Anxiety Disorders Through the Life Span

U.S. Department of State
2017 Continuing Medical Education
Joseph N. Rawlings, M.D.
Regional Medical Officer/Psychiatrist
U.S. Consulate General - Frankfurt
Defining Anxiety

• A feeling
  – physical, emotional and behavioral responses to perceived threats

• Diffuse apprehension accompanied by physical symptoms
  • headache, sweating, palpitations, chest tightness, stomach upset, restlessness

• Normal and necessary part of life
Anxiety vs. Fear

**Anxiety**
Threat is unknown, internal, vague or conflictual

**Fear**
Threat is known, external, definite threat
How Common?

• Most common mental disorders in adults and children

• Early onset: average age eleven

• ~18% of population

• More common in females than males


Anxiety

- Common
- Conceptually easy to understand
- Often waxes and wanes like many chronic ills
- Functional impairment, decreased quality of life
- Treatable
Anxiety

• Common
• Conceptually easy to understand
• Often waxes and wanes like many chronic ills
• Functional impairment, decreased quality of life
• Treatable

Why does treating anxiety sometimes make us anxious?
Anxiety Confounders

• Physical symptom presentation
• Overlap with mood diagnoses
• Patient expectations
• Concerns about malingering
• Increased risk of suicide*

*Sareen J; Cox B; Afif T; et al. Anxiety Disorders and Risk for Suicidal Ideation and Suicide Attempts. Arch Gen Psychiatry. 2005;62(11):1249-1257.
Goals

• Normal developmental and maturity factors vs. anxiety

• What presents when?
  – Symptoms and diagnosis

• Diagnoses commonly presenting to the HU

• Screening tools

• Management and treatment

• Case studies
## Anxiety Presentation by Age

<table>
<thead>
<tr>
<th>Presenting Complaint</th>
<th>Child/Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability</td>
<td>Irritability</td>
<td>Irritability</td>
<td>Concentration/memory</td>
</tr>
<tr>
<td>Somatic symptoms</td>
<td>Somatic symptoms</td>
<td>Somatic symptoms</td>
<td>Somatic symptoms</td>
</tr>
<tr>
<td>Poor sleep</td>
<td>Poor sleep</td>
<td>Poor sleep</td>
<td>Poor sleep</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Fatigue</td>
<td>Fatigue</td>
<td>Fatigue</td>
</tr>
</tbody>
</table>

| Context              | School          | Work, social settings | Activities of daily living |

<table>
<thead>
<tr>
<th>Burden</th>
<th>School refusal</th>
<th>Occupational disability</th>
<th>Healthcare utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental burden</td>
<td>Parental burden</td>
<td>Healthcare utilization</td>
<td>Parental burden</td>
</tr>
<tr>
<td>Healthcare utilization</td>
<td>Healthcare utilization</td>
<td>Healthcare utilization</td>
<td>Healthcare utilization</td>
</tr>
</tbody>
</table>
Anxiety Prevalence by Age

Prevalence

Phobias

Worry

PTSD

Fear of falling

Panic

Childhood  Adolescence  Adulthood  Old age
Developmental Considerations

• “Stranger Anxiety” – 9 or 10 months

• Imaginary fears ("monsters") peak 4 – 5 years

• Normal pre-school fears dissipate ~ 7 - 8 years

Common Anxiety Presentations in Our Health Units
Common in Our Health Unit
Encounters

• Separation Anxiety
• Social Anxiety
• Obsessive-Compulsive*
• Panic
• Generalized Anxiety
• Acute Stress*

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.).
Arlington, VA: American Psychiatric Publishing
* Obsessive-Compulsive and related disorders, as well as Trauma and Stressor related disorders, not
classified with Anxiety Disorders. Included here for clinical relevance
Separation Anxiety Disorder

• Developmentally inappropriate excessive fear or anxiety concerning separation from those to whom the individual is attached
  – Worry about losing attachment, untoward events, refusal to go to school, sleep away, not able to accept parents departure for work, etc.

• Four weeks duration in children

• Most common anxiety disorder in young children. Rare to see onset in adolescence

Social Anxiety Disorder

• Worry about one or more social situations in which the individual is exposed to possible scrutiny by others

• Concern that may act in a way that makes the individual feel humiliated, embarrassed, rejected,

• Fear of being negatively evaluated

• Persistent avoidance of situations

• Present six months

• Median onset, age 13

Obsessive Compulsive Disorder

• Presence of obsessions, compulsions, or both

• Obsessions
  – recurrent and persistent thoughts, urges, or images
  – Attempt to suppress with other thought or action

• Compulsions
  – Repetitive behaviors (like hand washing) or mental acts (like counting) person feels driven to perform

• Median age onset: 19.5 years

Panic Disorder

• Recurrent, unexpected abrupt surge of intense fear or discomfort, reaching peak in minutes
  – Pounding heart, sweating, trembling/shaking, sensation of smothering, feeling of choking, chest pain, dizzy/faint, paresthesias, derealization/depersonalization, fear of loss of control or dying

• At least one attack followed by one month of persistent fear of recurrence

• Peak in adulthood, decline later in life

Generalized Anxiety Disorder

- Excessive worry occurring more days than not for at least six months, about a number of events or activities
  - Restless, easily fatigued, difficulty concentrating, irritability, muscle tension, sleep disturbance
- Difficult to control worry and to keep thoughts from interfering with tasks at hand
- Often worry is about routine matters
- Median onset: age 30

Acute Stress Disorder

- Exposure to or threatened death, serious injury, or sexual violation, through

- Intrusive memories or dreams, dissociative reactions (flashbacks), avoidance, hyperarousal

- Symptoms begin immediately after event, persistence at least three days, up to one month

Medical Mimics
Conditions that May Mimic or Increase Anxiety Symptoms

**Endocrine**

Hyperthyroidism, hypothyroidism, pheochromocytoma, Cushing’s disease, Addison’s disease, menopause

**Cardiovascular**

Acute coronary syndrome, arrhythmia, CHF, hypertension, hypotension, mitral valve prolapse

**Neurologic**

Epilepsy, cerebrovascular disease, Meniere’s disease, multiple sclerosis, encephalitis, early dementia, migraine
Conditions that May Mimic or Increase Anxiety Symptoms

(continuing)

Metabolic

Diabetes, porphyria

Pulmonary

Asthma, COPD, pulmonary embolism, pneumonia

Other illnesses

Anemia, UTI in elderly, irritable bowel syndrome, heavy metal poisoning, B-12 deficiency, electrolyte disturbances

Medications

Anticholinergics, steroids, stimulants, theophylline, nasal decongestants, SSRIs
Screening Tools
Anxiety Screening Tools

• Clinical interview or self-report screens

• Value of the screen
  – documenting diagnosis
  – educational tool

• Familiarity with screening terms for informal interviewing
GAD -7
Generalized Anxiety Disorder 7-Item Scale

Over the last two weeks, how often have you been bothered by the following problems?

- Feeling nervous, anxious, or on edge
- Not being able to stop or control worry
- Worrying too much about different things
- Trouble relaxing
- Being so restless that it’s hard to sit still
- Becoming easily annoyed or irritable
- Feeling afraid as if something awful might happen

Each of these scored as:

0: Not at all
1: Several days
2: Over half the days
3: Nearly every day

GAD -7
Generalized Anxiety Disorder 7-Item Scale

Scoring:

5: Mild anxiety
10: Moderate anxiety
15: Severe anxiety

GAD -7
Generalized Anxiety Disorder 7-Item Scale

• **Scoring:**
• 5: Mild anxiety
• **10: Moderate anxiety**
• 15: Severe anxiety

*Score 10 or more:*
recommend further evaluation

If you checked off any problems, how difficult have these 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

Beck Anxiety Inventory

• Self-report, 21 item

• Useful in adolescents and adults

• More useful in patients with somatic focus


Osman, A; Hoffman, J; Barrios, FX; Kopper, BA; Breitenstein, JL; Hahn, SK (April 2002). Factor structure, reliability, and validity of the Beck Anxiety Inventory in adolescent psychiatric inpatients. Journal of Clinical Psychology. 58 (4): 443–56

Beck Anxiety Inventory

“Past month, including today…”

<table>
<thead>
<tr>
<th>Numbness and tingling</th>
<th>Hands trembling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling hot</td>
<td>Shaky / unsteady</td>
</tr>
<tr>
<td>Wobbliness in legs</td>
<td>Fear of losing control</td>
</tr>
<tr>
<td>Unable to relax</td>
<td>Difficulty in breathing</td>
</tr>
<tr>
<td>Fear of worst happening</td>
<td>Fear of dying</td>
</tr>
<tr>
<td>Dizzy or lightheaded</td>
<td>Scared</td>
</tr>
<tr>
<td>Heart pounding/racing</td>
<td>Indigestion</td>
</tr>
<tr>
<td>Unsteady</td>
<td>Faint / lightheaded</td>
</tr>
<tr>
<td>Terrified or afraid</td>
<td>Face Flushed</td>
</tr>
<tr>
<td>Nervous</td>
<td>Hot or cold sweats</td>
</tr>
<tr>
<td>Feeling of choking</td>
<td></td>
</tr>
</tbody>
</table>

Beck Anxiety Inventory

“Past month, including today…”

0: Not at all

1: Mildly - but it didn’t bother me much

2: Moderately - it wasn’t pleasant at times

3: Severely – it bothered me a lot

Beck Anxiety Inventory Scoring

0 – 9: Normal

10 – 18: Mild to moderate

19 - 29: Moderate to severe

30 – 63: Severe

Anxiety Management

To One Who Is Ill
Here's the dope—
Anxiety Management

Identify Anxiety Symptoms
• Distress or functional impairment?
• Assess suicidality

Differential Diagnosis
• Due to another medical or psych condition?
• Co-morbid with another diagnosis?
• Medication-induced? Drug related?
• Physical exam, labs needed?
Anxiety Management (continued)

Identify Specific Anxiety Disorder
Panic, specific phobia, OCD, Generalized, PTSD, etc.

Comorbid Medical Diagnosis
? benefits, risks of treatment and untreated anxiety

Comorbid Psych Diagnosis
? Substance abuse
? Other anxiety or mood:
? Single therapy to address both

Psychological or pharmacologic treatment
Patient preference
Education

Anxiety Management (continued)

Psychological treatment
First line: Cognitive-Behavior Therapy (CBT)
Inadequate response?
other talk therapy

Pharmacologic treatment
First line: SSRI or non-benzo
Inadequate response?
other first line
Refer

Psychological + Pharmacologic
Anxiety Management (continued)

Benzodiazepines

Half-life and dosing considerations
Anxiety Management
(continued)

Antidepressant Therapy
primarily SSRIs
Anxiety Management
(continued)

Patient Education
Patient Presentations