Anxiety Disorders

Katherine A Tacker, MD
Department of Psychiatry
OHSU

ANXIETY

Physiological + psychological state:

- cognitive
- somatic
- emotional
- behavioral

→ Unpleasant feeling:
  - uneasy/apprehension/worry/intense fear

→ Typically out of proportion to the probable risks of the situation at hand

PHYSICIAN-PATIENT ENCOUNTER

- Let's work our way through a visit with a patient complaining of anxiety symptoms…
- Imagine the clinical setting you envision yourself practicing in one day:
  - ER
  - Medicine or Surgical Ward
  - ICU
  - Procedure Room
  - Outpatient Primary Care or Subspecialty Clinic
  - Psychotherapy Office
- Because anxiety finds its way into virtually all fields of medicine…

MENTAL STATUS EXAM

- Appearance
- Behavior
- Speech
- Mood
- Affect
- Thought Process
- Thought Content
- Cognition
- Insight/Judgment

- Appearance:

  ranges from fastidious to disheveled

- Behavior:
- Speech:
- Mood:
- Affect:
- Thought Process:
- Thought Content:
- Cognition:
- Insight/Judgment:

- Appearance:
- Behavior:

  possible psychomotor agitation, tremor/fidgety/hyper-vigilant vs. "frozen" with fear, intense vs. avoidant eye contact, limited cooperation vs. solicitous

- Speech:
- Mood:
- Affect:
- Thought Process:
- Thought Content:
- Cognition:
- Insight/Judgment:

- Appearance:
- Behavior:
- Speech:

  often pressured but interruptible (vs manic speech which is often unable to be interrupted or redirected). Alternatively, a severely anxious person may not speak at all!
- Mood:
- Affect:
- Thought Process:
- Thought Content:
- Cognition:
- Insight/Judgment:

- Appearance:
- Behavior:
- Speech:
- Mood/Affect:

  likely congruent with mood, anxious, scared, labile, irritable or maybe even angry (the feelings that come with "fight or flight," since catecholamines are getting ramped up)
- Thought Process:
- Thought Content:
- Cognition:
- Insight/Judgment:

- Appearance:
- Behavior:
- Speech:
- Mood/Affect:
- Thought Process:

  perseverative, ruminative, circumstantial (*vs. tangential, where they never return to the original question asked. Tangential more commonly seen in psychosis, mania, delirium, and dementia*). If circumstantial, they can still recall the original question
- Thought Content:
- Cognition:
- Insight/Judgment:

- Appearance:
- Behavior:
- Speech:
- Mood/Affect:
- Thought Process:
- Thought Content:

  notable for ruminations, obsessions, worries, concerns regarding danger (doesn't include psychotic symptoms, and if suicidal ideation present, look for co-morbid depression)
- Cognition:
- Insight/Judgment:

- Appearance:
- Behavior:
- Speech:
- Mood/Affect:
- Thought Process:
- Thought Content:
- Cognition:

  generally intact apart from concentration and attention
- Insight/Judgment:

- Appearance:
- Behavior:
- Speech:
- Mood/Affect:
- Thought Process:
- Thought Content:
- Cognition:
- Insight/Judgment:

  anxiety is often fear out of proportion to the realistic level of threat, so insight not necessarily that great. Therefore, judgment may also be impaired

HPI

The patient may describe:

- Primary Anxiety Disorder
- Alternative/Additional Psych Disorders
  - *including substance abuse/dependence*
- Symptoms that point toward medical illness
- Symptoms of Rx adverse effects or interactions
- Significant social stressors

Primary Anxiety Disorders

* *Impairs function!*

- Specific Phobia
- Social Phobia/Anxiety
- Post Traumatic Stress Disorder
- Separation Anxiety
- Panic Disorder +/- Agoraphobia
- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder
- Agoraphobia

- Specific Phobia:
  - Fear of specific object or situation disproportionate to realistic risk (excluding performance or agoraphobia)

- Social Phobia
- Post Traumatic Stress Disorder
- Separation Anxiety Disorder
- Panic Disorder +/- Agoraphobia
- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder
- Agoraphobia

DSM IV-TR: Specific Phobia

- Excessive or unreasonable persistent fear in the presence of (or anticipation of) a specific object or situation
- Examples:
  - Flying, heights, animals, injections, seeing blood, etc.
- Exposure almost always invariably induces immediate anxiety response
- Avoided or endured with marked distress or anxiety

- Specific Phobia
- Social Phobia:
  - Fear of embarrassment or humiliation/extreme discomfort performing in public

- Post Traumatic Stress Disorder
- Separation Anxiety Disorder
- Panic Disorder +/- Agoraphobia
- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder
- Agoraphobia

DSM IV-TR: social phobia

- Marked and persistent fear of social or performance situations (often fear of scrutiny)
- Fear of doing something embarrassing or humiliating
- Exposure almost always predictably induces anxiety
- Patient recognizes the fear is excessive or unreasonable
- Avoided or endured with marked distress or anxiety

- Specific Phobia
- Social Phobia

- Post Traumatic Stress Disorder:

  - Preceded by a severe traumatic event that involves threat of injury or death

- Separation Anxiety Disorder
- Panic Disorder +/- Agoraphobia
- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder
- Agoraphobia

DSM IV-TR: PTSD

- A: Exposure to Event
- B: Re-experiencing
- C: Avoidance
- D: Arousal
- E: Duration > 1 month

DSM IV-TR: PTSD

- A: experienced, witnessed, or confronted with an event(s) involving actual or perceived threat of death or serious injury to self or others → intense fear, helplessness, or horror
- B: (1/5) intrusive thoughts and recollections, recurrent nightmares, flashbacks, psychological reactivity to triggers, physiologic reactivity to triggers

DSM IV-TR: PTSD

- C: (3/7) efforts to avoid associated thoughts/conversation/feelings, avoid activities/places/people that arouse recollections, unable to recall important aspects of the trauma, diminished interest or participation, detached or estrangement, restricted affect, sense of foreshortened future
- D: (2/5) difficulty falling or staying asleep, irritability/anger outbursts, poor concentration, hypervigilance, exaggerated startle

- Specific Phobia
- Social Phobia
- Post Traumatic Stress Disorder

- Separation Anxiety Disorder:

  - Childhood condition that impairs ability to attend school/daycare

- Panic Disorder +/- Agoraphobia
- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder
- Agoraphobia

DSM IV-TR: SEPARATION ANXIETY

- Developmentally inappropriate/excessive anxiety
- Separation from home or attached caregivers
- (3/6) recurrent excessive distress away from home or major attachment figure, persistent and excessive worry about harm befalling attachment figures, worry about events causing separation (ie, kidnapping), reluctant to be alone or without attachment figure, repeated nightmares, repeated somatic complaints with separation
- > 4 weeks
- Onset before 18 years old

- Specific Phobia
- Social Phobia
- Post Traumatic Stress Disorder
- Separation Anxiety Disorder

- Panic Disorder +/- Agoraphobia:

  - Sudden attack of severe anxiety symptoms, can last 5 minutes to a few hours, may come in clusters over span of days, increased anxiety b/w episodes

- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder
- Agoraphobia

DSM IV-TR: PANIC DISORDER

- 4/13
  - Palpitations/pounding/rapid heart
  - Sweating
  - Trembling/shaking
  - SOB
  - Choking sensation
  - Chest pain/discomfort
  - Nausea/abdominal distress
  - Dizzy, unsteady, lightheaded
  - Derealization/depersonalization
  - Fear of losing control/going crazy
  - Fear of dying
  - Paresthesias
  - Chills/hot flushes

- Specific Phobia
- Social Phobia
- Post Traumatic Stress Disorder
- Separation Anxiety Disorder
- Panic Disorder +/- Agoraphobia

- Generalized Anxiety Disorder:
  - **Pervasive anxiety without precipitants, impairs function**
  - **If < 6 months, may be "adjustment d/o with anxious mood"**

- Obsessive Compulsive Disorder
- Agoraphobia

DSM IV-TR: GAD

- Excessive anxiety and worry about a variety of activities or events

- Most of the time > 6 months

- (3/6) restlessness or "on edge," easily fatigued, poor concentration/mind going blank, irritability, muscle tension, sleep disturbance

- Specific Phobia
- Social Phobia
- Post Traumatic Stress Disorder
- Separation Anxiety Disorder
- Panic Disorder +/- Agoraphobia
- Generalized Anxiety Disorder

- Obsessive Compulsive Disorder:

  * (different than Obsessive Compulsive *Personality* d/o)

  obsessions (thoughts)/compulsions (behaviors) impair function - irrational, egodystonic

- Agoraphobia

DSM IV-TR: OCD

- **Obsessions**
  - Recurrent and persistent intrusive or inappropriate thoughts/impulses/images
  - Not simply excessive worries about real-life problems
  - Attempts to ignore or neutralize the them
  - Recognizes thy are a product of own mind

DSM IV-TR: OCD

Or*

- **Compulsions**
  - Repetitive behaviors or mental acts driven to perform in response to an obsession or rigid rules
  - Aimed at preventing or reducing distress
  - Not realistically connected to the target of prevention

DSM IV-TR: OCD

- Recognizes obsessions and/or compulsions are excessive or unreasonable!
- Distressing, time consuming, or significantly interfere with normal routine or function

- Specific Phobia
- Social Phobia
- Post Traumatic Stress Disorder
- Separation Anxiety Disorder
- Panic Disorder +/- Agoraphobia
- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder

- Agoraphobia:
  - **Fear of being in places where escape may be difficult or embarrassing**
  - **Highly co-morbid with panic disorder and often the more disabling of the two**

DSM IV-TR: AGORAPHOBIA

- Anxiety about being in a situation/place difficult or embarrassing to escape or in which help may not be available.
- Often being outside the home, in some form of transport, on a bridge, in a crowd, etc.
- Situations are avoided or endured with marked distress or anxiety

OTHER PSYCHIATRIC DISORDERS

- **Mimic Anxiety Disorder:**
  - Mania
  - Psychosis
  - Substance Intoxication/Withdrawal
  - ADHD
  - Delirium/Dementia

OTHER PSYCHIATRIC DISORDERS

- **Common Co-Morbidities:**
  - concurrent additional anxiety disorders
  - depression
  - substance abuse/dependence
  - personality disorders

Substance Intoxication/Withdrawal

Intoxication:

- Cocaine
- PCP
- Ephedrine
- Caffeine
- Meth/amphetamine
- Nicotine

Withdrawal:

- Benzodiazepines
- Barbiturates
- Alcohol
- Opiates
- Baclofen
- Nicotine

Medical Etiology of Symptoms

- Metabolic/Endocrine
- Immune
- Infection
- Hypotension/Low Cardiac Output
- Hypoxia
- Neurologic
- Dietary

Metabolic Endocrine	HoTN Low CO	Hy - poxia	Immune	Infection	Neuro	Dietary
•Hyper-thyroidism •Hypopara-thyroidism •Cushing's •Insulinoma/hypoglycemia •Pheochromocytoma •Carcinoid •Porphyria •Abnormal electrolytes •Encephalop •Menopause	•MI/Angina •CHF •Arrhythmia •Valvular Disease (Mitral valve prolapse) •Tamponade •Chronic Anemia •Acute Blood Loss -- GI -- Gyn -- Intra-abd -- Retro-periot	•CHF •PNA •PE •Asthma •COPD •OSA •PTX •Pulmonary edema	•SLE	•HIV •Infxs enceph •Meningitis •Neurosyph •Lyme •Delirium	•Temporal lobe seizures •Vertigo •Mass lesion •Multiple Sclerosis •Post-concussive syndrome •Dementia •Toxic: lead, mercury, manganese, organophos •Delirium tremens	•Caffeine •MSG •Hyper-calcemia •Deficiency -- D -- B -- Folic Acid -- E ?

Rx

- Adverse Effects
- Overdose
- Drug-Drug Interactions

Sympathom/ Respiratory	Cardiac/Blood Pressure	Endocrine/ Hormone	Non - steroidal	Psychiatric	Dopa - minergic	Anti - cholinergic
•Decongestant •Albuterol •Oral beta agonists •Bronchodilators/ Theophylline •Epinephrine •Ephedrine •Pseudoephedrine •Anafranil	•Any med that can drive heart rate •Any med that can drop BP	•Levo-thyroxine •Insulin •Oral diabetes Rx •Cortico-steroids	•Indomethacin	•Antidepressant (activating) •Antipsychotics (akathisia) •Stimulants: •Amphetamine •Methylphenidate •Aminophyline	•L-dopa/carbidopa (Sinemet) •Metoclopramide (Reglan) •Neuroleptics	•Benztropine (Cogentin) •Diphenhydramine (Benadryl) •Scopolamine •Sedating antihistamines •Meperidine (Demeral) •Oxybutynin (Ditropam) •TCA's •Trihexylphenidyl

Family History

- A family history of many of the psychiatric, substance, or medical conditions we have mentioned so far can increase risk to the patient – so be sure to ask!

Physical Exam

- Vitals:
- Skin:
- HEENT:
- Abdomen:
- Neuro:

* A careful chest exam may reveal signs of potential cardiopulmonary etiologies of anxiety symptoms!

Physical Exam

- Vitals:
  BP, Pulse, and RR elevated (but temperature should be wnl)
- Skin:
- HEENT:
- Abdomen:
- Neuro:

Physical Exam

- Vitals:
- Skin:
  piloerection, clammy, diaphoretic
- HEENT:
- Abdomen:
- Neuro:

Physical Exam

- Vitals:
- Skin:
- HEENT:
  pupillary dilitation, xerostomia
- Abdomen:
- Neuro:

Physical Exam

- Vitals:
- Skin:
- HEENT:
- Abdomen:
  - decreased bowel sounds (*direct catecholamine effect*)
  - xerostomia → try to remedy dry mouth → increased swallowed air and saliva → increased gastric acid production → body responds with increased bicarb → increased bowel sounds !

  * *so can have either decreased or increased GI activity! Chronic anxiety may lead to diarrhea alternating with constipation*
- Neuro:

Physical Exam

- Vitals:
- Skin:
- HEENT:
- Abdomen:
- Neuro:
  pupillary dilatation (from epinephrine), diffuse hyper-reflexia/but down-going toes

Differential Dx

- **Initial differential generated from:**
  - HPI
  - Past History
  - Physical Exam/MSE
  - . . . what next . . . ?

LABS

Basic Labs to Consider ?

LABS

- **Basic Labs to Consider:**
  - Chem panel
  - CBC
  - Thyroid studies
  - UA
  - UDS/Etoh level

LABS

If indicated per hx, exam, other test results…

- Guaiac/Endoscopy
- Rx levels
- LFTs
- ECHO
- Vitamin levels (B12, folate, Vitamin D, etc)

Labs

If indicated per hx, exam, other test results…

- **Cushings**
  - (dexamethosone suppresion, urine/salivary/serum cortisol)
- **Insulinoma**
  - (serum insulin during hypoglycemic episode)
- **Carcinoid**
  - (urine 5-HIAA, plasma serotonin, epi provocation)
- **Porphyria**
  - (urine, fecal, and plasma testing possible)
- **Pheochromocytoma**
  - (urine/plasma catecholamine/metanephrine levels)

STUDIES

If indicated per history, exam, initial test results…

- EKG (especially if > 40 years old with chest pain or other cardiac symptoms)
- O2 saturation/ABG
- CXR
- Chest/Abdominal CT/US
- PFTs

FORMULATION

- **BIOLOGICAL**
  - *(family hx/genetic, medical, Rx) …*
- **PSYCHOLOGICAL**
  - *(psychiatric hx, current psychiatric symptoms/presentation, psychological defenses) …*
- **SOCIAL**
  - *(cultural identitysocial stressors, environmental context of presentation) …*
- Patient's **DIAGNOSIS** is most likely…
- **INITIAL** interventions …
- **LONG-TERM** treatment considerations …
- **PROGNOSIS**…

DSM IV- TR

AXIS I:

- Specific Phobia
- Social Phobia/Anxiety
- Post Traumatic Stress Disorder (PTSD)
- Separation Anxiety
- Panic Disorder +/- Agoraphobia
- Generalized Anxiety Disorder (GAD)
- Obsessive Compulsive Disorder (OCD)
- Agoraphobia (*without Panic Disorder*)

* *Remember to consider common co-morbid Axis I diagnoses, like depression and substance abuse*

DSM IV - TR

AXIS II:

- Avoidant Personality Disorder
- Dependent Personality Disorder
- Obsessive Compulsive Personality Disorder
  - *different than Axis I "OCD"*
- Schizotypal Personality Disorder
  - *suspicious, paranoid ideation, social anxiety*
- Paranoid Personality Disorder
  - *paranoia, suspicious*

DSM IV - TR

AXIS III:

- anxiety related to a medical condition

AXIS IV:

- severe social stressors -- relationships/supports, finances, employment, housing, tragedy/loss/trauma

AXIS V:

- 0-100 (varies based on level of functioning)

TREATMENT PLAN

- Correct contributing . . .
  - underlying medical conditions
  - Rx issues
- Detox/Rehab
  - anxiety often leads to self-medicating with substances, but substance abuse or W/D can also *cause* anxiety

Chicken or the Egg ?

TREATMENT PLAN

- Psychotherapy
  - Cognitive Behavioral Therapy (CBT), although other modalities can also be utilized
  - Techniques:
    - *Exposure/Desensitization*
    - *Thought stopping/Substitution*
    - *Identifying misconceptions*
    - *Sleep hygiene*
    - *Exercise*
    - *Avoiding triggers …*

* (be cautious that avoidance doesn't lead to impairing daily functioning)

Rx

- **SSRI**: fluoxetine (*Prozac*), citalopram (*Celexa*), escitalopram (*Lexapro*), fluvoxamine (*Luvox*), sertraline (*Zoloft*), paroxetine (*Paxil*)
- **SNRI**: duloxetine (*Cymbalta*), venlafaxine (*Effexor*)
- **OTHER**:
  - Mirtazapine (*Remeron*)
  - Buspirone (*Buspar*)
  - Buproprion (*Wellbutrin*)
  - Trazodone (*Desyrel*)
  - Nefazodone (*Serzone*)
- **TCA** (nortriptyline, amitriptyline, imipramine)
- **MAOI** (phenelzine, tranylcypromine)

Rx, cont.

- **Gabergic**
  - Benzodiazepine
  - longer-acting, eg. clonazapam (*Klonipin*) = less risk for abuse, smoother ride
  - screen for substance abuse hx
- **Beta blocker**
  - Often propranolol (*Inderal*)
- **Alpha agent**
  - prazosin, clonidine (most commonly seen for nightmare tx)
- **Anticholinergic**
  - diphenhydramine (*Benadryl*), hydroxyzine (*Vistaril*)
- **Antipsychotic**
  - typical or atypical agent

Pharmacotherapy

- *Start Low & Go Slow*!:
  - "activating" Rx can initially induce anxiety symptoms
  - paroxetine (*Paxil*), fluoxetine (*Prozac*), buproprion (*Wellbutrin)*…
- Taper any medication
  - → sudden W/D can produce anxiety symptoms!
- CAUTION:
  - don't give the patient a benzo just to treat your own acute anxiety reaction to being in the room with an anxious patient !