

# Anxiety Disorders: Screening, Diagnosis, Intervention and Treatment

Andrew J. McLean, MD, MPH

December 5, 2022



Mountain Plains (HHS Region 8)

**MHTTC**

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Funded by Substance Abuse and Mental Health Services Administration

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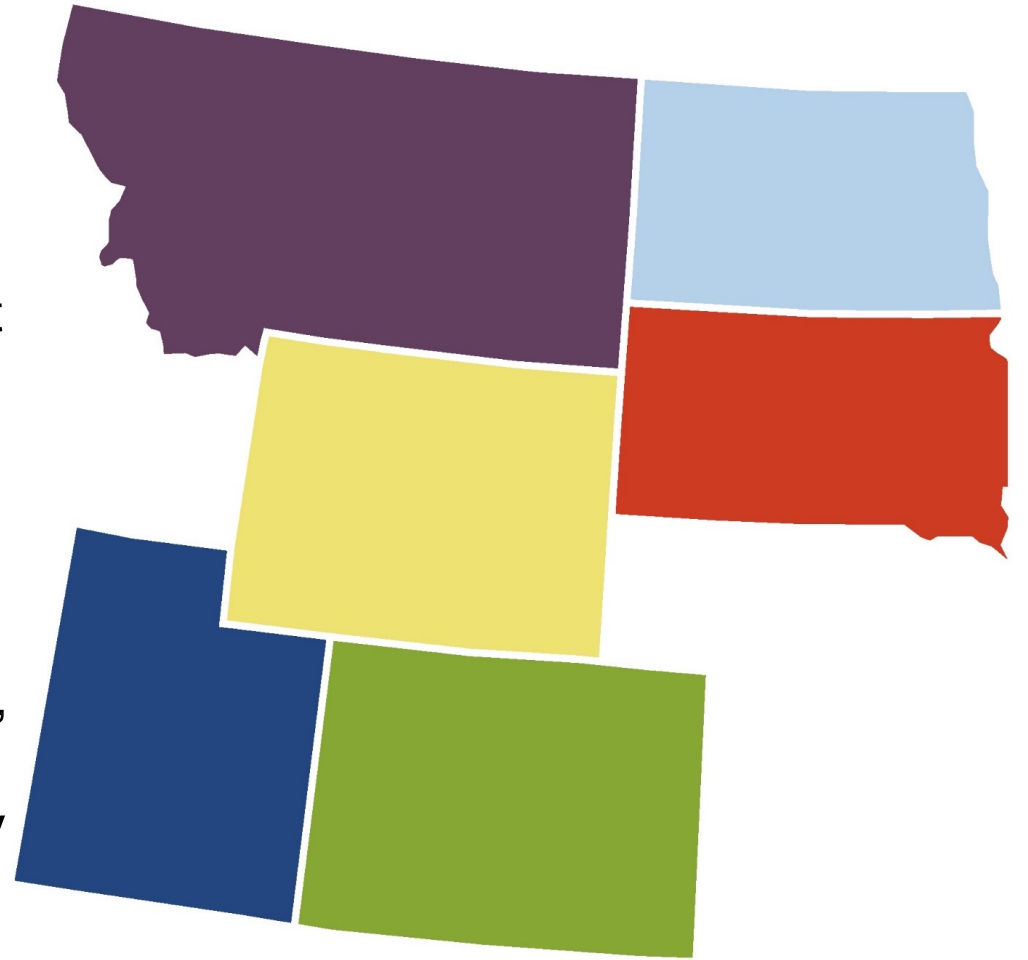
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The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

# The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



# Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

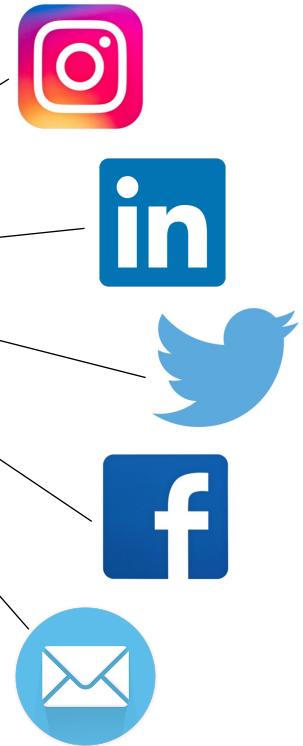
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AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

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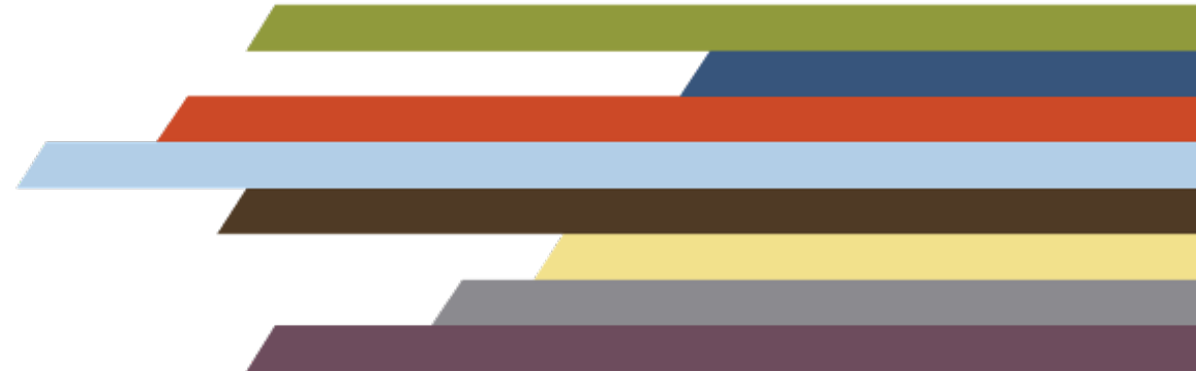
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# Anxiety Disorders: Screening, Diagnosis, Intervention and Treatment

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# Objectives:

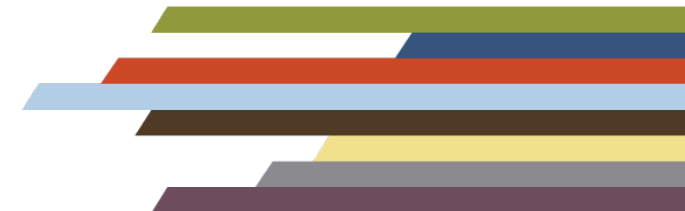
- After the presentation, the participant:
  - 1) Will understand the difference between “Anxiety” and “Anxiety Disorder.”
  - 2) Will be able to identify common screening tools related to the above.
  - 3) Will be able to identify evidence-based practices for Anxiety Disorders



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# Stress and Anxiety

## Stress

- Pressure or tension on a system

## Anxiety

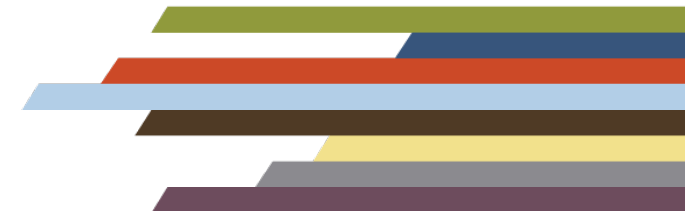
- A reaction to stress, with both psychological and physiologic features



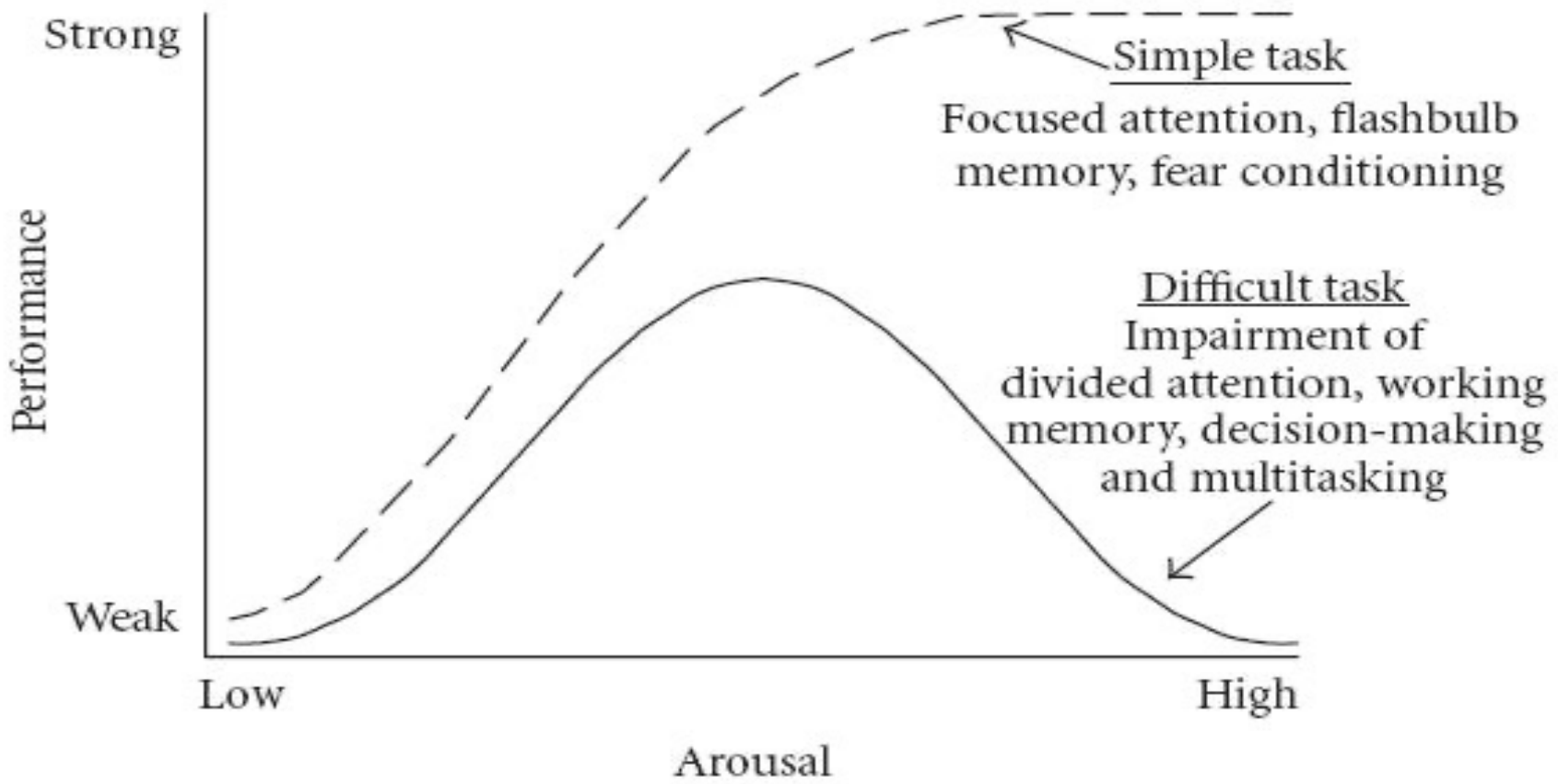
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# Not all stress is bad...



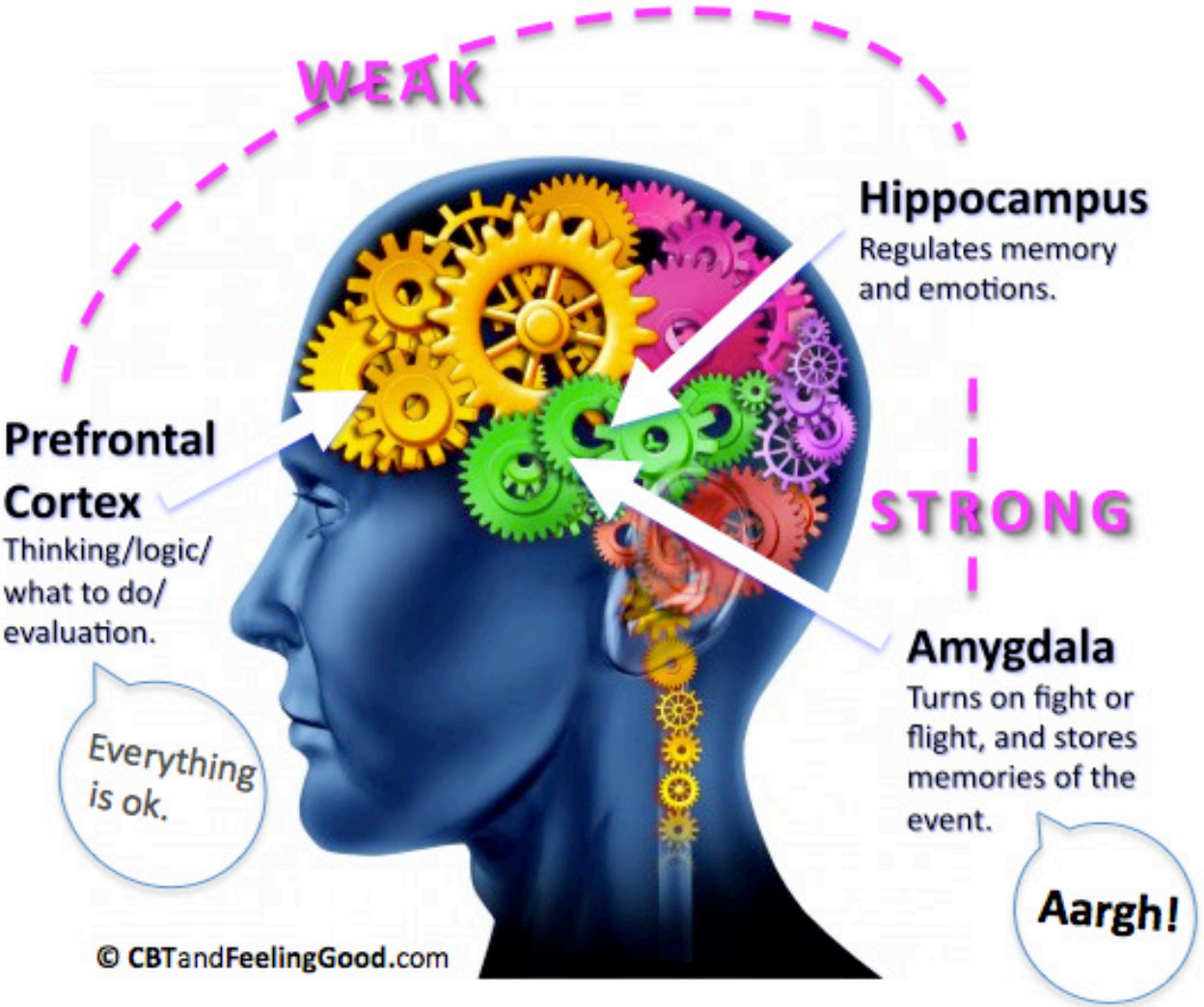
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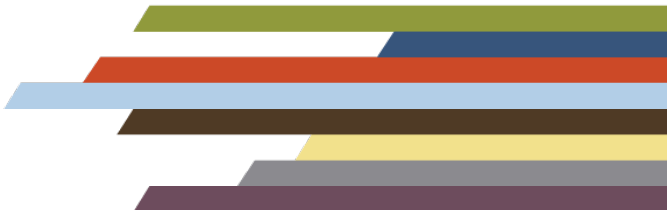
# A few working parts...



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# Why do people develop anxiety disorders?

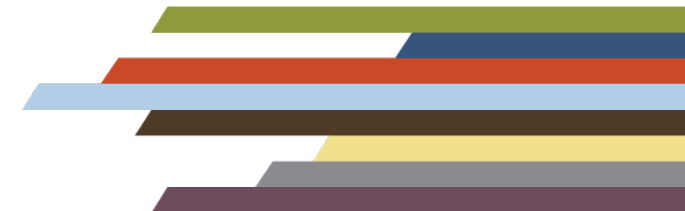
- Life Experiences
- Genetics/epigenetics
- Medical/substance induced\*



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# Anxiety Disorders: General Rules

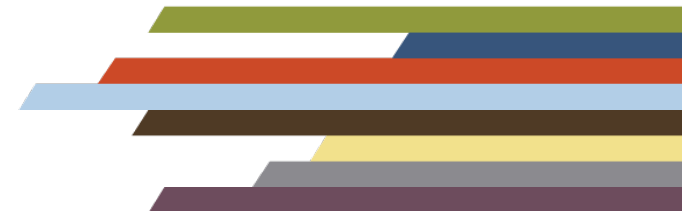
- Symptoms
- Duration
- Impact on functioning
- Not better explained by something else...\*
- Often have specifiers



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# DSM 5 Anxiety Disorders

**Specific Phobia**

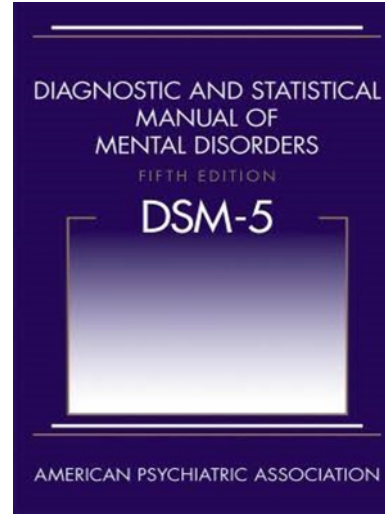
**Social Anxiety Disorder (Social Phobia)**

**Panic Disorder**

**Generalized Anxiety Disorder**

**Substance/Medication-Induced Anxiety Disorder**

Agoraphobia | Separation Anxiety Disorder |  
Selective Mutism | Anxiety Disorder Due to Another  
Medical Condition | Other Specified Anxiety  
Disorder | Unspecified Anxiety Disorder



**PTSD is now under Trauma-and Stressor-Related Disorders**

**OCD is now under Obsessive-Compulsive and Related Disorders**

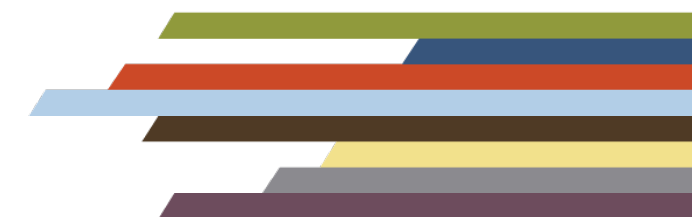


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# Physiologic response

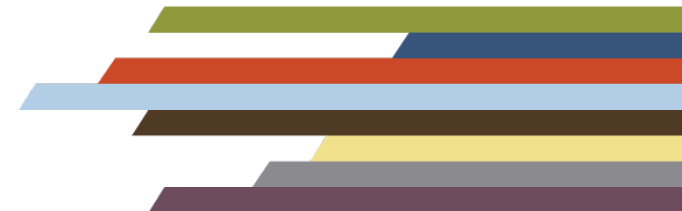
- What are typical physical symptoms of anxiety?
- Hyperventilation
- Sweating
- Tachycardia
- Tremor
- Gastrointestinal problems



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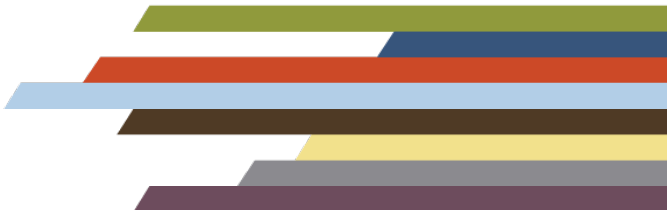
# Specific Phobias



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# Specific Phobia

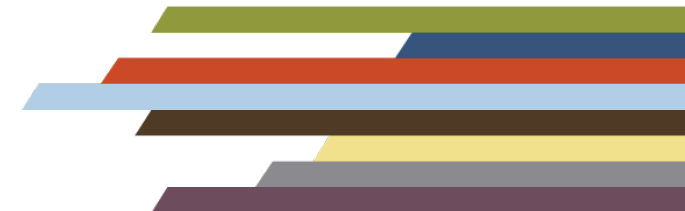
- Women > Men
- Phobic object/situation consistently evokes anxiety/distress, out of proportion to danger or culture. ( $\geq$  6 months)
- Most do not seek treatment (compensate)
- Heights, snakes (spiders) very common



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# Social Anxiety Disorder (Social Phobia)

- Excessive/unreasonable fear
- Marked and persistent:
- Fear of **scrutiny** in one or more social situations.
- Concern about **embarrassing** oneself
- Exposure produces anxiety
- Above situations are avoided
- Significant social interference/distress

Can be:

- specific or generalized
- Most common-public speaking
- Women = Men
- Substance use issues
- Treatment: cognitive behavioral therapy, medications\*



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# How is Panic Attack different from Panic Disorder? (think “seizure vs. epilepsy” or, “one swallow does not a summer make”)

- Panic attack:
  - Intense fear/discomfort
  - At least 4/13 symptoms
  - Short peak duration (“within minutes”)
  - Can be expected or unexpected
- Panic Disorder:
  - Recurrent, unexpected panic attacks
  - $\geq$  1 month:
    - Concern about another attack/ consequences
    - Behavior change related to attacks



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# Panic Disorder

- Women > Men
- Onset often late adolescence/early adulthood
- High correlation among first degree relatives
- Often co-morbidity with substance use, depression and other anxiety disorder
- Increased risk for suicidality
- Treatment-cognitive behavioral therapy, medications\*

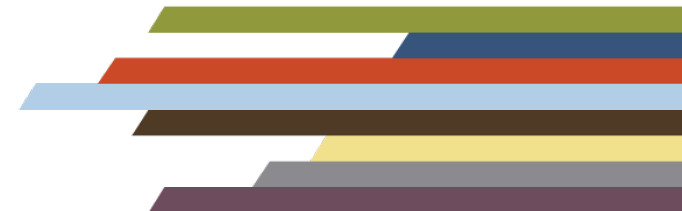


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# Agoraphobia

- Marked fear or anxiety about 2 of the following:

- 1) Using public transportation
- 2) Being in open spaces
- 3) Being in enclosed places
- 4) Being in line/crowd
- 5) Being outside of home alone



- Avoids, as escape might be difficult/help unavailable if panic

- Situations always provoke fear

- Persistent (lasting  $\geq$  6 months)

Treatment---CBT

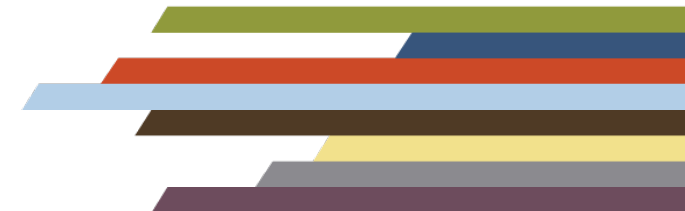


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# In Children\*...

## Separation Anxiety

- (Developmentally inappropriate/excessive)
  - At least 3 symptoms:
  - Anticipated/real separation
  - Nightmares about “ “ “
  - Worry about harm/loss of loved ones
  - Worry about harmful event to self
  - Refusal to leave home
  - Reluctance to being alone
  - Reluctance to go to sleep without loved one
  - Physical complaints when separated
- > 4 weeks in children, > 6 months in adults

## Selective Mutism

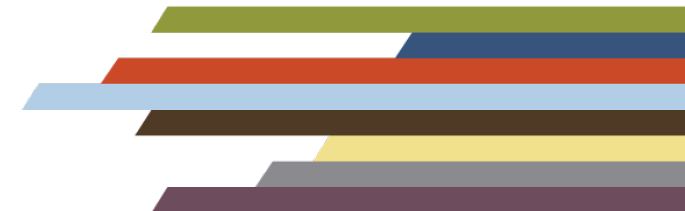
- Failure to speak in social situations
- Interferes with achievement
- Lasts more than a month
- Not better explained by other etiology



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# Generalized Anxiety Disorder

## Good screening tool: GAD-7

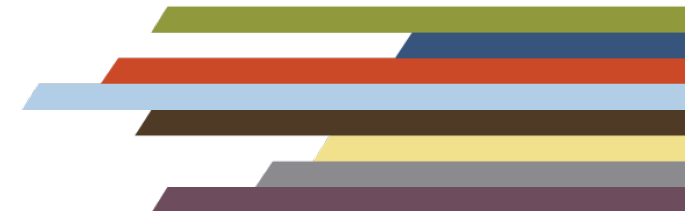
- Excessive anxiety/worry
- Restless/keyed up
- Fatigued
- Concentration problems
- Irritability
- Muscle tension
- Sleep disturbance
- Time element: more days than not,  $\geq$  6 months
- Women > Men
- $\geq$  3/6 symptoms
- (1 in children)
- Treatment-as per panic disorder, social anxiety
- Relaxation techniques helpful



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## GAD-7 Anxiety

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to sleep or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals    \_\_\_ + \_\_\_ + \_\_\_ + \_\_\_ =

*Total score*    \_\_\_\_\_

If you checked any problems, how difficult have they 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





# Severity:

## 0-4

## Minimal

## 5-9

## Mild

## 10-14

## Moderate

## 15-21

## Severe

Let's step back---what is the time period required for a diagnosis of GAD?



# SBIRT

- **Screening**
  - Universal, quick assessment for use and severity of use
  - Occurs in a variety of settings (e.g., public health, primary care settings, social service)
- **Brief Intervention**
  - Brief motivation and awareness-raising
  - 1-5 sessions lasting 5 minutes to an hour
- **Referral to Treatment**
  - Specialty care
  - 5-12 sessions

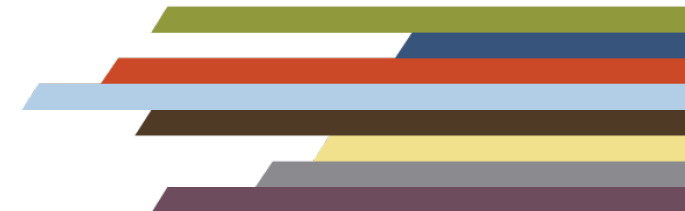
Osborne & Benner (2012), SAMHSA (2012)



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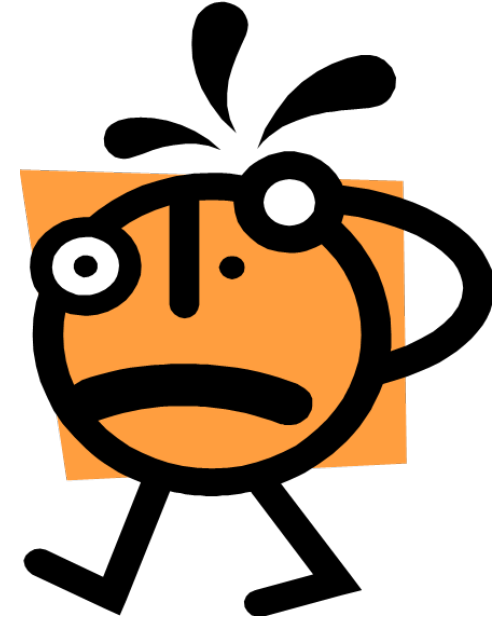
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# Treatment of Anxiety and Anxiety Disorders

## Managing Anxiety:

Exercise, Mindfulness, Yoga, Relaxation Techniques, Dietary adjustments, individual and group supports



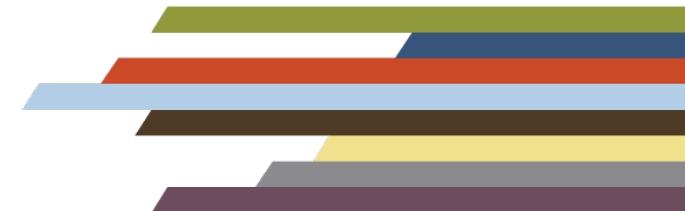
## Treatment of Anxiety Disorders:



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# Treatment of Anxiety Disorders

*Psychotherapy*, in particular, Cognitive Behavioral Therapy

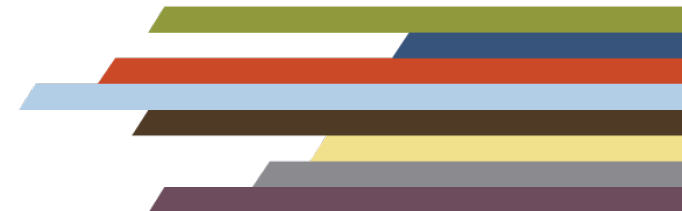
*Medications*, primarily in the anti-depressant class;  
occasionally, anxiolytics  
(benzodiazepine and non-benzodiazepine)



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# Wrap up-Anxiety Disorders

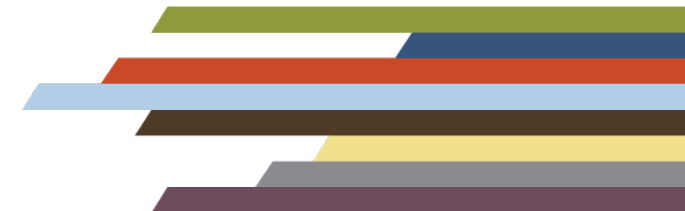
- Cognitive Behavioral Therapy is a mainstay, though other therapies may be useful. If someone says, “I’ve had therapy and it doesn’t work,” ask what type of therapy, how long, etc...
- Meds of choice for long term treatments are usually antidepressants
- Severe anxiety is not a benign issue, including the risk of suicidality.
- Use caution re: long-term use of potentially habit-forming medications.
- Always consider substance use issues (including OTC, supplements, caffeine!)
- If you are doing an assessment, remember length of time re: your client/patient’s symptoms. The visit is only a snapshot in time.



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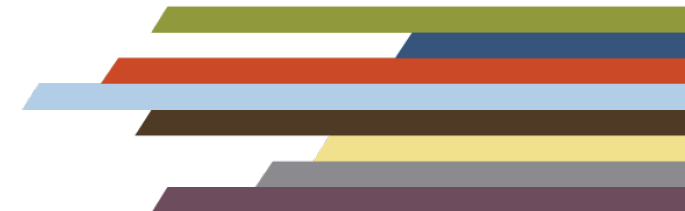




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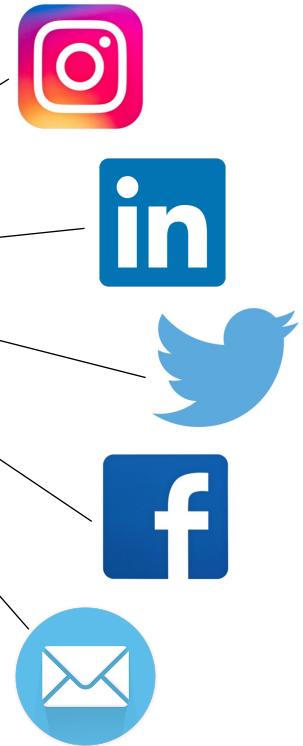
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THANK YOU!



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