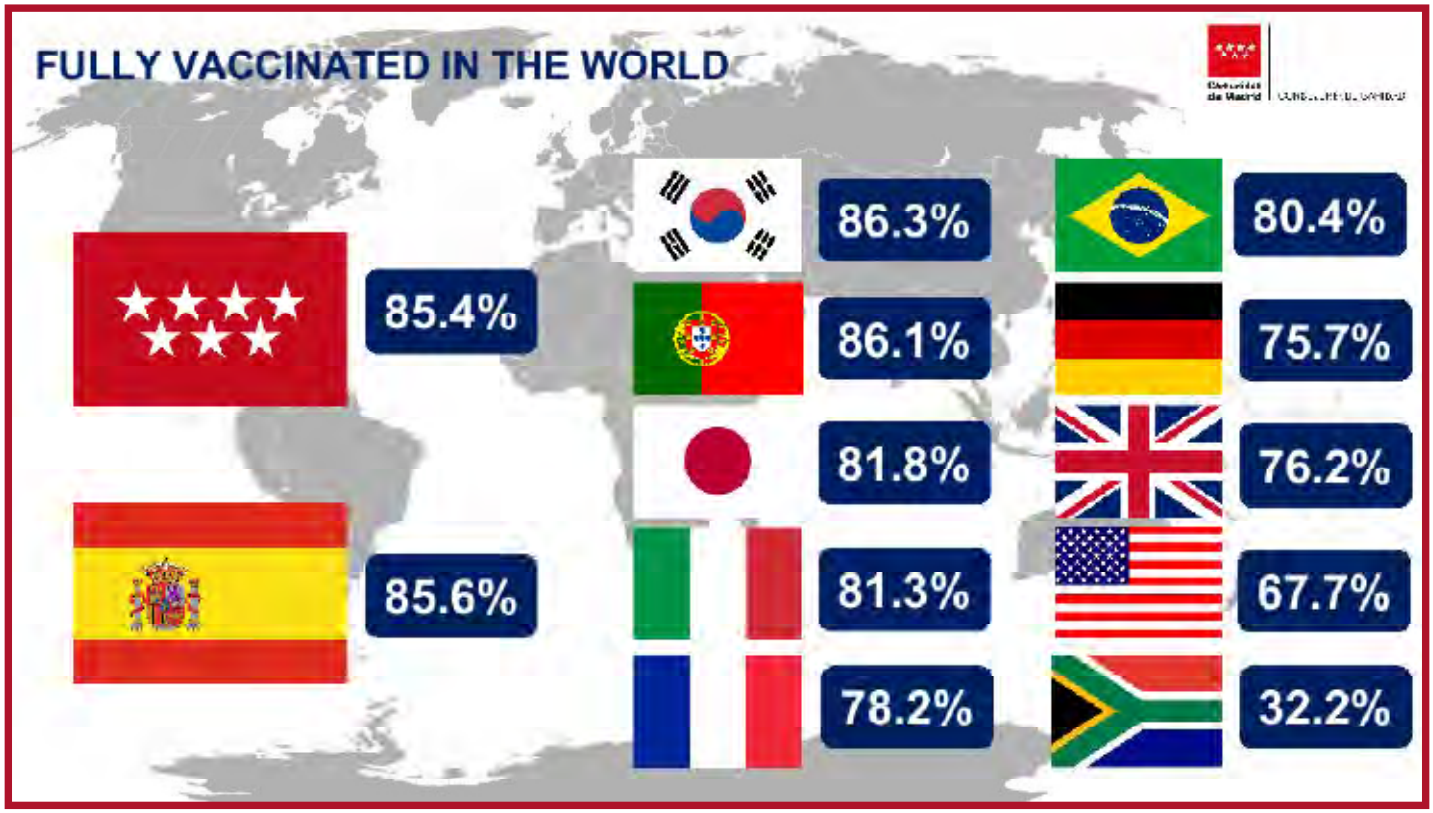


14,2 millones de vacunas administradas	**93,6% población pauta completa**	**59,7% con dosis de recuerdo**	**Segunda dosis de refuerzo**

VACCINATION IS THE BEST ALTERNATIVE TO **PANDEMIC CONTROL** BECAUSE IT **PREVENTS THE TRANSMISSION** OF THE DISEASE AND **PREVENTS ITS MOST SERIOUS CONSEQUENCES**"

14.2 million vaccines administered	**93.6% population fully vaccinated**	**59.7% with booster doses**	**Second booster dose**


VACUNADOS CON PAUTA COMPLETA EN EL MUNDO
CONSEJERÍA DE SANIDAD
85,4%
85,6%
86,3%
86,1%
81,8%
81,3%
78,2%
80,4%
75,7%
76,2%
67,7%
32,2%


FULLY VACCINATED IN THE WORLD
85.4%
85.6%
86.3%
86.1%
81.8%
81.3%
78.2%
80.4%
75.7%
76.2%
67.7%
32.2%

SITUACIÓN ACTUAL DE LA PANDEMIA

María y Nicanor fueron los primeros en vacunarse contra el Covid19 en diciembre de 2020. Y los primeros en recibir la segunda dosis de refuerzo.

***ACTUAMOS A 3 NIVELES*:**

1. VACUNACIÓN

Desde el 26 de septiembre

- ❑ **Vacunamos a 70.000 residentes en 700 centros**
- ❑ **A 90.000 trabajadores sociosanitarios**
- ❑ **Población menor 60 años inmunodeprimida**

2. MONITORIZACIÓN DIARIA

- ❑ **Red Médicos Centinela Covid-19**

3. PROTECCIÓN A VULNERABLES

- ❑ **Revisión de medidas: mascarillas transporte público**

CURRENT SITUATION OF THE PANDEMIC

María and Nicanor were the first to get vaccinated against COVID-19 in December of 2020. They were also the first to receive the second booster dose.

WE RESPONDED ON 3 LEVELS:

1. VACCINATION

Since September 26

- ❑ **Vaccinated 70,000 residents in 700 centers**
- ❑ **90,000 social and health workers**
- ❑ **Immunocompromised population under 60 years of age**

2. DAILY MONITORING

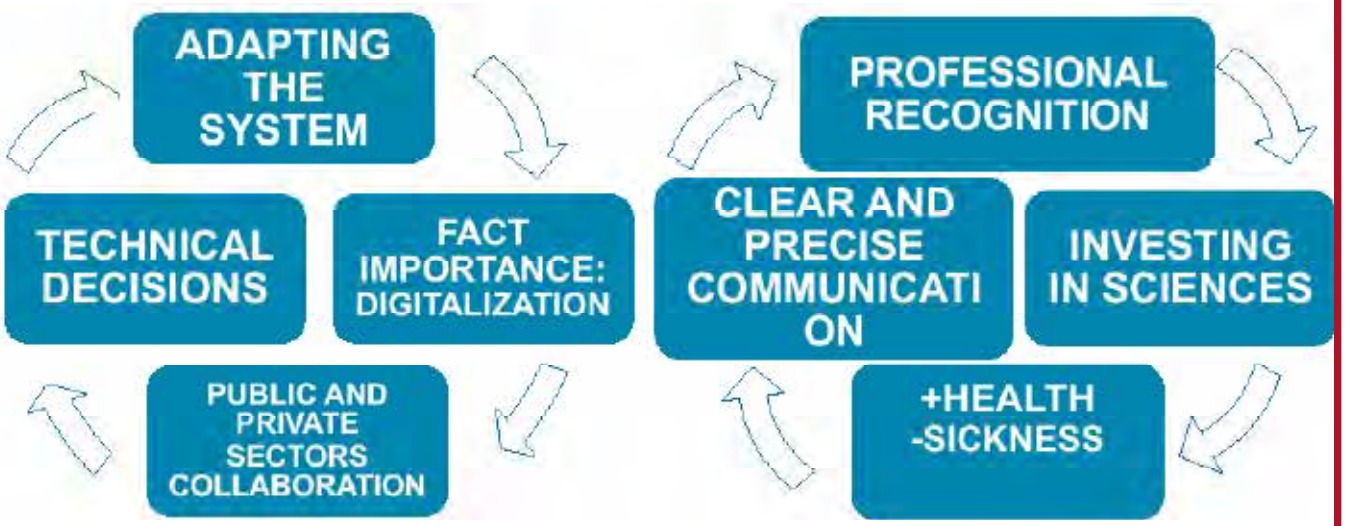
- ❑ **Centinela COVID-19 Doctor Network**

3. PROTECTING THE MOST VULNERABLE

- ❑ **Review of measures: public transport face masks**

¿QUÉ HEMOS APRENDIDO DEL COVID-19?

WHAT HAVE WE LEARNED FROM COVID-19?



GRACIAS

Comunidad de Madrid

THANK YOU

Comunidad de Madrid

Current Status of Illicit Drugs; Consequences in Global Public Health; Covid and Associated Health Implications

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New York State Dental Society Chemical Dependency Committee

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October 6, 2022

Purpose and Objectives

PURPOSE	*Scientific findings and guidelines as regards Marijuana, CBD, Opioids in global health care. The importance of education based on science in the health and well being of the patient and its influence on public health.*
OBJECTIVES	❑ Understand how education of the patient enables a model of value-based care by reducing drug addiction and misuse amongst patients and hence the community ❑ Recognize strategies for applying evidence-based medicine on illicit drug misuse and systemic repercussions as regards communities impacted by the physical and mental stress of the COVID-19 pandemic ❑ Understand how patient education based on scientific studies, such as from NIH, enable learned best practices to identify and address health equity in the community by reducing co-morbidity on Covid and other disease states ❑ Adopt pragmatic, professional education tools utilizing scientific findings to address the wellness needs of patient populations and communities at large.
FINANCIAL DISCLOSURE	*No Financial Interests*

SOMOS Spain Symposium

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The Truth About Vaping, CBD, Medical and Recreational Marijuana, Opioids

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With 107, 622 illicit drug deaths in 2021…Up 15 % over 2020.
CDC

What is the role of the health practitioner in this global drug crisis ?

Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of man or woman….

Practice two things in your dealings with disease: either help or do not harm the patient.

- Cigarette smoking causes more than 480,000 US deaths each year.
- US COVID-19 deaths, about 385,000 in 2020, more than 386,000 in 2021. *CDC*
- Overall, mortality among both male and female smokers in the United States is about 3X higher than that amongst non-smokers. *CDC*
- Electronic cigarettes rose as a supposed non-toxic alternative to tobacco smoking. Vapes and e-cigs morphed into complex rigs with diverse ingredients / flavors delivering a strong nicotine exposure.
- From 2018 to 2019, teens using electronic cigarettes increased by 80%.

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Vaping utilizes Propylene Glycol to carrythe nicotine and flavorings; which break down into acetic acid, lactic acid, and propionaldehyde; All toxic to enamel and soft tissues. In addition, the water molecules in saliva and oral tissue can bond to the molecules of the propylene glycol, leading to long term xerostomia.

Vegetable Glycerin another common e-juice carrier increases microbial adhesion to enamel by four times - causing 27% decrease in enamel hardness. The sticky, viscous vegetable glycerine enables plaque adhesion, causing caries on the softer teeth; And periodontal edema, recession, inflammation…..

E-cigarette aerosol
Flavorings - Diacetyl, a chemical linked to a serious lung disease
Cinnamon flavors - Cinnamaldehyde,
Cherry flavors - Benzaldehyde

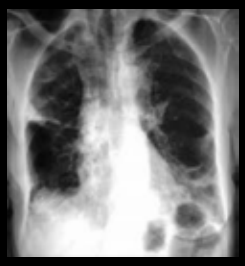
Heavy metals (Nickel, tin, and lead)

Cancer-causing chemicals

Nicotine

Popcorn Lung

Blockbuster Video Popcorn Butter Flavor



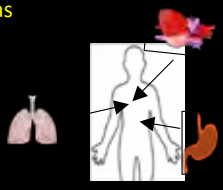
- **This irreversible respiratory disease was named after the factory workers inhaled artificial butter flavor while working, causing the small airways in the lungs become irreversibly scarred and constricted, impairing breathing.**
- **Diacetyl and a closely related compound, 2,3-pentanedione, cause popcorn lung**
- **(constrictive bronchiolitis obliterans)**
- **Diacetyl has been found in many e-liquids with sweet flavors.**

THE TRUTH ABOUT VAPING

Young people who use e-cigarettes may be more likely to smoke cigarettes in the future.

Nicotine harms developing adolescent brain which forms until about age 25. ; affecting control of attention, learning, mood, and impulse control. By binding to pleasure receptors in the brain a release of dopamine occurs (temporary euphoria). The brain receptors adapt producing less dopamine and hence the user now addicted, craves nicotine just to feel normal.

The CDC found that 99% of the e-cigarettes contain nicotine. Some vape product labels do not disclose that they contain nicotine, and some vape liquids marketed as containing 0% nicotine have been found to contain nicotine.



Nicotine –

- Apnea and lung damage, in addition to the chemicals and toxins in ecigs
- Acid reflux
- Tachycardia activating the "fight or flight response"
- Insulin resistance, affecting diabetics
- Negative reproductory organ effect.

Vaping Conclusions

- Ecig / vapes' e-juice aerosol leave chemical lung residues.
- Aldehydes and other components found in vaping liquids can impair the immune function of cells found in the airway and lungs.
- As with cigarette smoking, vaping compromises the respiratory immune defense system making one more susceptible to lung infections. (Covid)

  The e-cigs/vapes' nicotine, effect the cardiovascular system. causing impaired flow-mediated dilation cardiovascular diseases
- Ear, Eye and Throat Irritation is common among e-cig/vape users.
- Youth addiction to nicotine, early adolescence changes to the brain ; tendency to life-long addiction affecting our future leaders.
- E Cig Vasoconstriction reduces ability to fight off Red Complex Bacteria and periodontium receives less oxygenation / nutrients. Gram neg *terponema denticola*, *porphyromonas gingivalis*, and *tannerella forsythia,* thrive in a de-oxygenated environment causing gingivitis and periodontitis.
- Vaping nicotine and heat from the vapor increases the risk of gum recession and exposes root cementum increasing thermal sensitivity.

Marijuana and the Opioid Epidemic

Lets look at more puzzle pieces…..

Smoking, Alcohol, Vaping, Flavors, Nicotine……

Medical and Recreational Marijuana, CBD, Opiods

THC and CBD are in both marijuana and hemp.

Marijuana contains much more THC than hemp.

Hemp contains much more CBD.

Hemp is primarily used to describe nonintoxicating strains of cannabis that are harvested for industrial uses and cannabidiol (CBD) extraction. Industrial hemp is used for the production of items such as paper, textiles, biodegradable plastics, and fuel.

CBD

- Touted for pain relief, sleep disorders, anxiety.
- Replacing opioids or to treat addiction.
- Claims on reduction of inflammation and muscle spasm and hence relief of TMJ/TMD , Tooth Sensitivity.
- Purported antibacterial properties - Prevent caries, tooth pain and periodontitis
- Arthritis, chrone's, diabetes, MS,

This is stated to occur via CBD interaction with the CB2 receptors in the brain, which mediate the immune functions of the body.

There is little scientific evidence on CBD to substantiate the claims.

Concern of no consistent oversight, on the reliability, purity, safety and dosage of nonprescription CBD products.

A recent CBD products online study revealesd more than ¼ contained different levels of CBD than labelled ! In addition, THC was found in 18 products .

Mayo Clinic 2021

- Dosed medications - Many drugs are broken down by enzymes in the liver, and CBD may compete for or interfere with these enzymes, leading to over and under dosing, called altered concentration. The altered concentration may lead to the medication not working, or an increased risk of side effects.
- CBD affects other medications body concentrations / potency by competing or interfering with liver enzymes; May need liver function tests.
- Can cause liver problems, by using it with other medications that can also affect the liver; such as acetaminophen.
- Can increase the risk of bleeding with anticoagulants like ibuprofen and warfarin.
- Can increase the potency of sedatives, creating severe health risks.
- Because of these potential risks, it is vital that any use of CBD or medical marijuana is included in the medical history and to consult with the physician.

The FDA stance is that there are many unanswered questions about CBD products outside the approved drug context of 0.3 % THC in the CBD.

For example, there are open questions such as:

- How much CBD is safe to consume in a day?
- How does it vary depending on what form it's taken?
- Are there drug interactions that need to be monitored?
- What are the impacts to special populations, like children, the elderly, and pregnant or lactating women?
- What are the risks of long-term exposure?

These and other questions need to be answered via scientific studies and data evaluation.

The FDA has approved CBD only for the following medical utilization -

1. Cannabidiol (Epidiolex) for epilepsy
2. Dronabinol (Marinol, Syndros) for nausea / vomiting caused by cancer chemotherapy and for anorexia associated with weight loss in people with AIDS.

It has not been approved for any dental use.

CBD cannot be legally marketed as an inactive ingredient in OTC drug products that are not reviewed and approved by the FDA. Mar 22, 2021.

Endocannabinoid System

CB1 receptors are primarily active in your brain and central nervous system, where they interact with neurons.

CB2 receptors, on the other hand, are mostly found on immune cells and gi system.

THC is a CB1 and CB2 agonist .
THC binds with receptors -- mostly in the brain - Euphoria.

CBD generally acts as a CB1 and CB2 antagonist. Doesn't cause euphoria. Instead, influencing receptors outside of the CNS – Anti-inflammatory.

Medical marijuana (Varying Levels of CBD and THC) may have possible therapeutic effects.
Depending on the state, it may be utilized, within certain requirements and qualifying conditions, such as :

- **Alzheimer's disease**
- **Amyotrophic lateral sclerosis (ALS)**
- **HIV/AIDS**
- **Crohn's disease**
- **Epilepsy and seizures**
- **Glaucoma**
- **Multiple sclerosis and muscle spasms**
- **Severe and chronic pain**
- **Severe nausea or vomiting caused by cancer treatment**

- **No Dental Application**

Over 90 % of medical marijuana in US contains high levels of THC.

Majority of medical marijuana dispensed had THC levels of up to 15 % - causing mind altering effects.

This is problematic because 60-80 % of patients who use medical marijuana use it for pain relief.

The higher the concentration of THC, the greater risk for developing dependency and tolerance more quickly……requiring higher and higher concentrations needed to get the same level of pain relief. Common tolerance problem with all drugs.

A Dab Rig device uses very hot (100's * F) metal, ceramic, glass, or quartz to instantly vaporize concentrated herbal or plant extracts within a glass chamber. Then the Dab is added, the vapor fills the chamber and the user takes a hit.

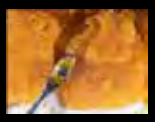
Names - E-cigs,hookahs,mods,vape pens,vapes, dab rigs.

Vape Pens in past few years, largely replaced joints and blunts due to their stealth factor, ease of use, and potency The THC % of resin usually hovers somewhere around 45 or 50 percent, while THC distillate % ranges from 85 or 90 % THC , causing psychotic effects ! Harm magnified in high THC levels

THC extracted into an oil can be evaporated into a sticky goo or wax that is smoked or, more popularly, vaporised. That goo can be further refined into a hard glass-like substance often called "shatter."
Dabbing

This concentrated form of marijuana is heated quickly on a very hot surface, vaporised, and then inhaled through a special apparatus, sometimes called a "dab rig" or an "oil rig." This process is called dabbing.

The THC content in dabs ranges from 60% to as high as 90%.7



Healthy Kids Colorado Survey August 2020

- **32.4%** of youth **drove a vehicle after using marijuana** in the past month, **up from 9.0%** in 2017
- **More than half** of high school students who use marijuana reported that they **dab marijuana** to get high
  - Dabbing" is a method of inhaling **highly concentrated THC** (commonly referred to as hash oil, wax or shatter) using a **blow torch-heated** delivery system commonly referred to as a dab rig

DEA - In order to meet the definition of 'hemp,' and

thus qualify for the exemption from schedule I, the derivative must not exceed the 0.3% D9-THC limit.

Marijuana from the plant Cannabis sativa and *every* compound, manufacture or preparation of such plant, are Schedule I controlled substances.

Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Examples are: heroin, (LSD), marijuana , ecstasy, methaqualone and peyote.

Unless they meet the definition of hemp limit -

0.3% D9-THC DEA 21 U.S.C. 802(16) – then they are schedule 1 and illegal at federal level.

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Chemical Dependency Committee

Marijuana use has been shown to increase risk of opiod misuse.

Marijuana use linked to social anxiety, depression, suicide and schizophrenia.

3 of 10 marijuana users become addicted to marijuana use, with increased risk correlated to early onset of use as youth.

CDC

NEW ENGLAND JOURNAL OF MEDICINE

Table 1. Substance Use and Sexual Behavior among Colorado High-School Students, According to Use or Nonuse of Electronic Vapor Products, in 2017.*

Variable	Recent Use of Electronic Vapor Product†	
	No (N=31,991)	Yes (N=13,394)
	(95 percent confidence interval)	
Binge drinking on ≥1 day in past 30 days‡	6.1 (5.6–6.5)	43.0 (41.3–44.7)
Use of opioid pain medicine without a prescription in lifetime	7.1 (6.7–7.5)	26.0 (24.8–27.2)
Use of marijuana in past 30 days	7.6 (6.7–8.4)	50.1 (49.2–52.7)
Use of cocaine >1 time in lifetime	1.4 (1.1–1.6)	14.2 (13.2–15.2)
Sex with ≥1 partner during past 3 mo	14.6 (13.7–15.5)	45.1 (43.8–46.4)
Use of heroin >1 time in lifetime	0.5 (0.3–0.6)	3.7 (3.2–4.1)
Use of methamphetamines >1 time in lifetime	0.6 (0.5–0.8)	5.0 (4.5–5.6)

Research from the 2021 ADA Council confirms the increased use of marijuana among dental patients and the growing need for more clinical guidance

CBD, Medical Marijuana and Recreational Marijuana products do not carry the American Dental Association (ADA) seal of approval

“ The oral health effects associated with smoking cannabis that include periodontal complications, xerostomia and leukoplakia
are a concern to dentists," said Dr. Ana Mascarenhas, B.D.S.,
Chair of the ADA Council on Scientific Affairs……,

The development of best practices for the management of those under the influence of cannabis is in the best interest of our profession."

Comorbidity / Therapeutic Considerations

As Health Practitioners we know the ECS as one of the most important physiologic systems involved in HOMEOSTASIS utilizing and producing endocannabinoids to respond to stress, illness, and injury.

Scientific evidence exists that patient’s endocannabinoid system (ECS) may not be functioning optimally.

Certain foods and activities can help the ECS function optimally, improve your health, and enhance the effectiveness of medical treatment.

Essential fatty acids,eggs, chocolate, herbs, spices, walnuts, flax seeds, a healthy ratio of omega-3 and omega-6 fatty acids, echinacea, turmeric, tea.

Exercise, stress reduction (social interaction, unstructured play and positive activities, spiritual pursuit, massage) can naturally stimulate and enhance the activity of the ECS

Pesticides, stress, alcohol, negative lifestyle and poor diet impair the ECS

Cannabis Results

Whether oral cannabinoids reduce the intensity of chronic cancer pain is not completely clear. Recent long-term studies are not encouraging.

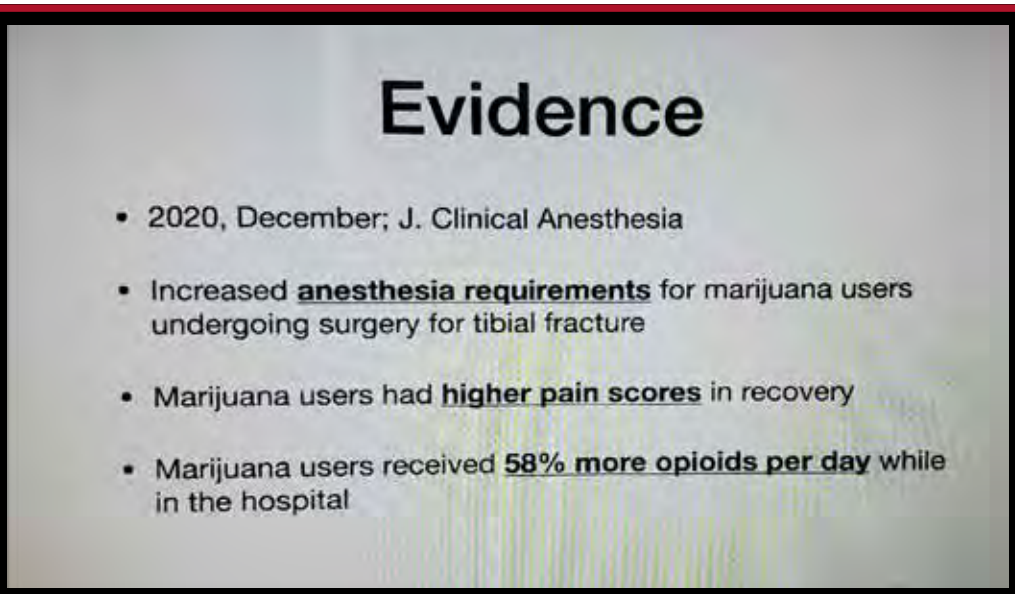
Literature data shows that oral cannabinoids have inadequate efficacy in rheumatological pain conditions.

Oral cannabinoids do not reduce acute postoperative or chronic abdominal pain.

Long-term safety assessment of medicinal cannabis is based on scant clinical trials and the safety interpretation should be taken cautiously.

More research is needed to evaluate the adverse effects of long-term use of medical cannabis.

Cannabinoids and Pain: New Insights From Old Molecules
Front. Pharmacol., 13 November 2018 | https://doi.org/10.3389/fphar.2018.01259



The association between preoperative cannabis use and intraoperative inhaled anesthetic consumption: A retrospective study
Ian C Holmen[1], Jeffrey P Beach[2], Alex M Kaizer[3], Ramakrishna Gumidyala
Jclinanesthesiology Jul 9, 2020.109980.

Evidence

- 2019, J Pain, September, Boehkne; **High frequency medical cannabis** use is associated with **worse pain** among individuals with chronic pain
- 2019, CMAJ Open, December; Cannabis use is **not** associated with **reduced opioid use** or longer treatment retention when used during methadone maintenance therapy in patients with **opioid use disorder**.

- 2020, PLOS One, March, Cash: THC concentrations in dispensaries in regulated markets have concentrations are often twice or even three times **too high** for pain relief and may lead to other negative psychiatric risks (**THC 15-20% average**)

" Its not working…I need something stronger " !

Local anesthesia with epinephrine may exacerbate cannabis-related tachycardia and hypertension.

These cardiovascular effects require a higher oxygen demand by the heart and body, and thus may contribute to diminished O2 blood saturation levels.

The effect of cannabis on the cardiac muscles thus can potentially lead to cardiac ischemia.

The overall respiratory symptoms of cannabis are further complicated by anxiety and carbon monoxide absorbed during the act of smoking.

Employ caution when using local anesthesia with epinephrine for a patient under the influence of cannabis.

General Anesthesia

Cannabis potentiates cardiac arrhythmias and respiratory depression

It is recommended that the use of cannabis be ceased 72 hours prior to using general or regional anesthesia.

In addition, during general anesthesia or IV sedation, potentiation is possible and airway parameters must be monitored.

CNS depression in the presence of benzodiazepines, alcohol, antihistamines, and muscle relaxants is enhanced.

Strong evidence supports an increased risk for psychotic symptoms or panic attacks related to THC, along with drug dependence.

Surgical Considerations

Cannabis users are advised to cease their habit of smoking before and after surgical procedures, Increase in alveolar osteitis (dry socket) and implant failures have been documented.

Healing time will be prolonged and that there is a risk of increased infection in smokers versus non-smokers.

Negative pressure created by the act of smoking can rupture a healing blood clot and pain.

As smoking reduces blood supply to the alveolar nerve, intensified pain may be experienced.

Substances that contaminate cannabis, such as nitrogenous and hydrocarbons, are noxious to healing sites and can lead to chronic infections of the bones, such as osteomyelitis.

Lowered oxygen levels increase bleeding time during surgical procedures and during recovery afterwards.

Dental Considerations

Chronic use of cannabis is associated with gingival inflammation, gingival hyperplasia, and alveolar bone loss, tripling risk of severe periodontitis.

Darling et al. reported that 70% of cannabis users described a transient sensation of xerostomia immediately following usage. Only 18.6% of cigarette-smoking control patients experienced similar symptoms.

Parasympatholytic properties of cannabis role and hyposalivation associated with the increased prevalence of periodontal disease.

Poor oral hygiene is more frequently seen in cannabis users compared to non-users, presenting with higher levels of decay and plaque, increased periodontal disease. “cannabis stomatitis” .

When smoked, cannabis is deeply inhaled and the toxins damage alveolar cells in the lungs and cause the airway to be hyper-reactive. These components contribute to concerns related to oxygen deprivation and dyspnea with the use of epinephrine.

Clinical and Ethical Considerations

Determining if the patient is under the influence of cannabis is very important when considering proper treatment and obtaining a valid consent. Cannabis intoxication can be difficult to determine as there are no THC accurate rapid tests without extensive laboratory examination.

When approaching patients who are suspected of being under the influence of cannabis, it is important to take note of behavioral changes such as euphoria, slowed cognition, impaired memory and coordination, and lack of focus.

A patient’s altered state may pose ethical and clinical dilemmas when explaining treatment, management and completing consent forms for procedures.

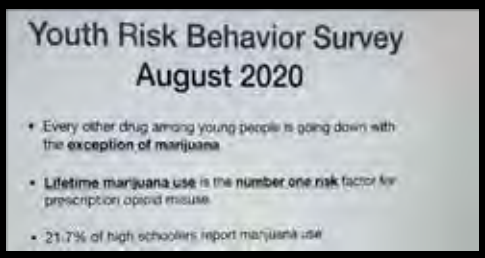
Look for red eyes (vasodilation), decreased pupillary light reflex, smooth eye tracking,

dry mouth, impaired short-term memory, impaired motor skills, euphoria or relaxation

Increased heart rate and blood pressure, breathing difficulty (relaxed bronchi

History of chest pain, fatigue, cardiac arrest, drowsiness.

"It is important to alert the public that using marijuana in the teen years brings health, soc
ial, and academic risk."
Dr. Volkow Director, National Institute on Drug Abuse (NIDA)



CDC

New England J Med 6/2014

Research on Teens, an age group in which the brain rapidly develops, suggests that marijuana impairs critical thinking and memory functions during use and that these deficits persist for days after using.

In addition, a long-term study showed that regular marijuana use in the early teen years lowers IQ into adulthood, even if users stopped smoking marijuana as adults.

September 23, 2020
Associations Between Prenatal Cannabis Exposure and Childhood Outcomes
Sarah E. Paul, BA[1]; Alexander S. Hatoum, PhD[2]; Ebony B. Carter, MD[3]; Cynthia E. Rogers, MD[2]
JAMA Psychiatry. Published online September 23, 2020.

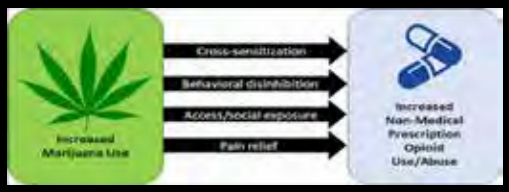
Women who used cannabis during pregnancy were more likely to have children with social problems, impulsivity and attention problems, and psychotic-like experiences that can be predictive of disorders like schizophrenia.

Prenatal cannabis exposure and its correlated factors are associated with greater risk for psychopathology during middle childhood. Cannabis use during pregnancy should be discouraged.

Amer J of Psychiatry in Advance (doi: 10.1176/appi.ajp.2017.17040413

Cannabis Use and Risk of Prescription Opioid Use Disorder in the United States
Dr. Mark Olfson, M.D., M.P.H., et al

Conclusions: Cannabis use appears to increase rather than decrease the risk of developing nonmedical prescription opioid use and opioid use disorder.



Marijuana leads to Leads to Opiods
This month in Psychopharmacology 2020

J Law Med Ethics. 2020 Jun; 48
Cannabis as a Gateway Drug for Opioid Use Disorder
A.R. Williams et al

Conclusions; Through a combination of genetic and environmental factors, it is highly likely that adolescent cannabis use can meaningfully increase risk of the initiation of opioid use and development of Opiod Use Disorder.

New York State Dental Association
Chemical Dependency Committee

Cannabis Use and Opioid Misuse in Adults September 2020

- 75,949 adults **aged ≥ 50** who participated in the year 2002–2014 (NSDUH)
- **3.8%** of the older adults reported past-year marijuana use (estimate **3.5 million** older adults Americans)
- **Past-year marijuana use** was very common (~30%) among **non-medical opioid dependence** respondents
- **Past-year marijuana use** was significantly associated with an increase in odds of reporting **opioid dependence**, and past-year **non-medical use opioids**

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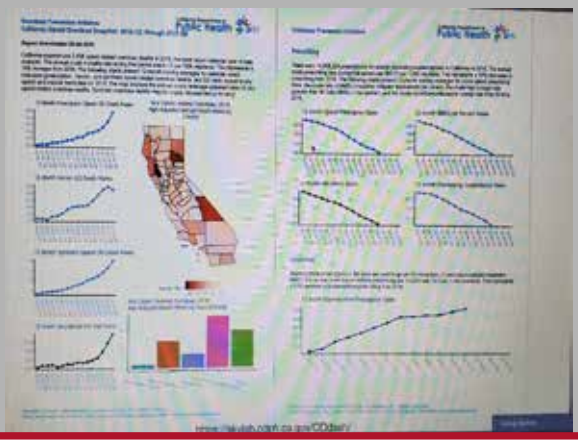
Cannabis use on the rise in most jurisdictions where non-medical use legalized

- 2020 World Drug Report, United Nations Office on Drugs and Crime
- Canada, Uruguay and 11 jurisdictions in the United States allow the manufacture and sale of cannabis products for **non-medical use**
- In Colorado and Washington, two of the first states to pass legalization, **increases** in **non-medical use of cannabis** among adults, past month and daily, or near daily use has **outstripped the national average** since 2012
- Increases have also been seen in Uruguay (since 2011) and Canada (since 2016), coinciding with legalization



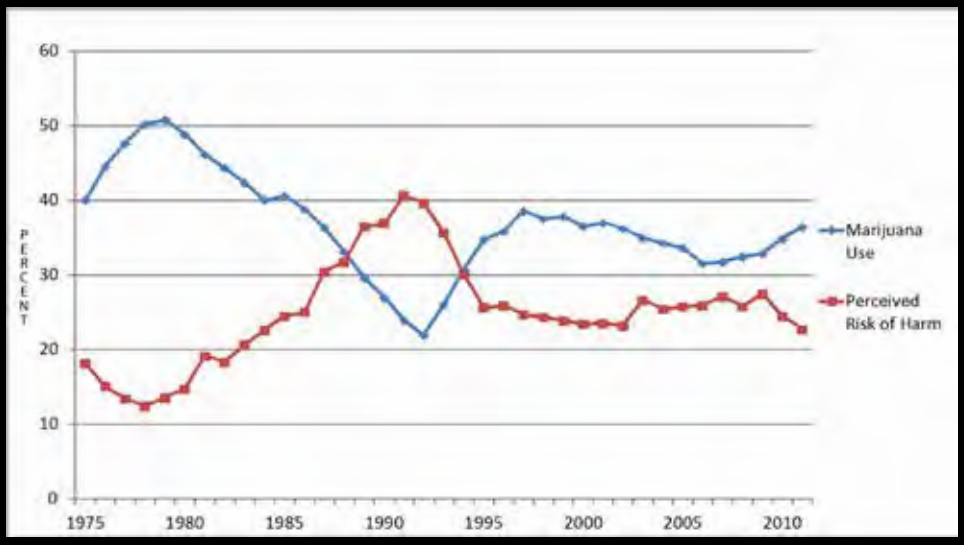
Global Drug Survey Results During Pandemic September 11, 2020

- N=55,000
- A considerable proportion of respondents **increased their use of cannabis** (44%), prescription benzodiazepines (34%) and prescription opioids (28%).
- Almost half (48%) survey respondents said they had increased the amount of **alcohol** they drank during the pandemic

www.russellwebster.com/gds-covid-uk

UNITED NATIONS WORLD DRUG CONFERENCE CONSENSUS 2016

" EDUCATION "



Education is Key to Empower Educated Patient Decision Making.

Education Based on Science
To Improve Community Public Health

somos

Gracias Somos !


New York State
Dental Association
Chemical Dependency Committee
Thank you !
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Montefiore | EINSTEIN
DOING MORE

Youth anxiety in the COVID era:
An update on research and treatment to help kids, caregivers, & clinicians meet the challenges of these times

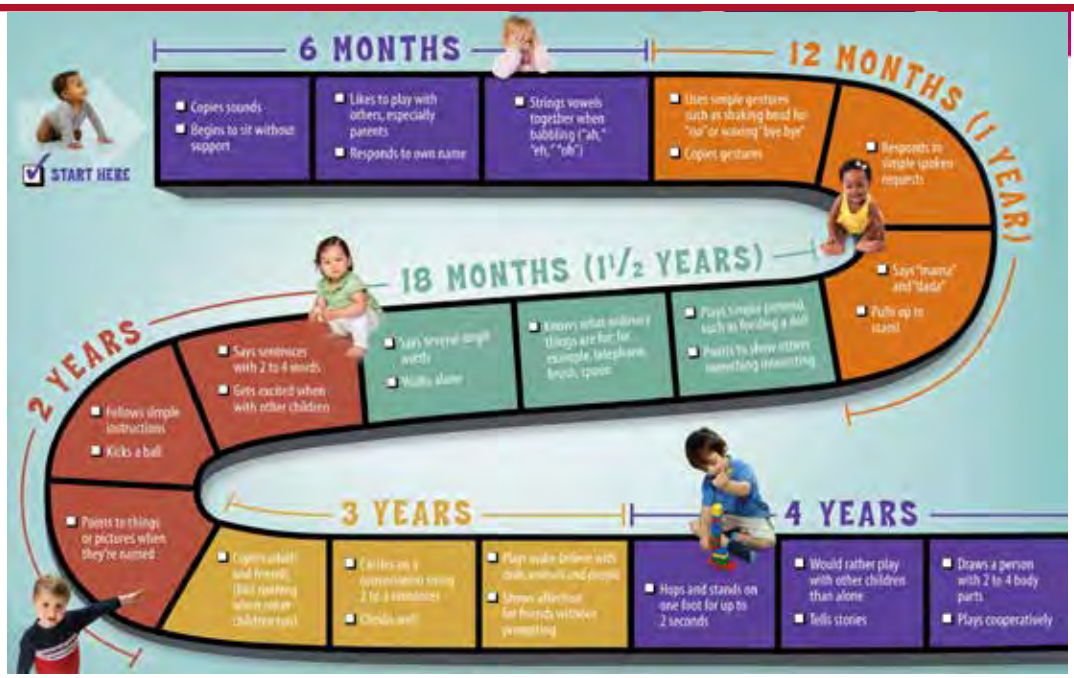
Sandra S. Pimentel, PhD
Chief, Child & Adolescent Psychology
Psychiatry and Behavioral Sciences Department
6 October 2022

LEARNING OBJECTIVES

- ❑ Review the most current research on youth anxiety and COVID-era youth mental health challenges
- ❑ Consider a developmental framework and novel approaches for targeting pandemic-related disruptions in screening, assessment, and treatment
- ❑ Identify and incorporate specific strategies to incorporate into CBT for anxious youth to address these challenges

NO FINANCIAL DISCLOSURES

Montefiore



Development as a path

www.cdc.gov/ActEarly

Montefiore

Fears across development

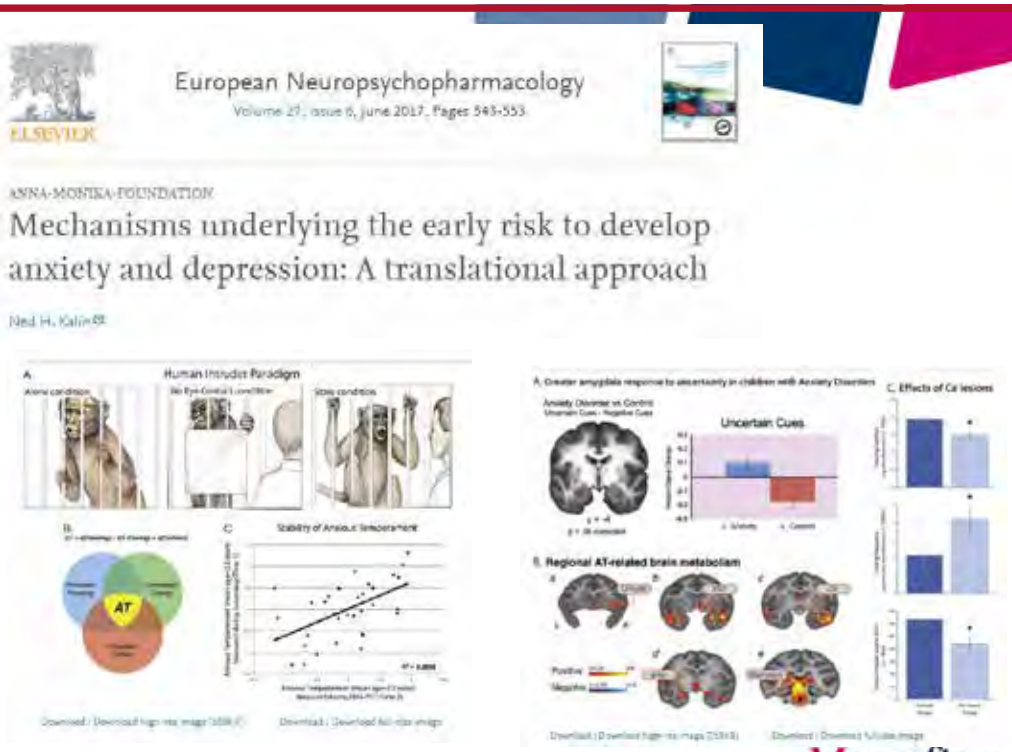
- **Infants**
  - Loud noises, startle response, strangers
- **Toddlers/Pre-School**
  - Imaginary creatures, boogey man, separation, dark, animals
- **School-age**
  - Injury, safety, natural events (thunderstorms), death
- **Pre-Adolescent and Adolescence**
  - Health, academic performance, social competence

Montefiore

Why **anxiety** in **youth**?

- EVEN PRE-PANDEMIC - Anxiety most common class of psychiatric illness in youth!
- Functional impairments
- Anxiety & MDD in the Top 10 list of YLD (Global Burden of Disease)
- Preceding drug and alcohol dependence by 10 years
  - Follow up study in children who received CBT for anxiety: Maintained gains in anxiety & reduced risk of substance abuse more than 7 years later (Kendall et al., 2004)
- Premature mortality
  - Chronic medical illnesses; Suicide
- Onsets in childhood, adolescence, and young adulthood
  - 75% of lifetime psychiatric illnesses emerge < 24 years (USA; Kessler et al., 2005)

Montefiore



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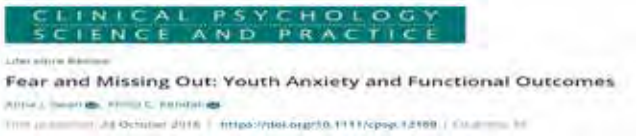
Youth Anxiety: Functional Impairments

- Social
  - Peer relation problems; making friends; likeability; social competence
- Educational/Occupational
  - Some aspects of performance; achievement level; work adjustment in later adulthood
- Family Functioning
  - Accommodation, family distress, ability to cope independently; relationship quality



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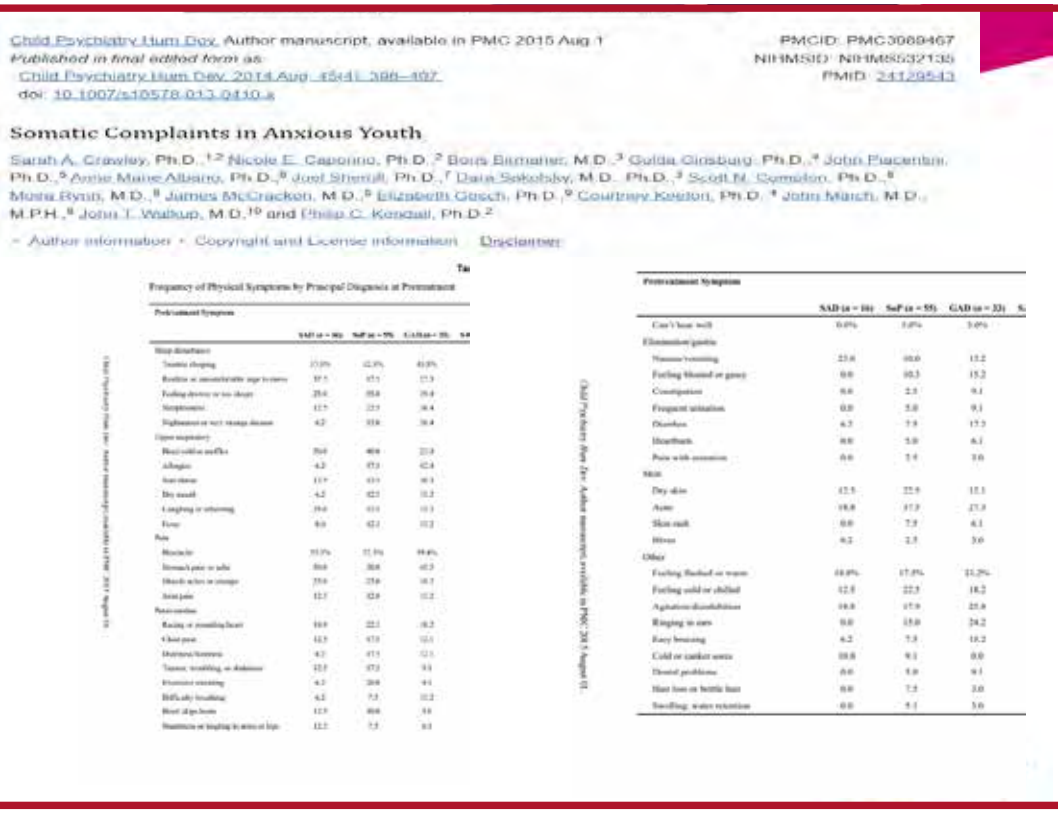

Emerging Adulthood & Developmental milestones

Albano, AM & colleagues (2018)

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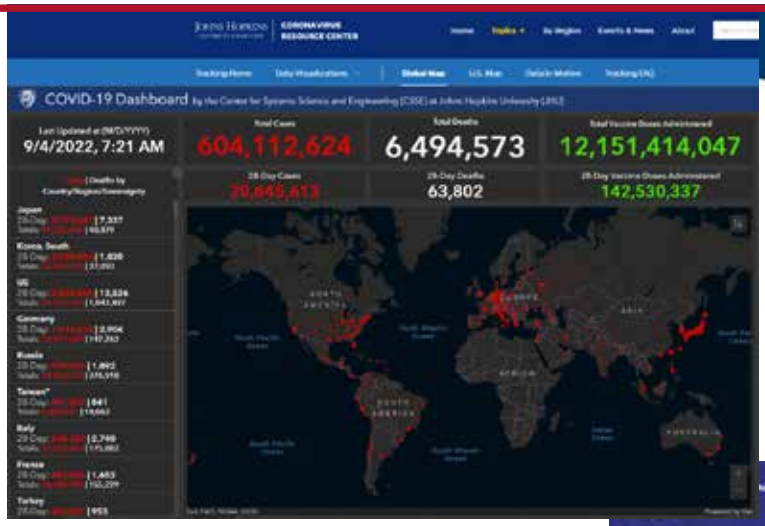

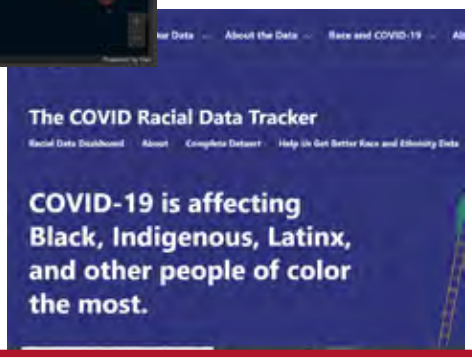

80% correlation between primary caregiver stress levels and that of their children.

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Food & financial insecurity

Children aged 5 to 16 years with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with payments (16.3%), than children unlikely to have a mental disorder (6.4%)

Lockdown made life worse for two in five children, NHS report says

By Philippa Roxby
Health reporter

22 hours ago

Coronavirus pandemic

NHS Digital

Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey

Survey

"They said their biggest anxieties were about missing school and family and friends contracting Covid-19."

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TABLE 1. Respondent characteristics and prevalence of adverse mental health outcomes, increased substance use to cope with stress or emotions related to COVID-19 pandemic, and suicidal ideation — United States, June 24–30, 2020

Characteristic	All respondents who completed surveys during June 24–30, 2020 weighted* no. (%)	Weighted %† Conditions: Anxiety disorder§	Depressive disorder¶	Anxiety or depressive disorder**	COVID-19–related TSRD††	Started or increased substance use to cope with pandemic-related stress or emotions§§	Seriously considered suicide in past 30 days	≥1 adverse mental or behavioral health symptom
All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
Gender								
Female	2,784 (50.9)	26.3	23.9	31.5	24.7	12.2	8.9	41.4
Male	2,676 (48.9)	24.7	24.8	30.4	27.9	14.4	12.6	40.5
Other	10 (0.2)	20.0	30.0	30.0	30.0	10.0	0.0	30.0
Age group (yrs)								
18–24	731 (13.4)	49.1	52.3	62.9	46.0	24.7	25.5	
25–44	1,911 (34.9)	35.3	32.5	40.4	36.0	19.5	16.0	
45–64	1,895 (34.6)	16.1	14.4	20.3	17.2	7.7	3.8	
≥65	933 (17.1)	6.2	5.8	8.1	9.2	3.0	2.0	15.1
Race/Ethnicity								
White, non-Hispanic	3,453 (63.1)	24.0	22.9	29.2	25.3	10.6	7.9	37.8
Black, non-Hispanic	663 (12.1)	23.4	24.6	30.2	30.4	18.4	15.1	44.2
Asian, non-Hispanic	256 (4.7)	14.1	14.2	18.0	22.1	6.7	6.6	31.9
Other race or multiple races, non-Hispanic**	164 (3.0)	27.8	29.3	33.2	28.3	11.0	9.8	43.8
Hispanic, any race(s)	885 (16.2)	35.5	31.3	40.8	35.1	21.9	18.6	52.1
Unknown	50 (0.9)	38.0	34.0	44.0	34.0	18.0	26.0	48.0
2019 Household income (USD)								
<25,000	741 (13.6)	30.6	30.8	36.6	29.9	12.3	9.9	45.4
25,000–49,999	1,123 (20.5)	26.0	25.6	33.2	27.2	13.5	10.1	43.9
50,999–99,999	1,775 (32.5)	27.1	24.8	31.6	26.4	12.6	11.4	40.3
							13.7	37.8
							11.6	35.1
							3.9	41.5
								66.2

CDC Centers for Disease Control and Prevention

Morbidity and Mortality Weekly Report (MMWR)

Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020

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JAMA Pediatrics

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Original Investigation | ONLINE FIRST | FREE

August 9, 2021

Global Prevalence of Depressive and Anxiety Symptoms in Children and Adolescents During COVID-19

A Meta-analysis

Nicole Racine, PhD, RPsych[1,2]; Brae Anne McArthur, PhD, RPsych[1,2]; Jessica E. Cooke, MSc[1,2]; et al

Author Affiliations | Article Information

JAMA Pediatr. Published online August 9, 2021. doi:10.1001/jamapediatrics.2021.2482

COVID-19 Resource Center

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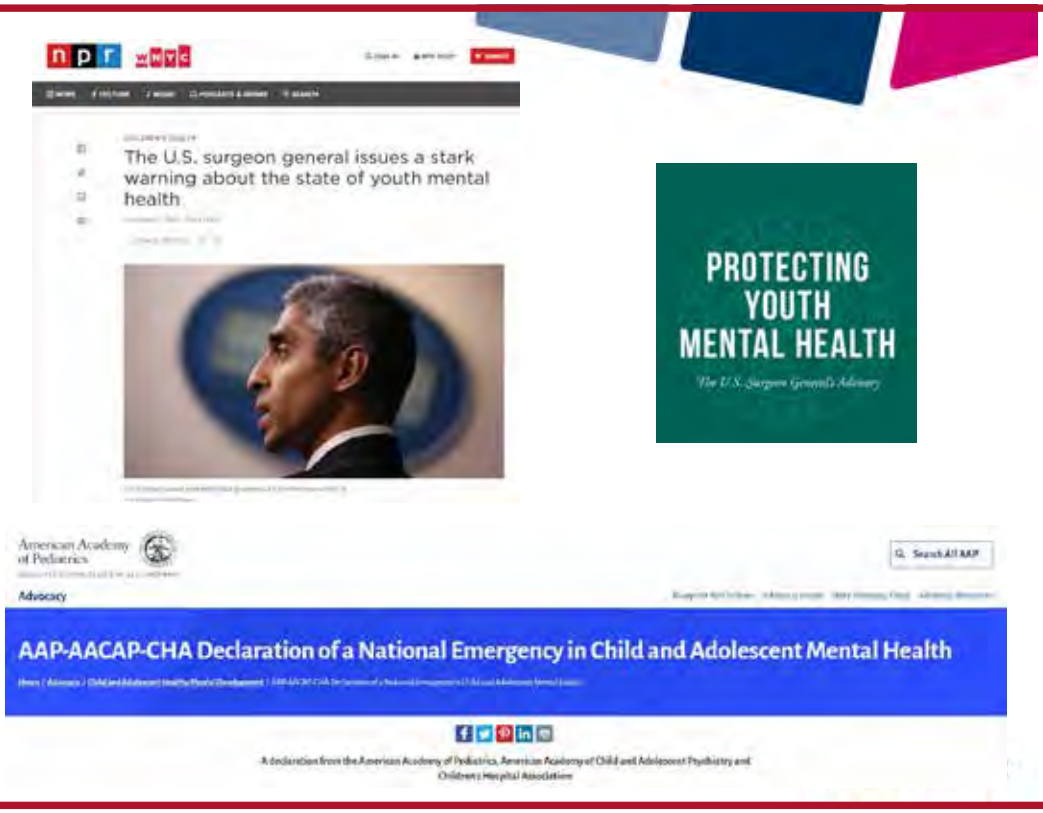

npr wnyc

The U.S. surgeon general issues a stark warning about the state of youth mental health

PROTECTING YOUTH MENTAL HEALTH

The U.S. Surgeon General's Advisory

American Academy of Pediatrics

Advocacy

AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

A declaration from the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association

National, State-by-State Data Show Depth of Mental Health Pandemic for Youth

POSTED AUGUST 8, 2022, BY THE ANNIE E. CASEY FOUNDATION

THE ANNIE E. CASEY FOUNDATION

COVID TRAUMA & LOSS

- 1 million people in US dead, 1,600 children
- >200,000 youth lost a primary caregiver

- **Dramatic** increases in incidence of youth reporting anxiety & depression

Disparities

9% of all high schoolers attempted suicide

12% for Black students, 13% for students of two or more races and 26% for American Indian or Alaska Native high schoolers

23% of LGBTQ high schoolers reporting to have attempted suicide vs 6% of heterosexual youth.

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PANDEMIC SURVEY

Parents' Mental, Physical Health Impacted Since Start of Pandemic

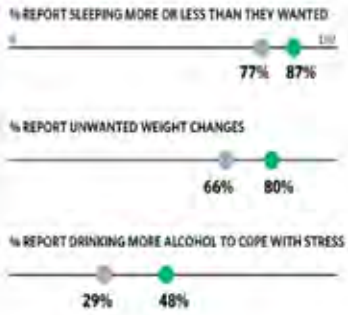
AMERICAN PSYCHOLOGICAL ASSOCIATION

say they could have used more emotional support than they received.

received treatment from a mental health professional.

were diagnosed with a mental health disorder since the pandemic started.

Mothers are more likely than fathers to say their mental health has worsened compared with before the pandemic (39% vs. 25%), but fathers are more likely to report behavioral and physical changes:



STRESS IN AMERICA™

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Factors related to youth mental health risk and resilience during COVID-19?

Individual (e.g., age, gender, disability)
Familial (e.g., parent-child conflict, domestic violence)
Community (e.g., access to peers/teachers, learning environment)
Social (e.g., racism, economic status)

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Consider Youth Anxiety Disorders

Quarantine/Lockdown
Social Isolation
Masks
Anti-Science Messaging*
Health Risks
Death
Grief & Loss
Family Isolation
Economic impact

YoungMinds reported that 83% of young respondents agreed that the pandemic worsened pre-existing mental health conditions, mainly due to school closures, loss of routine, and restricted social connections (YoungMinds, 2020).

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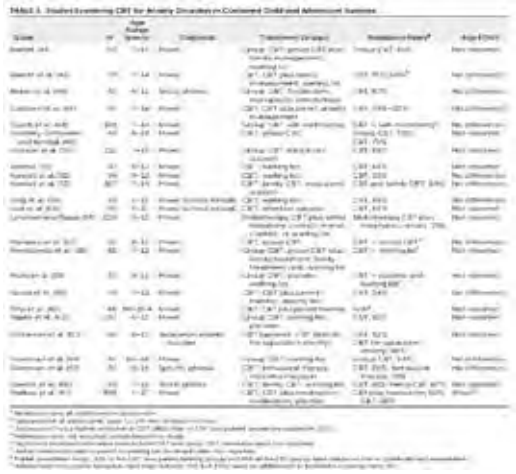
CBT for Youth Anxiety

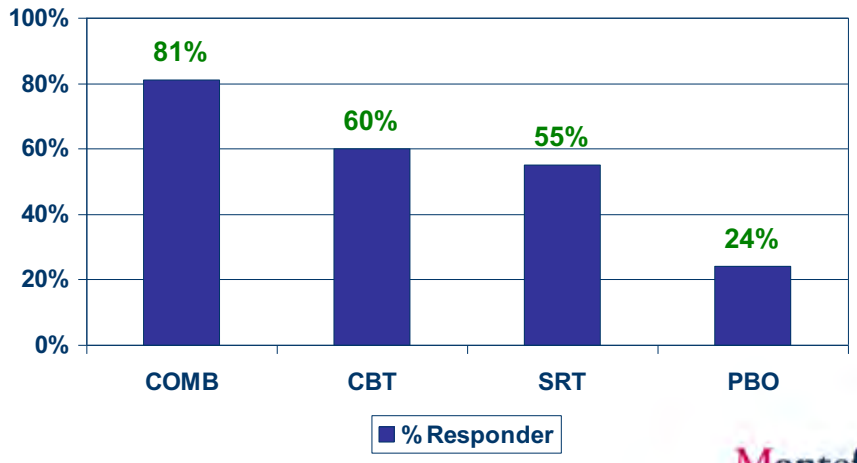


Kendall & Peterman, 2015

A brief note on:
CAMS Trial
CAMELS

The CAMS Trial
Treatment Response
CGI-I = 1 or 2 ITT

•COMB > CBT = SRT > PBO



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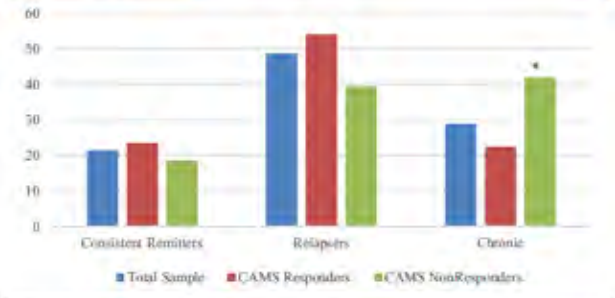
Results From the Child/Adolescent Anxiety Extended Long-Term Study (CAMELS): Primary Anxiety Outcomes

Golda S. Ginsburg, PhD, Emily M. Becker-Haimes, PhD, Courtney Keeton, PhD, Philip C. Kendall, PhD, ABPP, Satish Iyengar, PhD, Dara Sakolsky, MD, Anne Marie Albano, PhD, Tara Peris, PhD, Scott N. Compton, PhD, John Piacentini, PhD, ABPP

FIGURE 3 Percent Remitters, Chronic, and Relapsers Across Follow-up Period



Note: *CAMS Responder status associated with increased likelihood of group membership.*
*$p < .05$.

Journal of the American Academy of Child & Adolescent Psychiatry
Volume ■ / Number ■ / ■ 2018

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Review > Curr Psychiatry Rep. 2018 Jul 28;20(8):65. doi: 10.1007/s11920-018-0924-9.

Cognitive Behavioral Therapy for Childhood Anxiety Disorders: a Review of Recent Advances

Kelly N Banneyer [1,2], Liza Bonin [3,4], Karin Price [3,4], Wayne K Goodman [5], Eric A Storch [3,4,5]

Affiliations + expand

PMID: 30056623 DOI: 10.1007/s11920-018-0924-9

Advances with respect to:

- Use of technology
- Increasing parental involvement

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Sundays at 9am?

Springer Link

Open Access | Published: 18 September 2018

Technology Delivered Interventions for Depression and Anxiety in Children and Adolescents: A Systematic Review and Meta-analysis

Rebecca Grist, Abigail Croker, Megan Denne & Paul Stallard

Clinical Child and Family Psychology Review **22**, 147–171 (2019) | Cite this article

16k Accesses | **53** Citations | **11** Altmetric | Metrics

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Behavior Therapy
Volume 52, Issue 5, September 2021, Pages 1171-1187

Therapist-Led, Internet-Delivered Treatment for Early Child Social Anxiety: A Waitlist-Controlled Evaluation of the iCALM Telehealth Program ☆,

Jonathan S. Comer, Jami M. Furr, Cristina del Busto, Karina Silva, Natalie Hong, Bridget Pozniaski, Amanda Sanchez, Danielle Comacchio, Aileen Herrera, Stefany Coxe, Elizabeth Miguel, Christopher Georgiadis, Kristina Conroy, Anthony Pullafico

Show more

Highlights

Limited options are broadly available for families seeking treatment for early child social anxiety.

The iCALM Telehealth Program uses videoconferencing to deliver therapist-led treatment for early child anxiety.

Outcomes of a waitlist-controlled examination of the iCALM Telehealth Program are presented.

iCALM led to improvements in child anxiety, impairment, and parental distress.

Families with high levels of parental accommodation may particularly benefit from iCALM.

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ARTICLES
https://doi.org/10.1038/s41562-021-01235-0
nature human behaviour

A randomized trial of online single-session interventions for adolescent depression during COVID-19

Jessica L. Schleider[1], Michael C. Mullarkey[1], Kathryn R. Fox[2], Mallory L. Dobias[1], Akash Shroff[1], Erica A. Hart[2] and Chantelle A. Roulston[1]

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RATINGS KEY

Ease of Use		1 = Very Difficult 5 = Very Easy
Effectiveness		1 = Highly Unlikely 5 = Highly Likely
Personalization		1 = No Ability 5 = Complete Ability
Interactive/ Feedback		1 = Not Interactive 5 = Very Interactive
Research Evidence		1 = No Research Evidence 5 = Ample Research Evidence

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Assess social media usage

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Resilience

- Decades of resilience research
  - (Garmezy, Luthar, Rutter, Masten)
  - Early trauma, SMI, extreme poverty & stress
  - Role of parent quality, family resources
  - Neurobiology, socioculture

Resilience = process of positively adapting to (despite?) significant adversity *(see Luthar, 2003)*

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Resilience in Human Development: Interdependent Adaptive Systems in Theory and Action

Ann S. Masten
University of Minnesota

Pathways to Resilience III
18 June 2013

The short list for resilience

- Capable caregiving and parenting
- Other close relationships
- Problem-solving skills
- Self-regulation skills
- Motivation to succeed
- Self-efficacy
- Faith, hope, belief life has meaning
- Effective schools or ECE
- Effective communities
- Effective cultural practices

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Parents: Overview… how many ways to say this?

- Parental mental health broadly tied to child mental health (see Ramchandani, 2003; Rutter, 1966)
- Parental stress IS THE MOST SIGNIFICANT predictor of child functioning during deployments, other disasters/adversity (e.g., Flake et al., 2009; LaGreca & Comer)
- A significant protective buffer for youth adjustment (war, disaster) is effective parenting & parent child-relationship (e.g., Papp et al., 2005)
  - Warmth (vs hostility), patience, self-compassion

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We must be Caregiver-Focused

- System-focus & Structural-focus
- Self-compassion/care
- Parent anxiety management
  - How do they manage stress?
  - Modeling feelings & coping
  - TOLERATE UNCERTAINTY

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Parents!

APA PsycArticles: Journal Article

Cognitive-behavioral therapy for anxiety disordered youth: A randomized clinical trial evaluating child and family modalities.

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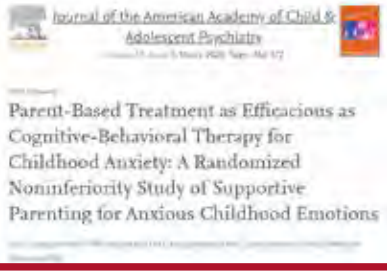
Kendall, P. C., Hudson, J. L., Gosch, E., Flannery-Schroeder, E., & Suveg, C. (2008). Cognitive-behavioral therapy for anxiety disordered youth: A randomized clinical trial evaluating child and family modalities. *Journal of Consulting and Clinical Psychology, 76*(2), 282–297. https://doi.org/10.1037/0022-006X.76.2.282



- Family accommodation
- Parent anxious behaviors
- Management of disruptive behaviors

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Assess family behaviors around communication

Published in final edited form as:
J Clin Child Adolesc Psychol. 2017 ; 46(3): 331–342. doi:10.1080/15374416.2015.1063432.

Event-related household discussions following the Boston Marathon bombing and associated posttraumatic stress among area youth

Aubrey L. Carpenter, M.A.[1], **R. Meredith Elkins, M.A.**[1], **Caroline Kerns, M.A.**[1], **Tommy Chou, M.A.**[2], **Jennifer Greif Green, Ph.D.**[3], and **Jonathan S. Comer, Ph.D.**[2]

[1]Center for Anxiety and Related Disorders, Boston University, 648 Beacon Street, 6th Floor, Boston, MA, 02215

[2]Center for Children and Families, Florida International University, 11200 S.W. 8th Street, Miami, FL, 33199

[3]School of Education, Boston University, Two Silber Way, Boston, MA, 02215

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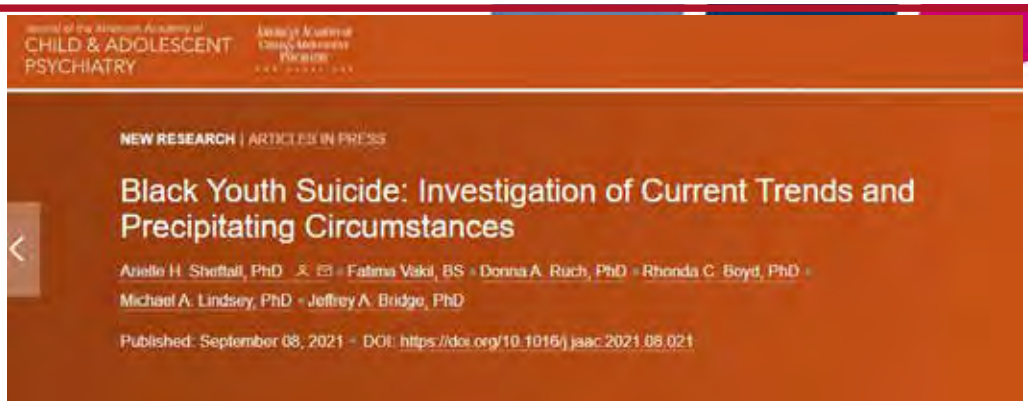

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REVIEW

Systematic Review: The Association Between Race-Related Stress and Trauma and Emotion Dysregulation in Youth of Color

Erika L. Roach, MA, Stephanie L. Haft, MA, Jingtong Huang, BA, Qing Zhou, PhD

Objective: This systematic review aims to summarize the current state of knowledge on the relations between race-related stress and trauma (RST) and emotion dysregulation, synthesize empirical research examining these associations in youth of color, and discuss clinical implications.

Method: We searched PubMed, ProQuest PsycInfo, and Web of Science for relevant articles on June 24, 2021. Eligible studies were empirical studies in peer-reviewed journals or from gray literature. They included a sample of participants (5-24 years of age) from racial and ethnic minority backgrounds and at least 1 measure of RST and emotion dysregulation. We evaluated target studies using the Quality Assessment for Diverse Studies and extracted information on associations between RST and emotion dysregulation, as well as mediators and moderators.

Results: Ultimately, 29 studies (78,173 participants) met inclusion criteria. A total of 28 studies were correlational, 16 were cross-sectional, and 12 were longitudinal. Greater RST was linked to greater emotion dysregulation in 78% of observed associations. Remaining associations were not significant. Relationships were mediated by types of coping, biological factors, and identity factors. RST was also related to several wellbeing outcomes through its relation with emotion dysregulation.

Conclusion: Results consistently demonstrated that greater exposure to RST is related to greater emotion dysregulation and decreased wellbeing in youth of color. These findings suggest that clinicians should incorporate the role of RST in case conceptualizations and treatment plans for this population. Future research should use multidimensional measures of RST and include experimental studies to examine the causal relationship between RST and emotion dysregulation.

Keywords: systematic review, racial stress, racial trauma, emotion dysregulation, youth

J Am Acad Child Adolesc Psychiatry 2022;■(■):■–■.

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Does Racism Impact the Mental Health of Teenagers?

Montefiore

EINSTEIN

Danielle Fuses, B.S., Lillian Polanco-Roman, Ph.D.; Catherine Bilkun, B.A.; Brittany Klimek, B.A.; Melissa Dackis, Ph.D.; Sandra Pimentel, Ph.D.

Department of Psychiatry and Behavioral Sciences, Montefiore Medical Center/Albert Einstein College of Medicine

INTRODUCTION

Racial/ethnic discrimination is a behavioral manifestation of racism that occurs on an interpersonal level.

Discrimination is common in the lives of adolescents, and has been linked to psychiatric symptomology, particularly among racial/ethnic minority individual. But this research is largely with adults.

Emotion reactivity (i.e., the sensitivity, intensity and persistence of emotional experiences) and emotion dysregulation have been implicated in psychopathology.

Very little is known about the relation between racial/ethnic discrimination and emotional processes.

The present study examined the relation among racism (i.e., racial/ethnic discrimination), psychiatric symptoms (i.e., depressive symptoms, PTSD symptoms, suicidal ideation), emotion reactivity, and difficulties with regulating emotions.

Hypothesis: greater experiences of racial/ethnic discrimination would be positively associated with psychiatric symptoms, emotion reactivity, and emotion dysregulation.

METHODS

Sample

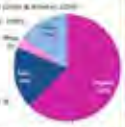
Participants (N=52, 81% females) are adolescents at Child Outpatient Psychiatry Department (anxiety and mood program ages 13-21 years old; M=15.48, SD=1.80).

Measures

- Perceptions of Racism in Youth and Children (Hurd et al., 2012)
- Difficulties with Emotion Regulation Scale (Gratz & Roemer, 2004)
- Beck Depression Inventory – II (Beck, Steer, & Brown, 1996)
- Suicide Ideation Questionnaire – Child version (Reynolds & Mazza, 1998)
- Electronic Reactivity Scale (Dvir et al., 2020)
- Child PTSD Scale (Foa et al., 2001)

Data Analysis

Pearson correlations analyses. Data collection is ongoing.



Ever experienced racial/ethnic discrimination in their lifetime

75% Had someone make a dumb or insulting remark about your race, ethnicity, or language

69% Been unfairly treated by people in authority because of your race, ethnicity, or language

66% Had someone be rude to you because of the color of your skin, language, ancestry, culture, or country of origin

66% Had the police treat someone of your race unfairly

REFERENCES

[illegible]

RESULTS

Correlational analyses of racial/ethnic discrimination, emotion reactivity, emotion dysregulation, and psychiatric symptoms

	M (SD)	1	2	3	4	5	6
1. Discrimination (Frequency)	15.73 (11.97)	-	0.49**	0.24	0.24	0.35	0.47**
2. Emotion Reactivity	40.04 (22.78)		-	0.45**	0.51**	0.44**	0.44**
3. Emotion Dysregulation	53.73 (28.95)			-	0.81**	0.79**	0.55**
4. Depression Sx	10.87 (12.98)				-	0.64**	0.58**
5. PTSD Sx	19.06 (17.35)					-	0.40**
6. Suicidal Ideation (Sx)	22.17 (23.99)						-

*p < .05; **p < .01

CONCLUSION

- Experiences of racial/ethnic discrimination are prevalent in our adolescent & emerging adult patient population.
- Increases in frequency of racial/ethnic discriminatory experiences associated with increases in emotion reactivity & SI.
- No sig. relation between discriminatory and emotion dysregulation, depressive Sxs, or PTSD Sxs.
- Findings broaden our understanding of how racial/ethnic discrimination may relate to, and possibly increase risk for, psychopathology among racial/ethnic minority youth.
- With the growing racial/ethnic minority youth population in the U.S., it is imperative that we better understand how racism may impact their mental health; thus, further research is warranted.
- Future research should examine whether discrimination increases emotional reactivity, which in turn may increase risk for SI.

Clinical Implications. This information highlights the need to systematically assess for racism-based experiences as part of clinical care.

Can We Please Start Asking About Racism and Bias at the Doctor's Office?

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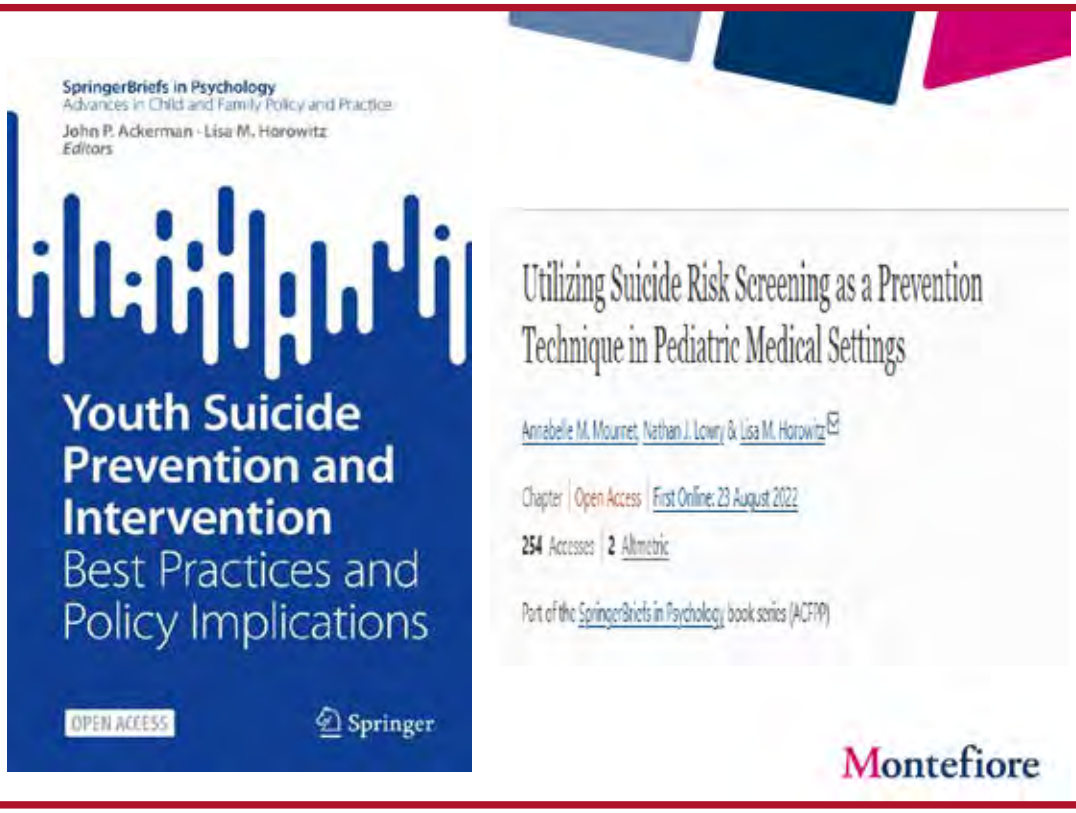
Amanda Sheu, BA; Teresa Hsu-Wolkiet, PhD; Miguelina Germán, PhD

Montefiore Medical Group
Bronx, NY

For more information, contact:
Amanda Sheu, BA | asheu@montefiore.org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Annabelle M. Mourret, Nathan J. Lowry & Lisa M. Horowitz
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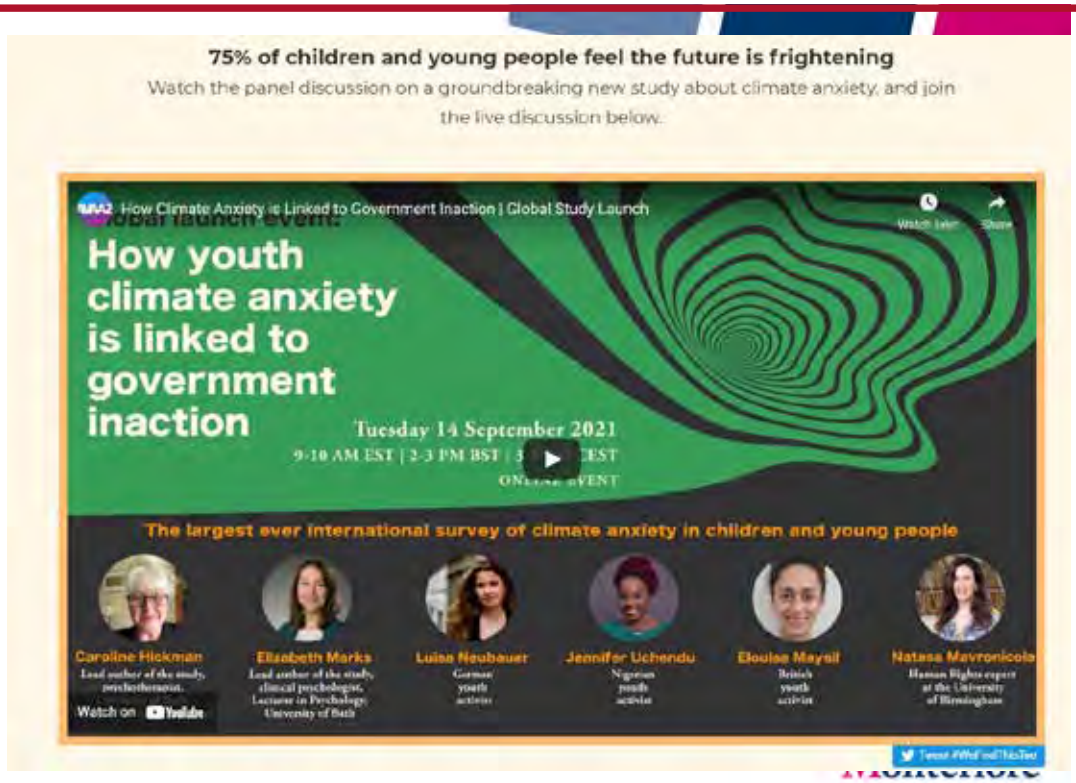
75% of children and young people feel the future is frightening
Watch the panel discussion on a groundbreaking new study about climate anxiety, and join the live discussion below.
How Climate Anxiety is Linked to Government Inaction | Global Study Launch
How youth climate anxiety is linked to government inaction
Tuesday 14 September 2021
The largest ever international survey of climate anxiety in children and young people
Caroline Hickman
Elisabeth Marks
Luisa Neubauer
Jennifer Uchendu
Eloise Mayall
Natasa Mavronicola
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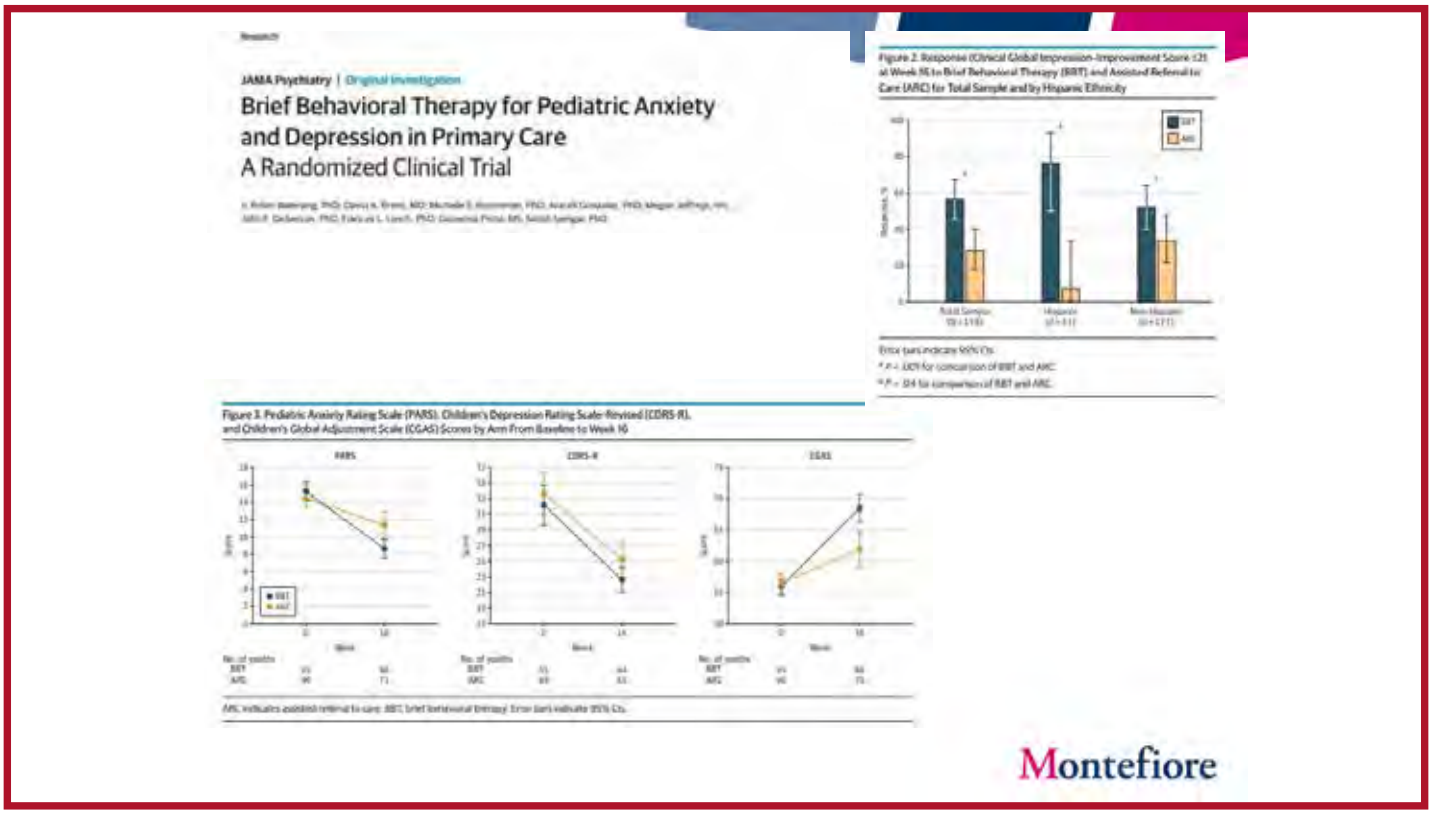
JAMA Psychiatry | Original Investigation
Brief Behavioral Therapy for Pediatric Anxiety and Depression in Primary Care
A Randomized Clinical Trial
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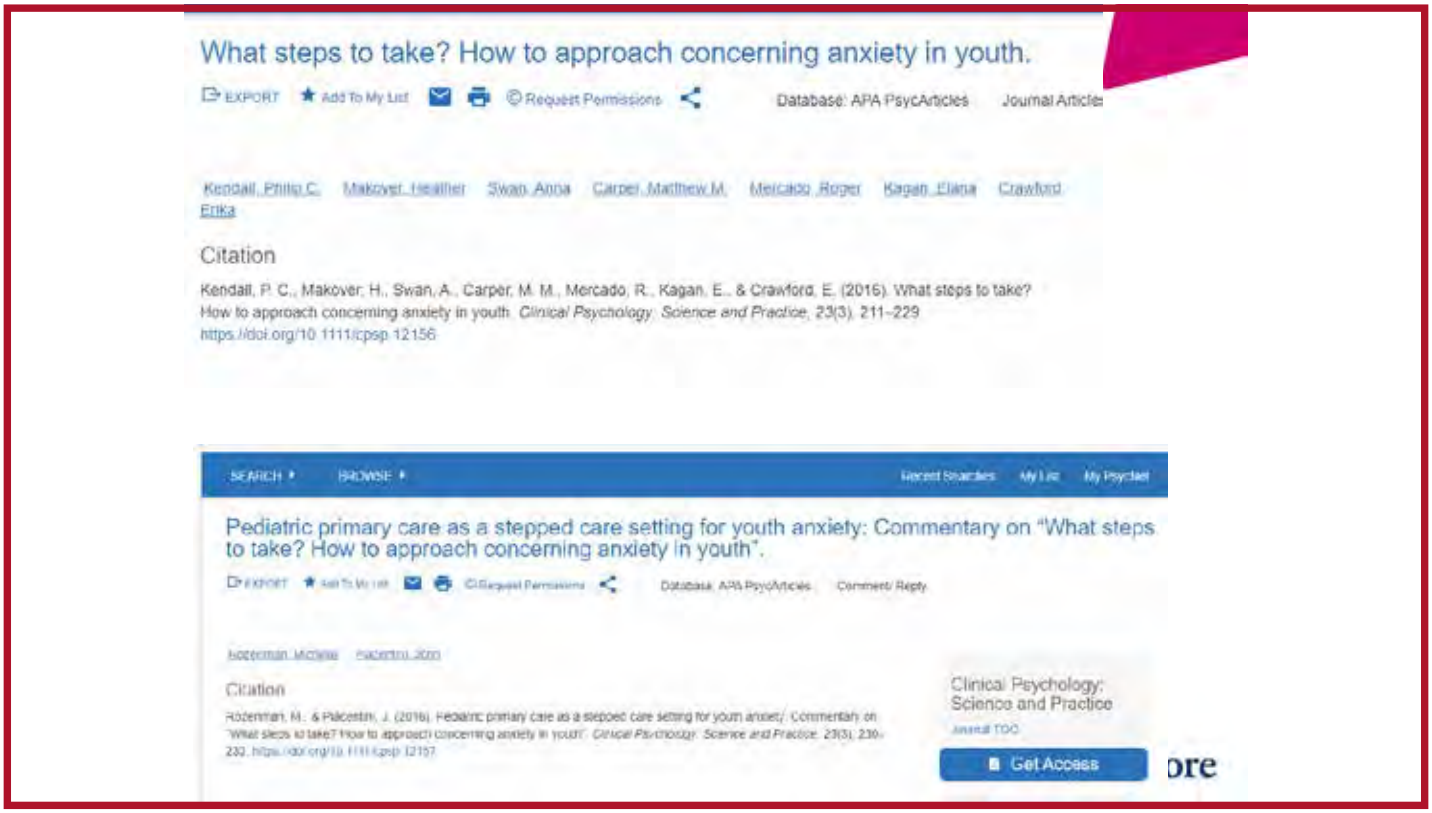
What steps to take? How to approach concerning anxiety in youth.
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Kendall, Philip C.
Makover, Heather
Swan, Anna
Carper, Matthew M.
Mercado, Roger
Kagan, Elana
Crawford, Erika
Citation
Kendall, P. C., Makover, H., Swan, A., Carper, M. M., Mercado, R., Kagan, E., & Crawford, E. (2016). What steps to take? How to approach concerning anxiety in youth. Clinical Psychology: Science and Practice, 23(3), 211–229. https://doi.org/10.1111/cpsp.12156
SEARCH
BROWSE
Pediatric primary care as a stepped care setting for youth anxiety: Commentary on "What steps to take? How to approach concerning anxiety in youth".
Clinical Psychology: Science and Practice
Get Access

https://www.theatlantic.com/video/index/609958/pandemic-kids/

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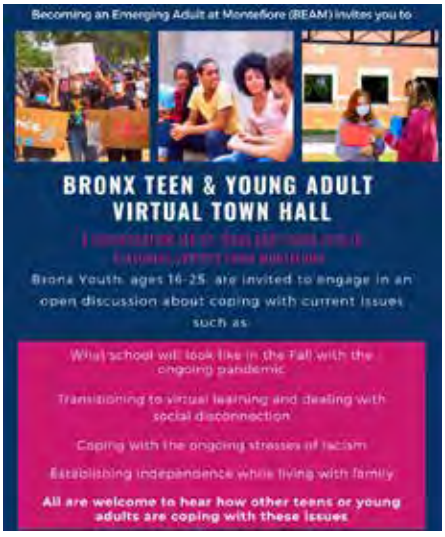
Developmental vulnerability: Emerging adults



Becoming an Emerging Adult at Montefiore (BEAM)

Montefiore

Notice the best part.

The Atlantic

HOMEROOM

Homeroom: The Pandemic's Potential Silver Lining for Kids

Each child will process this time differently, and adults can help kids find opportunity in the life that awaits them.

By Abby Freireich and Brian Platzer

Montefiore

Hope & Gratitude

"Hope is a discipline"

- Youth anxiety & Self-efficacy

- *Thank You*
- *Obrigado*
- *Gracias*

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Montefiore YES Garden

Montefiore

STIGMA OF MENTAL ILLNESS

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Psychiatrist/Addiction Specialist.
SOMOS IPA/FTMDPC/CMD/MIH/NYPH.

October 6, 2022

Purpose and Objectives

PURPOSE	To create an impact in the medical community regarding the stigma of mental illness.

OBJECTIVES

- Clarify the concept of mental illness stigma
- Develop awareness and concern of mental illness stigma
- Discuss consequences of stigma
- Take action

FINANCIAL DISCLOSURE	*None*

1 in 5 U.S. adults experience mental illness each year
1 in 20 U.S. adults experience serious mental illness each year
1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year
50% of all lifetime mental illness begins by age 14, and 75% by age 24
Suicide is the 2nd leading cause of death among people aged 10-34

https://www.nami.org/mhstats

2020 was a year of challenges, marked by loss and the uncertainty of the COVID-19 pandemic.

We must recognize the significant impact of the pandemic on our mental health—and the importance of increasing access to timely and effective care for those who need it.

- 1 in 15 U.S adults experienced both a substance use disorder and mental illness
- 12+ million U.S adults had serious thoughts of suicide
- 1 in 5 U.S adults report that the pandemic had a significant negative impact on their mental health
  - 45% of those with mental illness
  - 55% of those with serious mental illness
- Among people aged 12 and older who drink alcohol, 15% report increased drinking
- Among people aged 12 and older who use drugs, 10% report increased use
- Among U.S. adults who received mental health services:
  - 17.7 million experienced delays or cancellations in appointments
  - 7.3 million experienced delays in getting prescriptions
  - 4.9 million were unable to access needed care
- 26.3 million U.S adults received virtual mental health services in the past year
  - 34% of those with mental illness
  - 50% of those with serious mental illness

https://www.nami.org/mhstats

Stigma

Refers to the prejudice and discrimination associated with the conditions that are enacted through social relationships and that devalue the person's humanity.

Different types of stigma:

1. Public
2. Self
3. Structural

https://onlinelibrary.wiley.com/doi/full/10.1002/9781118410868.wbehibs082

Public Stigma

- The process in which individuals in the general population first endorse the stereotypes of mental illness and then act in a discriminatory manner.
- Comprises reactions of the general public towards a group based on stigma about that group.
- It is further important to note that labeling often implies a separation of 'us' from 'them'.

This separation easily leads to the belief that 'they' are fundamentally different from 'us' and that 'they' even *are* the thing they are labelled.

https://onlinelibrary.wiley.com/doi/full/10.1002/9781118410868.wbehibs082

- **Stereotypes** are knowledge structures known to most members of a social group. Quickly generate impressions and expectations of persons who belong to a stereotyped group. People do not necessarily agree with the stereotypes they are aware of.
- **Prejudice** endorses these negative stereotypes (“That's right! All persons with mental illness are violent“) and have negative emotional reactions as a consequence (“They all scare me“).
- **Discrimination,** making a negative remark about patient’s mental illness or treatment.

https://www.cambridge.org/core/journals/european-psychiatry/article/mental-illness-stigma-concepts-consequences-and-initiatives-to-reduce-stigma/3AE7283F0F35980994B4BD71E92C3C08

- Prejudice leads to discrimination as a behavioral reaction, yields anger that can lead to hostile behavior.
- Mental illness, angry prejudice may lead to withholding help or replacing health care with the criminal justice system.
- This association between perceived dangerousness of persons with mental illness, fear, and increased social distance has been validated for different countries, including Germany.
- Social, economic and political power is necessary to stigmatize.

https://www.cambridge.org/core/journals/european-psychiatry/article/mental-illness-stigma-concepts-consequences-and-initiatives-to-reduce-stigma/3AE7283F0F35980994B4BD71E92C3C08

Self Stigma

- The process in which a person with mental illness internalizes prejudice and discrimination that results from public stigma.
- Refers to the reactions of individuals who belong to a stigmatized group and turn the stigmatizing attitudes against themselves.
- Comprises of stereotyping, prejudice and discrimination.
- Self-prejudice leads to negative emotional reactions.
- Behavior responses
- Self-discriminating behavior

https://scitechconnect.elsevier.com/wp-content/uploads/2015/09/The-Stigma-of-Mental-Illness.pdf

Structural Stigma

1. The policies of private and governmental institutions that intentionally restrict the opportunities of people with mental illness.
2. The policies of institutions that yield unintended consequences that limit options for people with mental illness.
3. Criminality and mental illness.

https://scitechconnect.elsevier.com/wp-content/uploads/2015/09/The-Stigma-of-Mental-Illness.pdf

Stigma in providers of medical care

- Somatic SxS are excessively attributed to mental illness.
- Frustration due to inadequate compliance.
- Fear of potential violence may limit full evaluation of the patient.
- Some health insurance doesn't adequately cover mental illness treatment.

https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477

The Consequences of stigma

- Reluctance to seek help or treatment
- Lack of understanding by family, friends, co-workers or others
- Fewer opportunities for work, school or social activities or trouble finding housing
- Bullying, physical violence or harassment
- **Health insurance** that doesn't adequately cover your mental illness treatment
- The belief that they will never succeed at certain challenges or that they can't improve their situation

https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477

- Public stigma results in everyday-life discrimination encountered.
- Structural discrimination includes private and public institutions that intentionally or unintentionally restrict opportunities of persons with mental illness.
- Self-stigma/empowerment and fear of stigma as a reason to avoid treatment.

https://www.cambridge.org/core/journals/european-psychiatry/article/mental-illness-stigma-concepts-consequences-and-initiatives-to-reduce-stigma/3AE7283F0F35980994B4BD71E92C3C08

Psychiatric symptoms and life disabilities of many persons living with mental illness can be significantly improved by various psychiatric and psychosocial treatments.

Case ML.

https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/stigma-of-mentalillness-and-ways-of-diminishing-it/EF630432A797A5296D131EC0D4D5D7AD#B1

Ways to reduce the stigma towards mental illness

Education!!

- Educating the public, and medical providers
- Review our own view of mental illness
- Share real life examples
- Provide pamphlets
- Educational material/NAMI
- Maintain close relationship with the mental health provider

https://nami.org/About-Mental-Illness/Mental-Health-Conditions/Anxiety-Disorders

Summary

- Stigma refers to the prejudice and discrimination associated with the conditions that are enacted through social relationships and that devalue the person's humanity.
- Three types are recognize: self, public, and structural.
- Stigma can negatively impact appropriate medical health services.
- Stigma results in everyday-life discrimination encountered, intentionally or unintentionally and restrict opportunities of persons with mental illness.
- Education

Contact Information

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Organization Somos
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Phone 212-543-3500.


Thank
you

Mild Cognitive Impairment

Something is not right with my brain

October 6, 2022

MedStar Health

Purpose and Objectives

PURPOSE *Update on Mild Cognitive Impairment (MCI)*

OBJECTIVES

- Understand the continuum of cognitive decline
- Recognize MCI and its trajectory
- Discuss possible treatment options
- Recognize the implications of MCI

FINANCIAL DISCLOSURE *None*

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Agenda

- Case presentation
- What is MCI and how to diagnose it
- Types and trajectory of MCI
- Disease treatment and patient treatment
- Impact on chronic disease management
- Take home points

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George Hennawi, MD, CMD, FACP

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- Chair of Geriatrics at MedStar Good Samaritan and MedStar Union Memorial Hospitals
- Physician Executive Director of Geriatrics and Senior Services, MedStar Health
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Clinical Case

- 70 yo psychologist presents with memory problems.
- PCP is concerned about the patient's ability to organize and follow information.
- The patient arrived at the Center 45 minutes late and reported that she did not know she had an appointment.
- She forgot to bring the list of her medications.
- She reports a fall without a brain bleed in 2020 and since then she has been having trouble with word retrieval. She is very worried about her memory, "my brain is foggy".
- Few weeks ago, she was in California, and she hit a median while driving and she drove in the middle of the night to find someone to fix the tires.

Clinical Case

- She has been scheduled to have multiple tests and she could not figure out how to schedule the appointments.
- She continues to work full time and has been managing all her finances, this was confirmed by her husband.
- He reports that she has been having issues with problem solving and time management.
- Less initiative in organizing the house.
- This has progressed over the past year or little more.

What is the next step in the evaluation?

- A- Order a CT scan of the head to rule out consequences of the fall and head trauma
- B- Refer to your local psychiatrist
- C- Patient is non-compliant, establish a relationship contract
- D- Perform a comprehensive assessment including COVID history

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What is the next step in the evaluation?

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Comprehensive Assessment

- H&P (sleep disorders, head trauma, COVID history, timeframe)
- Thorough medication review (anticholinergics)
- Cognitive assessment
- Functional evaluation
- Psychiatric and mental health assessment
- Neurological exam
- Social assessment
- Lab work (TSH, B12, Folate, CBC, BMP, HIV, RPR)

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Tools for your assessment

Cognitive evaluation

- Mini-Cog
- MMSE
- MoCA
- SLUMS
- Formal Neuropsychiatric evaluation

Mood and function

- Geriatric Depression Screen
- PHQ9
- KATZ ADLs/IADLs

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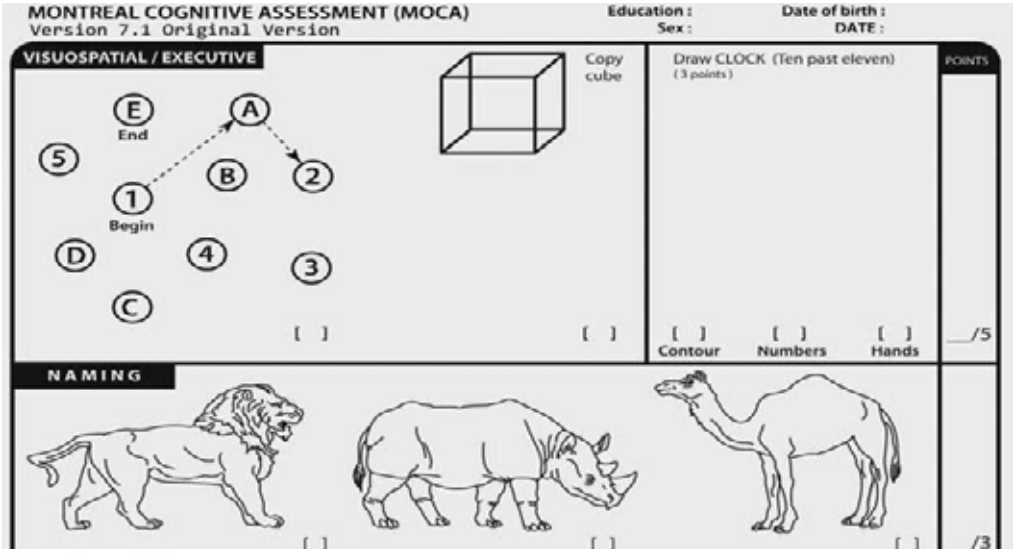

Back to our patient

- HTN, Hyperlipidemia, Depression, UI, insomnia, head trauma in 2020
- Medication list includes: Aspirin, Fluoxetine, Lisinopril, Oxybutynin, Atorvastatin, Cetirizine, Benadryl
- Her MoCA is 27/30 with deficit in short term recall (3/5) and executive function (TMT)
- Her KATZ ADL and IADL are both intact
- Her depression screen is positive
- No focal deficit on exam
- Lab work is within normal limits

What do you tell this patient ?

- A-This is part of the expected change that happen with normal aging
- B-Your assessment meets the criteria for dementia Alzheimer's type
- C-We need to reduce your medications and improve your sleep and mood
- D-Your MoCA is within the normal range, no concerns about cognitive issues

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What do you tell this patient ?

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The Continuum

- Cognitive aging
- MCI
- Dementia

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What is the diagnosis?

Mild Cognitive Impairment (MCI)

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MCI

- MCI as a syndrome refers to cognitive impairment that does not meet the criteria for dementia but is more than normal aging
- Objective evidence of impairment in cognition with preservation of independence and no evidence of significant impairment in social or occupational functioning
- Incidence: Age 60 to 64 years: 6.7 percent, age 80-84 years is 25 percent

Back to our patient

- Discuss the diagnosis of MCI
- Fluoxetine reduced, Oxybutynin reduced and stopped.
- Stopped Benadryl and Cetirizine
- Escitalopram started
- Sleep study was done and normal
- Return 6 months later, feeling better emotionally, but has missed several doctor's appointment lost interest in cooking
- Her repeat MoCA is 26/30 with no changes

What are my chances of developing Dementia?

- A- MCI does not progress to dementia
- B- MCI progress to dementia at a rate of 15% per year
- C- All patients with MCI develop Alzheimer's disease within 6 years.
- D- With MCI there are no chances reversibility

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What are my chances of developing Dementia?

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Types of Mild Cognitive Impairment

Amnestic

- Involves memory mainly
- Memory complaint, preferably corroborated by an informant
- Objective memory impairment (for age and education)
- Thought to be a precursor of AD

Non-Amnestic

- impairment in a single or multiple nonmemory domains.
- Domains such as executive functioning, language, or visual spatial skills
- Objective impairment in those domains
- It can be a precursor for Vasc-D, FTD, DLB.

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Trajectory

- Studies showed that MCI (amnestic type) progress to AD at 15% per year and 80% of patients have converted to AD in 6 years
- MCI with isolated executive dysfunction is associated with vascular disease and a predictor of vascular dementia
- MCI with multiple domains can progress to other type of neurocognitive disorders
- Reported reversibility in some cases

.

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Next Step

- Patient is interested in doing everything she can to prevent Alzheimer's
- She wants to plan her life proactively.
- She is also interested in enrolling in trials of the new Alzheimer's medications

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Which of the following has shown statistically significant delay into the progression toward Dementia?

- A-Donepezil
- B-Memantine
- C-Ginkgo-Biloba
- D-Turmeric
- E-None of the above

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Which of the following has shown statistically significant delay into the progression toward Dementia?

- A-Donepezil
- B-Memantine
- C-Ginkgo-Biloba
- D-Turmeric
- E-None of the above

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Treatment of the disease

- No drug therapy have been proven effective
- Ch-I, do not decrease the risk of conversion to Dementia
- Memantine is not recommended
- Ginkgo-Biloba, Turmeric, limited efficacy data
- Cocoa (small study)
- Testosterone
- Anti Amyloid therapy: Aducanumab, Lecanemab, Donanemab, Gantenerumab

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A local institution is participating in a trial for Aducanumab, what test is needed to qualify?

- A- CT scan of the head
- B- Functional MRI
- C- PET Amyloid imaging
- D- PET FDG Scan
- E- None of the above

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A local institution is participating in a trial for Aducanumab, what test is needed to qualify?

- A-CT scan of the head
- B- Functional MRI
- C-PET Amyloid imaging
- D- PET FDG Scan
- E-None of the above

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Role of Neuroimaging

- No recommendation in routine assessment
- MRI/CT to rule out subdural hematoma, NPH etc..
- Structural MRI can show loss of volume of the hippocampus
- FDG PET
- Amyloid/Tau PET

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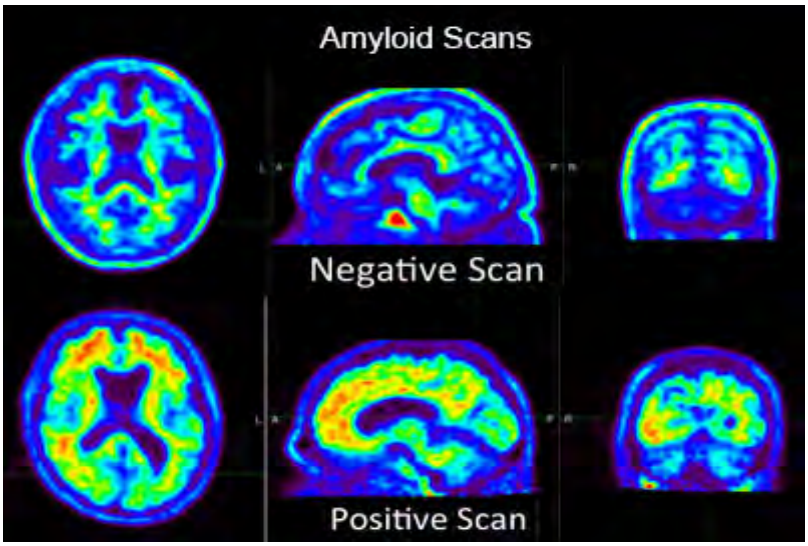
Results of the PET Amyloid



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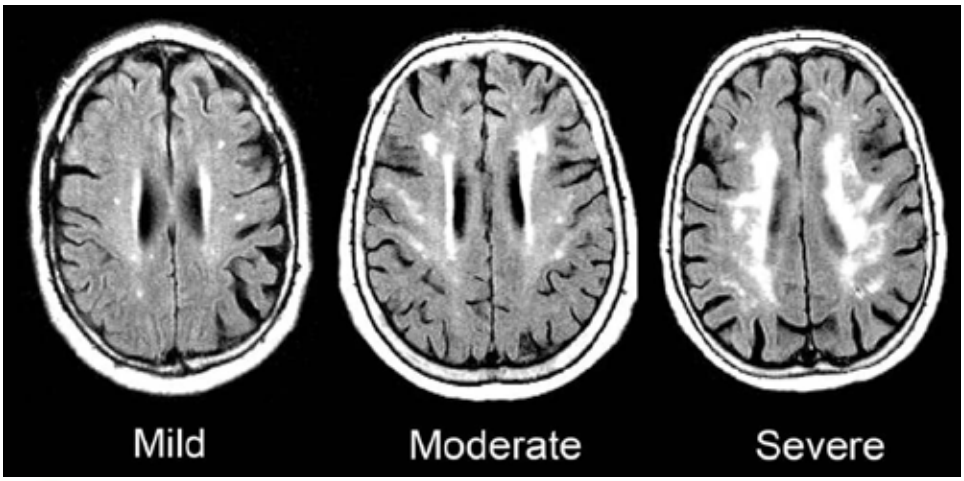
MRI of the Brain



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Treat the patient

- Exercise
- Diet
- Socialization
- Modification of vascular risk factors
- Support and commitment to being there for her
- Regular evaluation for changes

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Implications

- Driving
- Chronic disease management
- Undergoing procedures
- Safety
- Mood and behavioral issues
- Gait safety
- Legal issues

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Take home points

- MCI is part of a continuum of cognitive decline
- Majority of cases develop into Dementia, not always Alzheimer's
- There is no available disease treatment
- Focus on treating the patient
- Be aware of the implications on safety, legal issues and treatment of chronic diseases

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Questions?

It's how we treat people.

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Thank you

It's how we treat people.

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Thank you for attending "Advancing Community Health and Well-being by Addressing Inequity in the Practice of Medicine," provided by Healthfirst, SOMOS Community Care, and Albert Einstein College of Medicine — Montefiore Medical Center.

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Healthfirst is New York's largest not-for-profit health insurer, earning the trust of 1.8 million members by offering access to affordable healthcare. Sponsored by New York City's leading hospitals, Healthfirst's unique advantage is rooted in its mission to put members first by working closely with its broad network of providers on shared goals. Healthfirst takes pride in being pioneers of the value-based care model, recognized as a national best practice. For nearly 30 years, Healthfirst has built its reputation in the community for top-quality products and services New Yorkers can depend on. It has grown significantly to serve the needs of members, offering market-leading products to fit every life stage, including Medicaid plans, Medicare Advantage plans, long-term care plans, qualified health plans, and individual and small group plans. Healthfirst serves members in New York City and on Long Island, as well as in Westchester, Sullivan, and Orange counties.

For more information on Healthfirst, visit **healthfirst.org**

About SOMOS

SOMOS is a non-profit, physician-led network of over 2,500 health care providers serving over 700,000 Medicaid beneficiaries in New York City. Launched in 2015 by its Chairman Dr. Ramon Tallaj, SOMOS is the largest and only physician-led performance provider system participating in the New York State Delivery System Reform Incentive Payment Program (DSRIP). The SOMOS network includes providers delivering culturally competent care to patients in some of New York City's most vulnerable populations, particularly Latino, Asian, African-American and immigrant communities throughout the Bronx, Brooklyn, Manhattan and Queens.

About Albert Einstein College of Medicine — Montefiore Medical Center

The mission of Montefiore is to heal, to teach, to discover and to advance the health of the communities we serve. From its beginning in 1884, as a facility for the care of patients with tuberculosis and other chronic illnesses, to the new millennium, Montefiore has been at the forefront of patient care, research and education and steadfast commitment to its community. As the academic medical center and University Hospital for Albert Einstein College of Medicine, Montefiore Medical Center is nationally recognized for clinical excellence—breaking new ground in research, training the next generation of healthcare leaders, and delivering science-driven, patient-centered care.

Montefiore's partnership with Einstein advances clinical and translational research to accelerate the pace at which new discoveries become the treatments and therapies that benefit patients. Together, the two institutions are among 38 academic medical centers nationwide to be awarded a prestigious Clinical and Translational Science Award (CTSA) by the National Institutes of Health. At the intersection of Einstein science and Montefiore medicine is our commitment to scientific inquiry. This commitment has resulted in the creation of the Montefiore-Einstein Centers of

Excellence in cancer care, cardiovascular services, transplantation and children's health, where nationally recognized investigators and multidisciplinary clinical teams collaborate to develop and deliver advanced, innovative care.

The second-largest medical residency program in the country, with 1,251 residents and fellows across 89 programs, Montefiore provides the doctors of tomorrow a unique opportunity for education and training in one of the most diverse urban areas in the country — one where the population is global, the disease burden is high, and the need for quality care is great. The partnership is further strengthened by the dual appointments of faculty and physicians across both organizations—enhancing synergies and collaborations for research, teaching and patient care.

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