How to Manage Anxiety

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Topics

- How to diagnose
- How to manage
  - Pharmacology
  - Non pharmacological treatments

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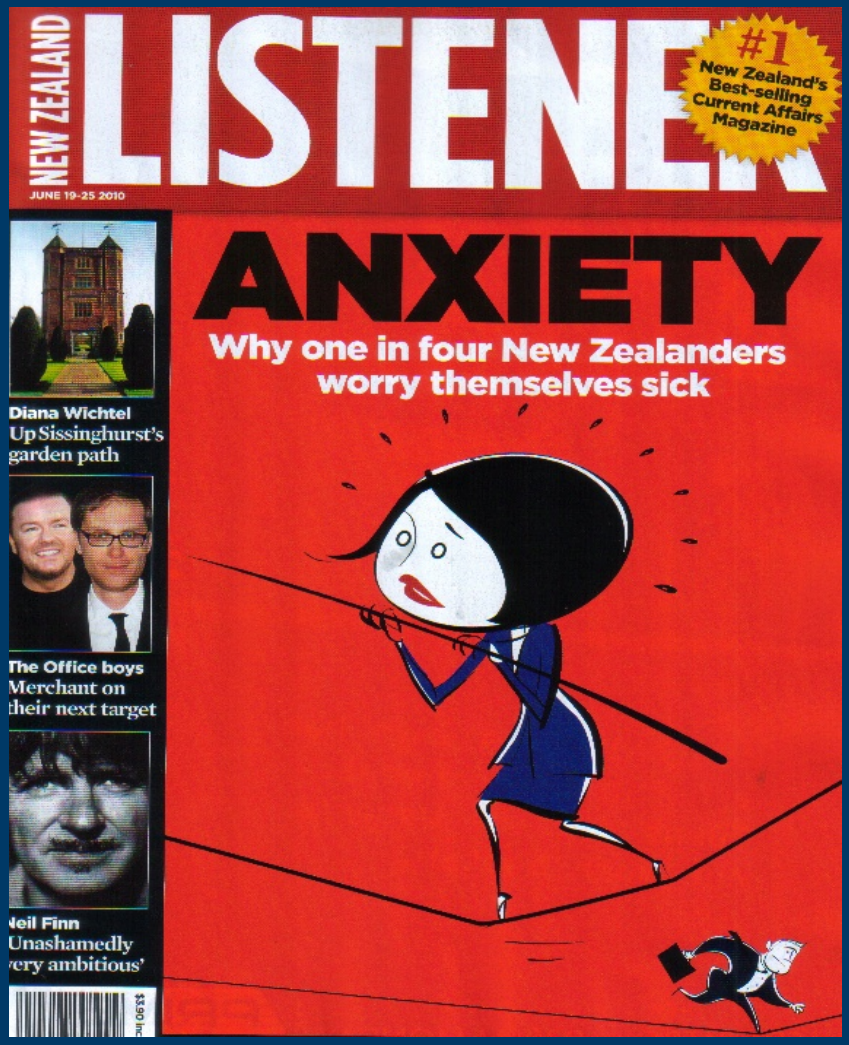

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Epidemiology (Baldwin D, Anderson I, Nutt D. J of Psychopharmacology 2005; 19; 567)

Table 3 Epidemiology of anxiety disorders in the general population

Diagnostic group	12-month estimate		Lifetime estimate	
	%	(95% CI)	%	(95% CI)
Any anxiety disorder*	12.0	(11.1–13.0)	21.1	(20.5–21.6)
Panic disorder (± agoraphobia)	2.3	(1.9–2.8)	3.8	(3.1–4.5)
Agoraphobia (without panic)	2.0	(1.7–2.5)	3.8	(3.1–4.5)
GAD	1.5	(1.2–1.9)	5.1	(4.3–5.9)
Social phobia	2.0	(1.6–2.5)	5.8	(5.1–6.5)
Specific phobia	7.6	(6.9–8.5)	13.2	(12.8–13.6)
OCD	0.7	(0.5–1.0)	0.8	(0.6–1.1)
PTSD	1.2	(0.9–1.3)	Not established	

*Without PTSD.

GAD: generalised anxiety disorder: OCD: obsessive–compulsive disorder: PTSD: post-traumatic stress disorder.

Based upon community studies reporting either prevalence estimates for established diagnoses of mental disorders (according to DSM-III, DSM-III-R, DSM-IV or ICD-10 criteria) or upon studies employing instruments with explicit diagnostic criteria that allow such inferences. See Wittchen and Jacobi (2005).

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- Anxious patients usually present at the clinic with physical symptoms NOT worrying or anxiety
- Physical symptoms:
  - Headaches
  - GI symptoms
  - Muscle tension
  - Insomnia
  - fatigue

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QUIZ!!!

- If you only had one or two questions to screen for anxiety- what will they be?

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Screening questions:

Do you worry a lot? Are you the worrying type?
(If yes) Can you tell me more about it?

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- Based on GAD 7 (screening tool), 1st 2 questions have good pick up for GAD, panic disorder, social phobia, PTSD (Kroenke K, Spitzer RL, Williams JB et al EBM Vol 12 Oct 2007)
  - *Over the past 2 weeks, have you been bothered by feeling nervous, anxious or on edge?*
  - *Over the past 2 weeks, have you been unable to stop or control worrying?*

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- If patient says yes… " Yeah, I do worry a lot doc…".
- What questions do you ask to nail the specific diagnosis?

  (Hint, remember 6 general types of anxiety disorders. If you don't know the 6 general types, there is still hope).

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Quick review of 6 types of anxiety disorders

- Specific phobia
- Social phobia (extreme shyness)
- Panic disorder
- Generalised Anxiety Disorder (GAD)
- Post Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)

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Diagnosis

- If yes, patient is anxious (Baldwin D, Anderson I, Nutt D. J of Psychopharmacology 2005; 19; 567)
  - screen for depression/ suicide risk
  - Sort out the specific anxiety type if possible:
    - Trauma history? Flashbacks? Nightmares? → **PTSD**?
    - Uncontrollable worry about several issues? → **GAD**?
    - Obsessions? Compulsions? → **OCD**?
    - Panic symptoms/ intermittent anxiety episodes:
      - Fear of negative evaluation? Extreme shyness?→ **Social Phobia?**
      - Spontaneous, catastrophic and time limited? → **Panic Disorder**?
      - Specific object or situation?→ **specific phobia?**

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Diagnosis?

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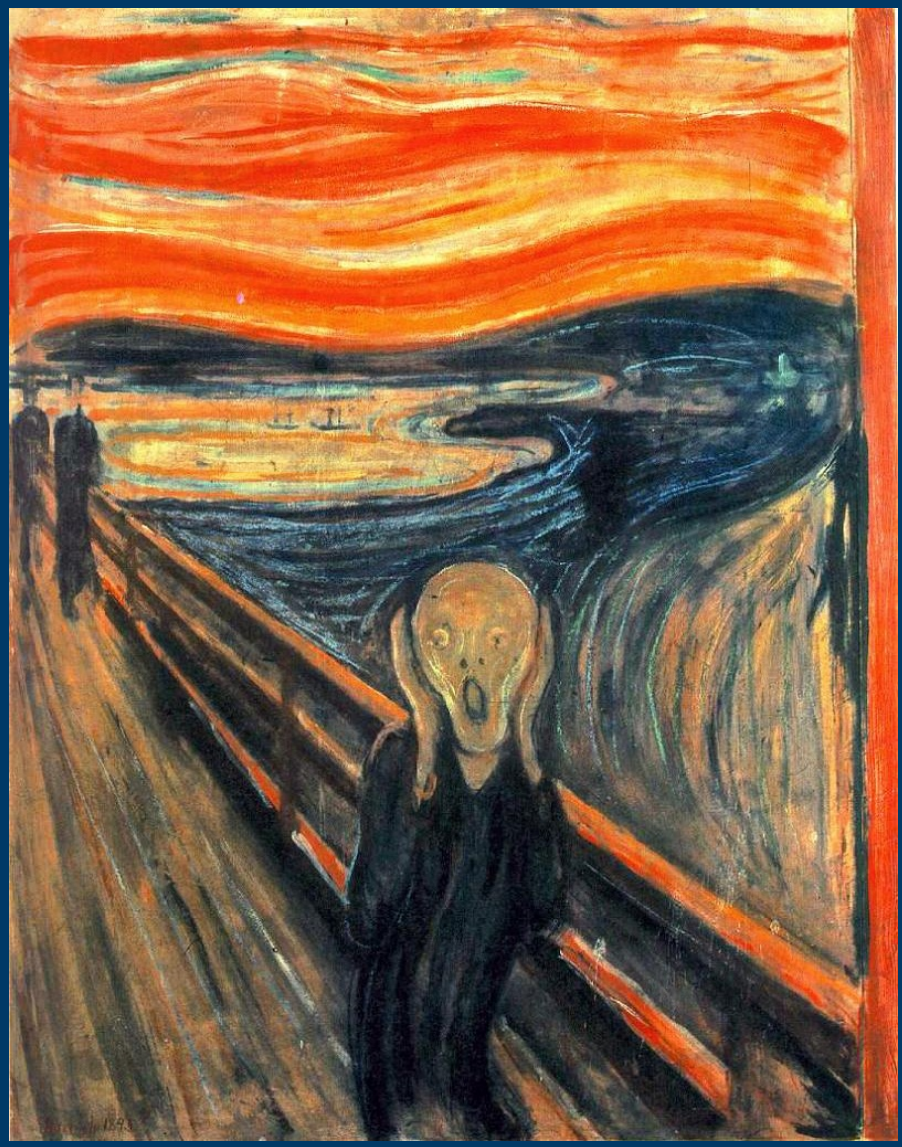
Diagnosis?



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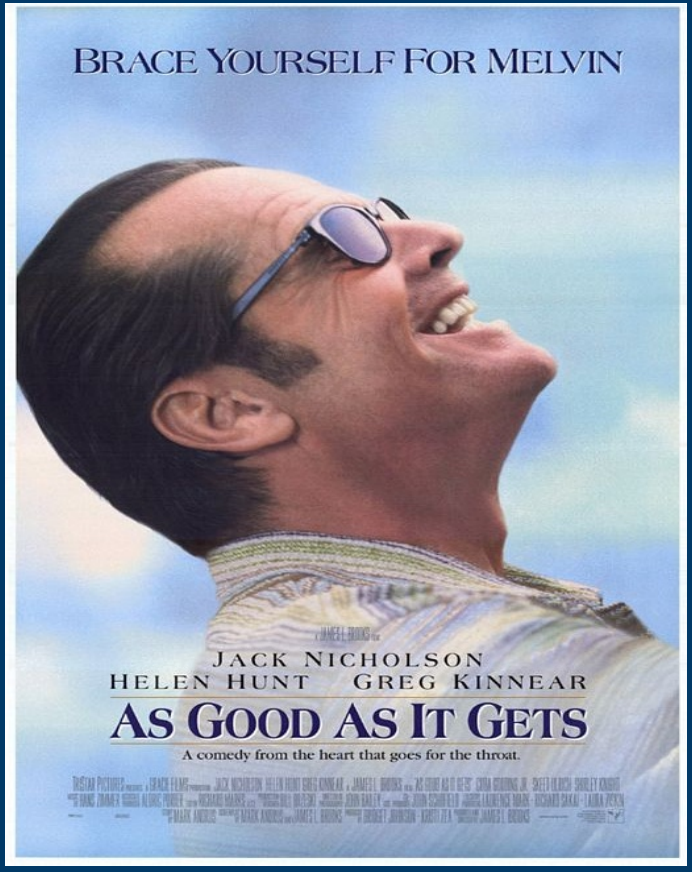
Diagnosis?



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Diagnosis?

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Diagnosis?

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Diagnosis?

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Poorly detected, studied and managed

- Perfectionism
- Rigid personalities
  - Not a recognised disorder
  - Personality traits become evident when they encounter difficulties- illnesses, insomnia, pain, stress
  - The personality type can worsen the symptoms significantly because of perceived loss of control
  - Teaching patients how to live with the symptoms instead of eliminating them;
  - “there is no magic bullet but you can still have a good and meaningful life”

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Treatment Options for Anxiety Disorders

- Medications
- Specific Psychological Therapies
- Mindfulness Meditation and other breathing based techniques
- Bibliotherapy (self help books)
- Exercise

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Medications

Explain to patient basic principles of medication treatment for anxiety

1) Will take a while to work (except for benzo's) so hang in there if possible. As per guidelines, up to 12 weeks to assess for efficacy. In practice, about 1-2 months to assess if working or not.
2) There can be some worsening of symptoms. If intolerable, call doctor or nurse for possible discontinuation of trial
3) If medications work, patient need to be on it for at least 6 months to 12 months
4) Antidepressants are not "addictive"
5) Warn about possible withdrawal/ discontinuation symptoms- not necessarily a relapse

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Medications

- SSRI's (fluoxetine, citalopram, paroxetine, escitalopram)
  - Effective across the range of anxiety disorders
  - Because of relative safety, first line treatment
  - Safe in OD
  - Potentially troublesome side effects
    - Increased anxiety or agitation
    - Insomnia
    - Fatigue/ oversedation
    - Nausea
    - Sexual dysfunction
  - Potential withdrawal effects/ discontinuation syndrome which can be very nasty (sometimes worse than original anxiety condition)

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Medications

Dosing:

- i.e. Citalopram 10 mg mane for 1 week then increase to 20 mg for next 3 weeks
- If needed- consider 5 mg for the highly somatically preoccupied patients, increasing only after they have adjusted to the medication
- If after a month, not much response, go up to next level, 30 to 40 mg for another month; if no real improvement, revise medication plans

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Medications

- Recommended monitoring: every 2 weeks for the 1st 6 weeks
- Discontinuation approaches:
  - Reduction spread over a few weeks if there is no rush
  - Paroxetine and venlafaxine (SNRI) the worst
  - May have to use benzodiazepines and or fluoxetine as a replacement
  - Can last for couple of days to 2 weeks

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Medications

- SNRI (venlafaxine)
  - Very similar to SSRI's in terms of side effects
  - Good alternative to SSRI or TCA
  - Special authority
  - Compared to SSRI's
    - More anticholinergic
    - Some issues with hypertension
    - Not as safe as SSRIs in overdose
    - Can have very bad withdrawal

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Medications

- Tricylic Antidepressants
  - Should be considered an option if SSRI or venlafaxine are not effective
  - More side effects than SSRIs
    - Anticholinergic, sedation, hypotension
  - OD issues
  - Better sleep profile than SSRIs
  - Drug interaction (hepatic enzymes)
  - Good evidence for imipramine and clomipramine
  - personal preference for nortriptyline
    - More tolerable
    - Good antidepressant and easy to interpret serum levels

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Medications

- MAOI's
  - Traditional MAOI's
    - Phenelzine, tranylcypramine
    - Excellent anti anxiety and antidepressant medication
    - Strict dietary restriction and hypertensive crisis
    - Many doctors and psychiatrists avoid this
  - Reversible MAOI
    - Moclobemide
    - Much easier to use
    - Some efficacy in panic disorder and social phobia

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Medications

- Beta Blockers
  - Not standard treatment for anxiety
  - Has role in performance anxiety
  - Recently shown to have efficacy in preventing emergence of post traumatic symptoms 2 months after trauma

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Medications

- Buspirone
  - 5HT1A agonist
  - In mild cases of anxiety
  - Not exposed to Benzo's
  - Some efficacy in social phobia and GAD
  - Slow onset, variable tolerability and drug interactions→ not first line

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- QUIZ!!!

- How “addictive” are benzodiazepines?

- A. very (70 -100% patients get hooked)
- B. moderately (40-70%...)
- C. fairly (20-40%...)
- D. slightly (10-20%...)
- E. don’t know

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Medications

- Benzodiazepines
  - Controversial because of doctor's perceptions regarding "addiction"
  - Clear evidence in panic disorder, GAD and social phobia
  - Rapid onset of efficacy, reasonable side effect profile and good tolerability

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Medications

- Benzodiazepines
  - Should be considered in
    - acute treatment for 2-3 weeks in conjunction with 1st line treatment (antidepressants) in severe anxiety
    - Severe, persistent anxiety after failure of 2 other treatments
    - Patients who do not like pills

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Medications

- Benzodiazepines
  - Should be avoided
    - History/ predisposition to abusing substances
    - Brain injured- possible disinhibition
    - Certain personality disorders
    - Patients who “like” medications or ask specifically for them

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Psychological Therapies

- Cognitive Behavioural Therapy
- Exposure Therapy
- Exposure and response prevention
  - Above best done by trained staff/ psychologist/ nurse/ doctor

- Not much evidence:
  - Generic counselling
  - Psychodynamic therapy

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Psychological Therapies

- Combination treatment with medications?
  - Previously thought as superior to medication alone
  - Recent evidence doubts combo treatment as superior
  - Personal preference- combination treatment

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Psychological therapies

- Options outside of DHB's and PHO's
  - University based psychology clinics
  - Lifeline, Youthline
  - Local Psychiatry Registrar training programmes
  - Private psychologists

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Mindfulness and other breath based techniques

- Increasing evidence for use of mindfulness based meditation in anxiety and depression
- Learning how to live in the moment
  - Using the breath as the anchor
  - Focusing on breath sensation- coming in, coming out
  - Every time you get out of focus, you tell yourself, it's ok, I'm perfectly human, but for now, I will focus again on the breath
  - NOT controlling the breath, just letting it be
  - Practicing from a few minutes a day to 20-30 minutes

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Mindfulness and other breath based techniques

- Can be a very powerful anxiolytic for episodic anxieties
  - Instant short circuiting of panic symptoms

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- Homepage
- Mental resilience
- Managing stress, anxiety & depression
- Healthy relationships
- Finding meaning in life

Welcome to the **CALM** Website, **C**omputer **A**ssisted **L**earning for the **M**ind.

All of us want to have a happy life. No one wakes up in the morning thinking "I hope I will be miserable today". Many of us think that happiness is dependent on external situations like possessions, status and pleasures. Though these things can be good, often the satisfaction they bring is short term.

Scientific studies on what makes people truly and genuinely happy show the importance of four main things:

1. **Mental resilience**
2. **Managing stress, anxiety and depression**
3. **Healthy relationships**
4. **Finding meaning in life**

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Guided Meditation on Loving Kindness or Kindly Awareness

This meditation practice helps us feel more positive, accepting and kindly towards both ourselves and others and helps us develop a sense of equanimity towards both the pain and pleasure in life.

Warning: Please do not listen to this file if you are driving or operating heavy machinery as it can cause sleepiness and relaxation.

[00:31:34] http://breathworks-mindfulness.org.uk/

Download the audio file [14.5 MB]

Guided Meditation on Mindfulness of the Breath

The breath has been one of the most common objects used for calming and meditation techniques. Vidyamala guides us in a classic mindfulness of the breath exercise. This exercise has existed for more than 2500 years and remains relevant in calming our minds. In a more profound level, it teaches us how to respond to situations and not just react. Studies show that regularly practicing Mindfulness of the Breath for 2 months can result in improvement in anxiety, higher levels of contentment and calm.

Warning: Please do not listen to this file if you are driving or operating heavy machinery as it can cause sleepiness and relaxation.

[00:27:43] http://breathworks-mindfulness.org.uk/

Download the audio file [12.7 MB]

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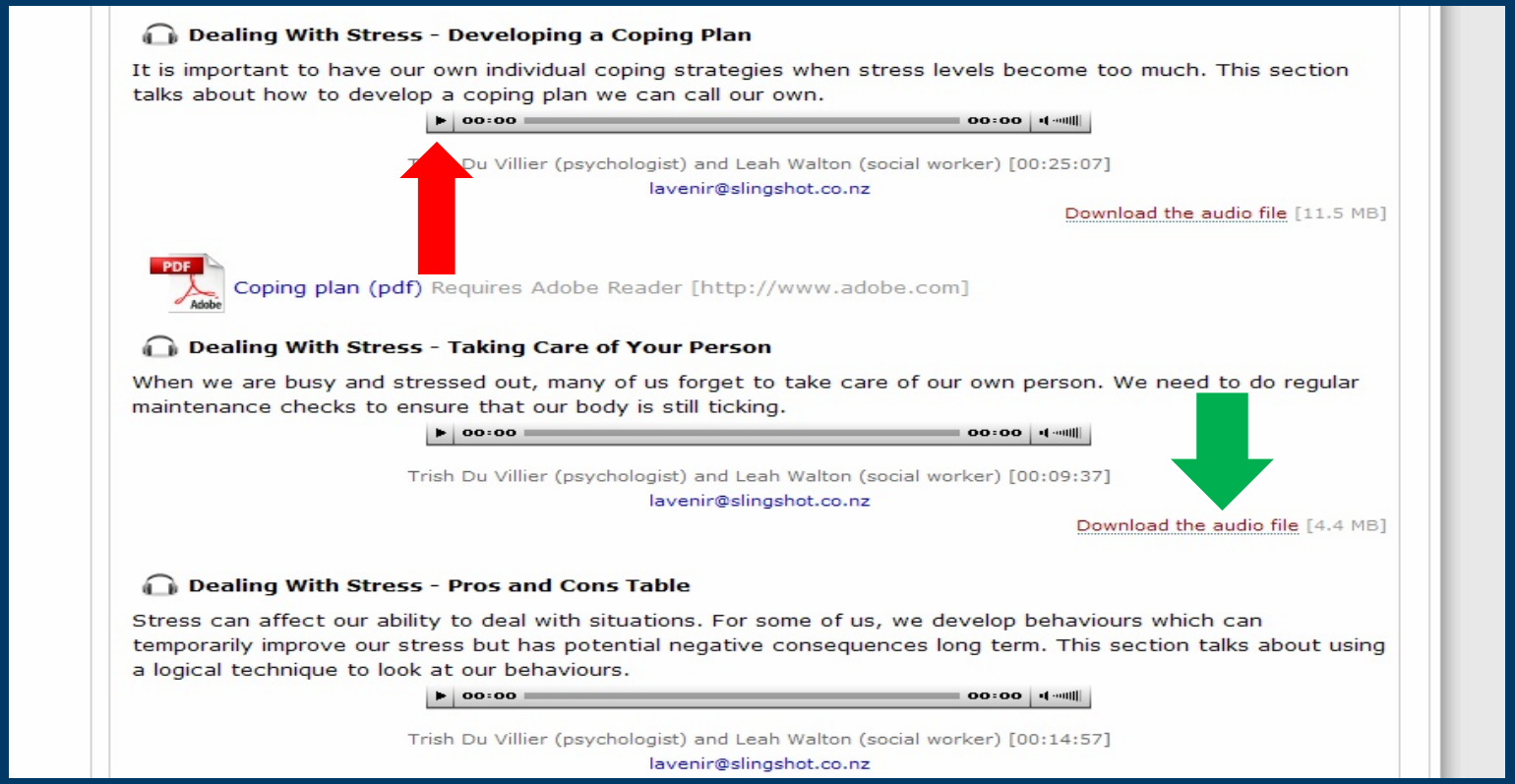
Basic CBT techniques for anxiety and stress



Dealing With Stress - Developing a Coping Plan

It is important to have our own individual coping strategies when stress levels become too much. This section talks about how to develop a coping plan we can call our own.

00:00 00:00

Du Villier (psychologist) and Leah Walton (social worker) [00:25:07]
lavenir@slingshot.co.nz

Download the audio file [11.5 MB]

Coping plan (pdf) Requires Adobe Reader [http://www.adobe.com]

Dealing With Stress - Taking Care of Your Person

When we are busy and stressed out, many of us forget to take care of our own person. We need to do regular maintenance checks to ensure that our body is still ticking.

00:00 00:00

Trish Du Villier (psychologist) and Leah Walton (social worker) [00:09:37]
lavenir@slingshot.co.nz

Download the audio file [4.4 MB]

Dealing With Stress - Pros and Cons Table

Stress can affect our ability to deal with situations. For some of us, we develop behaviours which can temporarily improve our stress but has potential negative consequences long term. This section talks about using a logical technique to look at our behaviours.

00:00 00:00

Trish Du Villier (psychologist) and Leah Walton (social worker) [00:14:57]
lavenir@slingshot.co.nz

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Other Treatments

- Bibliotherapy (self help books)
- Exercise

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Formulation and treatment planning

- Providing short explanation regarding diagnosis
- Outlining treatment options- pros/ cons
- Treatment suitability to patients preferences
- timeline of treatment
- plan A, B and C

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You can wake up now. Talk over…