MBIPA Monterey Bay INDEPENDENT PHYSICIAN ASSOCIATION

MBIPA CONSENSUS STATEMENT

EVALUATION AND TREATMENT OF GENERAL ANXIETY DISORDER

CRITICAL GOALS

- **CONSIDER OTHER DIAGNOSES**
- **EMPHASIZE COGNITIVE BEHAVIORAL THERAPY AND LIFESTYLE MODIFICATIONS**
- **AVOID LONG-TERM USE OF BENZODIAZEPINES; WHEN MEDS NEEDED, TRY SEROTONERGIC AGENTS**

OTHER DIAGNOSES TO CONSIDER AND RULE OUT

- Substance Abuse Induced
- Agitated Depression
- Obsessive compulsive disorder
- Panic Disorder
- Post-traumatic Stress Disorder
- Hypochondriasis
- Panic Disorder
- Adjustment disorder
- Medical Illness, such as hyperthyroidism, arrhythmias, Parkinson's, respiratory anxiety, electrolyte disturbances, and medication-induced anxiety

SCREENING

Screen those who present with anxiety signs or symptoms; use the GAD-7 tool (- *SEE BACK* -), which has been demonstrated to have both acceptable diagnostic reliability, and sufficient sensitivity to be utilized to monitor treatment. Consider and rule out others of the differential diagnosis (above). Also, evaluate for other somatic disorders - laboratory studies as indicated.

DIAGNOSTIC CRITERIA

A. 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).

B. The individual finds it difficult to control the worry.

C. The anxiety and worry are associated with *three (or more*) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months): (*Note: Only one item is required in children.)*

Restlessness or feeling keyed up or on edge.
Being easily fatigued.
Difficulty concentrating or mind going blank.
Irritability.
Muscle tension.
Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

F. The disturbance is not better explained by another mental disorder.

GAD-7 anxiety scale

	Not at all	Several days	More than half the days	Nearly every day
Over the last two weeks, how often have you been bothered by the following problems?				
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop 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
Total score* ____ =	Add Columns	____ +	____ +	____
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
Circle one	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult

* Score: 5 to 9 = mild anxiety; 10 to 14 = moderate anxiety; 15 to 21 = severe anxiety.

TREATMENT

1. **Lifestyle Modifications** (exercise, sleep, improve nutrition, avoidance of caffeine, alcohol and tobacco, meditation, stress relief)
2. **Psychotherapy** / Cognitive Behavioral Therapy
3. **Medications** (*If only mild GAD and not interfering with ADL, meds likely not needed)*
   - FIRST LINE – SEROTONIN MODIFIERS (IN POSSIBLE ORDER OF PREFERENCE)
     - **START WITH HALF-DOSE (1/4 IN ELDERLY) -** *watch for panic attacks, suicidal ideation increase in first two weeks. Titrate very slowly to full dose.*

     1. Paroxetine (Paxil) – *most sedating of this group*
     2. Citalopram (Celexa)
     3. Sertraline (Zoloft)
     4. Fluoxetine (Prozac)
     5. Escitalopram (Lexapro)
     6. Duloxetine (Cymbalta)
     7. Venlafaxine XR (Effexor ER) – *fewer sexual side effects*
     8. Mirtazapine (Remeron) – *more sedating at low doses*

   - SECOND LINE –
     - Buspirone (Buspar) – *weak effect, slow onset*
     - TRICYCLICS
       1. Nortriptyline (Pamelor)
       2. Imipramine (Tofranil)
       3. Doxepin (Sinequan) – *helps with sleep, appetite*
     - ANTIEPILEPTICS

       Pregabalin (Lyrica) – *esp. patients w/ chronic pain*

   - THIRD LINE – *USE WITH CAUTION, HIGH RISK DRUGS*
     - ANTIPSYCHOTICS

       Quetiapine (Seroquel) –*low doses, divided BID/TID – wt. gain, metabolic syndrome*

   - AUGMENTATION ONLY
     - BENZODIAZEPINES – *USE LOW DOSES, SHORT TERM WHEN REQUIRED*
       1. Clonazepam (Klonopin) – *low dose, .5mg bid max*
       2. Lorazepam (Ativan)
       3. Alprazolam (Xanax) – *very short acting, leading to **high risk of abuse**, overuse, and rebound anxiety. Tolerance. No more than 3 times a week, prn only.*
       4. Diazepam (Valium) – *very long acting, will accumulate and produce cumulative side effects*

4. **Psychiatric Consultation**. *NOTE: ANXIETY DISORDERS CAN BE SIGNIFICANT ILLNESSES - HIGH CO-MORBIDITY WITH OTHER MEDICAL PROBLEMS AND HIGH SUICIDE RATES. MORE THAN 50% OF PATIENTS WITH ANXIETY DISORDER WILL DEVELOP MAJOR DEPRESSION LATER IN LIFE.*