

An Evidence-informed Approach to Early Identification and Management of Anxiety



Newfoundland & Labrador, Canada

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Presented at Memorial University's Newfoundland and Labrador Nurse Practitioner Association Conference on October 8, 2016.

Jim's Case

Jim is a 33-year-old man with a five-year history of generalized anxiety disorder (GAD). Several years ago he also experienced a nine-month depression but is otherwise in good health. He presents to you with increasing anxiety. There is no specific trigger for, or focus to, his anxiety, but it is now active for a large part of each day and is significantly affecting his life. Jim's mother suffers from depression and his younger brother has alcohol dependence.

Jim recently started a new job as a sales representative, which involves daily driving and meetings. He smokes cigarettes moderately (about ten per day) and describes moderate alcohol intake.²

Anxiety Disorders

Anxiety disorders can be viewed as an interplay of anxious feelings, abnormal processing of information, and inadequate coping strategies. The onset of these disorders commonly begins in adolescence or young adulthood and is usually chronic in nature. They affect women more frequently than men (ratio of approximately 2:1), and, similar to other chronic diseases (*e.g.*, diabetes, depression), they lead to decreased function and quality of life. Anxiety disorders are also often associated with increased suicide attempts as well as completed suicides. According to the 2014 Survey on Living with Chronic Diseases in Canada, approximately one in ten Canadians (3

million Canadians; 11.6%) reported that they had a mood and/or anxiety disorder.¹

Anxiety Screening and Management

It is reported that about a quarter (23%) of individuals with an anxiety disorder do not consult a health professional about their condition and about 40% of individuals with anxiety disorders do not receive treatment.² However, if properly diagnosed, anxiety can be managed effectively in primary care settings.

Screening

A key requirement in recognizing anxiety disorders is that the symptoms cause clinically significant distress and/or functional impairment in living. The DSM-5 recommends the following screening questions³:

“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 nervous?”

If anxiety symptoms are present, they should be explored in greater depth with consideration given to whether the anxiety is: [i] due to another medical or psychiatric condition, [ii] comorbid



with another medical or psychiatric condition or [iii] medication-induced or drug-related. The GAD-7 is one of a range of effective screening tools.⁴

Management

The care of clients presenting with anxiety symptoms is guided by five main steps⁵:

1. Screen for anxiety/related symptoms.
2. Conduct differential diagnosis (risk factors associated with anxiety include family history, previous history of anxiety or mood disorder, childhood stress or trauma, being female, chronic medical illness).

3. Identify specific anxiety or related disorder using DSM-5.
4. Coordinate psychological and/or pharmacological treatment.
5. Perform follow-up.

The following table outlines select anxiety disorders in Canada and management options.⁶ Currently, there is limited evidence on the role of other (non-pharmacological) treatments, such as acupuncture⁷, yoga⁸, mindfulness⁹, and transcendental meditation¹⁰ in the management of anxiety. On the other hand, telehealth/telepsychiatry options may be as effective as in-person mental health care and may be considered a feasible alternative, particularly for individuals

Table 1

Overview of Anxiety Disorders

Disorder	Main Characteristics	Lifetime Prevalence in Canada	Management Option(s)
Social Anxiety Disorder	<ul style="list-style-type: none"> • Marked fear, anxiety about being under scrutiny by others • Often begins in young adolescence and tends to be chronic/unremitting • Associated with significant comorbidity 	8-13%	<ul style="list-style-type: none"> • Cognitive Behavioural Therapy (CBT) is considered the gold standard non-pharmacological treatment • Group and family therapy
Generalized Anxiety Disorder (GAD)	<ul style="list-style-type: none"> • Excessive anxiety, worry about activities difficult to control • Associated with restlessness, muscle tension, fatigue, irritability, etc. • High rates of psychiatric comorbidity and other medical conditions 	5%	<ul style="list-style-type: none"> • CBT reduces GAD symptoms; no current evidence to support CBT in combination with drug therapy • Drug therapy also efficacious in treating GAD
Panic Disorder	<ul style="list-style-type: none"> • Recurrent, unexpected panic attacks, which are abrupt surges of intense fear, discomfort that include at least four of the following: palpitations, sweating, trembling, shortness of breath, choking sensation, chest pain, nausea, dizziness, chills, numbness, fear of losing control and/or dying 	3.7%	<ul style="list-style-type: none"> • CBT and medication most effective⁶
Specific Phobia	<ul style="list-style-type: none"> • Intense fear, avoidance of specific object/situation (e.g., animal, blood) • Age of onset: 5-12 years of age 	10-13%	<ul style="list-style-type: none"> • Minimal role for medication, exposure-based treatment is recommended⁵



Questions and Answers

1. How can Jim's anxiety levels be reduced?

By strengthening his coping capacity through self-management strategies during this period of adjustment to a change in work circumstances.

2. SSRI's and benzodiazepines are commonly used treatments and Jim has tried diazepam in the past but he is worried about addiction and being unable to drive. Is it worth trying another medication?

Probably not as the initial treatment strategy. Addiction is a legitimate concern, especially with benzodiazepines like diazepam. Also, taking some SSRIs may prohibit driving initially, which would interfere with Jim's job. Given that psychological intervention has been shown to be successful in improving GAD, this may be the better route.

3. Are there non-pharmacological treatments that could work for Jim?

Likely yes, although no single treatment is effective for all clients.

4. Which of these options are most appropriate for Jim?

Cognitive behavioural therapy is recommended.

5. What population-level strategies could help reduce the burden of anxiety/depression in rural areas?

Efforts that promote community engagement and social networking for all ages.

living in areas with limited resources and access (e.g., rural or remote settings).¹¹ Daily practices that support wellness, such as healthy eating, exercising, and positive social connections also help to manage anxiety.¹²

References

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Take-home Messages

- In the primary care setting, anxiety symptoms may often be:
 - Missed by the healthcare professional
 - Not reported by the patient
 - Mistreated
 - Not followed up (mismanaged)
 - Incorporating a standard short discussion with the patient into routine practice can quickly facilitate appropriate steps for screening, diagnosing, and treating anxiety symptoms
 - While psychological and/or pharmacological interventions are the most effective options for treatment, other evidence-based treatments may be considered by healthcare professionals and patients for a tailored and effective management of anxiety
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