PFCA Wellness Update

PRINCETON FAMILY CARE ASSOCATES, LLC SUMMER 2024

Message from Dr. Fernandez

Greetings to all! Summer arrives reminding us of our ever-changing seasons and our ever-changing world. As with all, PFCA also changes over time.

Adria, so long a fixture of this practice, is wishing to pursue the field of research psychiatry and will be decreasing her clinical time at this practice. PFCA will miss her as a colleague and also her dedication to our patients. We wish her the very best in the future and hope that she will always be a part of PFCA in some fashion.

With the loss come new beginnings, new experiences, and new possibilities. Adrienne Elmer, APN has now joined our practice, bringing along 10 years' experience in psychiatric nursing. She will be working very closely with me, Raquel and Adria as she learns to provide the competent, individualized, educated and compassionate care this practice is well known for. You will soon be impressed with her abilities.

To accommodate for the reduction in Adria's time, Raquel has kindly extended her hours, to assist in the transition. Certainly no one can doubt Raquel's dedication to our patients and to PFCA. We are grateful for her many years of service. I am grateful for being her collaborating physician for over 20 years!

Lastly, I now have the great pleasure of continuing the psychiatric education of my daughter, Marisa. She has graduated from Thomas Jefferson School of Nursing and will be a practicing psychiatric registered nurse in our practice (and hopefully an APN someday). Marisa has trained with us for many years first as a psych tech, now as a nurse. She knows the patients and their clinical needs quite well.

And so, I leave you with the reality that nothing permanently remains the same, impermanence is the only permanent reality; things come, things go, tides ebb and neap. But as we sadly say goodbye to situations and individuals, new ones arrive with their own blessings. We wish those that depart a fond farewell and welcome wholeheartedly those who arrive. This is life. This is PFCA.

Dr. Fernandez

Changes to PFCA After Office Hours Availability:

Princeton Family Care Associates will be changing the way we will be handling emergency/urgency contacts when the office is closed. Beginning **August 1, 2024**, patients can contact our **on-call nurse until 10:00pm on weeknights only.** On-call availability will **no longer be an option on weekends or on holidays** while the office is closed.

If patients need medical attention, after 10:00pm on weeknights, over the weekends or on holidays when the office is closed, and they cannot wait until the office reopens, our phones will instruct you to seek emergency care at their local Emergency Room or dial 911.

All messages left on the On Call nurse's voicemail will be monitored on weeknights until 10:00pm and reviewed to determine if the call requires a response or can wait to the next business day.

Medication refills should only be ordered during regular business hours with the request preferably made before 3:00pm each weekday. We prefer that the On Call clinician not be used for last-minute refills.

PART #2

How Are You Sleeping?

There are times a person can have good sleep hygiene but still experience disturbances in their sleep pattern, with reasons for those disruptions. As noted previously, it could be related to age, needing less sleep as we age, but as adults, a minimum of seven hours is considered the norm. Another reason can be changes in physical health, such as, chronic pain, hormonal changes (for both men and women), sleep apnea, and chronic obstructive pulmonary disease. Stress and changes in mood, and medications or uses of other substances, for example alcohol, can also be a reason for change in sleep patterns. The first line of treatment is addressing the underlying cause of the sleep disturbance.

There are times when intervention is necessary to help sleep return to the person's normal pattern. Such is the case with sleep apnea and using a C-PAP machine. For other conditions, medications for sleep may be helpful.

If medication is the treatment of choice, it is important to differentiate the type of sleep disturbance, as medications are often designed to correct a

Continued on page 2

Welcome Adrienne Elmer, APN

Princeton Family Care Associates, LLC welcomes **Adrienne Elmer, APN**, to our practice. Adrienne is a dedicated, patient-centric, bilingual (Spanish & English) newly credentialed Advanced Practice Nurse.

She received her BS in Nursing from Rutgers College of Nursing and her MS in Nursing from Wilkes University. In addition, Adrienne has a BA in Psychology and Spanish from Rutgers University and a Post-BA Certificate in Child Advocacy from Montclair University.

She has worked for the past eight years as a Registered Nurse at RWJ Barnabas Health Behavioral Health Center where she efficiently and compassionately cared for patients in the voluntary/dual diagnosis unit. Prior to her nursing career, Adrienne worked for over 9 years as a Child Protective Services caseworker/investigator.

Adrienne is committed to high ethical values, compassion, professionalism, and excellent patient care. We look forward to introducing our patients to Adrienne.

How Are You Sleeping?

continued from page 1

particular sleep pattern:

- Difficulty falling asleep – taking longer to fall of sleep than is normal for the person but once asleep, the person can stay asleep.
- Interrupted sleep – waking up throughout the sleep cycle and unable to get back to sleep for a long period of time. For example, as we age awakening in the middle of the night to go to the bathroom is not unusual but the person falls back to sleep without difficulty. Whereas people with this type of insomnia cannot return to sleep easily.
- Early morning awakening – sleep time is shortened and the person wakes up earlier than customary.
- Somnelence – sleeping more than is normal for the person

Medications most commonly prescribed for sleep:

Sedative Hypnotics – were designed for short term treatment of insomnia.

Most commonly used are "Z Drugs" :

- Ambien (Zolpidem) 5 – 10mg
- Sonata (Zaleplon) 5 – 10mg on rare occassions max. dose can be 20mg

More recent agents are Dual Orexin Receptor Antagonists or "DORA's" :

- Dayvigo
- Belsomra
- Quiviviq

Other common agents:

- Seroquel (25mg – 200mg)
- Trazodone (25mg – 200mg) and Mirtazepine (15mg – 30mg)
- Prazosin, which is particularlly helpful with traumatically based sleep disruption
- Benzodiazepine – Klonopin and Lorazepam

Hebals & Supplements that can be helpful with sleep & are safe to try:

- Melatonin (3-5mg at bedtime) has been found helpful. Persons with certain mood disorders may need to take higher dose, up to 10mg.

  Melatonin must be taken 30minutes to 2 hours before bedtime. Melatonin should be taken nightly for at least a week before a peson decides it is not effective, it takes that long for Melatonin to reset sleep/wake cycles.
- Magnesium glycinate (250-500mg) at bedtime has also been found to be helpful.
- CBD/CBN gummies are also helpful but you need to be careful with how much THC it contains as THC can be activating for some people, and can thus disrupt rather than help with sleep. Slumbercbn.com is a good website for these type of gummies.

Ask us for recommendations if you would like to try this option.

**Always let your clinician know if you are using over the counter supplements as they may affect the psychiatric medications you are taking.

Importance of Clinical Scales & In-Person or Video Appointments

Just as we use the clinical scales to evaluate your clinical status when you visit, we use other tools to assess how you are responding to treatment.

Another tool we use is a Mental Status assessment. As you visit with your clinician, they observe your appearance, demeanor, and your affect among other things. A person's affect is a visual presentation of the person's mood, manner and interactions. To best assess this in patients, our clinicians reply on a patient's visual presentation, which is assessed either in-person or over a video call. As such, phone-only sessions are conducted infrequently when a visual connection is not possible due to unpreventable circumstances as they impede a complete mental status evaluation.

It is our expectation that patients will be available and prepared to come in person at least twice annually. Other appointments not in-person must be conducted over our video telemedicine link, Doxy.me. If patients are experiencing connection issues with their devices (computers, tablest or smart phones), these will need to be resolved before the appointment time or the appointment will need to be rescheduled.

We ask that our patients ensure their devices are in working order shortly after confirming their appointment. We suggest the patient not wait until their appointment time to see if their AV connection is adequate as it may cause a problem in completing the set appointment as the clinician would need to approve a phone-only visit.