Study details

Using a very small sample — 20 research participants — the initial feasibility and acceptability of sharing psychiatric medical notes was examined. All participants were literate in English and hospitalized in the psychiatric ward when 12 or older.

Parent consent and participant assent were obtained, and then the patients were given a copy of their most recent progress note. They were asked about their understanding of and satisfaction with the description of their issues and reasons for admission. They were asked whether they understood their treatment goals, treatment plans, and discharge criteria. They were also asked whether the note helped, hindered, or made no difference to their trust in their psychiatrist.

The sole attending psychiatry provider — the author of the notes — was surveyed following the patient reading to assess the impact that note had in terms of subsequent counseling sessions and therapy compliance. The physician then determined whether the note sharing helped, hindered, or had no impact on the patient.

This cohort included six male, 12 female, and two trans male research participants. Of the participants, 11 identified as White, six as African American, and three participants as two or more races. Of these, nine were Latinx. All but one participant demonstrated adequate functional health literacy (19 participants).

Implications

The majority of participants comprehended their medical note. Similarly, participants were satisfied with the content of their note. However, almost half of the participants reported a lack of understanding of their discharge criteria. Most participants reported that their trust in the provider remained the same or increased after reading their note. Six participants suggested edits to their note; none cited confidentiality concerns. The psychiatry provider reported that note sharing helped both inpatient counseling sessions and therapy compliance in eight participants.

“Our data suggest that AYA patients with active behavioral health concerns understand and express general satisfaction with their medical documentation,” the letter concludes. “Overall, reading medical documentation seemed to help a greater proportion of research participants as opposed to hindering or having no effect on inpatient counseling and therapy compliance. These are the first data to demonstrate medical note comprehension and satisfaction among AYA patients in vulnerable clinical settings.”

Limitations

The main limitations were small sample size, single-site recruitment, and single-psychiatry provider participation.

One plus: for these young people, their own treatment isn’t a secret. And for their parents, an avenue of communication may have been opened — even if it’s not one the parents originally wanted to walk down.

Finally, it’s interesting that only half of the parents knew what it would take for them to be discharged. Does anyone know at the beginning of their hospitalization? Do their providers? It has to be more than: however long your insurance lasts.

The research letter, Sharing Notes with Adolescents and Young Adults Admitted to an Inpatient Psychiatry Unit, refers to work done in San Diego, California.

No evidence COVID-19 has impacted remote psychiatric prescribing

Based on a study of electronic health records (EHRs), there is no evidence that COVID-19 or the increase in remote psychiatric consultation, especially among younger patients, has led to any changes in prescribing for these patients. While the pandemic has disrupted health care delivery, including psychiatric care, it has not affected the rate of prescribing antipsychotics and mood stabilizers per week. The rates of remote consultation were lower in older adults than in children and adolescents. For all ages, the prescribing of these medications remained at similar levels. In fact, the rate of missed appointments went down as the rate of remote appointments went up — something which has been seen widely as a benefit of remote treatment, which eliminates transportation and other issues. However, there are barriers in access to “digital” consultation, with not all patients having the ability to get treatment on a remote
From the
FDA

Abuse and misuse of propylhexedrine causes ‘serious harm’

The over-the-counter (OTC) nasal decongestant propylhexedrine, safe and effective when used as directed, can cause serious harm when misused or abused, the Food and Drug Administration (FDA) warned in April. These harms include heart and mental health problems. Specific complications include fast or abnormal heart rhythm, high blood pressure, and paranoia, which can all lead to hospitalization, disability, or death, the FDA noted.

Misuse and abuse of propylhexedrine, an inhalant, have increased recently, the FDA noted.

The recommendation is a product design change. “We are requesting that all manufacturers of OTC propylhexedrine nasal decongestant inhalers consider product design changes that support its safe use. For example, modifying the product to create a physical barrier that would make tampering with the device and abusing the propylhexedrine inside more difficult. In addition, decreasing the amount of medicine the device contains could also reduce the risk of serious side effects if abused or misused. We continue to evaluate this safety issue and will determine if additional FDA actions are needed.”

Propylhexedrine is a nasal decongestant that is available OTC in an inhaler. It is used short term to temporarily relieve nasal congestion due to colds, hay fever, or other upper respiratory allergies. It works by reducing swelling and inflammation of the mucous membrane lining of the nose. The recommended dose for adults and children older than 6 years is two inhalations in each nostril not more than every 2 hours. Do not use it for more than 3 days at a time. Prolonged use may cause nasal congestion to recur or worsen. Currently, propylhexedrine is only marketed under the brand name Benzedrex.

Consumers should only use propylhexedrine according to the directions on the Drug Facts label. Do not use it in ways other than by inhalation because doing so can cause serious harm, such as heart and mental health problems. Some of these problems can lead to death. Seek medical attention immediately by calling 911 or poison control at 1-800-222-1222 for anyone using propylhexedrine who experiences the following:

- Severe anxiety or agitation, confusion, hallucinations, or paranoia
- Rapid heartbeat or abnormal heart rhythm
- Chest pain or tightness

Editor’s note: The FDA does not typically review OTC drugs, and in fact the label (from the NIH website) only lists this warning:

- Do not exceed recommended dosage.
- This product may cause temporary discomfort such as burning, stinging, sneezing, or an increase in nasal discharge.
- The use of this container by more than one person may spread infection.
- Use only as directed.
- Frequent or prolonged use may cause nasal congestion to recur or worsen.
- Ill effects may result if taken internally

For more information, go to FDA.gov.