MAT Opioid Therapy Adds to Full Range of Behavioral Services

Health systems that offer comprehensive behavioral health services that include both dedicated inpatient care as well as a medication-assisted treatment (MAT) for substance abuse are an uncommon and valuable asset, especially at this time. In this interest, and to its well-established inpatient units at Virtua Memorial Hospital and Virtua Willingboro Hospital, the Virtua Medical Group has added an outpatient MAT program. The addition comes in a year in which opioid abuse issues have increased during the COVID crisis, at the same time that inpatient psychiatric beds have had a high census. The Virtua MAT Program is seeing a full range of patients on the opioid use disorder disease and treatment spectrum.

“Care in a MAT clinic is considered for patients based on where they are in their use and their previous or concurrent interventions,” said John Case, MD, clinical vice president of Behavioral Health Services at Virtua. “We are glad to be able to use MAT to stabilize patients as we connect them with other aspects of treatment and recovery.”

Safety Through Occupying, Blocking Receptors
MAT takes advantage of Vivitrol® or Suboxone® (or its generic forms), the latter requiring credentialed, licensed administration. Suboxone is a tablet or sublingual film of buprenorphine HCl, a partial opioid-receptor agonist, and naloxone HCl dihydrate, an opioid-receptor antagonist. Initiated ideally hours after last opioid use, the formulation circumvents withdrawal, alleviates opioid cravings, and prevents overdose from subsequent abuse. For the patient weaned from all opioid use, the Vivitrol injection contains a 30-day dose of naloxone only, which blocks opioid receptors, preventing effects from additional opioid use and permitting receptors to begin the long course of gradual return to baseline.

Patients may safely use MAT for months, years, or even a lifetime, though they may also wean from this medical therapy depending on their clinical presentation and needs. The treatment is associated with dramatic improvement in mortality, morbidity, and function.

A goal, endorsed by American College of Obstetricians and Gynecologists, is to also treat pregnant patients with MAT before delivery to prevent withdrawal in labor and miscarriage, and to defray neonatal abstinence syndrome. “All OB patients with opioid dependence and risk of withdrawal should be referred,” said Dr. Case.

Important Role, Along with Higher Level of Care
Patients come to the Virtua MAT program from primary care practices, other treatment programs, and self-referral. In the office, located at Virtua Health & Wellness Center – Berlin, Dr. Case or the program’s psychiatric advanced practice nurse perform patient intake, evaluation, and drug screening. If patients need acute detoxification, the step may be through referral to a community detox center or through MAT administration.

A patient navigator helps patients find care for co-occurring mental illness and assists them in accessing higher levels of addiction care as needed, including residential, partial hospitalization, and intensive outpatient therapy. Patients may also benefit when MAT is health system-based, supported by full medical services. The MAT program at Virtua accepts Medicaid, Medicare, and private insurance, and will work with those who do not have health insurance.

Amidst the region’s current shortage of inpatient hospital psychiatric beds and MAT clinics for opioid abuse, Virtua demonstrates its range of behavioral health services by providing both.

To refer a patient to Virtua’s Medication-Assisted Treatment program, call 856-322-3110.
New Era for ECT: Safe and Highly Effective for Refractory Depression

Electroconvulsive therapy (ECT) has entered a new era of sophistication, safety, and acceptance. For patients with major depressive disorder who do not respond to other types of treatment, this recently refined form of care offers remarkable results.

A substantial percentage of people with major depressive illness fail to improve adequately on medical therapy. “This means millions could benefit from ECT,” said John Case, MD, clinical vice president of Behavioral Health Services at Virtua.

Much of the stigma attached to the therapy is based on misinformation promulgated by movies, TV, and the internet. Modern techniques minimize side effects, making the treatment well tolerated. Today, ECT teams place the patient under anesthesia for approximately 5 to 10 minutes. A muscle relaxant prevents physical convulsion. Two electrodes monitor brain waves and two others deliver a small electric current to induce the brief seizure from which the benefits of ECT come. Up to 90 percent of patients respond significantly through 6 to 12 sessions over several weeks.

Some patients may need more or fewer treatments, and most patients experience extended symptom relief. For the small percentage that relapses or needs longer-term ECT, maintenance treatments on a once-a-month or other schedule restore the benefits of ECT.

The FDA-approved treatment therapeutically shifts brain chemistry and has been shown in the vast majority of cases to have no enduring negative cognitive effects (and, most often, is associated with improved cognitive functioning as the underlying psychiatric symptoms improve). ECT is also sometimes used for patients at such immediate risk that a trial of medication therapy is not practical, or patients with other forms of urgent or non-responsive psychoses, such as major episodes of bipolar disorder, schizoaffective disorder, and schizophrenia (including the catatonic form).

Virtua Memorial Hospital offers an ideal environment for providing ECT with the back-up of a first-rate acute-care hospital that offers an established, well-respected inpatient psychiatry unit if a stay is required, as well as access to this care through the emergency department. Virtua accepts private insurance and Medicaid for ECT.

To refer a patient for ECT at Virtua, call 609-914-6402.

ECT relieves depression about twice as dependably as medications.