MEETING OF THE MINDS

FAIRMONT ROYAL YORK, TORONTO

FRIDAY, November 4, 2022

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Mental Health and IBD

Interactive Case Presentation with
Audience Response System (ARS)

#IBDMinds2022

Initial Presentation

- John—a 19-year-old patient with ileocecal and perianal CD
  - On adalimumab EOW monotherapy
  - Shows up for clinic follow-up
- Diagnosed at age 14 and was seeing a psychologist while being followed for care in the pediatric GI service
- He has not done pre-clinic bloodwork or FCP
- He describes his ‘overall wellbeing’ as poor and has mild abdominal pain
  - Denies EIM or significant diarrhea

Initial Presentation

- John seems a bit distant and is ‘taking a year off’ from university
- He is back living with his parents and looking for a job
- Denies EtOH use but is using marijuana edibles weekly
- Reports that he is still taking adalimumab but unsure if still covered by parents’ insurance now that he is not in school
- Abdominal exam is unremarkable
- Weight stable

ARS Decision Node 1

- What do you want to do next?
  a. Request objective markers of disease control and nutritional status – CBC, CRP, FCP, iron studies, B12, albumin, Vitamin D
  b. Screen for depression, anxiety, suicide risk
  c. Evaluate adherence to IBD therapy
  d. Ensure he has ongoing means to cover adalimumab
  e. (a) and (c) and (d)
  f. All of the above

Case Evolution

- John reports some symptoms of depression and anxiety but denies suicidal thoughts
- He is looking forward to Christmas holidays and returning to school next fall
- You provide him with requisitions for labs and FCP

Case Evolution

- John meets with the IBD nurse, who:
  - Reviews to assess for any adherence obstacles
  - Contacts the patient support program to ensure he has insurance to cover medications
- You book him for a follow-up appointment in 3–4 months

Case Evolution

- He returns to clinic in 3 months
  - Labs are normal
  - FCP is 56 µg/mg
  - Minimal IBD-specific symptoms
  - Living at home, and not working
  - Reports still struggling with mood
  - Sleeps a lot and is amotivated

ARS Decision Node 2

- What are your next steps?
  a. Provide online resources
  b. Recommend he reduce marijuana intake
  c. Send back to family doctor for mental health concerns, as IBD is in remission
  d. Refer to psychiatry
  e. (a) and (b) and (c)
  f. (a) and (c)
  g. (a) and (d)

Case Evolution

- You provide online resources around mental health coping
- You recommend he reduce marijuana intake (due to his amotivation)
- You refer to psychiatry (self-referral if available) if depressive symptoms get worse
- He calls your office to report ongoing depressive symptoms and asks for further recommendations

ARS Decision Node 3

- What nonpharmacological intervention would you recommend?
  a. MBSR—mindfulness-based stress reduction
  b. Psychodynamic therapy
  c. CBT—cognitive behavioural therapy
  d. Exercise
  e. Hypnosis
  f. Not sure, would ask for help

Case Evolution

- John returns to clinic
- IBD still clinically and biochemically in remission
- He reports:
  - Ongoing depressed mood nearly every day
  - 15 lbs weight loss
  - Sleeps 12 hours a day
  - Fatigued
  - Diminished ability to concentrate

ARS Decision Node 4

- You are now convinced he has a major depressive disorder
- Which antidepressant would you prescribe?
  a. Amitriptyline / tricyclic antidepressant
  b. Sertraline (Zoloft) / SSRI
  c. Duloxetine (Cymbalta) / SNRI
  d. Mirtazapine (Remeron) / antidepressant/alpha-2 agonist
  e. Not sure, would ask for help