

COVID-19 / Mental Health Questions & Answers: Calgary Zone

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General themes covered by this document:

- Anxiety pathway
- COVID-19 Update
- Paxlovid and other treatments

Please see the accompanying slides / webcast video for full context.

Question	Answer
Theme: Anxiety and anxiety pathway	
1. What is your go-to medication for anxiety? When would you use benzodiazepines?	Usually escitalopram, sertraline, paroxetine for generalized anxiety, but beware of side effects or contraindications (see "First line medication" slide). For benzos, GAD usually presents with co-morbid depression, use benzos sparingly with those with panic attacks. Side note: looking at some of the resources online with patients is very helpful as well as follow up with the next visit.
2. Is Cipralelex better than Celexa for anxiety?	I [Dr. Oakander] prefer Cipralelex (escitalopram) over Celexa (citalopram hydrobromide); it is a more potent serotonin agent, some evidence it is better tolerated
3. Is Zoloft preferred for elderly anxiety more than Cipralelex? I have seen changes done by geriatrician in my older patients.	Sertraline (Zoloft) can be titrated, sometimes can see benefits at lower concentrations, tend to be favoured for geriatric population, so good choice. Watch for drug-drug interactions.

<p>4. Why are some drug names italicized in the slides?</p>	<p>The italics simply signal that it is from the AAFP, which has family physicians on their panel.</p>
<p>5. Can you comment on Abilify being used in severe anxiety and depression?</p>	<p>Aripiprazole (Abilify) more used as an add on for difficult to treat scenarios, like refractory depression, so sometimes can be used for anxiety but as add on for depression. Using it like this is off-label; like Brexpiprazole.</p>
<p>6. What do you recommend for teenagers? Sertraline vs fluoxetine?</p>	<p>In this age group, mostly off label use, but look at other things going on their life or look for co-morbidities (OCD, home situation, depression), before using drugs. Highly encourage looking at other options first.</p> <p>Psychiatry, adolescent psychiatry is on specialist link for phone consult to review a case in real time and to ask for supports too.</p>
<p>7. For the potential supplementary Rx (botanicals and supplements), are there certain doses that have some evidence? Or, is the evidence too varied to say? Do any of DINs?</p>	<p>AAFP provides a table of botanicals and supplements along with side effects that are sometimes used to treat GAD and Panic disorder (included in anxiety pathway) but does not specify doses given variation in preparation for these classes of medications.</p>
<p>8. Indication for Luvox?</p>	<p>Fluvoxamine, great medication, indicated for anxiety and really good for OCD. Watch out for interactions with other meds, particularly cardiac meds, and discontinuation syndrome. Good for rumination.</p> <p>Sertraline/Zoloft go to for perinatal, minimal secretion in breastmilk.</p>
<p>9. Natural products / botanicals for the pathway?</p>	<p>There is a list of common alternatives, but concentrations vary. Canadian guidelines for depression have a whole section for alternative products (ie. St. John's Wort). Remind patients that these are still drugs, (a lot of drugs come from plants) so be wary, since you can't control the dose in the product out there, and not sure what companies also mix in with it.</p> <p>[Dr. Oakander] usually recommends chamomile tea / omega-3s as far as natural remedies go.</p>

Theme: COVID-19 public health update	
10. How is it decided whether something is a new variant vs a subvariant? (ie. BA.2 vs BA.2.12)	Everything with a mutation is technically a new variant, but it's an Omicron subvariant since it's very similar to the Omicron lineage set of mutations.
11. Do you know what percentage of the population has been infected?	We'd estimate approximately 60% of the population
12. Is there any data suggestive of differences in the rates of long-covid symptoms between the different covid variants?	Seems like a mixed bag, seems like it is more based on severity of illness. Long COVID is a bit hard to define; there is a lack of clarity on case definition unfortunately.
Theme: COVID-19 treatments, including Paxlovid	
13. Budesonide is by inhalation?	Yes, Pulmicort delivered in a turbuhaler (white with brown dial)
14. Are we expecting any new vaccines tailored to the newer variants, and if so, when?	Omicron-specific vaccines available later summer/fall, both Pfizer/Moderna plan this Hoping for young pediatric by late summer/fall (Moderna has 2 dose series, Pfizer has 3 dose series)
15. Can fluvoxamine and budesonide be given together or prescribe one or the other?	Yes, I think they can be given together, no reason not to, but you'd want to check interactions for the individual drugs esp. fluvoxamine
16. Any news on when 3rd dose for 5-11 year would be available? Assuming fall?	I would guess fall as well, I think we're supposed to be voting on it at NACI sometime in the summer
17. Who should be offered budesonide? Or fluvoxamine?	For budesonide, I personally recommend it to anyone who's looking for anything to get better, people w/ dyspnea, people w/ lots of cough
18. Given there is no shortage of paxlovid, has any consideration been given to opening criteria to	As of May 11, 2022, patients who are 70+, regardless of vaccine status, and has 2 or more chronic conditions qualify for Paxlovid

fully vaccinated but elderly patient (eg >80) who don't currently qualify?	
19. Can we have a Paxlovid pathway to summarize this?	The COVID pathway will be updated soon.
20. Paxlovid and breastfeeding?	<p>Comes down to assessing risk and benefits; very important to have a conversation with the patient and what they are more worried about.</p> <p>Paxlovid can still be prescribed to those who are pregnant (where risk of progressing to severe COVID could outweigh other potential risks)</p>
21. Many of my patients are asking if it's better to wait for a new vaccine rather than get shot #4 (ie. booster #2) - what 's your opinion?	Get it now, new vaccines might not be available for 4+months, the world can be very different by then.