

Managing Anxiety Disorders in Primary Care

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Faculty/Presenter Disclosure

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- **Relationships with commercial interests:**
 None

Learning Objectives

- Describe the DSM 5 diagnostic category of Anxiety Disorders and how to recognize them in primary care settings
- Describe current pharmacological and psychological treatments for anxiety disorders.
- Discuss precautions with the use of benzodiazepines and tricyclic antidepressant medications in the treatment of anxiety disorders
- Discuss pharmacological treatment of anxiety disorders during pregnancy and breastfeeding

Anxiety Disorders in DSM 5

- Specific Phobia
- Panic Disorder
- Social Phobia
- Agoraphobia
- Generalised anxiety disorder
- PTSD and OCD removed from Anxiety Disorders category in DSM 5

Anxiety Disorders – Age of Onset

- Median age of onset – 11yrs
- Specific phobias – 7 yrs
- Social Anxiety Disorder – 13 yrs
- Agoraphobia – 20yrs
- Panic Disorder – 24yrs
- Generalised Anxiety Disorder – 31 yrs
- Anxiety disorders more prevalent in women

Anxiety Vs Anxiety Disorders

- Anxiety occurs in the absence of real danger.
- Anxiety may be adaptive
- Anxiety disorders differ from normal emotional response in:

Intensity

Persistence

Impact on functioning

COVID-19 AND Anxiety

Symptoms of **Anxiety and Depression** during the COVID-19 Pandemic

September to December 2020 Data from the Survey on COVID-19 and Mental Health¹

The COVID-19 Pandemic and Stress



The COVID-19 pandemic has affected individuals, families, and communities in several ways. **Almost 7 out of 10** Canadians reported being negatively impacted by COVID-19.

Almost 2 out of 5 Canadians reported some level of distress in the past month. With social distancing and repeated lockdown measures, feelings of isolation and loneliness can increase levels of anxiety and depression.

Anxiety and depression

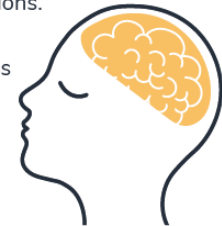
Feelings of anxiety and depression are some of the most common symptoms of mental health conditions.

Anxiety symptoms may include:²

- Excessive and constant feelings of nervousness
- Worry and fear

Depression symptoms may include:³

- Lack of energy
- Agitation
- Lowering of a person's mood



Diagnosing a disorder related to symptoms of anxiety or depression requires a trained and licensed clinician. The Survey on COVID-19 and Mental Health used symptom-based screening tools to identify individuals with moderate to severe symptoms of anxiety and depression (i.e., those who would screen positive for **generalized anxiety disorder (GAD)** or **major depressive disorder (MDD)**).⁴

Symptoms of anxiety (GAD) and depression (MDD) in Canadians aged 18+

13% of Canadians screened positive for GAD.

Higher among women than men



15% of Canadians screened positive for MDD.

Higher among women than men



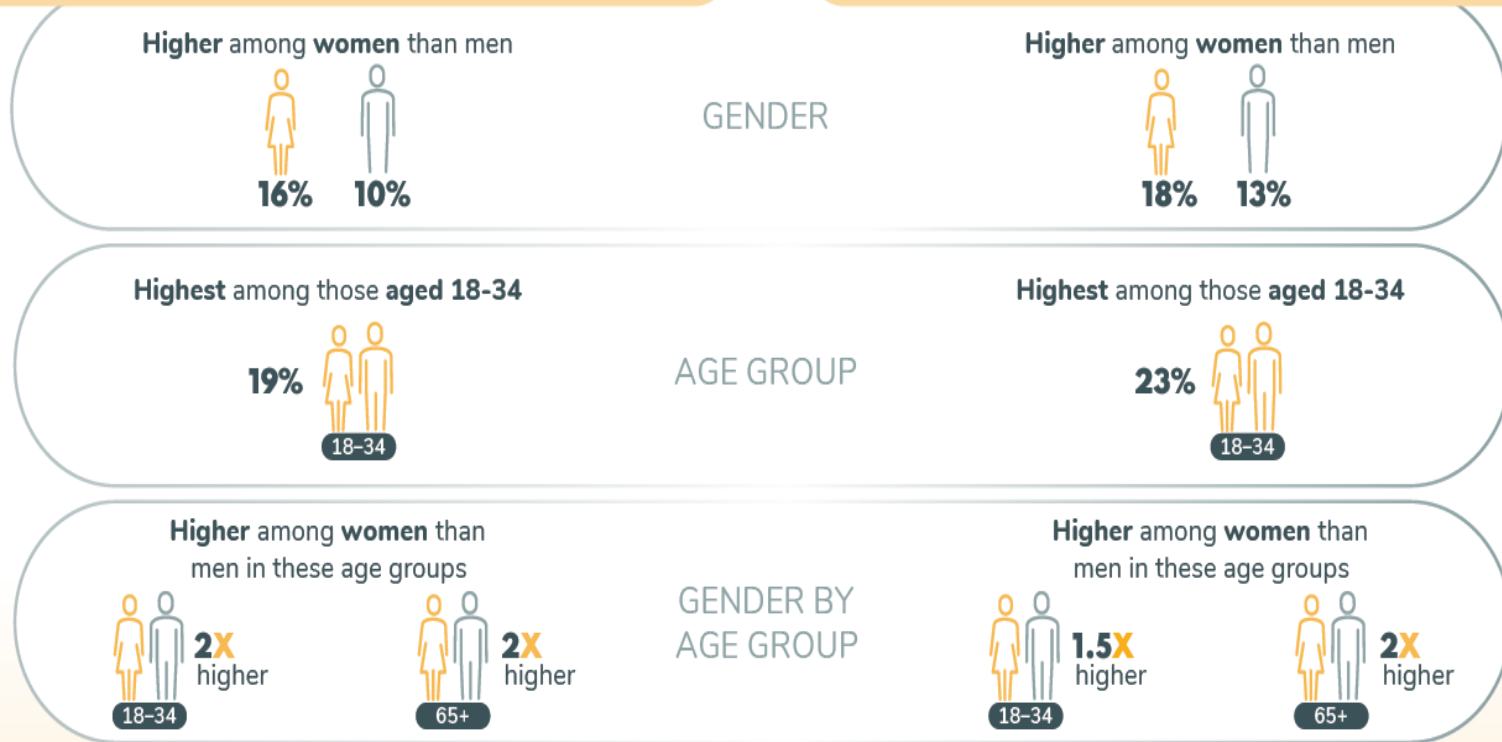
GENDER

COVID-19 AND Anxiety

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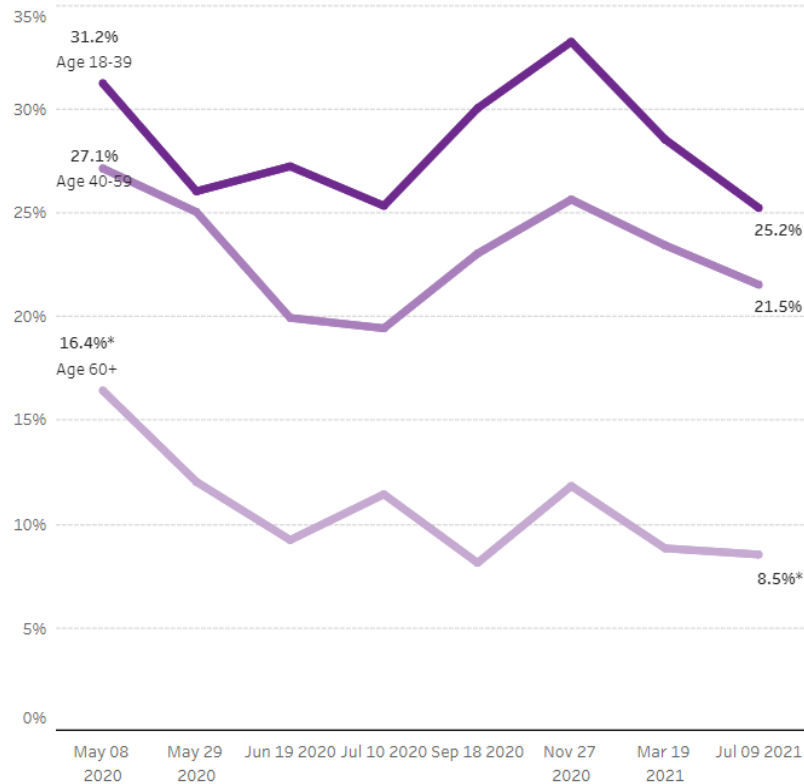


Covid-19 AND Anxiety



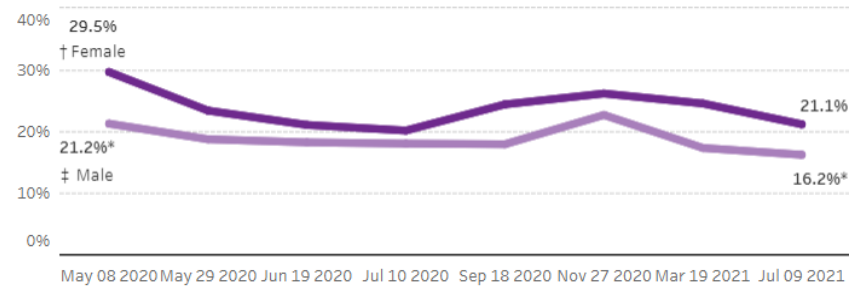
Age

Percentage who experienced moderate to severe anxiety among each of the three age groups



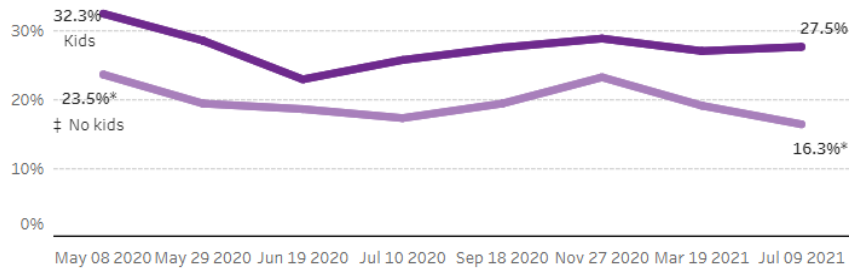
Gender

Percentage who experienced moderate to severe anxiety among males and among females

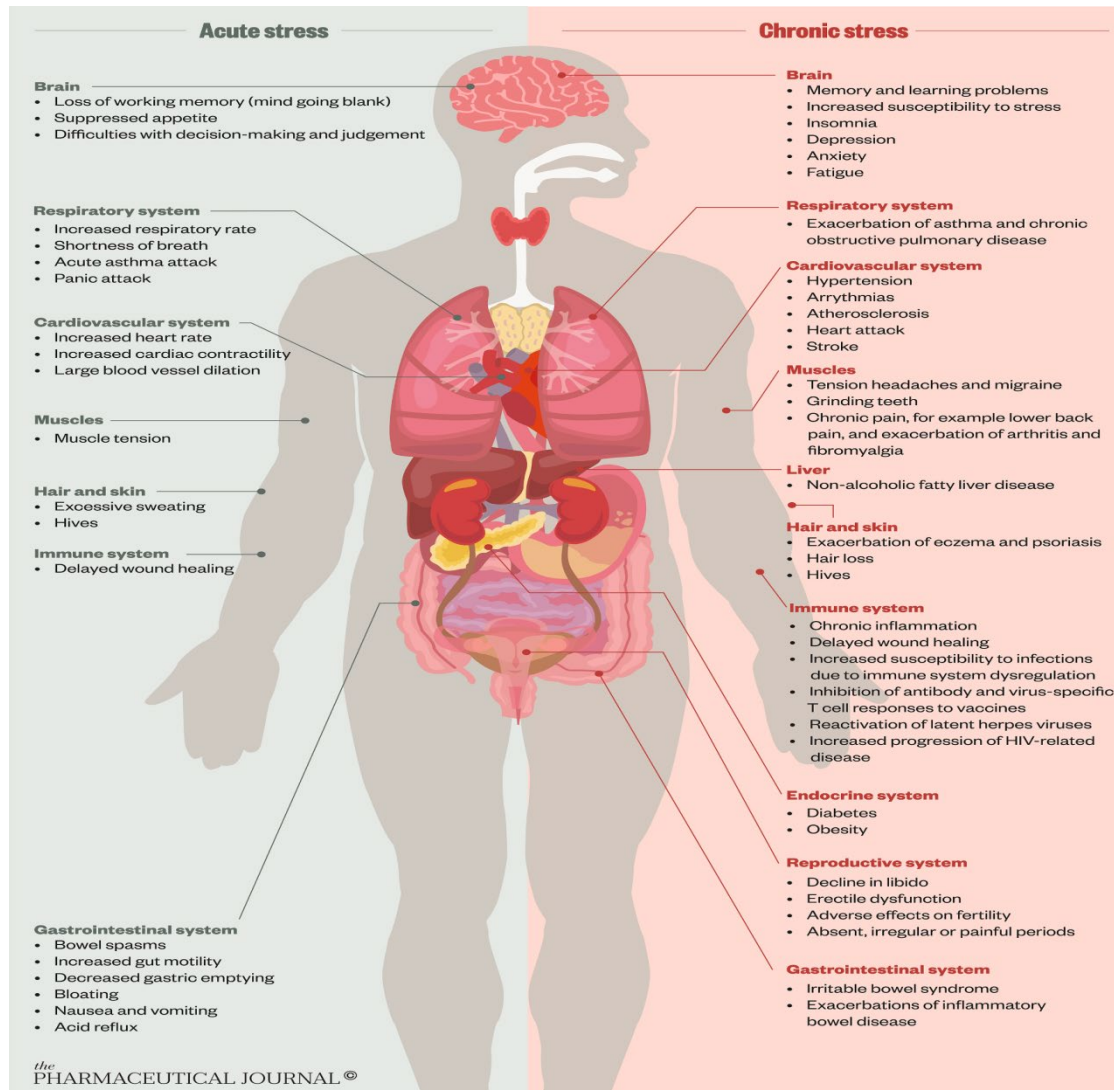


Children in household

Percentage who experienced moderate to severe anxiety among those with and without children under age 18



Effects of Chronic Stress



Anxiety Disorder in Primary Care

- Most common psychiatric disorder seen by primary care providers
- Frequent users of ER and GP consultations
- Remains under-diagnosed and untreated in primary care settings

Clinical Presentation

- Physical Symptoms – autonomic arousal, tachycardia, chest pain/tightness, headache, muscle tension, restlessness, tremors
- Psychological symptoms– rumination, worrying, poor concentration, racing thoughts
- Behavioural – disruption of normal functioning & avoidance behaviors

Overview of the Management of Anxiety Disorders

- Screen for anxiety and related symptoms
- Conduct differential diagnoses (consider severity, impairment and comorbidity)
- Identify specific anxiety or related disorder
- Psychological and/or pharmacological treatment
- Perform follow up

General Screening Questions

- During the past two weeks, how much have you been bothered by the following problems?
 - Feeling nervous , anxious, frightened, worried, or on edge
 - Feeling panic or being frightened?
 - Avoiding situations that make you anxious

GAD-7

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____ =

Total score _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

Diagnosis	Screening Tools	Screening Question
Generalized Anxiety Disorder	GAD-7 GAD-2	Do you consider yourself a worrier?
Social Anxiety Disorder	SPIN Mini-SPIN	When you are in a situation where people can observe you, do you feel nervous and worry that they will judge you?
Panic Disorder	PHQ panic disorder scale	Do you feel waves of nervousness that come out of the blue and you notice things in your body like your heart goes fast or it is hard to breathe?

Screening for Anxiety – Assess Impact on functioning

- Anxiety disorders may impact social, occupational or family functioning.
- What have you given up because of your symptoms?
- Have your symptoms prevented you from doing something you wanted or needed to do?
- How does the anxiety or nervousness change your everyday life?

Differential Diagnoses

- Onset of symptoms
- Association with life events or trauma.
- Alcohol Use, Caffeine intake, illicit drugs
- Prescribed & OTC medications
- Medical Illness e.g Hyperthyroidism, cardiopulmonary disorders, TBI
- Comorbid Psychiatric disorders - 57% has multiple anxiety disorders, 60% have MDD

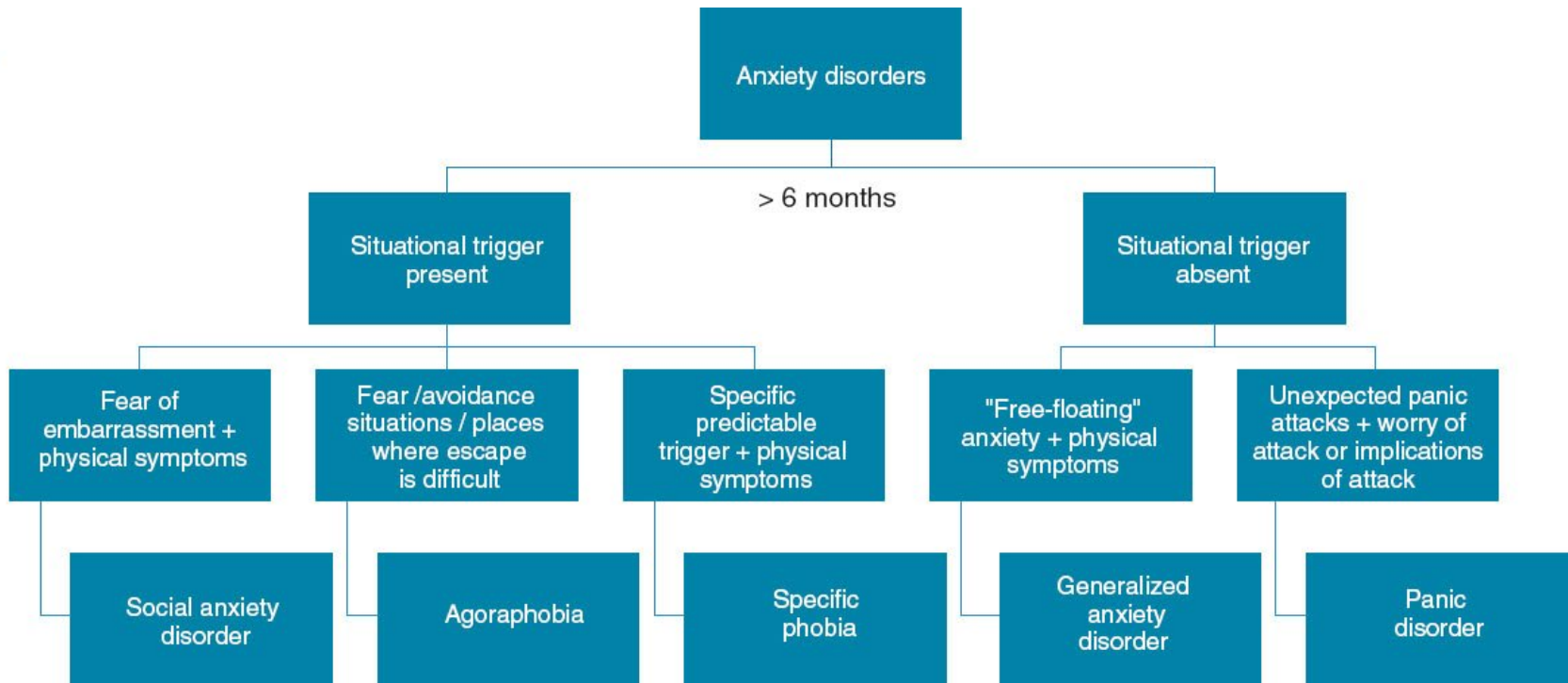
Investigations

- CBC
- Lipid Profile
- TSH
- Liver Enzymes
- Electrolytes
- EKG – especially if >40yrs or if indicated
- CXR or other imaging as indicated

Additional Investigations may be needed

Medical Condition	Suggested Basic Workup
<i>Cardiovascular:</i> Coronary artery disease, congestive heart failure, arrhythmias, pulmonary embolism, mitral valve prolapse, hypertensive emergency	ECG, holter monitor (especially patients > 40 years of age with palpitations or chest pain)
<i>Pulmonary:</i> pneumonia, asthma, chronic obstructive pulmonary disease	Pulmonary function test, CXR
<i>Endocrine:</i> thyroid dysfunction, hyperparathyroidism, hypoglycemia, menopause, Cushing disease, insulinoma, pheochromocytoma	TSH, complete metabolic panel
<i>Hematologic:</i> anemia	CBC
<i>Neurologic:</i> seizure disorders, encephalopathies, essential tremor	EEG, brain MRI
Substance abuse/dependence	Urine toxicology

Identify Specific Anxiety Disorder



	Medication	Starting Dose (Usually given in the AM)	Initial Target Dose (mg)	Max Dose	Anti-Cholinergic	Sedation	Insomnia/Agitation	Orthostatic Hypotension	QT	GI	Weight Gain	Sexual	Comments
SSRI	Citalopram (Celexa)	10	20	40	0	0	1+	1+	1+	1+	1+	3+	Watch for QTc prolongation if >40 mg daily. Max dose of 20 mg in patients over 65
	Escitalopram (Ciprallex)	5	10	20	0	0	1+	1+	1+	1+	1+	3+	S-isomer of Citalopram Max. dose of 10 mg in patients over 65
	Fluoxetine (Prozac)	10	20	60	0	0	2+	1+	1+	1+	1+	3+	Long half-life useful for teenagers; however, caution in elderly Watch for drug-drug interactions
	Fluvoxamine (Luvox)	50	100	300	0	1+	1+	1+	0 to 1+	2+	1+	3+	Significant GI side effects Dosages up to 150 mg can be given at night. Divide dose above 150 mg
	Paroxetine (Paxil)	10	20	50	1+	1+	1+	2+	0 to 1+	1+	2+	4+	Short half-life; watch for discontinuation syndrome Avoid in elderly and pregnancy
	Sertraline (Zoloft)	25	50	200	1+	1+	1+	1+	0 to 1+	2+	1+	3+	May be used in panic disorder; consider in postpartum
	Vilazodone (Viibryd)	10	20	40	0	1+	1+	0	0 to 1+	3+	1+	0 to 1+	Should be taken with food. Minimal sexual side effects. Significant nausea so titrate slowly. Second line treatment for depression
Vortioxetine (Trintellix)	5	10	20	0	0	0	0	0	2+	0	0 to 3+	Sexual side effects are dose dependent Crossover when switching	
SNRI	Desvenlafaxine (Pristiq)	50	50	100	0	1+	2+	0	0	1+	0	3+	May increase blood pressure! Watch for discontinuation syndrome
	Duloxetine (Cymbalta)	30	60	120	0	0	2+	0	0	2+	0	3+	Also approved for several pain conditions
	Levomilnacipran (Fetzima)	20	40	120	0	0	2+	1+	0	1+	0	3+	Avoid in those with uncontrolled BP or HR, CHF or recent MI Reduce dose in renal failure Palpitations and nausea common
	Venlafaxine XR (Effexor)	37.5	75	225	0	1+	2+	0	1+	1+	0	3+	May increase blood pressure! Watch for discontinuation syndrome
NDRI	Bupropion XL (Wellbutrin)	150	300	300	0	0	2+	0	1+	1+	0	0	Avoid in those prone to seizures and in eating disorder
NaSSA	Mirtazapine (Remeron)	30 at hs	30	45	1+	4+	0	0	1+	0	4+	1+	Significant sedation and increased appetite.
Other	Pregabalin (Lyrica)	25-50 at hs	150 in divided doses	600	0	2+	0	0	0	1+	2+	1+	Increase the dose slowly to assess tolerability. Suggest increases by 25-50 mg weekly in divided doses. Consolidate the dose in the evening if daytime sedation occurs. Ataxia and peripheral edema can occur. Lower dose in renal failure.
	Gabapentin	50 bid	600-900 in divided doses (tid)	900	0	2+	0	0	0	1+	2+	1+	Increase slowly to assess tolerability. Suggest increases by 100 mg weekly in divided doses (tid). If sedation a problem consolidate more of the dose in the evening. Ataxia and peripheral edema can occur. Lower dose in renal failure.
	Clomipramine	25 at hs	100-200	250	3+	3+	0	3+	3+	2+	2+	2+	Increase slowly to 100 mg over 2 weeks, then increments of 25-50 mg every 2 weeks based on response and tolerance. Baseline ECG recommended due to risk of QT prolongation. Plasma blood levels can be used. Risk of seizures at higher doses.

Adapted from: <https://ottawaanxietyalgorithm.ca>

Provide Psychoeducation Before Starting Medications

- Patient expectations
- Delayed therapeutic effects
- Not an “as needed” medication
- Long-term treatment is often indicated
- Initial activation or transient increased anxiety
- Sexual side effects, GI side effects
- Start Low (usu @ half the standard “antidepressant dose”), Go slow (especially in the elderly)

Pharmacological Treatment – Panic Disorder

Recommendations for Pharmacotherapy for Panic Disorder	
First-Line	Citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine CR, sertraline, venlafaxine XR
Second-Line	Alprazolam, clomipramine, clonazepam, diazepam, imipramine, lorazepam, mirtazapine, reboxetine
Third-Line	Bupropion SR, divalproex, duloxetine, gabapentin, levetiracetam, milnacipran, moclobemide, olanzapine, phenelzine, quetiapine, risperidone, tranylcypromine
Adjunctive Therapy	Second-Line: alprazolam ODT, clonazepam Third-Line: aripirazole, divalproex, olanzapine, pindolol, risperidone
Not Recommended	Buspirone, propranolol, tiagabine, trazodone

Pharmacological Treatment – Social Anxiety Disorder

Recommendations for Pharmacotherapy for Social Anxiety Disorder	
First-Line	Escitalopram, fluvoxamine, fluvoxamine CR, paroxetine, paroxetine CR, pregabalin, sertraline, venlafaxine XR
Second-Line	Alprazolam, bromazepam, citalopram, clonazepam, gabapentin, phenelzine
Third-Line	Atomoxetine, bupropion SR, clomipramine, divalproex, duloxetine, fluoxetine, mirtazapine, moclobemide, olanzapine, selegiline, tiagabine, topiramate
Adjunctive Therapy	Third Line: Aripiprazole, buspirone, paroxetine, risperidone Not Recommended: clonazepam, pindolol
Not Recommended	Atenolol, buspirone, imipramine, levetiracetam, propranolol*, quetiapine

Pharmacological Treatment – Generalized Anxiety Disorder

Recommendations for Pharmacotherapy for Generalized Anxiety Disorder	
First-Line	Agomelatine, duloxetine, escitalopram, paroxetine, paroxetine CR, pregabalin, sertraline, venlafaxine XR
Second-Line	Alprazolam*, bromazepam*, bupropion XL*, buspirone, diazepam*, hydroxyzine, imipramine, lorazepam*, quetiapine XR*, vortioxetine
Third-Line	Citalopram, divalproex chrono, fluoxetine, mirtazapine, trazodone
Adjunctive Therapy	Second-Line: pregabalin Third-Line: aripiprazole, olanzapine, quetiapine, quetiapine XR, risperidone Not Recommended: ziprasidone
Not Recommended	Beta blockers (propranolol), pexacerfont, tiagabine

Specific Phobia

- Exposure based techniques are highly effective treatment.
- Pharmacotherapy is not recommended treatment for most cases

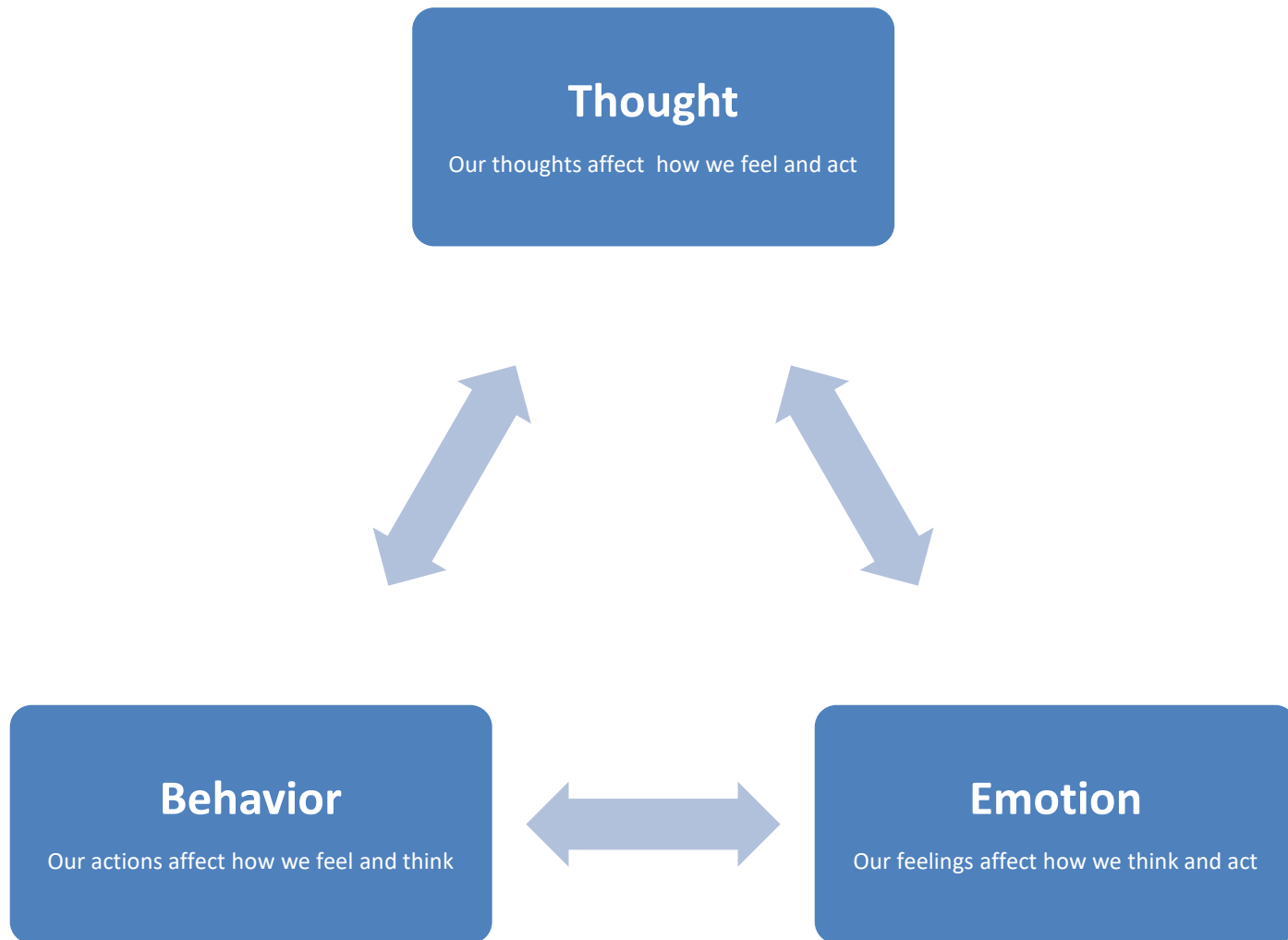
General treatment Principles

- Titrate to recommended dosage range at 1-2 wks interval over 4 to 6 weeks
- Once therapeutic range is achieved, improvement is seen over the next 4-8 weeks
- Follow up @ 2 weekly intervals for first 6 weeks and monthly thereafter
- Onset of symptom relief may take 2-8 weeks. Full response may take 12 weeks or more.
- Continue treatment for at least 12-24 months

If there is no response to treatment...

- Is the diagnosis correct?
- Is the patient adherent?
- Adequate trial duration?
- Adequate therapeutic dose?
- Drug interactions?
- Underlying comorbid medical issues?
- Psychosocial issues?
- Underlying personality disorders/
- Substance use disorder?

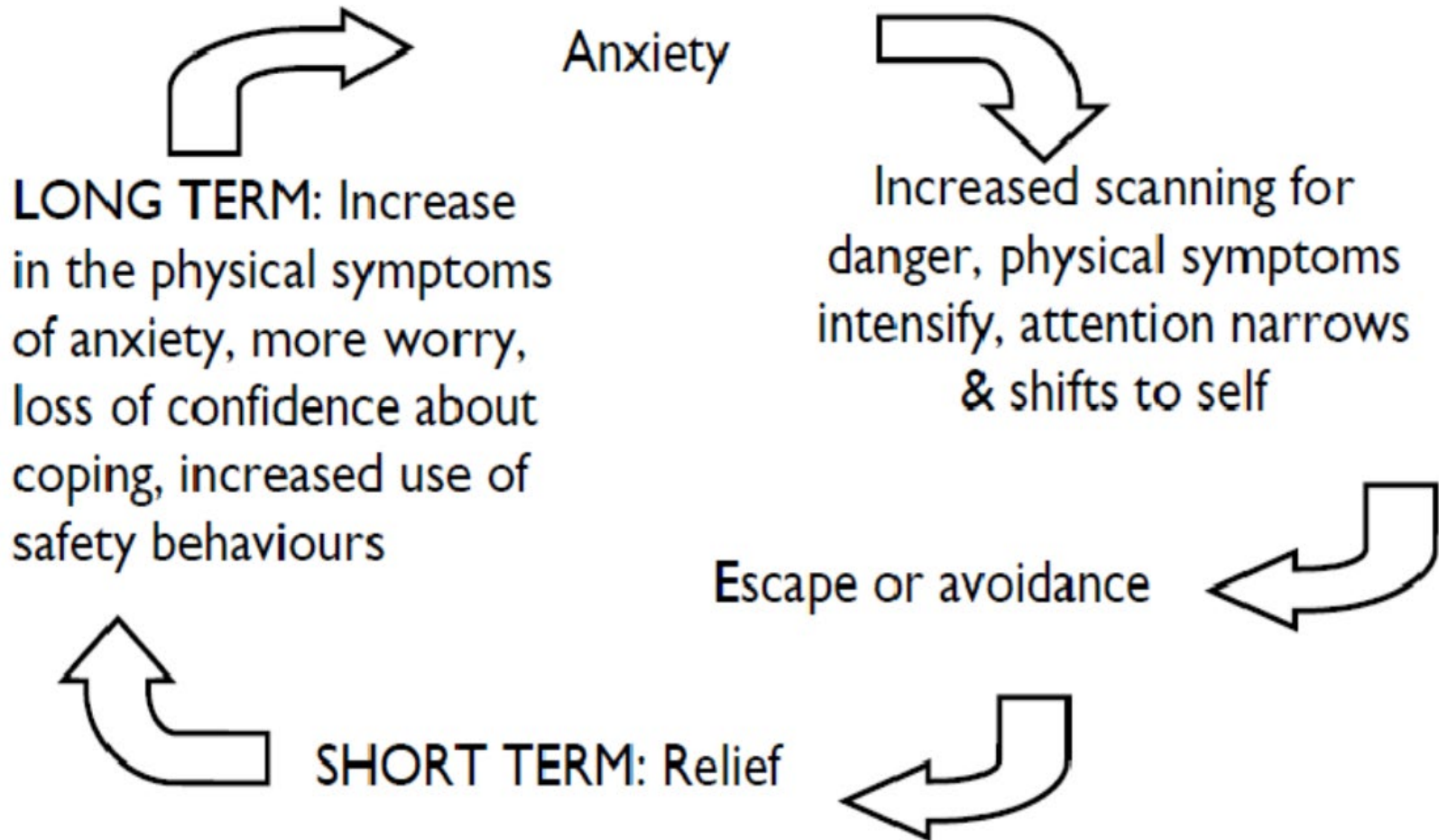
Psychotherapy – Cognitive Behavioural Therapy (CBT)



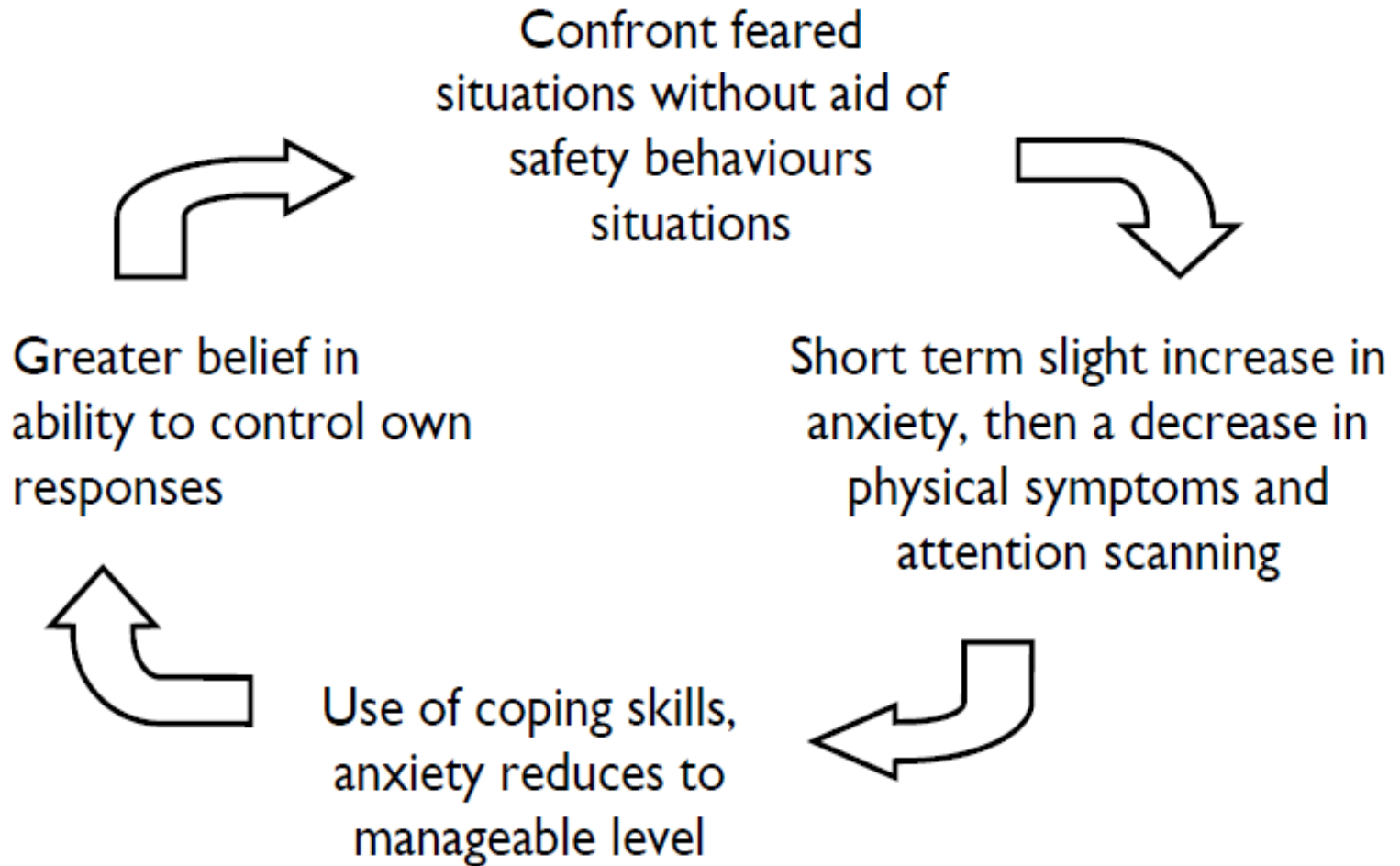
Psychotherapy - CBT

- Equally effective as medication alone
- Well tolerated, minimal side effects
- Could be individual or in group setting
- Time limited, generally 10-24 sessions
- Distorted beliefs are challenged – Cognitive restructuring
- Behavioral component – Exposure, muscle relaxation, breathing control skills
- Involves doing “homework”

The Vicious Cycle of Anxiety



Reversing the Vicious Cycle of Anxiety



Pharmacological or Psychological Treatment – What to Choose

- Patient's preference and motivation
- Ability of patient to engage in treatment
- Availability of psychological treatment
- Presence of comorbid psychiatric or medical disorders
- Severity of illness
- Patient's prior response to treatment
- Clinician's skills and experience

When to refer

- Diagnostic Uncertainty
- Significant comorbid psychiatric illness – substance abuse, suicidal patients, bipolar disorders, personality disorders
- Prior treatment failure with multiple medications and psychotherapy
- Severe illness in terms of marked socio-occupational disability
- Severe agitation or suicidal ideation

Provincial CBT program - Abiliticbt

- Available to residents of Manitoba aged 16+
- Sign up at <https://Manitoba.abiliticbt.com/home>
- Email and password needed to access the program
- Patient would be connected to therapist by phone or video
- Therapist would move patient through 10 structured CBT modules

Other Psychosocial Interventions



Use of Benzodiazepines

- Provide rapid anxiety symptom relief. Poor in preventing symptom recurrence.
- Useful as adjunctive therapy early in treatment, especially for acute anxiety or agitation, to help patients in times of acute crises or while waiting for the onset of adequate efficacy of SSRI/SNRI.

Use of Benzodiazepines

- Side effects include: dependence, sedation, cognitive impairment, falls (in older patients), withdrawal reactions, etc.
- Short term use recommended.
- If possible, longer acting benzos like clonazepam should be prescribed
- Prescribe as regular doses rather than as needed doses

Swinson R, et al Can J Psychiatry 2006, 51:95-915

Combs H & Markman J. Med Clin N Am (2014) 1007-1023

Weber SR, Duchemin A. Current Psychiatry 2018 Vol 17 (2), 23-27

Use of Tricyclic Antidepressants

- Effective in treating certain anxiety disorders e.g Imipramine for GAD
- However, has broad side effects profile, including anticholinergic effects
- Could cause fatal cardiac arrhythmias in overdose
- Use with caution in patients with suicidal ideations

Treating Anxiety Disorder During Pregnancy & Breastfeeding

- Anxiety disorder in pregnancy or postpartum adversely affects mother and child
- Important to have individualized perinatal mental health care plan drawn up with the woman herself, mental health, primary care, maternity services, neonatology and social services
- Consider the risk of pharmacotherapy to the fetus/newborn Vs risk of untreated anxiety to mother.

Treating Anxiety Disorder During Pregnancy & Breastfeeding

- Most SSRIs safe except for Paroxetine, associated with cardiac malformations
- SSRIs have small impact on pregnancy outcomes - GA@ delivery (0.45 wks earlier), birth weight (74g lower), Apgar scores (0.37 lower 1min, 0.18 lower in 5 min)
- SSRI with lowest secretion in breastmilk are Sertraline and Paroxetine

Resources

- <https://www.phqscreeners.com/select-screener> – Anxiety scales/questionnaires
- <https://mothertobaby.org/fact-sheets/> - How exposure to medications/drugs may affect pregnancy and breastfeeding.
- <https://www.cci.health.wa.gov.au/> - Self help resources for mental health problems

