ANXIETY DISORDERS

(let's break it down in terms of your H&P…)

ID/CC:

The patient is (ENTER PATIENT'S AGE) year old (MALE/FEMALE/PRE OR POST-OP TRANSGENDER) with a medical history of (LIST MAJOR PHYSICAL CONDITIONS) and a psychiatric history of (LIST PSYCHIATRIC CONDITIONS) who presents with symptoms of anxiety…

HPI:

Listen to patient's story. If not evident from what they say initially, be sure to cover questions of standard **Psychiatric ROS** that should be part of any psych evaluation (will help with differential, as you will see below):

- Anxiety
- Depression
- Mania
- Psychosis
- Suicidal/Homicidal
- Substance abuse/dependence
- Eating Disorder

Also run through brief **ROS for significant recent/ongoing *physical* symptoms** they may be experiencing. (Again, helpful for differential)

Keep in mind the following differential for **Primary Anxiety Disorders**:

See DSMIV-TR Anxiety D/O cheat sheet. (*Note that function must be impaired to qualify as a disorder*)

- **Specific Phobia**: (12.5% Lifetime Prevalence)
  - Fear of specific object or situation that impairs function (excluding performance or agoraphobia)

- **Social Phobia:** (12.1%)
  - Fear of embarrassment or humiliation/performance in public that impairs function

- **Post Traumatic Stress Disorder (PTSD)**: (6.8%)
  - Preceded by a severe traumatic event that involves threat of death or threat/experience of injury

- **Separation Anxiety Disorder:** (5.2%)
  - Childhood condition that often impairs ability to attend school/daycare

- **Panic Disorder +/- Agoraphobia:** (4.7%)
  - 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, impairs function

- **Generalized Anxiety Disorder (GAD):** (4.1%)
  - Pervasive anxiety without precipitants, impairs function
  - Highly co-morbid with depression (and has same treatment)
  - If < 6 months, may be "adjustment d/o with anxious mood"

- **Obsessive Compulsive Disorder:** (1.6%)
  * (different than Obsessive Compulsive *Personality* d/o)
  - Obsessions (thoughts)/Compulsions (behavior) must impair function or bodily integrity, irrational, egodystonic

- **Agoraphobia** (without Panic): (1.4%)
  - Fear of being in places where escape may be difficult or embarrassing if a panic attack

occurred
- Highly co-morbid with panic disorder and often the more disabling of the two

PAST PSYCH HX:

- **Prior Dx:** Anxiety disorders are very frequently co-morbid with depression, substance abuse/dependence disorders, and other concurrent types of anxiety disorders.
  The following psychiatric disorders can mimic anxiety (vs. having a primary anxiety disorder):
  - Mania
  - Psychosis
  - ADHD
  - Delirium
  - Dementia
- Hx SI/SA/HI/HA/Violence (weapons in home?): …
- Hx Inpatient Tx: …
- Hx Outpatient Tx: …
- Prior Psych Medications: …

PAST MEDICAL HX:
Anything that turns up the catecholamine system (hypotension, low cardiac output, hypoxia, hypoglycemia**) + some other stuff…**

Metabolic/Endocrine:
- Thyroid abnormality
- Cushing's
- Insulinoma
- Pheochromocytoma
- Carcinoid
- Porphyria
- Hyponatremia/calcemia, hyperkalemia
- Encephalopathy (toxic, infectious)
- Menopause

Hypotension/Low CO:
- MI, CHF, Arrhythmia, Valvular Disease, Tamponade
- Chronic Anemia/Acute Blood Loss (GI, Gynocologic, Intra-abdominal, Retroperitoneal)

Hypoxia
- CHF
- Pneumonia, PE, asthma, COPD, Pneumothorax, Pulmonary Edema

Hypoglycemia
- Insulinoma

Neurologic
- Temporal Lobe Seizure
- Vertigo
- Mass Lesion
- Post Concussive Syndrome

Immunlogic
- Systemic Lupus Erythematosus

Dietary
- Caffeine
- MSG
- Vitamin deficiency states (Vitamin D, B vitamins, Vitamin E ??)

ALLERGIES:
Anaphylaxis → can lead to low cardiac output/hypotension → symptoms of anxiety

MEDICATIONS: (can mimic anxiety)

Sympathomimetic/Respiratory
- Decongestants, albuterol, oral beta agonists, theophylline, epinephrine, ephedrine, pseudoephedrine

Hormone Replacement/Treatment
- Insulin, oral diabetes Rx (can cause hypoglycemia)
- Steroids

Psychiatric
- Antidepressants (especially if 'activating')
- Antipsychotics (especially if akathisia develops)
- Stimulants (amphetamine, methylphenidate, aminophyline)

Cardiac/Blood Pressure
- Rx-related tachycardia
- Rx- related hypotension

Dopaminergic
- L-Dopa +/- carbidopa (*Sinemet*), amantadine, bromocriptine
- Metoclopramide (*Reglan*)
- Neuropletics

Anitcholinergic *(decreases resistance to epi/Nepi)*
- Benztropine (*Cogentin*), diphenydramine (*Benadryl*), meperidine (*Demerol*), oxybutynin (*Ditropan*), TCA's, trihexylphenidyl (*Artane*)

Nonsteroidals
- indomethacin

SUBSTANCE USE: (people often self-medicate anxiety symptoms with drugs and EtOH, but drugs and EtOH use can also produce anxiety symptoms**)**

Intoxication Syndromes that Mimic Anxiety
- Stimulants: cocaine, PCP, LSD, ecstasy, meth/amphetamine, ephedrine, caffeine
- Hallucinogens

Withdrawal Syndromes that Mimic Anxiety
- Barbiturates, benzodiazepines, opiates, etoh, baclofen

SOCIAL HX:
Major stressors, such as with finances, employment, relationships, housing, tragedy/loss/trauma

FAMILY HX:
Virtually any of the psychiatric or medical conditions already discussed above…

PHYSICAL EXAM:
- Vitals: BP, Pulse, and RR elevated (but temperature should be wnl)
- Skin: piloerection, clammy, diaphoretic
- GI: decreased bowel sounds (*due to expected straightforward catecholamine effect*) vs xerostomia, increased bowel sounds (from trying to remedy dry mouth with increased swallowed air and saliva, increased acid production, body responds with increased bicarb…) – so can have either set of GI findings! Chronic anxiety may lead to diarrhea alternating with constipation.

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

MENTAL STATUS EXAM:

Appearance: ranges from overly neat/fastidious to disheveled

Behavior: may include compulsive behaviors, eye contact intense or limited/rare, cooperation limited or overly solicitous

Psychomotor: often agitated, fidgety, hypervigilant (but then again, could be 'frozen' with fear)

Mood/Affect: congruent and anxious, labile, irritable or maybe even angry (*the feelings that come with "fight or flight," since catecholamines are getting ramped up*)

Speech: often pressured but interruptible (vs manic speech with is often unable to be interrupted or redirected). Alternatively, severely anxious person may not speak at all.

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

Cognition: intact apart from concentration, attention, insight, and possibly judgment.

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.

LABS:

- Chem panel
- CBC
- Thyroid studies
- UA
- UDS/Etoh level

(*if indicated per hx, exam, other test results…***)**

- Guaiac/Endoscopy
- Rx serum levels
- LFTs
- ECHO
- Vitamin levels (B12, folate, Vitamin D, etc)
- Cushings test (dexamethosone suppresion, urine/salivary/serum cortisol)
- Insulinoma test (serum insulin during hypoglycemic episode)
- Carcinoid test (urine 5-HIAA, plasma serotonin, epi provocation)
- Porphyria test (urine, fecal, and plasma testing possible)
- Pheochromocytoma test (urine/plasma catecholamine/metanephrine levels)

STUDIES/PROCEDURES:

(*if indicated per hx, exam, other test results…***)**

- EKG (especially if < 40 years old with chest pain or cardiac symptoms)
- O2 saturation/ABG
- CXR

- Chest/Abdominal CT/US
- PFTs

FORMULATION:

- The patient is (ENTER PATIENT'S AGE) year old (MALE/FEMALE/PRE OR POST-OP TRANSGENDER) with a medical history of (LIST MAJOR PHYSICAL CONDITIONS) and a psychiatric history of (LIST PSYCHIATRIC CONDITIONS) who presents with symptoms of anxiety primarily consisting of…

- From a **biological** perspective (ie, family hx/genetic, medical, physical) …

- From a **psychological** perspective (ie., psychiatric hx, current psychiatric symptoms/presentation) …

- From a **social** perspective (ie, social stressors, environmental context of presentation) …

- Given the overall history and presentation, the **patient's diagnosis is most likely** (PATIENT'S DIAGNOSIS - might include AXIS I, AXIS II, and/or AXIS III COMPONENTS, all of which can be exacerbated by AXIS IV)

- Appropriate **initial interventions** to help relieve acute symptoms include …

- **Long-term treatment** considerations should include …

- **Prognostically**, most patients with this condition …

DSM IV-TR

AXIS I: Specific Phobia Social Phobia Post Traumatic Stress Disorder (PTSD) Separation Anxiety Disorder Panic Disorder +/- Agoraphobia Generalized Anxiety Disorder (GAD) Obsessive Compulsive Disorder (remember this is different than Obsessive Compulsive *Personality* Disorder) Agoraphobia (without Panic) **(Remember to consider common co-morbid Axis I dx's, like depression and substance abuse)*
AXIS II: Avoidant p.d. Dependent p.d. Obsessive Compulsive p.d. (different than Axis I "OCD") Schizotypal p.d. (suspicious, paranoid ideation, social anxiety) Paranoid p.d. (paranoia, suspicious, related anxiety)
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 depending on how severely symptoms impact functioning*

PLAN:

- Assess for and **correct any underlying medical condition or Rx** contributing to the anxiety symptoms.

- If substance abuse or dependence is contributing to anxiety, **encourage detox and engagement in substance abuse tx program** (outpatient or inpatient as appropriate) – *anxiety often leads to self-medicating with substances, but substance abuse or W/D can also cause anxiety (and other psychiatric) symptoms. Difficult to tease out chicken or the egg sometimes.*

- **Psychotherapy** of popular choice for anxiety symptoms is often Cognitive Behavioral Therapy (CBT), although other modalities can also be utilized.
  Techniques: *exposure, thought stopping, thought substitution, identifying misconceptions, desensitization, sleep hygiene, exercise, avoiding triggers*… (but need to be cautious that avoidance doesn't lead to impairing daily functioning).

- **Rx**:
  - Serotonergic: SSRI, SNRI, trazodone, nefazodone, mirtazapine, buspirone, TCA, MAOI (*start low and go slow*!) – (many times choice is made based on side effect profile)
  - Gabergic: benzodiazepine (longer-acting has less risk for abuse), screen for substance abuse hx
  - Beta blocker (often see propranolol used)
  - Alpha agent: prazosin, clonidine (most commonly seen for nightmare tx)
  - Anticholinergic: diphenhydramine (*Benadryl*), hydroxyzine (*Vistaril*)
  - Antipsychotic: typical or atypical agent (because of side effect profile, do not want to use long term if primarily treating just anxiety symptoms), more likely to be used on inpatient unit

- If a medicine needs to be changed or discontinued, be sure to discuss the need to **taper any medication** (vs sudden discontinuation), or W/D can produce anxiety symptoms!

- Be careful **not to give the patient a benzo just to treat your own acute anxiety** reaction to being in the room with an anxious patient!!! It happens more often than you would think.

GAF:

- 91-100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many qualities. No symptoms.
- 81-90 Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.
- 71-80 If symptoms are present they are transient and expectable reactions to psychosocial stresses; no more than slight impairment in social, occupational, or school functioning.
- 61-70 Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.
- 51-60 Moderate symptoms OR any moderate difficulty in social, occupational, or school functioning.
- 41-50 Serious symptoms OR any serious impairment in social, occupational, or school functioning.
- 31-40 Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.
- 21-30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communications or judgment OR inability to function in all areas.
- 11-20 Some danger of hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.
- 1-10 Persistent danger of severely hurting self or others OR persistent inability to maintain minimum personal hygiene OR serious suicidal act with clear expectation of death.
- Not enough information available to provide GAF.

Breath In...Breath Out...

Breathing is fundamental to life. Without a way to breath, we wouldn't exist. It affects everything that our body does to keep us alive and well. How we breathe can affect our heart rate, our blood pressure, our level of alertness, and can even affect our mental health by affecting how anxious we feel. It is not just the fact that we breathe that is important, but also the *way* we breathe. Yet we hardly ever even think about breathing! Let's take a moment to sit back, relax, and give some attention to one of the most important things we do throughout every moment of our lives...

- If possible, find a quiet room and consider even dimming the lights. Do whatever you can to help prevent distraction.
- Position yourself sitting upright in a chair or lying flat on the floor.
- If sitting, make sure your legs are uncrossed, place your feet flat on the floor, and rest your hands at your sides or gently in your lap.
- If lying down, lay flat on your back with your arms resting next to your body and your legs uncrossed. (Placing a pillow under your knees and/or head may make you more comfortable while lying flat).
- Close your eyes.
- First, just notice how you are breathing. Is it slow? Fast? Regular? Irregular? Shallow? Deep?
- Notice whether your chest rises when you breathe in... or does your belly rise? Or do both chest and belly rise?
- Now make a conscious effort to slow your breathing down, and try to bring the air into your body in a way that allows your belly to expand (we often have trained ourselves not to do this due to cultural pressures to have a flat stomach, but letting your belly expand with your breath is actually more natural! Babies do it instinctively!)
- Breathe in for a full three seconds...1...2...3...now pace your exhalation to also take three seconds...1...2....3...and breathe in fully and slowly again for three seconds, allowing the breath to fill deep into your belly.
- Continue this three-second breathing pattern for another few minutes...how do you feel?

Muscle Relaxation Exercise

When we spend all day working hard or playing hard, it can sometimes leave us feeling fatigued, tired, or physically drained. And there is a big difference between feeling fatigued and feeling relaxed. Here is a technique that might help a tired body actually relax at the end of a full day.

- If possible, find a quiet room and consider even dimming the lights. Do whatever you can to help prevent distraction.
- Position yourself sitting upright in a chair or lying flat on the floor.
- If sitting, make sure your legs are uncrossed, place your feet flat on the floor, and rest your hands at your sides or gently in your lap.
- If lying down, lay flat on your back with your arms resting next to your body and your legs uncrossed. (Placing a pillow under your knees and/or head may make you more comfortable while lying flat).
- Close your eyes.
- We are going to begin a process of contracting/tightening/clenching our muscles, and then letting them melt into relaxation. We'll start at the head and move our way down to your feet, pushing the tension down and out through your toes as we go…
- First, squinch your face up - eyelids, lips, clenched jaw…hold this tight for 3 seconds, and then slowly relax your face, just letting all the muscles melt.
- Now tighten up every muscle you can find in your arms, from your shoulders down through your elbows to the tips of your fingers – flex your arms and make tight fists. Hold this for 3 seconds as tight as you can. And now let go. Relax the shoulders, your arms, your hands, and your fingers. Let your arms feel like 2 loose noodles relaxed at your side.
- Now move to your belly. Tighten the muscles and suck it in and hold it tight for 3 seconds…Now exhale, relax all those muscles, and let you belly expand.
- Now we are down to the lower half of the body. Start clenching and tightening everything you can below your waist – even your butt! Feel the muscles tighten in your thighs, around your knees, into your calves, and curl up your toes. Hold all of that tight for 3 seconds…and now let go. Relax every fiber in every muscle of your legs and feet. Imagine all of your stress and fatigue simply exiting your body through your toes and disappearing into the earth. How do you feel?