ECHO Idaho: Behavioral Health in Primary Care

Generalized Anxiety

November 20, 2019
Rachel Root, PhD

The speaker has no financial relationships to disclose.
Learning Objectives

- Understand differential diagnosis of anxiety and related disorders
- Identify links between anxiety and medical issues
- Increase ability to describe the role of anxiety related to a patient’s physical health
Anxiety Disorders

• Anxiety disorders are the most common mental health concern in the United States
• More than 19% of adults in the US have an anxiety disorder
• Approximately 7% of children aged 3-17 experience significant anxiety
• Most people develop symptoms before age 21
Anxiety Disorders

- Generalized Anxiety Disorder (GAD)
- Social Phobia
- Panic Disorder
- Specific Phobia
- Selective Mutism
- Separation Anxiety Disorder
- Agoraphobia
- Other (related):
  - Posttraumatic Stress Disorder (PTSD)
  - Acute Stress Disorder
  - Obsessive-Compulsive Disorder (OCD)
  - Avoidant Personality Disorder
  - Obsessive-Compulsive Personality Disorder (OCPD)
Differential Diagnosis

• Stress
  • Common and adaptive response to a challenge or adversity
  • Can trigger sympathetic nervous system response, usually minimally
  • Can be either positive or negative

• Anxiety
  • Reaction to stress
  • Often disproportionate to the threat
  • Threats can be real or perceived
  • Overstimulation of sympathetic nervous system
  • Chronic stress can lead to generalized anxiety

• Panic
  • Abrupt burst of intense fear
  • Can occur without an identifiable trigger
  • Significant fight or flight response
Yerkes-Dodson Law

Performance

Tension/arousal/anxiety

Low  Medium  High

Comfort  Constructive optimum tension  Anxiety
Generalized Anxiety Disorder

• Cognitive impact: Excessive and uncontrollable worry thoughts
• Physiological impact: Physical hyperarousal
• Behavioral impact: Avoidance behaviors
• Other key features:
  • Being easily fatigued
  • Difficulty concentrating or staying on task
  • Irritability
  • Muscle tension
  • Sleep disturbance (difficulty falling or staying asleep)
• Diagnosis requires clinically significant impairment of functioning
• Prevalence rate in the US- 3%
Psychobiological Mechanisms

• Sympathetic/Parasympathetic response
  • “Fight or Flight” as an adaptive biological response
  • Increased function
    • Blood pressure/heart rate/respiratory rate, senses heightened, pupils dilate, adrenaline, muscle tension, flushing/sweating, shaking/trembling, changes in blood flow
  • Diminished function
    • Digestive function
    • Reproductive function
    • Immune function
• One-way communication system
Medical Differential Diagnosis

- Irritable Bowel Syndrome
- Insomnia
- Infertility
- Heart attack or stroke
- Best practices to thoroughly rule out medical/physical causes before referral to psychology/psychiatry
Differential Diagnosis

• GAD vs. ADHD
  • Restlessness and inattention are shared
  • In ADHD, distraction triggered by an external stimulus
  • In GAD, distraction triggered by internal stimulus (worry/rumination)
  • In ADHD, restlessness is innate and not associated with worry and rumination

• GAD vs. Mania
  • Differences in mood
    • GAD- on edge, irritable, negative mood presentation
    • Mania- heightened mood
  • Differences in sleep
    • GAD- need/want sleep, get tired/fatigued throughout the day
    • Mania- less sleep needed/wanted, do not often get fatigued despite lack of sleep
Treatment

- Cognitive Behavioral Therapies
- Mindfulness based treatments
  - Grounding exercises
  - Gratitude practice
  - Focused activities (coloring, sorting, cleaning)
- Biofeedback therapy
- Relaxation training
  - Deep breathing
  - Systematic muscle relaxation
  - Guided visualization/meditation
- Applications
  - Sanvello, Calm, Headspace, etc.
  - Heart rate monitor
Key Points

• Diagnose thoughtfully and only when necessary
• Rule out medical causes for symptoms first
• Diagnosis requires clinically significant impairment
• Educate patients on the biological mechanisms of anxiety
• Anxiety is highly treatable through psychological intervention and/or pharmacological treatments
References

• National Alliance on Mental Health
  • www.nami.org
• Anxiety and Depression Association of America
  • www.adaa.org