



ANXIETY DISORDER: THE LUMPING LECTURE

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OUTLINE OF THE COURSE

January 11: Introduction to Anxiety Disorders and Treatment in Broad Strokes

January 18: Diagnosis and Treatment of Anxiety Disorders, Part 1

January 25: Diagnosis and Treatment of Anxiety Disorders, Part 2

February 1: Obsessive Compulsive and Similar Disorders, Diagnosis and Treatment

February 8: Trauma Related Disorders (PTSD), Diagnosis and Treatment

February 15 & 22: Case presentations

“Anxiety Disorders”: Shifts

Disorder Name	Used To Be In (DSM-IV-TR)	Now In (DSM-5)
Separation Anxiety Disorder	“Disorders Usually First Diagnosed in Infancy, Childhood and Adolescence”	“Anxiety Disorders”
Selective Mutism	“Disorders Usually First Diagnosed in Infancy, Childhood and Adolescence”	“Anxiety Disorders”
Agoraphobia	Panic Disorder Without Agoraphobia and Agoraphobia With or Without Panic Disorder in “Anxiety Disorders”	Panic Disorder and Agoraphobia de-linked but still fall under “Anxiety Disorders”
OCD	“Anxiety Disorders”	“Obsessive Compulsive and Related Disorders”
Acute Stress Disorder	“Anxiety Disorders”	“Trauma and Stressor-Related Disorders”
PTSD	“Anxiety Disorders”	“Trauma and Stressor-Related Disorders”
Body Dysmorphic Disorder	“Somatoform Disorders”	“Obsessive Compulsive and Related Disorders”

Dad Suggests Arriving At Airport 14 Hours Early

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CARLISLE, MA—Planning for his family's Saturday evening flight to Florida, local dad Walter Holbrook suggested arriving at the airport at least 14 hours early, sources confirmed. "The plane leaves at 6:45 at night, and it takes a little while to park the car and get through security, so we should plan to get there no later than 4:45 a.m.," said Holbrook, adding that it would probably be smart to add an extra "eight to nine hours" to the car commute in case of traffic. "That should give us more than enough time to print our boarding passes, check in luggage, and get settled at the gate. Then we'll have 10 hours to get food if anyone's hungry." At press time, Holbrook had reportedly revised the arrival time to 3:45 a.m. "just to be safe."

ARTICLE TOOLS

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AT THE END OF EVERY FAMILY TRIP MY WIFE
INSISTS THAT I GET TREATMENT FOR MY
" ANXIETY DISORDER. "

WHY DO AIRPORTS, TRAVEL, AND LIFE MAKE ME SO ANXIOUS?

- A. I have a chemical imbalance, a hiccup in my brain, that creates illogical and incoherent problems for me.
- B. My anxiety is the shadow side of my punctual and compulsive nature. A nature which has led me to not miss any flights and to be a generally responsible human being in other areas of my life. It is adaptive.
- C. Any sane person would be anxious at the prospect of flying 600 miles an hour, a mile over the earth in a thin piece of aluminum, driving in traffic, and other stresses of life.
- D. Being herded through a large airport with thousands of people I have never seen before and will never meet again and then subjecting myself to a flying death trap reminds me of my insignificance and fragile mortality, which is ultimately and secretly what terrifies everyone.

ANXIETY IS A COMMON EXPERIENCE FOR MOST PEOPLE.

Having anxiety is **NOT** the same as
having an Anxiety Disorder.

THINK OF ANXIETY AS IF IT WERE THE “CHECK ENGINE” LIGHT.

Like the check engine light in your car, people don't tend to enjoy anxiety which feels uncomfortable, can create social problems, and reminds them that something might be wrong with their lives that would be expensive and inconvenient to try to fix.



WHAT YOUR CHECK ENGINE LIGHT COULD MEAN...

- There is something seriously wrong with your engine that needs to be fixed so that your car can keep running.
- There is something less-majorly wrong that can/should be fixed or the light will just come back on even if it is turned off.
- There is something wrong that is not able to be / not worth fixing.
- The actual light or wires are broken, indicating that there is something wrong with your car, but there isn't.

WHAT MOST PEOPLE WANT YOU TO DO FOR THEIR ANXIETY PROBLEM...



Alcohol, Xanax, and other benzos can make the anxiety go away...

...problem solved!

Every time a patient asks for Xanax, imagine that they are asking for tape for their check engine anxiety light. Every time you write for Xanax, imagine that you have just prescribed a shot of vodka.

WHILE TURNING OFF THE LIGHT MAY BE THE BEST SOLUTION IN SOME CASES, OBVIOUSLY IT IS NOT THE BEST SOLUTION IN ALL CASES.

If the light is broken OR the problem is not-critical, but prohibitively expensive to fix correctly:

- Turning off the light so your patient can pass inspection is reasonable.

If there is a major problem with the engine, or a very fixable less-major problem:

- Don't turn off the light – it will just come back on. Work with the patient and help fix the underlying problem.

WHAT MEDICAL PROVIDERS SHOULD DO FOR AN ANXIOUS PERSON...

1. **Evaluate patient for SAFETY** (i.e. need for hospitalization or need for urgent administration of anxiety relieving meds such as benzodiazepines or antipsychotics).
2. **Rule out serious medical problems or substance use disorders** which may present as anxiety disorders.
3. **Decide whether you need to give them something to take away their anxiety or if help in another, non-pharmacological way, would actually be better for the patient.**



SAFETY

(DOES THIS PERSON NEED TO BE IN A PSYCHIATRIC FACILITY?)

- Anxious distress and insomnia are both well established risk factors for suicide.
 - **Anxious distress** = patient cannot stop spinning in mental circles in front of you; trapped in a scary head-space.
- Substance abuse and access to guns are well established risks for suicide and violence.
- Can the patient take care of him or herself?
- What kind of support does patient have at home?

A FEW SHORT CASES TO ILLUSTRATE BIG PICTURE PRINCIPLES...

Case #1:

A 45 year old woman comes with CC of panic attacks. She wants Xanax. Complains of several weeks of intermittent palpitations, agitation, anxiety, unintentional weight loss. She cannot point to any specific event which caused her symptoms.

Marriage is good. Likes her job at a stock photo studio, though she has been told recently that she seems off. Teenage kids are a handful, but no major issues.



QUESTIONS...

1. Should we Xanax®?
2. What is most likely going on?
3. How should we start to approach this anxiety?

MEDICAL PROBLEMS THAT COULD PRESENT AS ANXIETY...

Almost anything!

Thyroid problems, adrenal problems, blood sugar fluctuations, breathing problems, cardiac arrhythmias, valve problems, GI problems, hormone fluctuations, etc.

Think about medication induced problems, especially if patient is on immune modulators, steroids, stimulants, or dopamine agonists.

Case #2:

A 50 year old woman with CC of Panic Attacks. She wants Xanax. One year history of waxing and waning panic attacks, muscle tension, excessive worries about her children, health, finances. She experiences headaches, wakes up in the middle of the night to check on teenage kids. She has no sex drive and her marriage is strained. She is barely holding on to her part-time job as a model for a large multinational stock photos corporation. One year ago her teenage son developed an aggressive but ultimately treatable brain cancer which resulted in surgeries, chemo, and radiation treatments. She had one episode where she witnessed him stop breathing, which she has nightmares about constantly.



QUESTIONS...

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Case #3:



A 32 year old man with a history of panic attacks. A friend gave him Xanax which helped him feel better, now he would like to get a script. Patient reports that his relationship with his girlfriend is failing and he is about to lose his job. On further questioning he reveals that he has missed a lot of work recently or will leave early because of overwhelming anxiety. He has been trying to cut back on his drinking because his girlfriend is worried about interactions with his opioid pain pills which he takes because of back pain related to an MVA several years earlier. He has had intense panic attacks which only seem to improve when he drinks, which, again, he is trying to quit. He thinks that Xanax would help him manage his anxiety and possibly save his relationship and job.

QUESTIONS...

1. Should we Xanax®?
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Case #4:



55 year old man. Chief Complaint: Panic Attacks. He wants Xanax. Patient reports that his wife, with whom he lives, has just started attending NAMI groups and has decided that she will no longer help him dress/ toilet. He reports daily panic attacks with palpitations, hyperventilation, and sense of dread related to his inability to get his clothing on without contaminating. When he tries to dress he is overwhelmed by fear of getting urine or feces on his clothing from his hands, which he washes many times a day for 25 minutes in scalding water. Patient reports having these fears since he was 22 years old and relying heavily on his family/wife to help him maintain his online job at a stock photo company (he doesn't leave the house often). Symptoms sometimes get worse for no apparent reason and he has had some relatively symptom free time, but recently he has stopped taking meds.

QUESTIONS...

1. Should we Xanax®?
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Case #5:

32 year old man. Chief Complaint: Panic Attacks. He would like Xanax. Over the last several weeks he has had periods of intense anxiety lasting up to 20 minutes. Palpitations. Weight loss. Feels like "there is always Drano in my stomach or something." Was enjoying his job as a stock-photo model until recently when he moved up to a very stressful sales position which was supposed to pay a lot more money. Sometimes on the way to work he fantasizes about crashing his car so he doesn't have to try to sell anymore stock photos. All he wants to do is share his beauty with the world as a model for Abercrombie and Fitch.

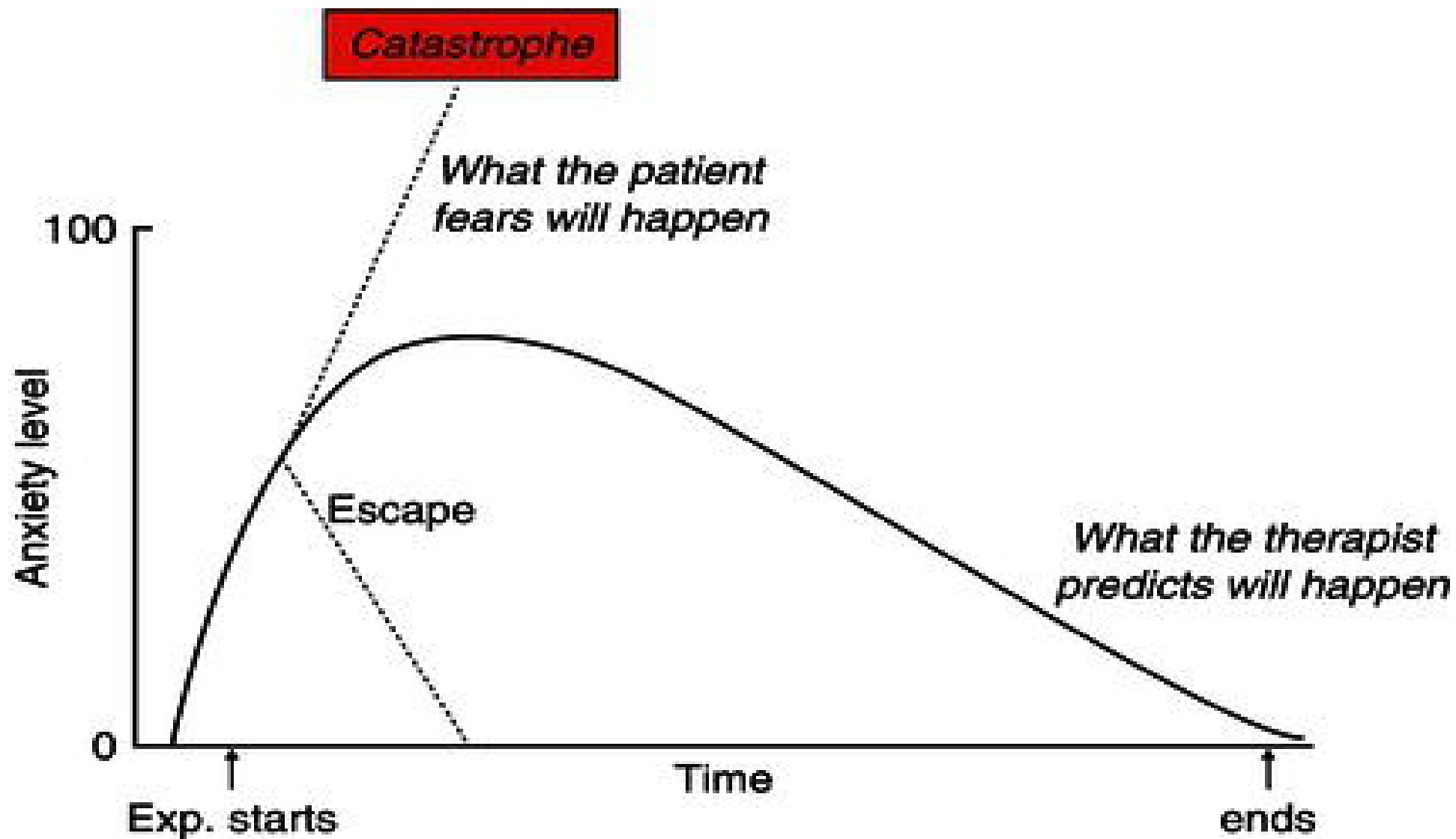


QUESTIONS...

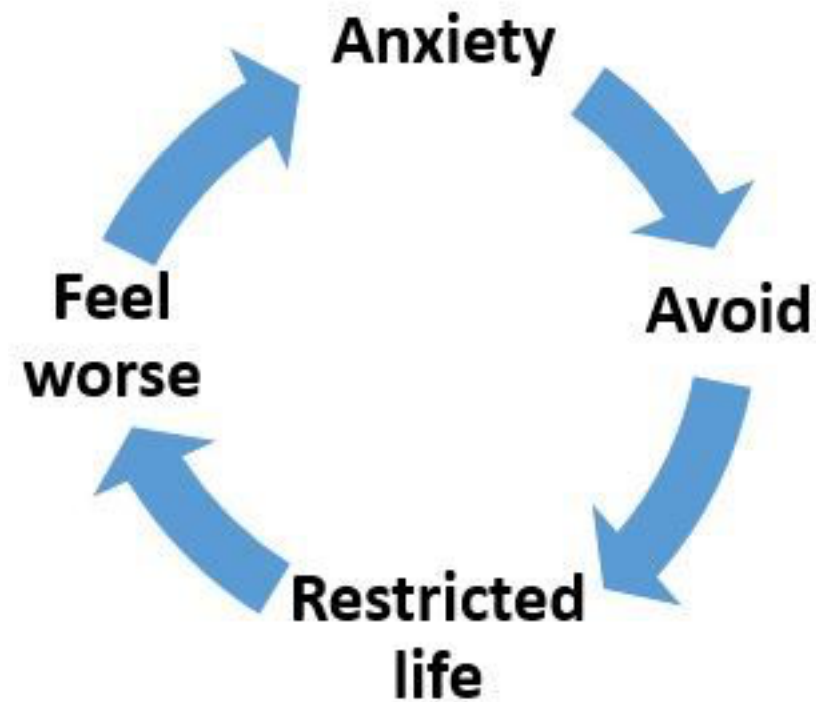
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BRIEF INTRODUCTION TO TREATMENT



WHAT FEEDS ANXIETY? **AVOIDANCE.**



STEP 1: IS THE PATIENT **SAFE AND FUNCTIONAL**?

Does he/she need hospitalization, further evaluation, increased monitoring at home, and/or meds to bring down anxiety to the point he/she can function?

STEP 2: IS THERE SOME LOW HANGING FRUIT?

- Does the person have a medical issue or a substance abuse issue that needs attention?
- Does the person have a relationship problem, a job problem, a financial problem, or another problem and needs you to say “that sounds really stressful, of course you would be anxious with this going on in your life. What are your next steps in dealing with this?” ... **Don't underestimate the power of Empathy in helping people feel better.**

STEP 3: RECOMMEND TALK THERAPIES?

- There are many possible therapies for anxiety disorder. Most of the evidence-based therapies for anxiety disorders target **AVOIDANCE**. They help people face their fears and sit in their discomfort.
 - Examples: Exposure and Response Prevention for OCD and specific phobias. Prolonged Exposure Therapy for PTSD.
- Talk therapies should be at least be offered first line for mild and moderate cases anxiety disorders (before meds).

STEP 4: CONSIDER PHARMACOLOGY

- Always start with a generic, low-side effect SSRI like sertraline or escitalopram. SNRIs (venlafaxine) and Mirtazapine are also reasonable.
- Be super careful with Benzodiazepines. Use probably acceptable under following conditions:
 - The person is very ill and has tried several other treatments OR is in a state of extreme anxious distress.
 - Person does NOT have history of substance use disorder and is NOT currently using other substances including heavy alcohol use, prescription opioids or marijuana.
 - The person does NOT have OCD or PTSD (disorders for which benzos have been shown to be not helpful or harmful).
 - The use is intended for a short time (about 1-2 months) as a "bridge" to full effectiveness of SSRIs or only very rarely (while in the airport 3 times a year). Expect a fight to get them off.
- Except for "rare" use, it is probably better if benzos are taken on a daily basis rather than "as needed" in order to reduce psychological dependence.

INSTEAD OF BENZOS: IN PATIENTS WHO NEED ADDITIONAL MEDICATIONS CONSIDER.....

- Beta Blockers (Propranolol), Alpha 1 antagonists (esp. Prazosin), Alpha 2 agonists (Clonidine)
- Buspirone (Buspar®)
- Anticonvulsants, especially those with evidence in anxiety: Pregabalin (Lyrica®) or Gabapentin (Neurontin®)
- Anti-histamines, especially hydroxyzine (Vistaril®) which has quite good evidence in treating anxiety disorders
- As a last resort or in extreme cases antipsychotics (especially Seroquel) which have efficacy, but also significant side effect burdens.

Review: Would we do anything differently?

