



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

ANXIETY: SCREENING, DIFFERENTIAL DIAGNOSIS, TREATMENT MONITORING

DEB COWLEY MD

OCTOBER 20, 2016



OBJECTIVES

At the conclusion of this presentation, participants will be able to:

1. Identify one general screening questionnaire for anxiety and discuss how to use it.
2. Discuss the differential diagnosis of anxiety, including the core features of primary anxiety disorders.
3. Describe an overall approach to monitoring treatment outcome.

ANXIETY

- Normal
 - adaptive
 - enhances survival and performance
 - range within general population
- Excessive
 - out of proportion
 - difficult to control
 - interferes with function
- Lifetime prevalence of anxiety disorders 28.8%, 12-month 18.1%, 12-month “severe” 4.1% (www.nimh.nih.gov)

SCREENING

- GAD-7
 - 7 items, 0-3, total score 0-21
 - Over the past 2 weeks, how often have you been bothered by the following problems:
 - 1. Feeling nervous, anxious or on edge
 - 2. Not being able to stop or control worrying
 - 3. Worrying too much about different things
 - 4. Trouble relaxing
 - 5. Being so restless that it is hard to sit still
 - 6. Becoming easily annoyed or irritable
 - 7. Feeling afraid as if something awful might happen
 - 0=not at all, 1=several days, 2=more than half the days, 3=nearly every day
 - 5=mild, 10=moderate, 15=severe

GAD-7

- Designed to screen for generalized anxiety disorder
- However, not specific for a particular diagnosis
- Useful for
 - identifying anxiety as a problem
 - monitoring effects of treatment
- Score of 10 or above recommended as cutoff for further evaluation

DIFFERENTIAL DIAGNOSIS

- Acute stress (e.g. life events, medical procedures)
- Anxiety due to medical conditions/medications/drugs
- Anxiety disorders
- Other psychiatric disorders (depression, bipolar disorder, attention deficit disorder)

- **Acute vs. chronic**
- **Age of onset**
- Baseline/chronic vs. episodic
- Specific focus of anxiety

DIFFERENTIAL DIAGNOSIS

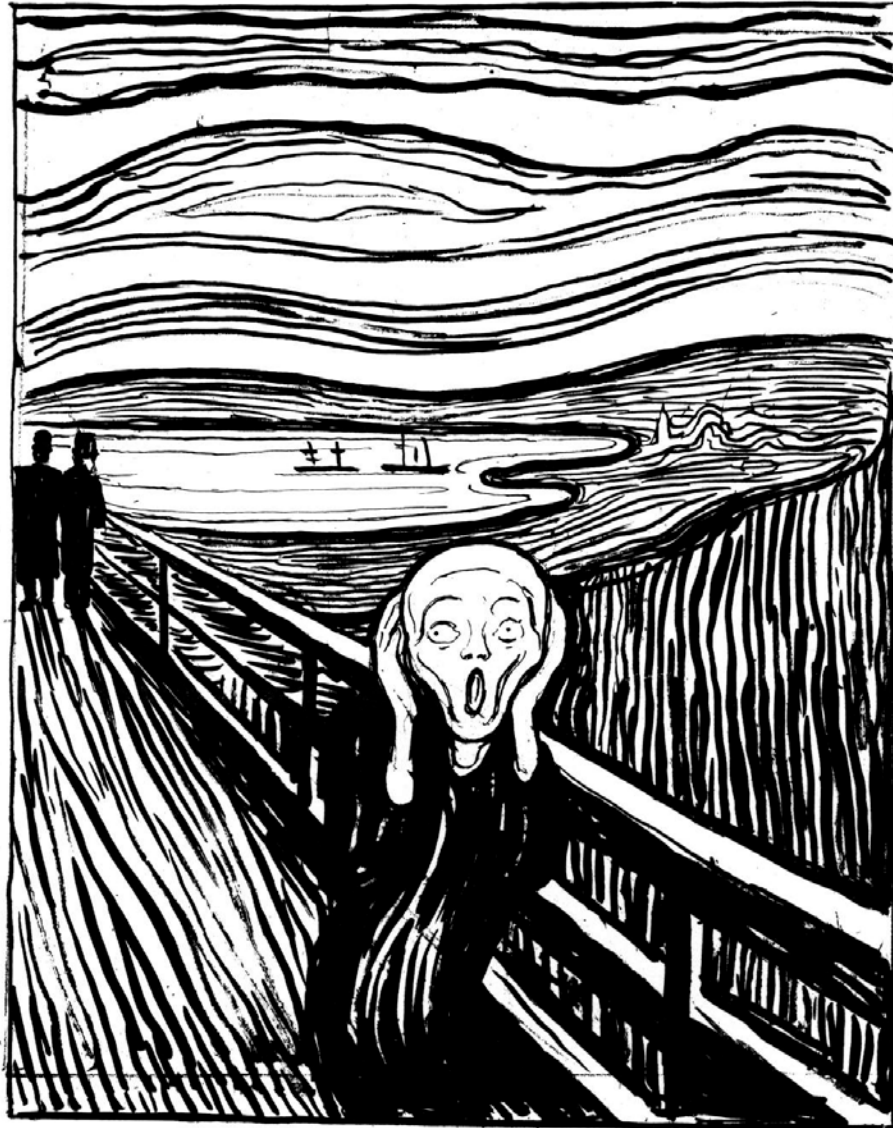
- Medical Conditions
 - Respiratory: COPD, Asthma, PE
 - CV: Angina, arrhythmias, hypotension
 - Neurological: Delirium, temporal lobe epilepsy
 - Endocrine: Hyperthyroidism
 - Metabolic
- Substances
 - Withdrawal (alcohol, opiates, sedatives)
 - Intoxication (marijuana, stimulants, caffeine)
 - Prescribed medications (sympathomimetics, steroids)

ANXIETY AND RELATED DISORDERS

- Panic disorder (with or without agoraphobia)
- Generalized Anxiety Disorder (GAD)
- Specific phobia
- Social Anxiety Disorder
- Obsessive-Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)

FOCUS OF ANXIETY IN ANXIETY AND RELATED DISORDERS

Disorder	Focus of Anxiety
Panic disorder	Bodily sensations, having a panic attack
Generalized anxiety disorder (GAD)	“What if...?”
Specific phobia	Specific trigger/object/situation
Social anxiety disorder	Embarrassment, public humiliation
Obsessive-compulsive disorder (OCD)	Harm/danger/impulses; rituals to combat/neutralize obsessions
Post-traumatic stress disorder (PTSD)	Traumatic experience



PANIC ATTACKS

- Abrupt; peak within minutes
- 4 or more of:
 - Palpitations, sweating, trembling/shaking, shortness of breath, feelings of choking, chest pain, nausea/GI distress, dizziness, chills/heat sensations, paresthesias, derealization/depersonalization, fear of losing control or going crazy, fear of dying
- Can accompany a variety of disorders
- One third of population has at least one panic attack in their lifetime

PANIC DISORDER

- **Recurrent, unexpected panic attacks**
 - 4 or more of: palpitations, sweating, trembling, shortness of breath, feelings of choking, chest pain, nausea/GI distress, dizziness, chills/heat sensations, paresthesias, derealization/depersonalization, fear of losing control/going crazy, fear of dying
- **One or both of:**
 - **Fear of having another panic attack**
 - **Significant maladaptive behavior change (e.g. avoidance)**

GENERALIZED ANXIETY DISORDER (GAD)

- Excessive worry about multiple life issues for 6 months or more
- Worry is difficult to control
- Associated with 3 or more of:
 - Restlessness/being keyed up/feeling on edge
 - Easily fatigued
 - Trouble concentrating/mind going blank
 - Irritability
 - Muscle tension
 - Sleep disturbance
- Worry causes significant distress/impairment

OBSESSIVE COMPULSIVE DISORDER

- Obsessions
 - Recurrent, persistent, intrusive, unwanted thoughts
 - Attempts to ignore/suppress/neutralize them
- Compulsions
 - Repetitive behaviors
 - Driven to perform, reduce anxiety/distress, neutralize obsessions
 - More than one hour/day; causes significant distress/impairment

Y-BOCS

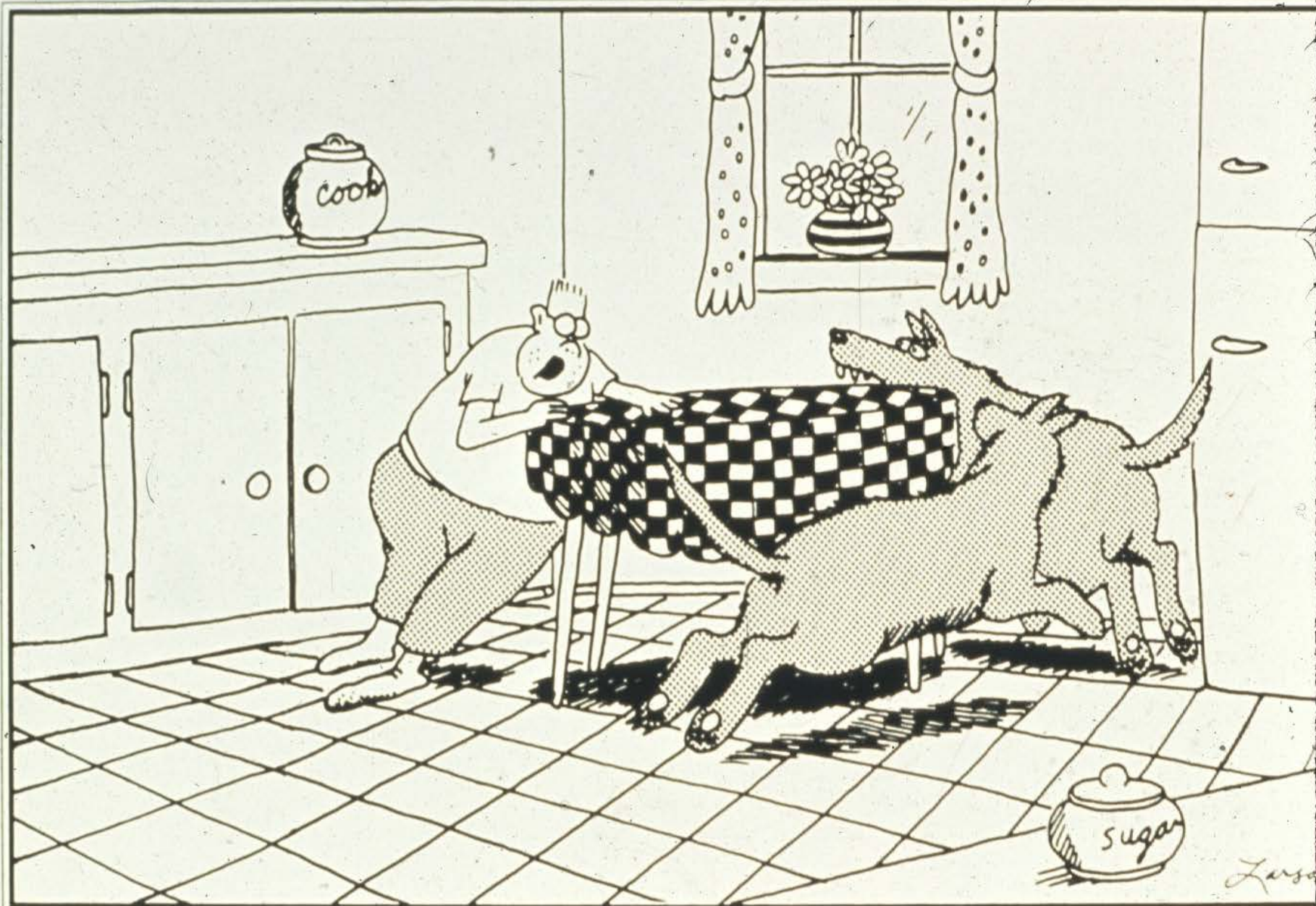
- 10-point scale for rating severity of OCD symptoms
- 5 items re obsessions, 5 re compulsions
- Each item 0-4 (none to extremely); total score 0-40
- Items:
 - Time spent
 - Interference with functioning
 - Distress
 - Control
 - Resistance

PTSD

- Exposure to traumatic event
- Intrusive symptoms
 - Memories, nightmares, flashbacks, distress or physiological reactions to triggers/cues
- Avoidance
 - Avoidance of cues, reminders, memories
- Cognitive and mood symptoms
 - Amnesia, self-blame, negative beliefs about the world, diminished interest, detachment, inability to experience positive emotions, fear/horror/anger/guilt/shame
- Hyperarousal/increased reactivity
- More than one month

SCREENING FOR PTSD (PCL-6)

- Past month, 6 items, 0-5 (not at all, a little bit, moderately, quite a bit, extremely), total score 0-30
- Positive screen ≥ 14
- Items:
 - Repeated, disturbing memories, thoughts, or images of a stressful experience from the past
 - Feeling very upset when something reminded you of a stressful experience from the past
 - Avoid activities or situations because they remind you of a stressful experience from the past
 - Feeling distant or cut off from other people
 - Feeling irritable or having angry outbursts
 - Having difficulty concentrating



Luposlipaphobia: The fear of being pursued by timber wolves around a kitchen table while wearing socks on a newly waxed floor.

SPECIFIC PHOBIA

- Fear and avoidance of specific object or situation
- Out of proportion
- 6 months or more
- Causes clinically significant distress/impairment

SOCIAL ANXIETY DISORDER

- Fear/anxiety about one or more social situations
- Fear of negative evaluation
- Social situations are avoided or endured with intense fear/anxiety
- Persistent (6 months or more)
- Significant distress/impairment

OTHER PSYCHIATRIC DISORDERS

- Anxiety can be a presenting symptom of:
 - Depression
 - Bipolar disorder (look for history of mania/hypomania, family history of bipolar disorder, age of onset 18-25 yo, >10 mood episodes, history of antidepressant-induced mania/hypomania)
 - Attention deficit disorder (but treat anxiety, depression first)
 - Psychosis
 - Substance use disorders

TREATMENT

- First-line treatments for anxiety disorders:
 - SSRIs (and other antidepressants; avoid bupropion)
 - Buspirone for GAD
 - Cognitive-behavioral therapy
 - “10-minute CBT”, Michael Otto et al., 2011
 - Treatments that Work manuals
 - Anxiety and Depression Association of America (www.adaa.org)
 - Information and finding a therapist
 - NIMH website
 - UW AIMS Center (aims.wa.edu)

WHEN WOULD YOU USE A BENZODIAZEPINE?

- Need for rapid, short-term treatment of anxiety/agitation
- Occasional/short-term use
- Nothing else works (including therapy)
- Patient cannot tolerate side effects of other medications
- Adjunct early in treatment with marked functional impairment or distress

TREATMENT MONITORING

– Monitoring

- Response (50% reduction in symptoms) versus remission
- Track symptoms/rating scale scores/panic diaries
- Response to SSRIs takes up to 12 weeks
- For BZs, document refills (timing, expected date of next refill)
- Discuss with patient:
 - rationale for treatment
 - expected duration of treatment
 - risks, warning signs for tolerance/misuse with BZs
- Treatment partnership agreements