

Mental Health Webinar Questions & Answers: Calgary Zone

Date Updated: Oct 16, 2022

Speakers: Rick Ward, Monty Ghosh, Arun Gupta, Jia Hu, Rachel Han Savoie

General themes covered by this document:

- AUD pathway
- MSK injection therapies
- Immunizations

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

Question	Answer
Theme: Alcohol Use Disorder pathway	
1. Is there any way to get this (Naltrexone) by compassionate access? Any AISH coverage?	Not aware of any - usually ask to see if they have Blue Cross coverage. Tapering protocol may be an option, but difficult and requires a lot of willpower.
2. People using marijuana along with EtOH dependency, is there anything we need to watch out for?	Gaba reasonable med for cannabis addiction, but mental health side effects/complications
3. While using Naltrexone, Acamprosate do patient's experience withdrawal symptoms, also who do call on Specialist link when we need help? Psychiatry?	Be watchful of withdrawal; epidemiologically speaking, 90% of those with withdrawal symptoms are ok, but need to worry about 10%. Consider using PAWSS tool to assess. Specialist Link: Addiction medicine tele-advice
4. Is RAAM self referral?	Yes, can also send referral to clinic via fax 403-367-5010

5. I have found some inpatient programs will not admit people prescribed gabapentin. Do you foresee this changing? OR any room for advocacy?	Unfortunately, many do not allow these meds. Aventa, Simon House will support indiv and allow meds Poundmaker's (St. Alberts) if indigenous also helps.
6. Any key differences from the CMAJ guideline and the Specialist Link pathway?	We focus more on hepatology aspect, and home detox, but otherwise very similar.
7. Duration of therapy?	Data shows min of 1 yr, up to 2 years. Augment with psycho-social supports also better supports recovery.
8. Do patients need to be off alcohol completely before taking these meds?	No they don't. Meds can be used as harm-reduction tool
9. With relapses do you switch to a different med or try again with the same one?	See how pt feels with the patient; if pt feels meds are working, then work on psycho-social. If pt feels its not working or wants to switch, then can switch. Can also add another medication (no evidence for this, but may use meds that act on different pathways)
Theme: MSK injection therapies	
1. Something I had read about that is Health Canada approved, sounded like suggesting it freezes/anesthetises the joint longer term...not sure what it is/efficacy?	See slides; note: not covered by Alberta Health
2. Warning signs of systemic effects of steroids? (eg. adrenal suppression)	Pts who have a boost first, then fatigue later (~2mths later), can be indicative of adrenal suppression
3. Do the radiologists follow a similar approach? that's who does most of my joint injections	Depends - try to get to know your interventional radiologist
Theme: Immunizations	

1. Why is NACI taking time to recommend/not recommend RSV vaccine?	It works but costs a lot, which diminishes cost effectiveness, thus NACI has not yet made a recommendation. Just because a vaccine isn't covered doesn't mean it doesn't work however.
2. For the RSV virus what is the duration of effectiveness? How frequently do we repeat it. Is it indicated only for Adults >60 years also maternal vaccination	Only approved for adults over 60, duration for about 2 yrs
3. Can you give flu, RSV, COVID vaccine at the same time	Yes