

# Anxiety Disorders

Diagnosis, Comorbidities and Management

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# Panic Disorder

# Panic Disorder: Diagnosis

## *Panic attack*

a period of overwhelming distress and anxiety, which peaks within 10 minutes

Associated with 4 or more of the following symptoms:

- Palpitations
- Sweating
- Trembling/shaking
- Sensations of shortness of breath
- Feelings of choking
- Chest pain/discomfort
- Nausea/GI discomfort
- Dizziness
- Chills/Heat
- Paresthesias
- Derealization or depersonalization
- Fear of losing control or “going crazy”
- Fear of dying

# Panic Disorder: Diagnosis

- Panic attacks can occur within the context of many different mental disorders
- In panic disorder, patients persistently worry about having a panic attack and/or change their behaviour due to panic attacks (i.e., avoiding situations that might provoke a panic attack)

# Panic Disorder: Diagnosis

## Differential diagnosis

- Other anxiety disorders
- Underlying medical condition
- Substance-induced anxiety
- Another mental disorder associated with panic attacks

# Panic Disorder: Comorbidities

## Comorbidities

- Agoraphobia: avoidance of places where panic attacks might occur
- Depression (usually onset of panic disorder precedes that of depression)
- Bipolar disorder
- Alcohol abuse
- Other anxiety disorders
- Panic attacks can occur in patients with temporal lobe epilepsy

# Panic Disorder: Treatment

## Pharmacotherapy

First-line

- SSRIs

Other options

- Venlafaxine
- Tricyclics
- Consider using benzodiazepines for short-term therapy

## Psychotherapy

- CBT: Barlow and Craske's panic control treatment and Clark's cognitive therapy for panic

# Generalized Anxiety Disorder



# Generalized Anxiety Disorder: Diagnosis

At least 6 months of pervasive and excessive worrying about common events

Associated with 3 or more of the following 6 symptoms:

- Muscle tension
- Fatigue
- Difficulty concentrating
- Restlessness
- Irritability
- Sleep disturbance

# Generalized Anxiety Disorder: Diagnosis

## Risk factors

- Gender (females twice as likely as men)
- Comorbid psychiatric disorder
- Obesity
- History of substance use
- History of trauma
- Family history of GAD

# Generalized Anxiety Disorder: Differential Diagnosis

- Differential diagnosis
  - Other anxiety disorders
  - Mood disorder
  - Medication side effect (e.g., corticosteroids, sympathomimetics)
  - Substance use
  - Anxiety secondary to a general medical condition

Patel, G. & Fancher, T. L. (2013). In the clinic: Generalized anxiety disorder. *Annals of Internal Medicine*. Retrieved from <http://annals.org>

# Generalized Anxiety Disorder: Treatment

## Psychotherapy

- First-line: CBT
- Others: Short-term psychodynamic, relaxation training, self-help and self-examination therapy, exposure therapy

## Pharmacologic (*drug therapies should be offered when CBT is not available or in-effective*)

- Firstline: SSRIs and SNRIs. Benzodiazepines can be used in interim before antidepressants take effect (during first 4 weeks)
- Secondline: buspirone, benzodiazepines
- Thirdline: atypical antipsychotics, hydroxyzine, pregabalin

**PTSD**

# PTSD: Diagnosis

All of the following must be present:

- Patient has been exposed to threatened death, serious injury or sexual violence
- Presence of intrusion symptoms (e.g., distressing memories, flashbacks)
- Avoidance of stimuli associated with traumatic event
- Negative Alterations in cognitions and mood associated with traumatic event (e.g., low interest in activities, feeling detached from others)
- Alterations in arousal and reactivity (e.g., irritability, hypervigilance)

# PTSD: Differential Diagnosis

- Acute Stress disorder: lasts less than one month vs. PTSD lasts greater than one month
- Anxiety disorders
- Depression
- Personality disorders
- Dissociative disorders
- Conversion disorder
- Psychotic disorder

# PTSD: Comorbidity and Complications

- Most people who experience trauma do not develop PTSD
- One-third of patients with PTSD will develop chronic symptoms
- Comorbidities
  - Substance abuse
  - Mood disorder
  - Anxiety disorders
  - Generalized physical symptoms
  - Chronic pain
  - Sleep disturbance

Warner, C. H., Warner, C. M., Appenzeller, G. N., & Hoge, C. W. (2013). Identifying and managing posttraumatic stress disorder. *American Academy of Family Physicians*. Retrieved from [www.aafp.org/afp](http://www.aafp.org/afp)



# PTSD: Treatment

Management of associated problems: chronic pain, sleep problems

## Psychotherapy

- Trauma-focused therapies: Prolonged exposure, cognitive processing therapy, eye movement desensitization and reprocessing therapy

## Pharmacotherapy

- First-line: SSRIs and SNRIs
- Other antidepressants can be used
- If first-line therapies are only partially effective, augmentation with various agents

**\*\*Benzodiazepines can worsen symptoms and should be avoided\*\***

# Adjustment Disorder

# Adjustment disorder: Diagnosis

- Classified in DSM V under Trauma – and Stressor-Related Disorders
- Emotional or behavioural symptoms that develop in response to a stressor within 3 months
- Symptoms resolve no later than 6 months after stressor and its consequences have resolved
- Marked distress out of proportion to severity of stressor and cultural context or impairment in functioning
- If another mental disorder is present, that disorder overrides the diagnosis of adjustment disorder

# Adjustment disorder: Diagnosis

- 6 subtypes
  - With depressed mood
  - With anxiety
  - With mixed anxiety and depressed mood
  - With disturbance of conduct
  - With mixed disturbance of emotions and conduct
  - Unspecified

# Adjustment disorder: Diagnosis

- Differential diagnosis:
  - Normal response: take into account magnitude of stressor and person's culture
  - Acute stress disorder or PTSD: different temporal relationship to traumatic event, specific criteria for traumatic event, specific symptomatology
  - Major depression: greater severity, often a loss of mood reactivity, diurnal mood change

# Adjustment disorder: Comorbidities and Complications

- Comorbidities
  - If the presence of another mental disorder is present, it will trump the diagnosis of adjustment disorder
- Complications
  - Self-harm
  - Suicide
  - Substance use

# Adjustment disorder: Treatment

## Psychotherapy

- Generally brief therapies

## Pharmacologic

- Benzodiazepines to treat insomnia and anxiety
- Little evidence for antidepressants

# Anxiety Disorders: General Principles

## Workup

- Diagnosis largely based on history and physical
- No routine laboratory tests are necessary
- Consider TSH, hemoglobin, urine drug screen, depending on clinical situation

## Management

- Safety is the first priority: Suicidal ideation is common and is important to ask about at each visit
- Management is usually a combination of new generation antidepressants and CBT

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