Canadian Family Medicine Clinical Card

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Gill HS
Keegan DA

Anxiety Disorders

KEY ELEMENTS ON HISTORY (disorders must cause significant impairment)

Generalized Anxiety Disorder (GAD)	- excessive worry/anxiety about things in real life -fatigue, ↓ concentration, irritability, muscle tension, "on edge", insomnia more days than not for >6 months -if <6 months, diagnosis is "adjustment disorder with anxious mood"
Phobias	- irrational and persistent fear triggered by actual or anticipated exposure to certain situations or objects that are actively avoided - subsets: social anxiety disorder (fear of social situations), agoraphobia (fear of inability to escape), others
Post-traumatic Stress Disorder (PTSD)	- history of severe trauma* in past (rape, abuse, combat, MVCs, etc.) - intense arousal from recurrent flashbacks; nightmares; avoidance of stimuli reminding of incident; attempts to numb emotions - Sx ≥1 month after trauma **severe event beyond normal exp.*
Panic Disorder (PD)	- recurrent short unexpected periods of intense fear or discomfort - sx often short-lived; can peak in 10 min; may be: **somatic** (eg. chest pain, abdo pain), **autonomic** (sweating, palpitations, tachycardia), ***neurologic*** (paresthesias, tremor, dizziness), and/or ***psychiatric*** (feelings of impending doom)
Obsessive Compulsive Disorder (OCD)	- obsessions (intrusive thoughts/images recognized to be self- generated), e.g. fear of contamination - compulsions (repetitive intentional behavior), e.g. hand washing

INITIAL APPROACH TO ANXIETY DISORDERS

1. history & focused physical exam to rule out other causes (e.g. asthma & dyspnea)
2. consider: TSH, CBC, electrolytes, urinalysis, urine drug screen
3. screen for common comorbidities (depression, substance abuse, chronic pain, suicidal ideation) and manage accordingly
4. consider using structured tools to assess severity of anxiety at every visit (e.g. GAD-7 scale)
5. review previous therapies used by pt, as it will guide treatment
6. determine patient expectations for therapy

GENERAL TREATMENT MEASURES (essential for successful treatment)

Patient Education	- anxiety is a normal stress rxn; disorder when excessive/inappropriate - cycle of anxious thoughts, physical sx, and avoidance behaviour prolongs anxiety, and is increased by stress and maladaptive thoughts/habits - provide educational resource for patient (www.anxietycanada.ca)
Lifestyle	- balanced diet, exercise, sleep hygiene, ↓ alcohol/caffeine, ↓ stress - encourage relaxation techniques (meditation, deep breathing, yoga)
Cognitive Behav. Therapy	- goal: to ↓ pt overestimation of risk and exagg. of negative outcome - key: patient must see that these beliefs are rarely, if ever justified - encourage exposure to anxiety provoking situations in a graded fashion - typically requires 6-8 sessions over 8-12 weeks

OPTIONAL ADJUNCTIVE MEDICATIONS

- start at low dose, ↑ slowly (q2-3wk), aim high (large dose needed for anxiety)
- low half life drugs (e.g. paroxetine, venlafaxine) can cause withdrawal if dose missed and if compliance is low

GAD	SSRI, SNRI
Phobia and PD	SSRI, prn anxiolytics
PTSD and OCD	SSRI, TCAs

IF FIRST LINE THERAPY INEFFECTIVE

- assess whether patient able to follow through with therapy requirements
- reconsider diagnosis (substance abuse, bipolar disorder, new stressor, organic cause)
- ensure comorbidities are treated
- add 2nd SSRI/SNRI or TCA
- consider psychiatric consult

Key References: Roy-Byrne P, et al. Brief intervention for anxiety in primary care patients. *J Am Board Fam Med.* 2009;22(2):175-86. Ebell MH. Diagnosis of anxiety disorders in primary care. *Am Fam Physician.* 2008;78(4):501-2. Shearer S, Gordon L. The patient with excessive worry. *Am Fam Physician.* 2006;73(6):1049-56.