Anxiety disorders in general practice

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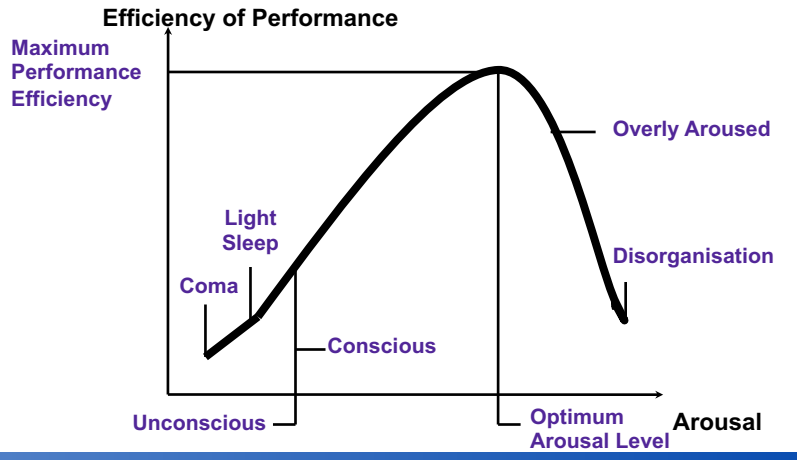
Anxiety - General

- Anxiety becomes abnormal when it is out of proportion to the "danger", either in **intensity** or **duration** (or both)
- Anxiety becomes a disorder when it causes significant **distress** and/or **impairs functioning**
- Generally, anxiety is not pleasant, and the organism tries to diminish it, often by **avoidance** (cognitive or physical)
- Anxiety is often an accompaniment of **other psychiatric disorders** (eg. depression), and these should always be asked about and treated in their own right.

Anxiety - General

Yerkes-Dodson: relationship between arousal (cf anxiety) and performance: a little anxiety is a good thing, too much anxiety is a bad thing (no anxiety, and you are comatose, or dead)



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Panic

A discrete period of intense fear or discomfort, in which four (or more) of the following symptoms developed abruptly and reached a peak within 10 minutes:

1. Palpitations, pounding heart, or accelerated heart rate
2. Sweating
3. Trembling or shaking
4. Sensations of shortness of breath or smothering
5. Feeling of choking
6. Chest pain or discomfort
7. Nausea or abdominal distress
8. Feeling dizzy, unsteady, lightheaded, or faint
9. Derealization (feeling of unreality) or depersonalization (being detached from oneself)
10. Fear of losing control or going crazy
11. Fear of dying
12. Paresthesias (numbness or tingling sensations)
13. Chills or hot flushes

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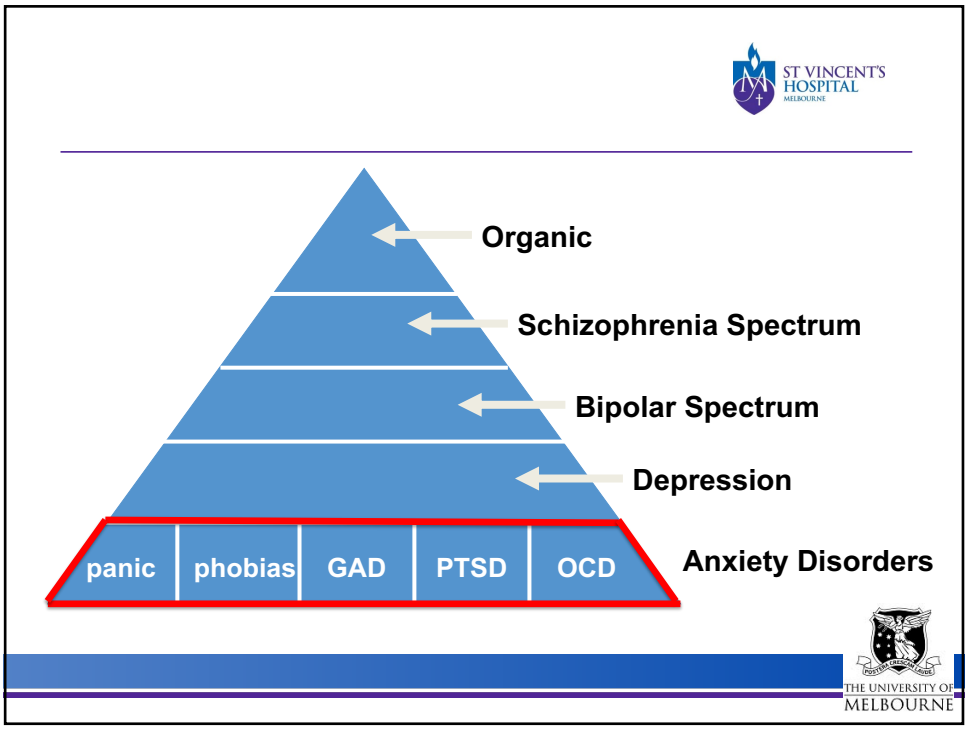
ST VINCENT'S HOSPITAL MELBOURNE
Organic
Schizophrenia Spectrum
Bipolar Spectrum
Depression
panic
phobias
GAD
PTSD
OCD
Anxiety Disorders
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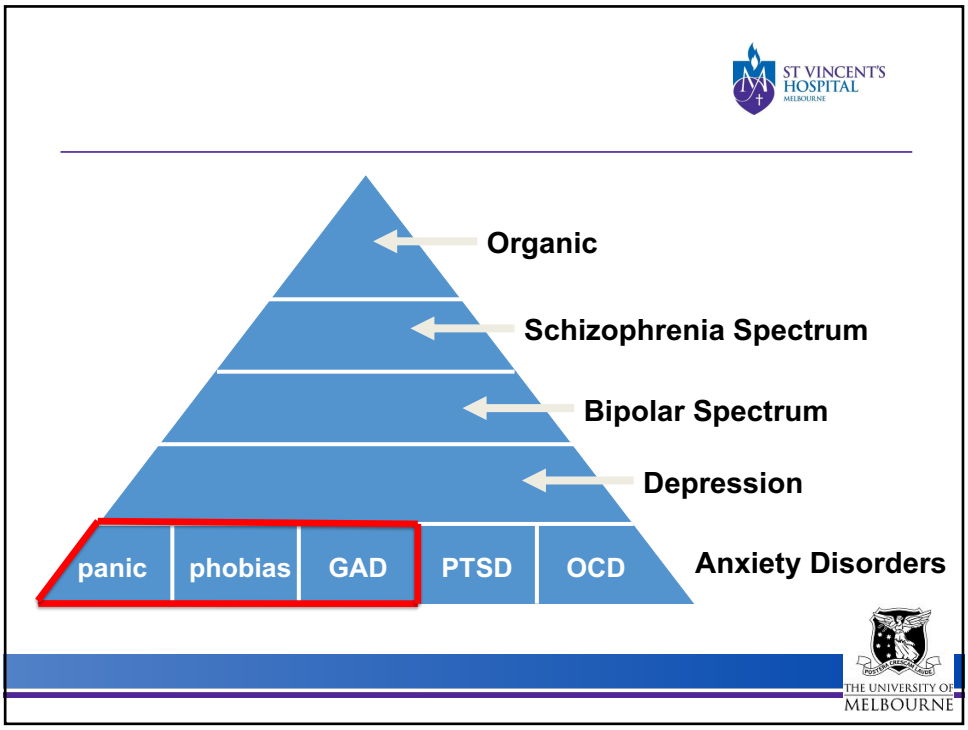
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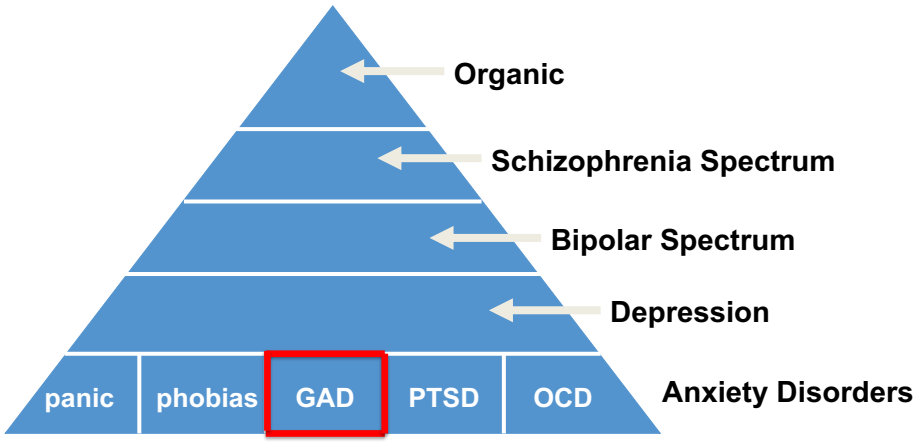

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Concepts of generalised anxiety disorder in various diagnostic systems (Starcevic, 2012)

	Pathological worry necessary for diagnosis?	Autonomic arousal necessary for diagnosis?	Minimum duration	Diagnostic status
Pre-DSM-III	Yes/No (worry as part of anxiety)	Yes (not explicitly)	Unspecified (chronic)	Not applicable
DSM-III	Yes	Yes	1 month	Residual*
DSM-III-R	Yes	Yes	6 months	Independent**
DSM-IV	Yes	No	6 months	Independent**
ICD-10	No	Yes	Several months	Residual***

* Not due to another mental disorder (all other mental disorders need to be excluded)
** Exclusions similar to those for other anxiety disorders
*** GAD can not be diagnosed in the presence of depression, other anxiety disorder, phobias, obsessive compulsive disorder and hypochondriasis

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A proposed ranking of the symptoms of generalised anxiety disorder* (Starcevic, 2012)

First rank symptoms (at least 4 out of 7 symptoms needed for the diagnosis of GAD)	**Second-rank symptoms** (at least 1 out of 5 symptoms needed for the diagnosis of GAD)
1. Inability to relax OR restlessness OR feeling keyed up, on edge or mentally tense 2. Easily fatigability 3. Exaggerated startle response 4. Muscle tension 5. Sleep disturbance 6. Difficulty concentrating 7. Irritability	1. Nausea or abdominal distress 2. Sweating 3. Dry mouth 4. Palpitations/tachycardia 5. Trembling/shaking

* Based on Starcevic and Bogojevic (1999)

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Generalised anxiety disorder (GAD) as a great 'dichotomiser' (Starcevic, 2012)

Conceptualisation in diagnostic systems	DSM-IV: GAD as a **worry disorder**	ICD-10: GAD as an **autonomic arousal disorder**
Emphasis	**Cognitive** aspects/symptoms of anxiety	**Somatic** aspects/symptoms of anxiety
Essence of GAD	Excessive **cognitive activity** (worry)	Pathological **emotional state** (anxiety)
Stakeholders	**Clinical psychologists** (emphasising worry in GAD)	**Psychiatrists** (emphasising anxiety, especially somatic anxiety, in GAD)
Assessment	**Measurement of worry** e.g. With the Pen State Worry Questionnaire	**Measurement of anxiety** e.g. With the Hamilton Rating Scale for Anxiety

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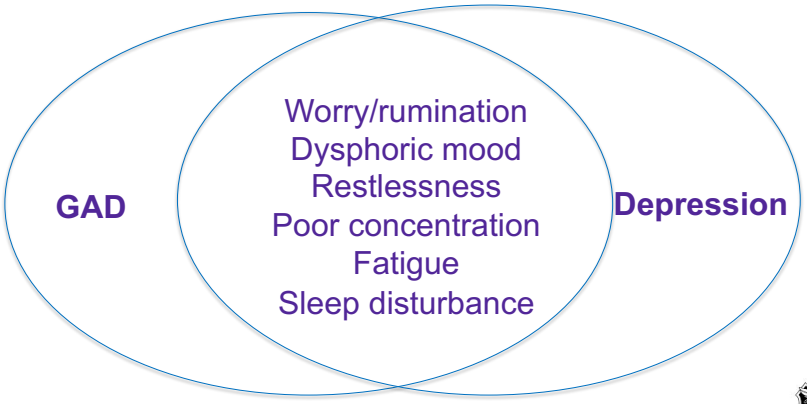
Features common to generalised anxiety disorder and depression (Starcevic, 2012)



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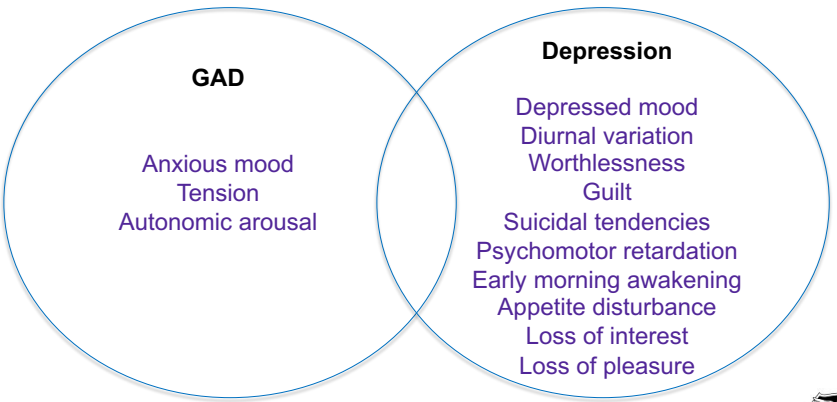
Clinical features that may help distinguish between generalised anxiety disorder and depression (Starcevic, 2012)



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GAD in DSM 5

- Pathological **worry** as key feature
- A minimum of **three** symptoms (restlessness/keyed up/on edge, fatigue, muscle tension, irritability, difficulty concentrating or mind going blank, sleep disturbance)
- Significant distress or impairment
- Duration **six** months

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A screening questionnaire for depression and anxiety

Goldberg et al, BMJ 1988; 297: 897-899

A SHORT MOOD SCALE

A. Anxiety

1. Have you been very keyed-up, and on edge?
2. Have you been worrying a lot?
3. Have you been irritable?
4. Have you had difficulty relaxing?

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A screening questionnaire for depression and anxiety

Goldberg et al, BMJ 1988; 297: 897-899

(If 'Yes' to any TWO of above, go on to:)

5. Have you been sleeping poorly?
6. Have you had headaches (or neckaches; or tightness in head)?
7. Dizzy; trembly; sweating; diarrhoea; frequency; tingling etc. (autonomic anxiety)?
8. Been worried about health?
9. Difficulty falling asleep?

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A screening questionnaire for depression and anxiety

Goldberg et al, BMJ 1988; 297: 897-899

D. Depression

1. Low energy?
2. Loss of interest?
3. Lost confidence in yourself?
4. Felt hopeless?

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A screening questionnaire for depression and anxiety

Goldberg et al, BMJ 1988; 297: 897-899

(if 'Yes' to any ONE of the above, go on to:)

5. Unable to concentrate?
6. Lost weight? (due to poor appetite)
7. Early waking?
8. Felt slowed up?
9. Felt worse in mornings?

1 point for each positive answer.
Anxiety states usually score at least 5 on A; depressives at least 3 on D.

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A screening questionnaire for problem drinking

Mayfield et al Am J Psychiatry 1974; 131: 1121-1123

THE CAGE

C Have you ever felt you ought to CUT down on drinking?

A Have people ANNOYED you by critisising your drinking?

G Have you ever felt bad or GUILTY about your drinking?

E Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (EYE OPENER)?

If you get positive replies to any TWO of these questions, it is worth taking a proper 'drinking history'.

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SUICIDE: Assessment of Risk: YOU MUST ASK

- You MUST ASK directly but tactfully
- There is no risk of precipitating suicide by asking

WAYS OF ASKING:

"Has it seemed that life is not worth living?"

"Have you thoughts of ending your life?"

"Have you planned what to do?"

"Do you intend to carry it through"

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Treating anxiety disorders

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Treating Anxiety disorders
(Andrews, et al, 2018)

- Psycho-education and lifestyle
- Panic management strategies
- CBT
- SSRI, SNRI
- Benzodiazepines controversial – mostly short-term only

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Treating Anxiety disorders
(Andrews, et al, 2018)

Other meds depend upon disorder:

Social Anxiety Disorder
- MAOI (phenelzine)
- Benzodiazepine
- Pregabalin/gabapentin

GAD
- SNRI
- Pregabalin
- Benzodiazepines
- Agomelatine

Panic Disorder
- SNRI or TCA
- Benzodiazepine

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Anxiety and Depression: The problem

(Andreescu & Lenze, 2012)

- Clinicians know anxiety and depression occur together often
- DSM IV decrees "comorbid" labels
- GAD a disorder under duress

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"Psychological/lifestyle treatment dissection?"

- Treatments for GAD
  - CBT
  - i-CBT
- Treatments for depression
  - CBT
  - IPT
  - Mindfulness
  - ACT
  - i-CBT
  - Exercise
  - diet

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"Pharmacological dissection?"

- Treatments for GAD that also treat depression
  - SSRIs
  - SNRIs
  - Quetiapine (? via norquetiapine)
- Treatments for GAD that don't treat depression
  - benzodiazepines
  - buspirone ($5HT_{1A}$ partial agonist)
  - pregabalin ("calcium channel modulator")
  - hydroxyzine (H_1 antagonist)

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Summary

- **Depression and anxiety occur together commonly**
- **Genetic and environmental factors might interact differentially in aetiology**
- **Various approaches to understanding shared vs. distinct neurobiology**
- **Pharmacological dissection one way of understanding these issues**

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