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Anxiety: Screening and treatment in the primary care setting

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Mental health disorders affect well-being.

Mental health includes physical, biological and emotional factors that relate to an individual's well-being and sense of self.

Anxiety is pervasive

- The most common class of all mental disorders
- Affects 40 million people (18.1% prevalence)
- 3 to 5 times increased risk to see a doctor for medical care
- 6 times more likely to be admitted to the hospital

RISK FACTORS

- History of past trauma
- History of substance use
- Comorbid psychiatric condition
- Being female
- Obesity
- Family history of anxiety disorder

The impact of anxiety

Screening and treating anxiety just makes sense.

Anxiety is a feeling of apprehension or fear that is worsened when the reason or source of distress is unknown.

- Anxiety generally:
  - Causes stress
  - Affects relationships
  - Influences choices and behavior
  - Decreases occupational and social productivity
- Excessive anxiety worsens physical health, impairs one's ability to function and decreases overall quality of life.

The signs and symptoms

Anxiety has a broad range of possible symptoms.

PHYSICAL

- **Cardiovascular**: Pounding heart, chest pain, rapid heartbeat, blushing
- **Respiratory**: Fast breathing, shortness of breath
- **Neurological**: Dizziness, headache, sweating, tingling, numbness
- **Gastrointestinal**: Choking, dry mouth, stomach pains, nausea, vomiting, diarrhea
- **Musculoskeletal**: Muscle aches and pains (especially neck, shoulders and back), restlessness, tremors and shaking, inability to relax

BEHAVIORAL

- Avoidance of situations
- Obsessive or compulsive behavior
- Distress in social situations
- Phobic behavior

PSYCHOLOGICAL

- Unrealistic/excessive fear and worry (past/future events)
- Mind racing or going blank
- Decreased concentration and memory
- Indecisiveness
- Irritability, impatience, anger, confusion, restlessness or feeling “on edge” or nervous
- Fatigue
- Sleep disturbance and vivid dreams

Initial screening with the GAD-2

The GAD-2 readily identifies the presence of anxiety.

The Generalized Anxiety Disorder 2 (GAD-2) consists of the first two items on the GAD-7:

- ❑Over the past 2 weeks, have you felt nervous, anxious or on edge?
- ❑Over the past 2 weeks, have you not been able to stop or control worrying?

- Each item on the GAD-2 is scored between 0 and 3.
- A score of 3 or more indicates a positive screen.
- The GAD-2 is highly sensitive for anxiety as a symptom but is less specific in identifying an individual anxiety disorder. Further, while it is highly effective at identifying the presence of anxiety, it is less helpful in assessing severity.

Anxiety disorders

Anxiety is a key symptom of several diagnoses.

GENERALIZED ANXIETY DISORDER

Excessive and constant anxiety and worry about several activities, events and/or issues without apparent reason

SOCIAL ANXIETY DISORDER

Severe anxiety associated with one or more social situations that impairs social functioning

SPECIFIC PHOBIAS

Severe anxiety associated with a specific object or situation that is actively avoided

POST-TRAUMATIC STRESS DISORDER

Intrusive thoughts with avoidance behavior associated with severe anxiety as a result of experienced trauma or exposure to trauma

OBSESSIVE COMPULSIVE DISORDER

Severe anxiety associated with unwanted intrusive thoughts followed by repetitive-driven behaviors in response to the thoughts

PANIC DISORDER

Sudden unexpected intense attacks of anxiety with subsequent concern and behavior change to avoid future attacks

Anxiety disorder prevalence

Specific criteria for the anxiety disorders are delineated in the DSM-5. Anxiety as a symptom is highly prevalent and is the most common symptom experienced in association with diagnosable mental health disorders. The most disabling are:

Diagnosis	Prevalence	Affected population
Generalize anxiety disorder (GAD)	3.1%	6.8 million
Obsessive compulsive disorder (OCD)	1%	2 million
Panic disorder (PD)	2.7%	6 million
Post-traumatic stress disorder (PTSD)	3.5%	7.7 million
Social anxiety disorder	6.8%	15 million
Specific phobias	8.7%	19 million

DSM-5 diagnosis for GAD

- ≥ 3 of the following on more days than not for ≥ 6 months
  - Restlessness
  - Being easily fatigued
  - Difficulty concentrating
  - Irritability
  - Muscle tension
  - Sleep disturbance

- Excessive anxiety and worry about activities, events or issues on more days than not for ≥ 6 months
- Difficulty controlling anxiety
- Causes significant distress or impairs functioning
- Not attributable to substance use or a medical condition
- Not better accounted for by another mental health disorder

Screening with the GAD-7

A positive GAD-7 is helpful but not sufficient for the diagnosis of anxiety.

- The GAD-7 consists of 7 objective items rated on a scale of 0 to 3.
- This survey tool is both highly sensitive and specific for anxiety.
- The GAD-7 is a validated screening tool that can be used to assess for the high likelihood of a diagnosable GAD at a cut-off score of 10.
- It can be used to measure the severity of anxiety, as well as response to treatment over time.

GAD-7 score	Anxiety severity
0-4	None or minimal
5-9	Mild
10-14	Moderate
15 or more	Severe

The GAD-7 is open-sourced and free to use. It is validated for ages 13 and up.

Limitations of the GAD-7

A full diagnostic assessment will confirm the diagnosis

- The GAD-7 is a self-report tool; all positive responses should be validated with the patient to ensure they understood the survey tool.
- The GAD-7 is validated to detect the presence of diagnosable anxiety and is rapidly becoming the gold standard for use in the assessment for GAD. A positive screen has a high likelihood of corresponding with diagnosis; it is also moderately good at detecting panic disorder, social anxiety disorder and PTSD.
- A thorough history, mental status exam and physical evaluation are the key to diagnosis.

Medical differential diagnosis

Laboratory testing is generally not indicated for diagnosis.

- Laboratory testing is not routinely needed for the diagnosis of anxiety, but sometimes testing should be considered to rule out medical causes.
- There are many cardiac, endocrine, gastrointestinal, metabolic, neurologic and respiratory disorders that can present with anxiety. Some of the more common ones to consider: asthma, gastritis and irritable bowel syndrome.
- Laboratory testing may be indicated to rule out certain medical conditions that can cause prominent anxiety:
  - Hemoglobin (anemia)
  - Glucose (diabetes)
  - Thyroid function tests (hyperthyroidism)
  - Catecholamine levels (pheochromocytoma)
  - Urine drug screen (substance use disorder)

Psychiatric consultation

- Despite a positive GAD-7 for anxiety, there may be circumstances when a PCP should consider psychiatric consultation prior to treatment:
  - Uncertainty about the diagnosis
  - Presence of comorbid psychiatric disorders
  - Risk of suicide
  - Need for hospitalization
- In other cases, informal, “curbside” consultation may be sufficient.

Outpatient treatment

Psychotherapy is generally the most effective treatment for the majority of anxiety disorders. Patients suffering from moderate to severe anxiety should be referred to therapy. The more commonly used approaches include:

COGNITIVE BEHAVIORAL THERAPY (CBT)

Helps patient identify faulty or inaccurate thoughts so that they can change their behavioral responses

DIALECTICAL BEHAVIOR THERAPY

Emphasizes mindfulness to help patients recognize and understand thoughts as they occur

ACCEPTANCE AND COMMITMENT THERAPY

Uses acceptance and mindfulness strategies to achieve psychological flexibility with behavior change

RELAXATION TRAINING

A structured technique to help patients achieve a state of calmness

EXPOSURE AND RESPONSE PREVENTION THERAPY (ERP)

Graduated exposure to the source of anxiety without harm or danger with the intent of achieving extinction

Medication selection

Patients can vary in their willingness to take medication, but they are more likely to consider it for the treatment of anxiety than other disorders.

Medication is most helpful to patients who are concurrently in psychotherapy.

Medication alone, though, is a second-line approach for patients for whom psychotherapy is not wanted, is unavailable or is ineffective because it does not create insight or change the patient's core beliefs.

SELECTION

First line:	SSRI/SNRI antidepressants
Second line:	Beta blockers, alpha-2 agonists, BuSpar, Hydroxyzine
Third line:	Benzodiazepines, atypical antipsychotics

First-line medications: SSRIs and SNRIs

Allow adequate time for treatment response.

SSRIs and SNRIs are very effective at treating symptoms of anxiety. They have the added advantage that they will also improve depression. SSRIs should generally be tried before SNRIs.
These medications do not work immediately and often have initial side effects that will resolve. The following have an FDA indication for GAD in adults:

	Initial dose	Typical range	Notes
SSRIs			
escitalopram (Lexapro)	10 mg	10-20 mg	Can initially increase anxiety; approved for pediatric ages
paroxetine (Paxil)	20 mg	20-60 mg	Can cause sedation; contraindicated for adolescents
sertraline (Zoloft)	50 mg	50-200 mg	Can cause gastrointestinal distress; approved for children
SNRIs			
duloxetine (Cymbalta)	60 mg	60-120 mg	Can help chronic pain; approved for anxiety in adolescents
venlafaxine (Effexor)	37.5 mg	75-375 mg	Rapid clearance (good for elderly)

These medications can be used long-term without risk of physical dependence or tolerance.

Second-line medications

These medications can help treat symptoms but often won't improve severe anxiety.

- Beta blockers, such as propranolol, can be used as needed and are especially helpful for public speaking phobias and hyperarousal of PSTD.

Medication	Initial dose	Typical range	Notes
propranolol	10-20mg/day	10-20mg BID - QID	Can be used as needed
prazosin	1mg HS	1-15 mg HS	
buspirone (BuSpar)	7.5 mg BID	10-15 mg TID	Will not treat severe anxiety
hydroxyzine (Atarax, Vistaril)	25mg PRN	50-100 mg QID	Can cause drowsiness

- Alpha-2 agonists, such as prazosin, can be taken at bedtime to treat PTSD-related nightmares
- Buspirone (BuSpar) is serotonergic agent with a complex mechanism of action. It has a slow onset and generally only helps mild anxiety associated with GAD. There is minimal risk of tolerance or withdrawal effects.
- Hydroxyzine (Atarax, Vistaril) is an off-label, antihistamine agent that can treat mild to moderate anxiety. It is intended for short-term use. There is no risk of tolerance or withdrawal effects.

Third-line medications: Benzodiazepines

Avoid use unless clearly indicated due to significant risk of dependence. Start low and go slow with benzodiazepines. Do not use in elderly or those with history of SUD.

- Are commonly prescribed but carry the risk of physical dependence and tolerance. They're intended for short-term use (less than 4 months). Can be used PRN.
- Can cause drowsiness, trouble with concentration, confusion, slurred speech or memory problems.
- May cause the following withdrawal symptoms:
  - Increased anxiety
  - Depression
  - Insomnia
- Should not be prescribed with concomitant use of alcohol or marijuana.

Medication	Onset	Potency	Duration	Starting dose	Limit
clonazepam (Klonopin)	Slow	High	Long	0.25 BID	4 mg/day
diazepam (Valium)	Fast	Low	Long	2-5 mg BID	40 mg/day
lorazepam (Ativan)	Intermediate	High	Intermediate	0.5 -1 mg BID to TID	10 mg/day

Medication treatment approach

Medication is most helpful for short-term anxiety.

TREAT 6-12 MONTHS WITH CLOSE FOLLOW-UP

Use antidepressants as a first-line approach to treat anxiety.

Minimize both dose and duration for benzodiazepines, and taper the patient off them slowly to avoid withdrawal effects.

TREATMENT GOALS

The goal is to address the patient's symptoms of anxiety while the cause or reason for the anxiety resolves.

Some patients may benefit from long-term medication for persistent anxiety.

NOTE:

If the source of the patient's anxiety cannot be identified, it is unlikely medication management alone will help in the long term.

Measuring improvement

Correlate changes with full clinical presentation.

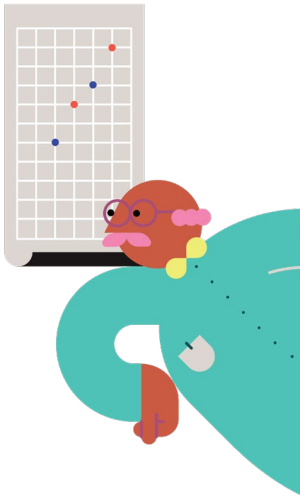
- The GAD-7 can be re-administered to measure anxiety. Adequate time should be allowed for treatment response given that the survey period is the two weeks prior to administration.
- Given that there is diagnostic variability among the anxiety disorders, it is not clear that the GAD-7 can be as a singular measure of treatment outcomes.

GAD-7 score	Severity of anxiety
≥ 5	Mild
≥ 10	Moderate
≥ 15	Severe

- A decrease of score correlates with lower anxiety, with significant improvement noted when dropping in severity level at the established cut points of 5, 10 and 15.

Coding and billing

Screening with the GAD-7 is reimbursable.



- Use of the GAD-7 improves the care of patients with anxiety but also requires additional work on the part of the PCP.
- CPT 96127 (*brief emotional/behavioral assessment*) can be submitted under the general medical benefit. Medical documentation should reflect that the survey tool was administered, scored and discussed/used for treatment. The appointment visit should correlate to an appropriate anxiety disorder diagnosis.

Final considerations

Anxiety is highly pervasive but very treatable.

- Collaborate and share information with treating psychotherapists to best manage a patient's anxiety.
  - A release of information form is not required for coordinating care with a therapist.
- Encourage the practice of mindfulness and physical exercise.
- Consult with a psychiatrist if the patient has no relief with medication after 6 weeks or no significant improvement overall after 12 weeks.
- Consider referral for hospitalization if there is significant concern of potential self-harm or harm to others.

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