

Medical, Psychiatric and Systems Issues for Patients with Developmental Disabilities Presenting to the Emergency Room

Toni Benton, MD

Alya Reeve, MD

Continuum of Care Project UNM HSC

Outline

- Definition of DD
- Overview of the DD System
- Continuum of Care -overview
- HIPPA- Covered Entities
- Medical Issue to Keep in Mind
- Psychiatric Issues

DD Waiver Clinical Eligibility:

Definition of Developmental Disability

Individual has a developmental disability, defined as a severe chronic disability other than mental illness that:

- Attributable to mental or physical impairment(s), including brain trauma
- Manifested before age of 22
- Expected to continue indefinitely
- Results in substantial functional limitation in 3 or more of the following: self care, language, learning, mobility, self direction, capacity for independent living, economic self sufficiency.
- Reflects need for specialized support/services of extended duration that meets the level of care provided by ICF/MR
- Individual has mental retardation or one of the following related conditions:
 - Cerebral palsy
 - Inborn errors of metabolism
 - Autism (including Asperger Syndrome)
 - Seizure Disorders
 - Chromosomal Disorders
 - Syndrome Disorders
 - Developmental disorders of brain formation

DD Waiver

What is "waived"

- federal requirement that all Medicaid covered services be available to all Medicaid recipients; allowing a defined population to receive extra services

What are those extra services?

- Case Management
- Respite
- Personal Care
- Behavior Therapy, OT, SLP, PT
- Private Duty Nursing
- Nutritional Counseling
- Non-medical transportation
- Residential services
- Day/Vocational services
- Community Access/Membership
- Environmental Accessibility Adaptation

Continuum of Care: MISSION

The mission of the Continuum of Care Project is to increase the capacity of New Mexico's health care system to provide lifelong quality health care for people with developmental disabilities and related chronic conditions.

We do this by:

- creating learning opportunities
- promoting best practice policies, and
- offering specialized developmental disabilities services

Continuum of Care

- Education of Medical Students & Residents, Nursing Students and Allied Health Students.
- Continuing Medical Education and technical assistance for health professional statewide
- Training and technical assistance to care-givers and interdisciplinary teams
- Policy Development
- La Vida Sana Medical Home Initiative
- Regional Medical Consultants
- Specialty Clinics

Continuum of Care

- Specialty clinics.
 - Adult Special Needs Clinic
 - Adult Neuro-Psychiatry Clinic
 - Pediatric Neurology Clinic
 - Ketogenic Diet Clinic
 - Supports and Assessment for Feeding and Eating (SAFE) Clinic
 - Adult Autism Diagnostic Clinic
 - Mentally Ill/Developmental Disability Clinic
 - Roswell Neurology Outreach Clinic
 - Clovis Neurology Outreach Clinic
 - UNM Westside Outreach Special Needs Clinic
 - Belen outreach Special Needs Clinic

Communication

- **All team members *must* be included**
- **Provide complete information**
- **Provide information in writing**
- **Provide Information to PCP**
- **Team May need Assistance in setting up Appropriate Follow up with PCP or Specialists**

HIPPA

What is a Covered Entity?

Health Care: Care services, or supplies related to the health of an Individual. It includes but is not limited to the following:

- Preventive, diagnostic, rehabilitative, maintenance or palliative care and counseling, service, assessment, or procedure with respect to the physical or mental condition or functional status of the body.

HIPPA

What is a Covered Entity?

- Physicians
- Home based Providers or Group Home Provider Agencies
- Day-Hab Provider Agencies
- Agency Nurses
- Therapists
- Pharmacies
- Guardians
- Case Managers

Medical Issues

- Often difficult to determine cause of changes in behavior
 - Non Verbal patient
 - Lots of Co-morbidities
 - Difficult to get accurate history from Caregivers
 - Limited Past Medical and Family History

Medical Issues

- Pain often presents as Behavior in the Non-verbal Patient
 - SIB
 - Aggressive behavior
 - Screaming
 - Rocking
 - Rumination
 - Elopement
 - Sexual Acting out or masturbation

Our Experiences

- **Lots of comorbidities**
- **Change in behavior may be the initial signal**
- **Common conditions present atypically**
- **Uncommon conditions may be common**
- **Findings may be missed on an abbreviated H & P**
- **Balance need for more testing with reasonable stepwise approach**

Common Medical Issues

- GERD
- Dehydration
- Constipation
- Glaucoma
- Diabetes
- Atypical Seizure
- Anticonvulsant toxicity
- Fractures
- Musculoskeletal Pain
- UTI/Urinary Retention
- Aspiration Pneumonia
- Sleep Apnea
- Hypoxia
- Sinusitis
- Migraine
- Subdural
- Electrolyte Imbalance
- Dental Pain
- Drug Interactions
- Medication Side Effects

Emergency Evaluation of Psychiatric Conditions in Persons with MR/DD

Alya Reeve, MD

Continuum of Care Project

UNM Depts. Psychiatry and Neurology

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Overview

- **Presentations**
- **General principles**
- **Cases & Questions**
- **Best results**

Presentations

- **Anxiety**
- **Agitation**
- **Toxicity**
- **Self-injury**
- **“All over the place”**

Presentations - Anxiety

- **Common response to unexpected experiences; novel situations**
- **Communicates distress**
- **Physiologic arousal**
- **System to screen for safety**
- **Panic attack; Generalized Anxiety D/O; PTSD; OCD.**

Presentations - Agitation

- **Emphatic communication – anger**
- **Unsettled body/mind**
 - **Akathisia (medication-related)**
 - **Poor concentration (mood d/o)**
- **Worry/excitement**
- **Sleep disturbance**
- **Dementia**

Presentations - Toxicity

- **Final behavioral indicator of high therapeutic levels**
 - Tricyclic antidepressants
 - Antiepileptic medications (e.g., VPA)
- **Antipsychotic medication**
- **Delirium**
- **Disinhibition**
 - Benzodiazepines
 - Sedatives

Presentations – Self-Injury

- **SIB as over-learned behavior**
 - Chronic anxiety; OCD; PWS
 - Self-soothing; endorphin-releasing
 - GERD, GI distress
 - Pain, headache
- **SIB as new behavior**
 - Newly perceived threats
 - Recent trauma
 - New medical conditions

Presentations – All Over The Place

- **Systems problems**
 - **Staffing changes; lack of stability or communication**
 - **Lack of respect for patient**
- **Developmental challenges**
 - **Puberty; psychological tasks overwhelming**
- **Medical**
 - **Metabolic encephalopathy; mitochondrial disorders; occult infection**

General Principles

- **Observations**
 - Witness patient's report, behavior; staff interactions; congruence or discrepancies of words and actions
- **Detailed history**
 - Insist on detailed account, not overview
- **Simplest logical explanation**
- **Best effort behind “crazy” behaviors**

General Principles

- **Medication interactions are likely**
- **Psychiatric disorders occur about 2-3 X the general population**
- **Common things happen commonly**
- **The body has a habitual response**
 - *what is this patient's pattern?*

Cases & Questions

- **Silent vertebral infection**
- **Asserting autonomy**
- **Depakote intoxication for BPAD**
- **Safety concerns – caffeine induced psychosis exacerbation**
- **Grief & bereavement**
- **Toothache/infection (violence)**

Best Results

- **Data available**
- **Colleague consultations**
- **Level of care responsive to actual concerns**
- **Respect for all participants**
- **Communication of assessment, treatment, and plan(s)**

Conclusions

- **Psychiatric conditions and emergencies arise in all patients**
- **ER care can assess the acuity and contribute to safety and well-being of patients with MR/DD**
- **Maintaining perspective on the system of care, without excess cynicism and with hope, increases the quality of care and appropriate access to care.**