# ANXIETY DISORDER: USE OF EVIDENCE-BASED TREATMENTS

The interdisciplinary discussion will focus on:

▶ recognition and assessment of anxiety;

▶ evidence-based psychological treatments such as cognitive behavioural therapy (CBT);

▶ engaging patients in treatment decisions and discussing realistic expectations;

▶ when medicines may be indicated.
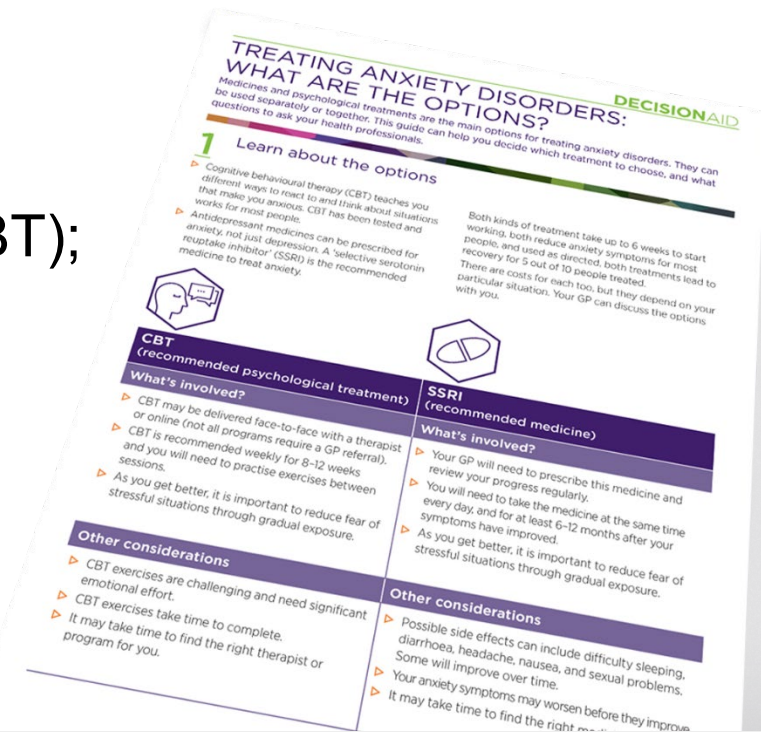
# RECOGNISING ANXIETY

▶ Anxiety prepares for action – may provide increased energy and motivation.

▶ May lead to distraction, impaired functioning, fatigue, somatic symptoms.

COGNITION

PHYSIOLOGY

BEHAVIOUR

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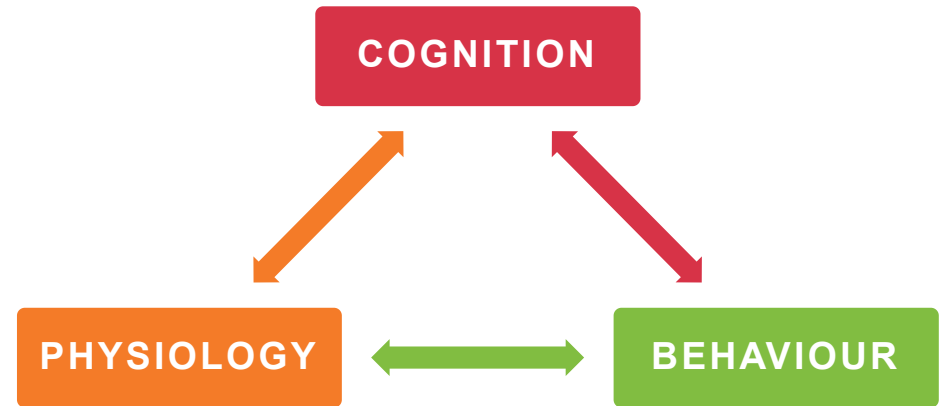
# COULD IT BE ANXIETY DISORDER?

Patients may present with health anxiety, panic attacks, sleep disturbance or somatic symptoms.

Anxiety may also be a result of, or comorbid with another cause.

Masquerades:

- ▶ Physical illness (eg thyroid disease, anaemia)
- ▶ Poorly controlled chronic illness (eg diabetes, chronic obstructive pulmonary disease)
- ▶ Medication (eg corticosteroids, anti-Parkinsonian medication)
- ▶ Other mental illnesses (eg depression, early psychosis)
- ▶ Substance abuse (eg alcohol, ice)

# HIGH BURDEN OF DISEASE

SF-12 total scores (lower score = more disabled)[1]

| | | |
|---|---|---:|
| ▶ | High blood pressure | 92.7 |
| ▶ | Diabetes | 88.8 |
| ▶ | **Social anxiety disorder** | **88.2** |
| ▶ | Asthma | 88.2 |
| ▶ | "Heart trouble" | 86.2 |
| ▶ | **Generalised anxiety disorder** | **82.4** |
| ▶ | Kidney disease | 80.7 |
| ▶ | **Obsessive compulsive disorder** | **77.8** |

1. Andrews et al, British Journal of Psychiatry (1998); 173: 123-131.

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# WHEN TO OBTAIN A PSYCHIATRIC OPINION

Complicated initial presentation

- ▷ Comorbid bipolar disorder, psychosis
- ▷ Diagnostic uncertainty

Little response to treatment in 6–8 weeks

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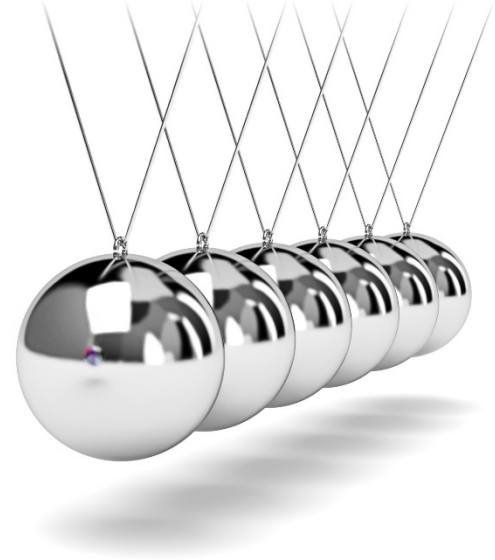
# EXPLAINING ANXIETY

Psychoeducation is important in addressing anxiety:

- ▶ Address stigma

- ▶ Begin with empathy and validation

- ▶ Include a model for how the body and the mind interrelate

- ▶ Use plain English where possible

- ▶ Provide consumer friendly written resources

- ▶ Be patient!

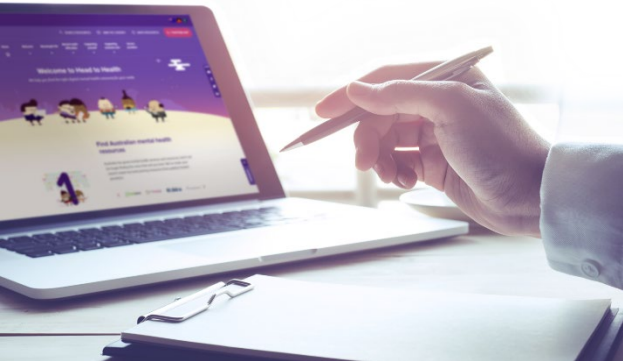- ▶ Aim to come to a shared understanding before starting treatment

# E-MENTAL HEALTH RESOURCES

Can be self-directed or health professional guided

Requires significant literacy and digital literacy

Free or low cost

Found at **headtohealth.gov.au**

Examples of evidence based e-mental health treatment tools include:

▶ Mindspot

▶ My Compass

▶ MoodGYM

▶ e-couch

▶ Mental Health Online

▶ This Way Up

▶ Brave Online (for children and teens)

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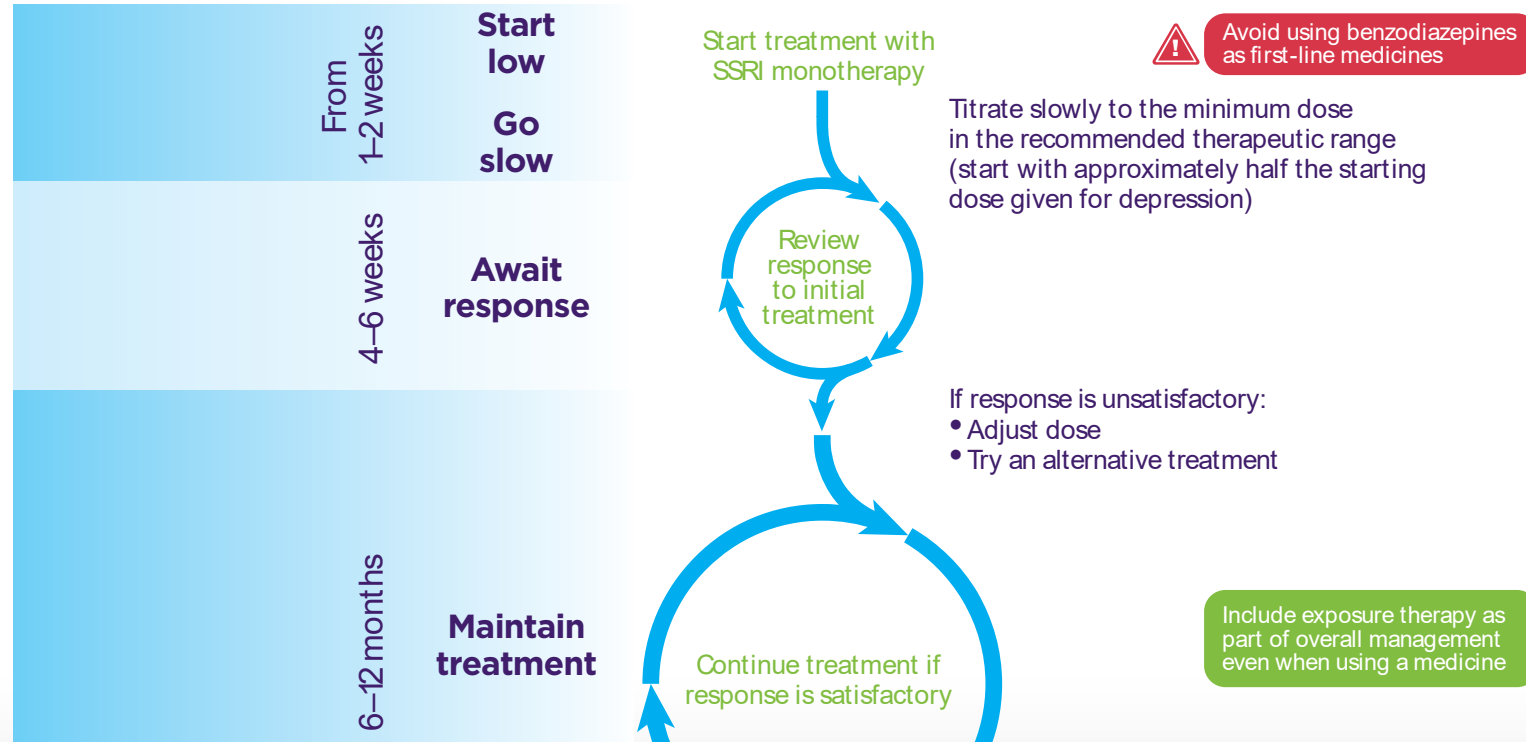
# EVIDENCE-BASED PSYCHOLOGICAL TREATMENT

**Typical CBT treatment includes[1,2]:**

- ▷ Assessment, formulation

- ▷ Psychoeducation

- ▷ Problem solving

- ▷ Cognitive reframing

- ▷ Behavioural experiments, graded exposure exercises

- ▷ Address metacognitive beliefs

- ▷ Relapse prevention

1. RANZCP clinical practice guidelines for the treatment of panic disorder, social anxiety disorder and generalised anxiety disorder 2018
2. Craske, uptodate.com, Psychotherapy for generalised anxiety disorder 2018

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# STARTING MEDICINES[1,2,3]

**From 1–2 weeks**

**Start low**

**Go slow**

**4–6 weeks**

**Await response**

**6–12 months**

**Maintain treatment**

Start treatment with SSRI monotherapy

Review response to initial treatment

Continue treatment if response is satisfactory

Titrate slowly to the minimum dose in the recommended therapeutic range (start with approximately half the starting dose given for depression)

If response is unsatisfactory:
- Adjust dose
- Try an alternative treatment

⚠ Avoid using benzodiazepines as first-line medicines

Include exposure therapy as part of overall management even when using a medicine

1. RANZCP clinical practice guidelines for the treatment of panic disorder, social anxiety disorder and generalised anxiety disorder 2018
2. Australian Medicines Handbook 2018
3. Maudsley prescribing guidelines in psychiatry, 13th edition, 2018

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# OUTCOME OF CBT

▶ About 50% of participants in clinical trials of CBT improve to the point of no longer meeting criteria for disorder.[1]

▶ Disability decreases and quality of life improves.

**50%**
recovery rate

1. RANZCP clinical practice guidelines for the treatment of panic disorder, social anxiety disorder and generalised anxiety disorder 2018
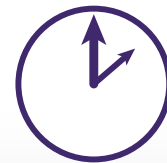
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# PATIENTS WHO DON'T GET BETTER

**Review treatment:**

▶ Adherence eg medication, CBT homework

▶ Review dose eg medication, frequency of CBT visits

**If CBT:**

▶ Did they get structured CBT with all the effective components?

# STRATEGIES FOR MAINTAINING MENTAL HEALTH

- ▶ Regular exercise
- ▶ Healthy, balanced diet
- ▶ Don't smoke
- ▶ Good sleep hygiene
- ▶ Regular social contact
- ▶ Continue exposure and behavioural experiments

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