



Behavioral Health 101: Anxiety

For Healthcare Providers

Learning Objectives

- Recognize symptoms of anxiety
- Name 2 screening tools for anxiety
- Identify 2 medications that are recommended for anxiety
- List 2 treatment options for individuals who could have anxiety
- Apply learning in an exercise utilizing screening options and identifying treatment options

Learning Objectives

- Recognize symptoms of several common mental illnesses
- Identify screening options recommended for each type of mental illness
- List at least 2 treatment options for individuals who could have a mental illness
- Apply new knowledge by utilizing screening options and identifying treatment options

Role of PH Providers in Treating BH



Only 20% of adult clients with mental health disorders are seen by BH providers

Clients often prefer and receive treatment in primary care settings

60% of premature death in persons with Schizophrenia are due to medical conditions such as cardiovascular, pulmonary, and infection diseases

(American Hospital Association, 2014; Unützer, Harbin, Schoenbaum, & Druss, 2013)

Role of PCPs in Suicide Prevention



- 75% of individuals who die by suicide are in contact with a primary care physician in the year before their death
- 45% do so within one month of their death
- Only 20% of these patients saw a mental health professional in the preceding month
- 62% of antidepressant prescriptions in the U.S. are written by generalists (internists, pediatricians, PCPs)

(McDowell, Lineberry, & Bostwick, 2011; Office of the Surgeon General, US & National Action Alliance for Suicide Prevention, US. (2012)

Systematic integration facilitates the communication and coordination of:

- Physical healthcare
- Behavioral healthcare
- Substance use disorder treatment

Integrated care promotes a cohesive service delivery system & better continuity of care.

Common Disorders

- Depression
- Bipolar Disorders
- Anxiety Disorders
- Posttraumatic Stress Disorder
- Substance Use Disorders
- Schizophrenia & Psychotic Disorders

Anxiety Disorders

“You know those days when you've got the mean reds.... the blues are because you're getting fat or maybe it's been raining too long. You're sad, that's all. But the mean reds are horrible. You're afraid and you sweat like hell, but you don't know what you're afraid of. Except something bad is going to happen, only you don't know what it is.”

– Truman Capote, *Breakfast at Tiffany's* – from Holly Golightly

Prevalence of Anxiety Disorders

Adults

- 18.1% each year
- 4.1% severe
- 28.8% during lifetime

Children (13-18 y.o.)

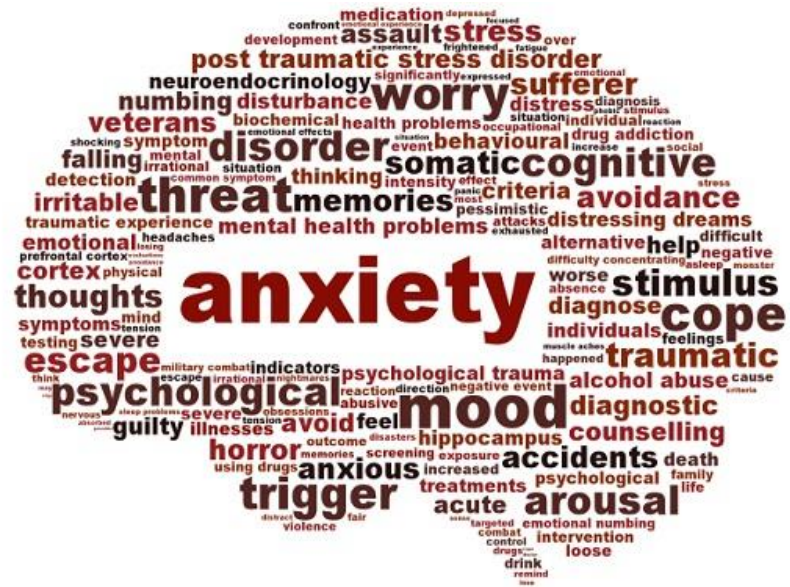
- 25.1% lifetime
- 5.9 % severe

(Kessler, Chiu, Demler & Walters, 2005)

Anxiety Disorder—Types of Anxiety

Types of Anxiety Disorders:

- Generalized Anxiety Disorder (GAD)
- Panic Disorder
- Social Phobia



(APA, 2013)

Symptoms


Difficulty concentrating, or the feeling that your mind "goes blank"

Inability to relax, restlessness, and feeling keyed up or on edge

Inability to set aside or let go of a worry

Persistent worrying or obsession about small or large concerns that's out of proportion to the impact of the event


Additional Symptoms




Worrying about
excessively worrying



Muscle tension



Difficulty handling
uncertainty or
indecisiveness

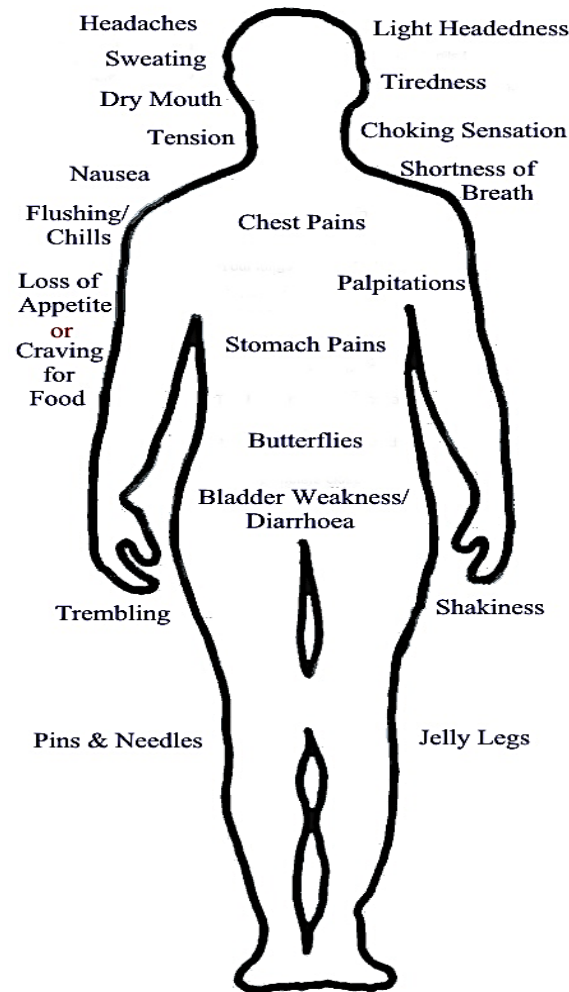


Distress about making
decisions for fear of
making the wrong decision



Sleep problems

Anxiety Bodily Symptoms



Generalized Anxiety Disorder



Excessive anxiety and worry (apprehensive expectation)

Occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance)

The person finds it difficult to control the worry

Significant distress or impairment in functioning

(APA, 2013)

Risk Factors: Anxiety

Risk factors for Anxiety

- Perceived threats
- Some medical conditions
- Side effects of medications
- Drug / alcohol use
- Withdrawal from alcohol, cocaine, sedatives, and anti-anxiety medications

People more at risk for experiencing anxiety

- Victims of trauma
- Females
- Have had a history of anxiety in childhood
- Have abused alcohol
- Have a more sensitive emotional nature

Stress vs. Anxiety

Normal Stress

- Occurs in specific circumstances where a person feels pressure or fear
- Paying bills
- Giving a presentation
- Planning a wedding
- Creates autonomic responses to a perceived threat
- Adrenaline
- Rise in blood pressure

(Groberman, 2012)

Anxiety

- One of many possible reactions to stress
- Often **constant** feelings of anxiety, worry, and fear
- Can result in panic attacks
- Interferes with a person's ability to function
- Often no identifiable root cause
- More difficult to treat

Panic Attack



Screening Tools

Anxiety Disorders

GAD-2

GAD-7

OASIS Anxiety Rating Scale

GAD-2

- NOT to diagnose or monitor anxiety severity
- Consists of first two questions of GAD-7
- Scores: further evaluation needed if...
 - Score of ≥ 3

GAD-7

- 7 questions
- Not intended to diagnose a specific disorder
- Good for screening for
 - GAD
 - Panic disorder
 - Social anxiety disorder
 - PTSD
- Free to use in over 50 languages
(<http://www.phqscreener.com>)

OASIS Anxiety Rating Scale

- 5 questions
- Not intended to diagnose a specific disorder
- Scaled response from 0-4
- Screens for multiple disorders
- Established cutoff score of 8 for likely diagnosis

(Norman et. al, 2006; Norman et al, 2011)

Treatments for Anxiety

Therapy

Medication

Complementary and
alternative treatment

(ADAA, 2016)

Medications for Anxiety

- Benzodiazepines
 - Clonazepam (Klonopin)
 - Lorazepam (Ativan)
 - Alprazolam (Xanax)
- Buspirone (BuSpar)
- Antidepressants
 - Escitalopram (Lexapro)
 - Duloxetine (Cymbalta)
 - Venlafaxine (Effexor XR)
 - Paroxetine (Paxil, Pexeva)



Complementary and Alternative Tx

Stress and Relaxation
Techniques

Meditation

Yoga

Acupuncture

(ADAA, 2016)

Other Recommendations

Keep Physically
Active

Avoid alcohol and
other sedatives

Quit or cut back
on smoking

Make sleep
priority

Eat Healthy

Quit or cut back
on coffee

(Mayo Clinic Staff, 2014)

Group Activity

Healthcare professional

- Interviews patient with verbal GAD-2 first
- Completes either a verbal GAD-7 or OASIS or hands to patient

Patient

- Gets interviewed and answers “yes” to one of GAD-2 questions
- Answers GAD-7 or OASIS however they want to

Observer

- Evaluates interviewer
- Times interaction
- Gives feedback to interviewer
- Asks interviewer what they would do

Rotate roles

- 6 minutes for each round

Process



How difficult was it to conduct the screening?

How long did it take to conduct the screening?

What decisions did interviewers make after the screening?

How could you use what you've learned for integrated patient care in your practice?

What Questions Do You Have?



Learning Objectives Revisited



- Recognize symptoms of anxiety
- Name 2 screening tools for anxiety
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- Apply learning in an exercise utilizing screening options and identifying treatment options

Reflection



- What are two or three of the important things you're taking away from this training?
- What changes will you make in your practice as a result of this training?

Parting Thought

“Never give up on someone with a mental illness. When ‘I’ is replaced by ‘We’, illness becomes wellness.”

Shannon L. Alder



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Resources

