

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

Date Updated: Oct 19, 2020

General themes covered by this document:

- ADHD in adults
- COVID testing and transmission
- Vaccinations (flu)
- Lab delays / help supporting labs

Question	Answer
Theme: ADHD in adults	
1. Can patients outgrow ADHD? I see children who obviously have ADHD symptoms but parents don't seem to have them.	Sometimes, ADHD skips a generation. This isn't something that disappears but follows a fluctuating course. It is a very heterogeneous presentation therefore within a family you can have many different levels of severity and presentations.
2. Any apps available that can help adults/young adults with ADHD?	CADDRA website, CADDAC, scheduling apps, sleep apps Totallyadd.org; additudemag.com
3. Are childhood symptoms indicative of ADHD now?	It is not critical to be able to make a diagnose in childhood for an adult with ADHD; patients' memories are sometimes poor. It is more important to ask the right questions and treat the patient in front of you who meets criteria and is functionally impaired.
4. If treated in childhood, does it allow them to develop coping skills that then preclude them from necessarily needing treatment in adulthood?	Not sure of evidence for this per se. ADHD brains are 3yrs behind controls but can "catch up" with treatment. Most require lifelong treatment
5. Should we be worried about adults who will check off all the "right" boxes, but are trying to seek stimulants?	As long as we are prepared to do good assessment instead of just ticking boxes, shouldn't be worried about stimulant prescription seeking. If they don't need it, they will experience "overstimulation" symptoms that are made worse by medications.

6. Please comment on the use of Bupropion as opposed to vyvanse or other stimulants for ADHD	Bupropion is considered 2 nd line treatment. It is almost half as effective as stimulants. Would require high doses (like 450mg) to get a stimulant like effect. Very effective for co-morbid depression
7. What are your drug(s) of choice for anxious and depressed post secondary student with ADHD + screen.	With co-morbidities, see which is more severe, and treat that first. Trintillex, cymbalta, Wellbutrin, Pristiq
8. Does response to stimulants confirm diagnosis?	Not diagnostic but if already have clinical suspicion along with positive screen for ADHD then a good response to a stimulant helps confirm diagnosis.
9. Should we be worried of long term use of stimulants and it causing pulmonary hypertension?	No negative sequelae known but d/c if intolerant. Drug holidays not recommended (like someone requiring glasses should not avoid during driving)
10. Other than medications, any other therapy modalities?	"Pills don't build skills" - get brain prepared to learn skills CBT, sleep / diet / exercise, and caffeine restriction also help ADHD therapist, coach, groups...
11. CADDRA screening form a good starting point?	Yes, and conference is very soon too!
12. How about treating ADHD in anorexia? concerns re appetite suppression.	Eating D/O are a comorbidity to ADHD. Must monitor closely when using stimulants due to appetite suppression. However, sometimes treating the ADHD helps treat the Eating D/O
13. Can we combine ADHD medications with mood stabilizers?	Yes. First stabilize the mood d/o then initiate the stimulate as Stimulants can precipitate mania in bipolar patients not on a mood stabilizer
Theme: COVID treatments and transmission	
14. Can you comment on when to use dexamethasone and anticoagulation (if ever) in our frail seniors in LTC and SL?	Dex important in late state of disease especially requiring supplemental oxygen Predisposition to coagulation in COVID patients so anticoagulants may play role
15. Prenatal, postpartum and newborn resources for COVID-19?	Please see https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-prenatal-postnatal.pdf

	<p>There is also a podcast by Colin Birch - https://soundcloud.com/ahs-communications/ahs-covid-19-podcast-dr-colin-birch/s-ai1F4C0paX0 https://meadowsmaternity.com</p>
16. That's interesting about HCW acquisition not at work; similar to teachers not acquiring from students. Is it that the vigilance both groups have at work, is significantly reduced in other settings?	I think what this means is that if we use our PPE effectively, it's pretty hard to get COVID. In schools, I would say that we have a fairly aggressive exclusion policy (e.g., 1 case in a class means everyone in the entire class gets excluded) - this makes school transmission difficult.
17. Any evidence for Zinc and vit D?	No; zinc - in vitro evidence only; an RCT for Vitamin D showed it is not impactful.
18. Will there be new AHS assessment centres opening for the winter?	<p>Opened a new COVID-19 Assessment Center today on McLeod Trail South off Banister Road in the former RONA. Drive-through and walk up appointments at this site.</p> <p>Will be opening another large drive through off Deerfoot and 32 Avenue at the end of October. Both these 2 new sites are large and winterized.</p>
19. At some point can we get brief update on COVID vaccine progress?	<p>Will have phase 3 results soon, not likely vaccine until spring 2022</p> <p>There was a nice talk from two actual vaccine experts on the COVID physicians Facebook Group</p>
20. Can you comment on the national tracing app? Will it be available in AB soon?	We are close to transitioning, waiting for final sign off. Should be soon.
Theme: influenza vaccination	
21. How can I request Flu vaccine doses for my clinic? Who do I contact/forms to be completed/order set?	Please email calgaryinfluenza@ahs.ca or call 7403-955-6440
22. Please comment on trivalent vs quadrivalent vaccine, especially for elderly patients	Suggest to pick the HD TIV, but the quadrivalent may be better for children who get more affected by flu.

	<p>Quadrivalent influenza vaccine is being offered provincially to all Albertans. HD Fluzone was purchased by the Federal Government to administer to persons 65 years of age and older living in long term care beds. Very little HD Fluzone is available for private purchase as Ontario purchased the bulk of the product for their provincial campaign. As per the 2020-2021 NACI Statement on Seasonal Influenza Vaccine there is no preferential recommendation for High Dose trivalent influenza vaccine over Quadrivalent influenza vaccine in adults 65 years of age and older.</p>
<p>23. Trends in vaccine hesitancy?</p>	<p>Willingness to be vaccinated decreasing in AB- HCW outreach very important, especially when messaged from trusted source (family physician)</p> <p>AHS is targeting families with children under 5 yrs old for vaccination.</p>
<p>Theme: Lab delays / help supporting labs</p>	
<p>24. General status of labs?</p>	<p>17/18 labs open, 10 accepting limited walk-ins Labs booking 4-7 weeks out; urgent wait times ~3days still available Lab delays caused by staffing shortages, COVID precautions, facility challenges. Please provide paper/email req to pt (avoid fax), provide clear timelines for patients regarding when bloodwork needs to be completed and order appropriately (Choosing Wisely Canada)</p>
<p>25. Is the lab able to support the tests? Some patients are waiting 5 days for results</p>	<p>The turn around time for COVID testing is a function of 3 things: how long it takes to book the assessment, how long lab takes to run the test, how long to get the results reported back to pt. Total turnaround time is approx. 80hrs currently</p> <p>MyHealthRecords will have lab results; encourage patients to sign up to eliminate the wait after the lab test is done.</p> <p>AHS is able to swab within 24 hours now but the lab is behind in testing due to the large volumes. They are implementing many initiatives to catch up and clear the back-log and meet their targets.</p>

26. So it seems areas like NY and Calgary had more cases in the first wave but not now, is that herd immunity??	No not herd immunity
27. How can patients access the urgent short notice appointments?	<p>Need to book via phone and talk to booking agent to ensure they qualify, avail at all sites but may not get preferred site depending on availability. Cannot be booked more than 3 days in advance.</p> <p>Can go as walk-in option if not able to get short notice appt</p>
28. Is there any information on what to tell a patients if they get side effect from the flu shot (ex. a fever) which overlaps with a COVID symptom do they need to self isolate or get test?	Yes - AHS has a guidance but basically we often see the side effects from flu shot ending after 48 hr so if Sx persist past that more likely something else (like another viral infection) is happening
29. How to help avoid lab delays?	<p>Provide paper or email copy (can email from mobile device when arrive in lab), avoid fax (gets 3-5000 faxed req at a given time), provide clear timeline to pt for when they need bw (write on req)</p> <p>Tuesdays to Thursday during the mid-day period are the best walk in times</p> <p>Order appropriately - see Choosing Wisely Canada guidelines, also see Janet Reynold's slides (eg UA (have them bring in sample or order from clinic and send to lab))</p>
30. What about with standing orders? How long is that kept?	Standing orders are valid for one year, they are entered into the standing order database once the patient presents with their requisition for the first order of the series.
31. Any triage process for walk in patients i.e pregnant, elderly or patients with disability?	Patients with disability or mobility issues are triaged when possible to allow them to wait inside rather than sending them to a vehicle to wait. Pregnant patients with gestational diabetes screen orders are triaged whenever possible to get the glucose drink ASAP so at least some of their 1 hour wait for post drink blood draw is incorporated into their wait to get inside the lab space.

<p>32. Specifically about urinalysis, would the pathologist accept specimens collected at the clinic and couriered the no normal way?</p>	<p>If specimen will not be received in lab within 4 hours of collection, refrigerate until transported. Specimens greater than 24 hours old are not acceptable and will not be analyzed.</p>
<p>33. If both mom and baby had ILI but only mom was pos. for covid, and mom is breastfeeding, what would the recommendation is in terms of isolation/care for baby?</p>	<p>If you're breastfeeding the baby will definitely be a contact of the mother and is at increased risk of COVID now the harms of that need to be balanced against the harms of attempting to isolate from your infant which is probably not very practical in many situations.</p>