Anxiety: The light under the door

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How We Are Organized

PHC is a County Organized Health Systems (COHS) Plan

Non-Profit Public Plan

Low administrative Rate (less than 4 percent) allows for PHC to have a higher provider reimbursement rate and support community initiatives

Local Control and Autonomy

A local governance that is sensitive and responsive to the area's healthcare needs

Community Involvement

Advisory boards that participate in collective decision making regarding the direction of the plan

About Us

Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Objectives

- Review USPSTF Recommendations
- Definitions and Historical context
- What is it? Neurobiological vs. psychological perspectives
- Identification/screening
- Treatment options: behavioral and pharmacotherapies

Disclosures

- No relevant financial disclosures
- The opinions expressed in this talk are those of the speaker alone, and do not represent the opinions of the organizations with which I am affiliated
- Medications discussed will be identified as either FDA-approved for the treatment of anxiety, or off label

I come from a long line of highly anxious individuals…

USPSTF Recommendations

Population	Recommendation	Grade
Adults 64 years or younger, including pregnant and postpartum persons	The USPSTF recommends screening for anxiety disorders in adults, including pregnant and postpartum persons.	B
Older adults (65 years or older)	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for anxiety disorders in older adults.	I

B - Recommended: The USPSTF recommends that clinicians provide [the service] to eligible patients. The USPSTF found at least fair evidence that [the service] improves important health outcomes and concludes that benefits outweigh harms.

USPSTF Recommendations… What "Improvements in important health outcomes?"

No direct evidence on benefits of screening for anxiety disorders in primary care or comparable settings on health outcomes such as quality of life, functioning, or remission in screened vs unscreened adults and pregnant and postpartum persons.

Adequate evidence that psychological interventions to treat anxiety disorders are associated with a moderate magnitude of benefit for reduced anxiety symptoms in adults, including pregnant and postpartum persons.

For pregnant persons, there is inadequate evidence on pharmacotherapy.

For adults, there is adequate evidence that pharmacotherapy provides a small to moderate benefit in reducing anxiety symptoms.

USPSTF Recommendations… What "Improvements in important health outcomes?"

No direct evidence of harms due to screening

Adequate evidence of no greater than small risk of harm of psychotherapy for anxiety disorders.

For adults, no more than moderate risk of harms of pharmacotherapy

Overall:

The USPSTF concluded with moderate certainty that screening for anxiety disorders in adults, including pregnant and postpartum persons, has a moderate net benefit in improving outcomes such as treatment response and disease remission.

What is "Anxiety/*Anxiété*/*Angst*?"

Anxiety: Anticipation of future threat, real or imagined

Vs.

Fear: the conscious emotional response evoked by threat or impending danger

Anxiety: What is it?

To this day, tension exists between 4 models of what anxiety is:

1. Psychodynamic
2. Pathology?
3. Categorical
4. Neurobiological

Anxiety: What is it?

Historical context:

- Unlike depression/melancholia which can trace clear origins to classical antiquity
- "Anxiety" does not clearly emerge until the 19th-20th centuries
  - Robert Burton (1621): "melancholia" included depression AND anxiety
  - George Miller Beard (1869): "neurasthenia"
  - Kraepalin and Freud → built off of neurasthenia concept = "neurosis"
  - Joseph Lévy-Valensi (1879-1943): "a dark and distressing feeling of expectation"
  - Neurobiological models emerge

Anxiety: the Freudian perspective

Phases of thought evolution on the topic:

- From transformed/repressed libido to …
- Culmination: 1920s
  - **Automatic anxiety**: triggered by traumatic situation in which helpless ego is overwhelmed
  - **Signal anxiety**: activated in the ego response to situations of danger: a warning that a traumatic situation is imminent for that defenses can be marshalled
- *Anxiety evolves from being simply the side effect of repression to one of the organizing principles of the psyche (to avoid anxiety)*

https://www.google.com/url?sa=i&url=https%3A%2F%2Funsplash.com%2Fs%2Fphotos%2Fdoor-light&psig=AOvVaw07rRW8_JCI9kZNoMGxeYIl&ust=1697049372922000&source=images&cd=vfe&opi=89978449&ved=0CBAQjRxqFwoTCICUndqP7IEDFQAAAAAdAAAAABAE

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Anxiety and Fear are both NORMAL!

"Only three types of people don't have anxiety:"

People with psychopathy

People under anesthesia

Dead people

We need anxiety and fear to learn and survive…

Anxiety *DISORDERS* are when things get out of balance…

"Anxiety disorder diagnoses are based on severity, frequency, and persistence of a specific set of symptoms that occur together and are associated with significant psychological distress and/or impairment in social, occupational, or other important areas of functioning."

Szuhany KL, Simon NM. JAMA. 2022;328(24):2431-2445.

Anxiety Disorders: What are they?

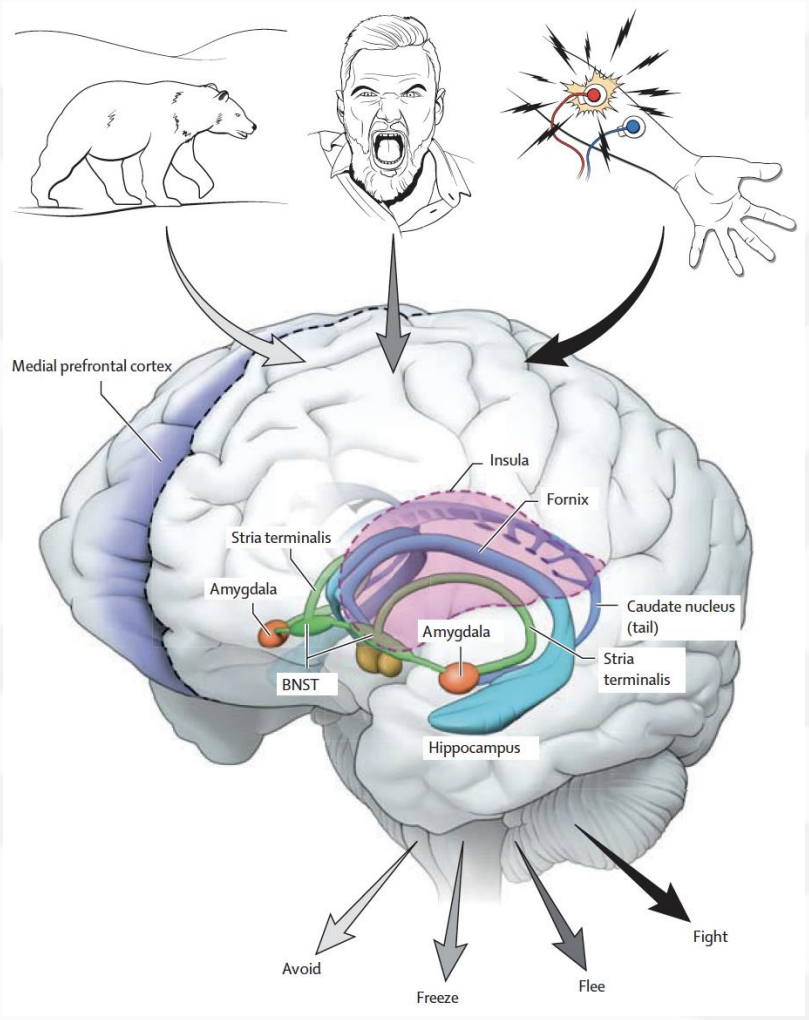
	Selective mutism	Separation anxiety	Specific phobia	Social anxiety disorder	Agoraphobia	Panic disorder	Generalised anxiety disorder
Core emotions or cognitions	Consistent failure to speak in situations for which there is an expectation to speak, despite language competence	Unrealistic, persistent fear or anxiety about separation from, or loss of, attachment figure, or adverse events occurring to them	Marked, excessive, and unreasonable fear or anxiety of circumscribed objects or situations (eg, animals, natural forces, blood injection, or places)	Marked, excessive, and unreasonable fear or anxiety of scrutiny or negative judgement by other people	Marked, excessive, and concerning fear of leaving home, entering closed or open public places, crowds, or transportation	Recurrent, unexpected panic attacks with sustained mental (eg, fear, fear of losing control, or feeling of alienation) manifestations	Marked, uncontrollable, and anxious worry and fears about everyday events and problems
Physical symptoms	No physical symptoms	Nightmares and symptoms of distress	No physical symptoms	Blushing, fear of vomiting, urgency or fear of micturition or defaecation	No physical symptoms	Multiple symptoms (eg, palpitations, dyspnoea, diaphoresis, chest pain, dizziness, paraesthesia, or nausea)	Restlessness, fatigue, irritability, difficulty concentrating, muscle tension, sleep disturbance, or autonomic arousal
Behaviour	Disturbance interferes with (educational) achievement or social communication	Reluctance to leave attachment figure; disturbance impairs social, school, or other functioning	Avoidance of circumscribed objects or situations; disturbance impairs social, school, work, or other functioning	Avoidance of social interactions and situations; disturbance impairs social, school, work, or other functioning	Avoidance of fear-inducing situations; disturbance impairs social, school, work, or other functioning	Changed behaviour in maladaptive ways related to the attacks; disturbance impairs social, school, work or other functioning	Disturbance impairs social, school, work, or other functioning
Required symptom duration	>1 month (beyond first school month)	>1 month (childhood; 4–18 years); >6 months (adulthood; 18 years or older)	>6 months	>6 months	>6 months	>1 month	>6 months
Median age of onset	Childhood (<5 years)	Childhood (around 6 years)	Childhood (around 8 years)	Early adolescence (around 13 years)	Late adolescence (around 20 years)	Adulthood (around 25 years)	Adulthood (around 30 years)

Characteristics and features for anxiety disorders were based on criteria from the Diagnostic and Statistical Manual of Mental Disorders (fifth edition) and International Classification of Diseases (11th edition).

Table 1: **Core diagnostic features and characteristics for anxiety disorders**

Reif A, et al. ***Lancet* 2021; 397: 914–27**

Anxiety Disorders: Neurobiology



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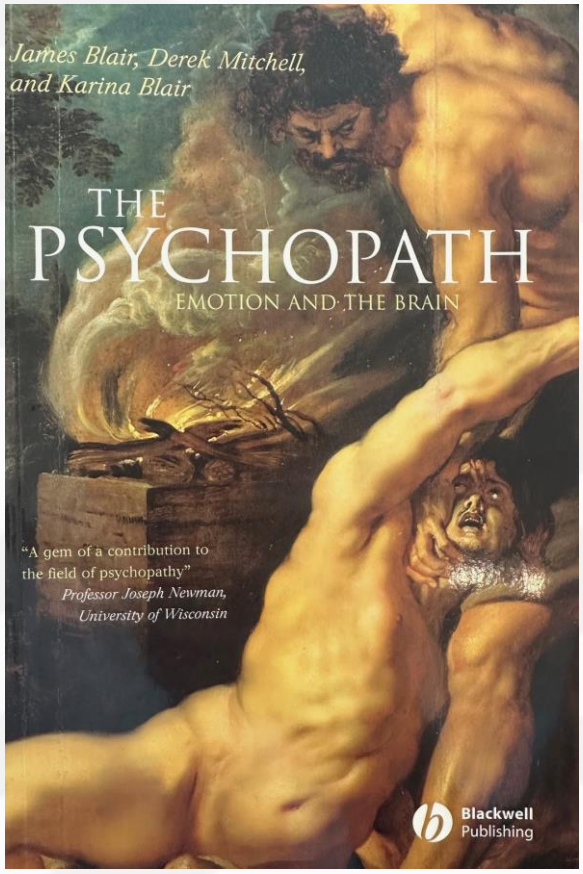
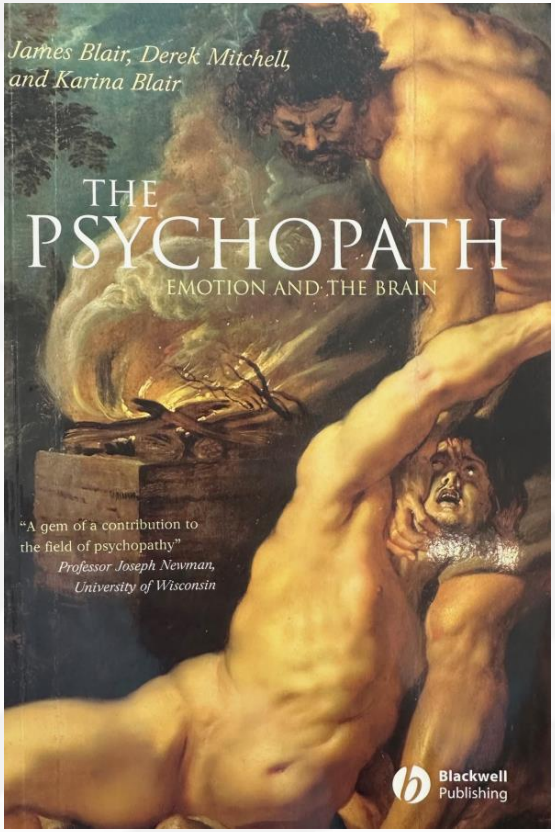
Anxiety Disorders: Neurobiology



- Cleckley, 1941, *The Mask of Sanity*
  - Criteria:
    - 1) superficial charm
    - 2) lack of anxiety
    - 3) lack of guilt
    - 4) undependability
    - 5) dishonesty
    - 6) egocentricity
    - 7) failure to form lasting intimate relationships
    - 8) failure to learn from punishment
    - 9) poverty of emotions
    - 10) lack of insight into the impact of one's behaviors on others
    - 11) failure to plan ahead



Anxiety Disorders: Neurobiology

- Decreased empathic responding
  - Processing emotional expressions:
    - Pathway 1: fearful/sad expressions
    - Pathway 2: disgusted expressions
    - Pathway 3: anger expressions
- Most people automatically immediately anticipate the consequences of their actions, feel shame for unkind deeds, psychopaths only do so with effort
- Psychopath less aversely aroused by punishment, therefore, makes less strong associations with behavior so more likely to engage in punishing behavior
- Violence inhibition mechanism model: rests on the notion that distress in other members of the same species is aversive → we are punished by the experience of witnessing another's pain or sadness

Anxiety Disorders: Epidemiology

- Aged 15–25 years: the cumulative prevalence of all anxiety disorders combined ranges between 20% and 30%
- In adulthood, 10%–14% of the population fulfil the DSM criteria for anxiety disorder within a year
- Most commonly: specific phobia, followed by social anxiety disorder and panic disorder or agoraphobia.
- In large-scale World Mental Health Surveys done in 27 countries, anxiety disorder prevalence was highest in high-income countries
- Anxiety disorders are 1.3–2.4 times more prevalent in women than in men.
- Anxiety disorders are also more common in people with unmarried status, low education, low income, and those who are unemployed

Reif A, et al. ***Lancet* 2021; 397: 914–27**

Detection of Anxiety Disorders

- Structured interview (DSM5 or ICD-10-based)
- Children: Kiddie-SADS
- Clinician rated scales: Hamilton Anxiety Scale
- Self-administered tools: Beck Anxiety Inventory (panic); Fear Questionare (phobias); Penn State Worry Questionaire (GAD); Anxiety Sensitivity Index (general fear and arousal-related sensations)

Detection of Anxiety Disorders

- Generalized Anxiety Disorder-7 scale
- Generalized Anxiety Disorder-2 scale

Detection of Anxiety Disorders

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✔" to indicate your answer)*	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 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

(For office coding: Total Score T____ = ____ + ____ + ____)

0-5: Mild anxiety
6-10: Moderate anxiety
11-15: Moderately severe anxiety
15-21: Severe anxiety

https://therapymeetsnumbers.com/made-to-measure-gad-7/

Detection of Anxiety Disorders

TABLE 2

Generalized Anxiety Disorder 2-item (GAD-2)[8,9a]

Over the past 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	+1	+2	+3
Not being able to stop or control worrying	0	+1	+2	+3

If the score is 2 or greater, the patient should be evaluated further.

[a]Based on the original screening tool developed by Spitzer et al. *Arch Intern Med.* 2006.[9]

https://www.mdedge.com/familymedicine/article/260258/mental-health/whom-screen-anxiety-and-depression-updated-uspstf/page/0/1

Treatment of Anxiety Disorders: Behavioral

- Cognitive Behavioral Therapy—first line
  - Reducing learned fear through approaching anxiety-related situations (8-20 weeks)
  - Examining relationship between thoughts→feelings→behaviors
- Other psychotherapies may be helpful where one fails
  - Relaxation therapy
  - Acceptance and Commitment therapy (psychological flexibility, cope—accept--adapt)
  - Panic-focused psychodynamic psychotherapy
  - Exercise/yoga
  - Mindfulness
- More than 10,000 behavioral health apps! (Most mindfulness/relaxation)→efficacy unknown
- https://onemindpsyberguide.org

Treatment of Anxiety Disorders: Pharmacotherapies

- SSRI (i.e., sertraline or escitalopram) and SNRIs (i.e., venlafaxine)
  - Screen for prior exposure and outcome—mindful of whether adequate dose and duration were achieved (jitteriness in first 7-10 days?)
  - If no response after 4 weeks on adequate dose, likely it will not be beneficial
  - If adequate response, continue for at least a year
- Benzodiazepines
  - Misuse and diversion risk
  - Standing regimens better than PRN (i.e., clonazepam)
  - Masking symptoms
  - Rebound
- Tricyclics (i.e., clomipramine)
  - Side effects; suicide risk; EKG
  - Not great evidence for anxiety disorders outside of panic

Treatment of Anxiety Disorders: Pharmacotherapies

Anticonvulsants (i.e., pregabalin, gabapentin)

- Not considered first line

Other:

- Buspirone
- Hydroxyzine
- Propanolol
- Atypical antipsychotics

Prognosis

- Without treatment, recovery rates from anxiety 12 years after initial clinical evaluation are approximately 37% to 58%
- Approximately 45% to 65% of patients respond to initial treatment, defined as clinically significant changes from baseline, with either psychotherapy or pharmacotherapy,46 although response rate definitions may vary across clinical trials

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Anxiety and Fear are both NORMAL! = opportunity for connection!

Summary

- Anxiety and fear are often discussed interchangeably, but they are different
- Anxiety and fear are NORMAL and needed for learning and survival, but anxiety disorders represent pathologic extremes of these
  - The absence of anxiety/fear leads to pathology itself
- The conceptualization of anxiety/fear/anxiety disorders can have many frameworks: pathologic vs normal, neurobiological, psychodynamic, categorical
- Anxiety disorders are very common and globally impactful
- Many different screening tools exist, with the GAD-7 and GAD-2 being some of the most utilized
- Behavioral and pharmacologic treatments are generally seen as equally effective and perhaps complementary, but are underutilized
- The USPSTF has released a Grade B recommendation for the screening of all adults under the age of 65 for anxiety disorders