

CHILD & ADOLESCENT PSYCHIATRY PORTAL

CAPP Line: 1-800-253-2103 | capp.ucsf.edu

Happy Thanksgiving! We will be closed on Nov 26-27

In this issue:

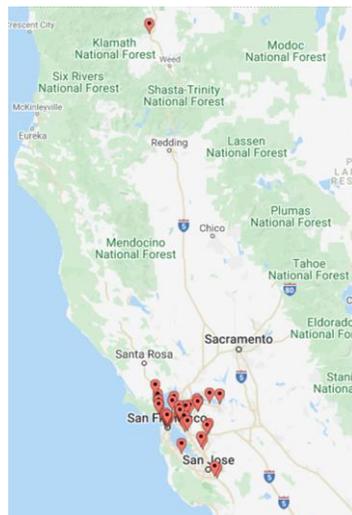
- AAP guidelines on emotional well-being during the COVID-19 pandemic
- CME Event Recap
- Consultation: Excessive Hand-Washing in COVID-19

Happy November! We are racing towards the end of 2020 and what is turning out to be truly an unusual and unprecedented year for children, parents, and healthcare providers everywhere. In these trying times, routines and rituals may be more important than ever, as well as developing creative ways to celebrate holidays. For example, one of our psychiatrists held a “scavenger hunt” outdoors, with embedded skeletal surprises, for her children for Hallowe’en, instead of regular trick-or-treating. As the Thanksgiving and winter holidays draw closer, what kind of creative and socially-distanced holiday traditions are you planning?

Welcome New Primary Care Practices

We’d like to welcome our newest enrolled practices, Washington Township and South East Bay Pediatrics Medical Group!

We now have 40 practices enrolled, covering over 50 sites, with an estimated 200,000 lives served and active discussions with groups for continued enrollment.



Coming soon - CAPP Learning Collaborative.

This case-based-discussion will be co-led by a Pediatric Primary Care Provider & a Child & Adolescent Psychiatrist. We invite you to provide input into topics, as well as preferred times, here:

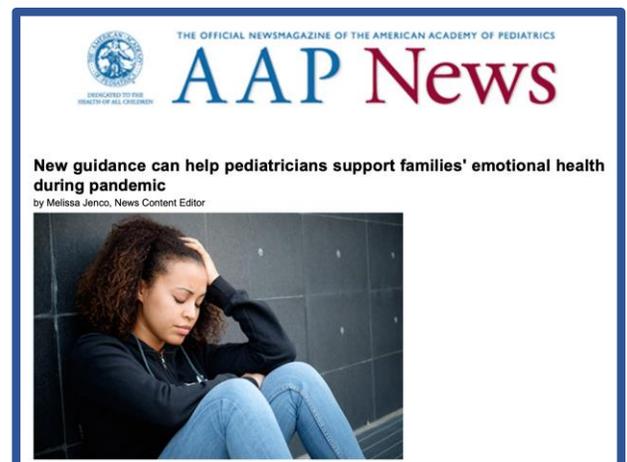
CAPP invites you to join for a live “Lunch & Learn” with UCSF Youth Substance Use Program (YoSUP)

Friday, Dec 4 12-1pm

Registration info coming soon!

AAP Recommendations on emotional well-being during the COVID-19 pandemic.

The AAP has released guidance on how primary care providers can support emotional and behavioral health of all children during the pandemic, with special emphasis on vulnerable populations i.e. youth in the juvenile justice and child welfare systems. Recommendations include assessment of overall family stress and level of disruption. Read more about how to provide advice, education, guidance, and referrals in the article [here](#).



Thank you for those who participated in our UCSF ACES and Trauma-Informed Pediatric Care Training on October 10, 2020!

Thank you to all the participants, speakers and panelists who made our CME Event on ACES and Trauma-Informed Pediatric Care a huge success! We had a tremendous turnout from the Bay Area and beyond. If you missed the CME event, recordings of the webinars are available [on our website](#).

Excessive Hand-Washing During the COVID-19 Pandemic

Andrew is a 16-year-old Asian-American boy who presents to his PCP due to irritated, dry skin on his hands and buttocks. He is diagnosed with dermatitis with secondary bacterial infection, prescribed antibiotic ointment and recommended to use moisturizers. His mother describes Andrew's routines for washing his hands and wiping/cleaning himself after bowel movements which are time and resource consuming. He filled out a PHQ9 which was elevated.

Safety: Andrew endorses brief passive suicidal thoughts in the past but denies active thoughts or plan

Specific Behaviors: per Andrew: feeling down, depressed, difficulty concentrating, low energy, per mother: being unmotivated to do schoolwork, irritable, extensive washing routines, frequent arguments

Setting: Home

Scary Things: none reported

Screening/Services: PHQ9 = 12, no current or past mental health care

PCP referred him to a therapist and psychiatrist. At the psychiatric evaluation, mother reports that at the beginning of the pandemic she started limiting Andrew's soap and toilet paper use due to shortages in grocery stores. She also limited his shower time to 10 minutes, previously he would shower for up to 45 minutes and use several bars of soap per week. They have been having frequent arguments about his shower time, soap and toilet paper usage. Mother also reports that she feels his aversion to germs interfered with his social life before the pandemic – such as being uninterested in sports because of dirty grass. Even before the pandemic, she noticed he spent hours playing video games in his room, was not getting along with his younger siblings and generally had been less motivated to complete his schoolwork, all of which have worsened over the last several months. Andrew says he has been doing fine with the short showers even though he does not like them and generally is not bothered by his washing routine, which he feels is manageable. Describes himself as introverted, “not a great athlete,” preferring to socialize online or over the phone. Confirms that he has been having more arguments with his mom about his washing routine which she continues to constrain, does the minimum for school and has been feeling more down.

The psychiatrist suspected Obsessive Compulsive Disorder (OCD) and Major Depressive Disorder (MDD) and provided education about combination treatment with psychotherapy and medication (a SSRI). The family was hesitant to start medication and he was referred to a therapist experienced in Exposure and Response Prevention (ERP) therapy. After establishing rapport with providers, he filled out a CY-BOCS questionnaire, which showed an elevated score of 24.

Obsessions and compulsions do not always involve worries about germs.

Clinical Pearls

- 1. Children and adolescents are often ashamed to talk about their obsessive thoughts and compulsive routines.** They may take time to open up about them. Obsessions and compulsions also do not always involve worries about germs with excessive washing. They can involve a wide range of intrusive, distressing thoughts and behaviors or mental acts aimed at reducing distress caused by the thoughts.
- 2. Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) is a questionnaire for OCD** which can be helpful to elicit obsessive thoughts and compulsive behaviors via a checklist as well as to quantify distress from symptoms via a rating scale. It can assist in diagnosis and assessing treatment response.
- 3. Other psychiatric comorbidities are common with OCD,** and the most frequent diagnoses are depression, anxiety and tic disorders.
- 4. Exposure response prevention (ERP) therapy is an evidence-based psychotherapy treatment for OCD.** ERP therapy involves exposure to the anxiety-provoking stimuli (e.g. touching something) and preventing the accompanying ritual (e.g. hand washing for 30 minutes).
- 5. Selective Serotonin Reuptake Inhibitors (SSRIs) are the first line psychopharmacologic treatment for OCD.** The FDA has approved Sertraline (Zoloft) for children aged 6+, Fluoxetine (Prozac) for children aged 7+, and Fluvoxamine (Luvox) for children aged 8+. Clomipramine, which is a tricyclic antidepressant, is also FDA approved for treatment of OCD in children aged 10+.