

Provider News

A Newsletter for Shasta County Clinicians

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Shasta County Health and Human Services Agency - Public Health

Majority of sexually active adolescents not using effective contraceptive methods

In the U.S., 43% of adolescents ages 15-19 are sexually active, but fewer than 5% use the most effective types of contraception. Many adolescents prefer methods with relatively high typical use failure rates, such as condoms (18%), withdrawal (22%) and oral contraception (9%) compared to the low failure rates of IUD (0.2-0.8%) and implants (0.05%). Nonuse, inconsistent or incorrect use of these types of contraception have led to 82% of adolescent pregnancies being unintended. Long-acting reversible contraception (LARC) - intrauterine devices and contraceptive implants - are safe and appropriate contraceptive methods for most sexually-active (or likely to be so soon) adolescent females. LARC methods have a pregnancy rate of less than 1% per year for perfect use, and they have the highest rates of satisfaction and continuation of all reversible contraceptives.

Barriers to wide use of LARC methods by adolescents include lack of familiarity with or misperceptions about the methods, high cost, lack of access, and health care providers' potential concerns about the safety of LARC use. Both IUDs and contraceptive implants are safe to use among adolescents and do not increase the risk of infertility. An IUD may be inserted without difficulty and has a low rate of expulsion among adolescents (5-22%). Both IUD and the contraceptive implant can cause changes in bleeding patterns, but proper anticipatory counseling and guidance may improve satisfaction and continuation.

A large study that removed cost and other common barriers to LARC methods and included counseling on the full range of birth control options found that more than two-thirds of females aged 14-20 years

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Schizophrenia treatment

By Shepard Greene, MD,
Chief Psychiatrist
Shasta County HHS

I was asked by Andrew Deckert, MD, MPH, Shasta County Health Officer, to write a short article on the management of schizophrenia for primary care providers. Dr. Deckert recognizes that many of you are managing such patients without the benefit of psychiatric consultation for a variety of reasons. I would suspect that the majority if not all your patients with schizophrenia are fairly stable on their current medication regimen. But what if their condition somewhat goes south? In my experience, attempts to “reality test” with these patients is often counterproductive. Using logic to explain or teach them that their experiences are not valid, or not based on reality, often undermines the therapeutic relationship.

Anosognosia - “lack of insight” or “lack of awareness” - is common. Approximately 50% of my patients with schizophrenia (and bipolar disorder) do not take their medications. Impaired awareness of illness is a strange thing. To others, psychiatric symptoms seem so obvious it's hard to believe the

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Studies show that parents still have sway over underage drinking

Physicians have a unique opportunity to contribute to the health of patients they might never see.

When it comes to drugs and alcohol, most physicians already know it's worth asking about your patient's habits and usage. But you can also help influence whether your patients' children use alcohol.

If you want to deter or delay the onset of underage drinking, studies have shown that parents have the most influence over their children. Simply telling your child you don't want them drinking and why is the best drug-prevention tactic

currently available.

That's where physicians can educate parents. Along with asking your patients about drug and alcohol use, mention you care about their children's use, too. Encourage them to talk to their kids about drugs and alcohol. (Example: "I don't want you to drink now because it hurts your chances of getting good grades and going to college.")

Most underage drinkers have that first drink in a private home – theirs or a friend's. Certain times of year also pose an increased threat of underage drinking. SAMHSA data

suggests most teens have their first drink during the summer months. (The next-most common time? The winter holiday from school.)

Studies show that teens who start drinking early are more likely to develop alcohol problems later. Learn more about talking to kids about drugs and alcohol by referring parents to www.thinkagainshasta.com.

Sources: U.S. Department of Health and Human Services. "The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking: A Guide to Action for Educators." U.S. Department of Health and Human Services, Office of the Surgeon General, 2007. National Institute on Alcohol Abuse and Alcoholism. "Underage Drinking: A Major Public Health Challenge." April, 2003.

Contraception...

chose contraceptive implant or IUD methods. When comparing continuation of LARC methods to short-acting contraception in all ages of women, 86% of LARC users versus 55% of short-acting users continued to use the same contraception after 12 months. The short-acting contraception group was also 22 times more likely to have an unintended pregnancy than their LARC counterparts.

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When choosing contraceptive methods, encourage adolescents to consider LARC methods. Intrauterine devices and contraceptive implants are the best reversible methods for preventing unintended pregnancy. Complications of IUDs and the contraceptive implant are rare and differ little between adolescents and older women.

California and Oregon will be the first states in the nation to allow women to get birth control pills from pharmacists without a prescription. In California, pharmacists can only dispense hormonal contraceptives (pill, patch, ring) after providing a health screening to women and taking their blood pressure. Minors have the same access as adults. The rules should take effect in late 2015 or 2016. For more information, see www.pharmacy.ca.gov/laws_regs/regulations.shtml.

Schizophrenia management, by Dr. Shepard Greene...

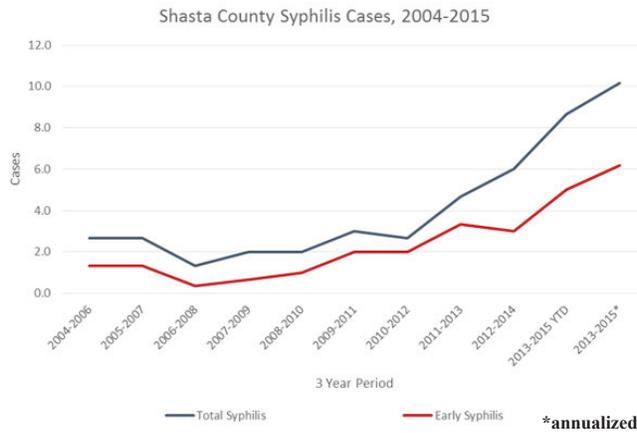
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person experiencing them is not aware he/she is ill. Oliver Sacks, in his book "The Man Who Mistook His Wife for a Hat," noted this problem: "It is impossible for patients with certain right-hemisphere syndromes to know their own problems.... And it is singularly difficult, for even the most sensitive observer, to picture the inner state, the 'situation' of such patients, for this is almost unimaginably remote from anything he himself [or she herself] has ever known."

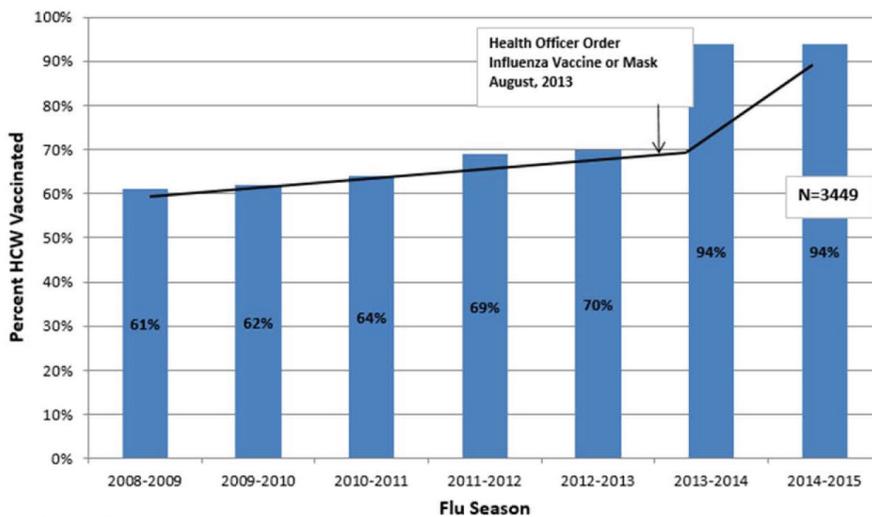
When psychotic symptoms become exacerbated or re-emerge, it's usually not due to loss of medication

efficacy but rather noncompliance with medication. Patients will convincingly declare that they are compliant with medication when they are not. I am a firm believer in using long acting injectable (LAI) medication when noncompliance is suspected. There are two widely used LAIs: Invega Sustenna (paliperidone) and Abilify Maintena (aripiprazole). Invega Trinza (paliperidone) is given once every 3 months. When considering treatment options, LAIs remove the question of noncompliance from the possibilities of decompensation.

There has been a significant increase in reported syphilis cases. Please encourage your patients to get screened if they are sexually active, especially with multiple partners, or if they have had an STD diagnosis in the last year.



Weighted Average Shasta County HCW Employee Influenza Vaccination Percent Coverage



Season Influenza Vaccine Only

Personal medical exemptions to school-entry vaccines

For 2014-2015, there were only four children with Personal Medical Exemptions to school entry immunizations among students entering kindergarten in Shasta County, compared with 161 entering kindergartners with Personal Belief Exemptions on file (out of approximately 2,175 total kindergartners in Shasta County).

True medical contraindications to required vaccines are very rare. For nearly every vaccine, severe allergic reaction (eg anaphylaxis) to a component of the vaccine is such a medical contraindication. A chart of contraindications and precautions is available at www.cdc.gov/vaccines/recs/vac-admin/contraindications-vacc.htm.

In brief

Physician visit: Dr. Roneet Lev, an emergency room physician at Scripps San Diego and chair of their Rx opiate task force, and Mike Small, head of California Department of Justice’s CURES

Project, are coming to Redding. The pair will present a free “Safe Prescribing Talk” from 5:30 to 7:30 p.m. Dec. 3 in the Diestelhorst Room at Shasta Community Health Center, 1035 Placer St.

In brief

Accreditation process: Shasta County Public Health recently began the process of becoming accredited. Currently, Public Health, healthcare professionals and numerous community organizations are helping to create a population-based, prevention-oriented Community Health Assessment. Later, a Community Health Improvement Plan will be developed with prioritized health needs that will inform Public Health’s next strategic plan. We hope other agencies and coalitions will align their strategic efforts with some of these priorities. We will keep you informed as progress continues on this exciting effort to improve community health.

Flu vaccine for long-term care staff: The National Vaccine Program Office has a toolkit to help long-term care employers understand and promote the importance of flu vaccine for their staff. The toolkit components are available free at www.cdc.gov/flu/toolkit/long-term-care. Please remember to report your numbers of flu vaccinated SNF or hospital staff by April 30 each year to Shasta County HHSA’s infectious disease epidemiologist Jennifer Black, MPH, at jblack@co.shasta.ca.us or 245-6838.

Return Service Requested

In brief

Naloxone kits available: Naloxone kits are now available to appropriate patients and household members from CVS pharmacists in Shasta County with or without a prescription, effective October 2015.

Owens Pharmacy at 2025 Court St. in Redding has had Narcan since early 2015. At this time it is available at Owens by prescription only.

The Owens kit contains 2 syringes of Naloxone 2mg (1mg/ml) and 2 Mucosal Atomizing Devices as well as an instruction card. The cost is approximately \$130 per kit and the pharmacy cannot bill insurance. Please prescribe this as follows:

Naloxone Nasal Kit (4ml)

SIG: Spray ½ syringe (1ml) into each nostril upon signs of opioid overdose. Call 911. May repeat once if needed.

Cancer and obesity are linked: Being overweight or obese is a risk factor for several types of cancer. Although a higher weight may not necessarily cause cancer, maintaining a healthy weight is thought to be associated with a lower risk of many chronic diseases.

More than two-thirds of American adults are overweight or obese. People who are obese have more fat tissue that can produce hormones, such as insulin or estrogen, which may cause cancer cells to grow. Some types of cancer appear to be closely linked to weight, including:

- Breast (in women who have been through menopause)
- Colon and rectum
- Uterine
- Kidney
- Esophageal

Contributors to this Issue:

Andrew Deckert, MD, MPH, Health Officer

Shepard Greene, MD, Chief Psychiatrist

Kerri Schuette, Supervising Community Education Specialist

Stasia Pringle, Community Education Specialist

Carissa Ballew, MPH candidate

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- Pancreatic
- Endometrium (lining of the uterus)
- Thyroid
- Gallbladder

Research suggests that maintaining a healthy weight is associated with a lower risk of cancer and a lower risk of recurrence in cancer survivors.