WELCOME to the

Mental Health and Substance Use Part 1
ECHO Session 4

Session will start in less than 15 minutes

Project ECHO®

Dartmouth-Hitchcock

For educational and quality improvement purposes, we will be recording this video-session

By participating in this clinic you are consenting to be recorded –
we appreciate and value your participation

If you have questions or concerns, please email

ECHO@hitchcock.org

Attendance

- Please type your name, organization, and email into chat
- If you joined as a group, please include all the names of those in your group
- Introductions of HUB team

Respect Private Health Information

To protect patient privacy, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.

- **Names:** Please do not refer to a patient's first/middle/last name or use any initials, etc.
- **Locations**: Please do not identify a patient's county, city or town. Instead please use only the patient's state if you must.
- **Dates:** Please do not use any dates (like birthdates, etc) that are linked to a patient. Instead please use only the patient's age(unless > 89)
- **Employment:** Please do not identify a patient's employer, work location or occupation.
- **Other Common Identifiers:** Patient's family members, friends, co-workers, phone numbers, e-mails, etc.

Treating anxiety

Nisha Baliga, MD

Conflict of Interest Disclosure Statement

No Conflicts of Interest

Learning Objectives

- Recognize presenting signs and symptoms of anxiety in the primary care population.
- Understand basic principles of anxiolytic medications, specifically first-line and second line psychotropic agents.
- Considerations for use of benzodiazepines in patients with chronic worry and panic.
- Utilize technology and workbooks in patients with and without access to skills based therapy.

Anxiety Disorders

- Approximately 20% of patients in the primary care setting meet criteria for an anxiety disorder.
- DSM-5 diagnoses:
  - Generalized anxiety disorder
  - Panic disorder
  - Agoraphobia
  - Social anxiety disorder (social phobia)
  - Anxiety due to another medical condition
  - Substance/medication induced anxiety
  - Other specified or unspecified anxiety disorders

Generalized anxiety disorder

- Prevalence in the US: 5-9%
- Median age of onset: 30 years
- Chronic, waxing and waning course
- Disability and impairment

Screening measures

- Begin by asking: “Do you worry on most days? Is it difficult to control your worry? Does worry affect your life?”
- GAD-7: Cut-off score of 10, sensitivity 89%, specificity of 82%
  - GAD-2.
- Beck Anxiety Inventory

Panic Disorder

- Lifetime prevalence 4.8%.
- Median age of onset: 20-24 years
- Chronic, waxing and waning course
- High rate of medical service utilization (compared with individuals with other anxiety disorders)
- GMC more prevalent in patients with panic disorder: Thyroid disease, cancer, chronic pain, cardiac disease, IBS, migraine, MVP, vestibular disorders, allergic conditions, respiratory disease

Anxiety: Medication Treatment

- First line, FDA approved: SSRIs, SNRIs.
  - *As a general rule- Start low and go slow to avoid increasing anxiety.*
- SSRIs: Escitalopram, Fluoxetine, paroxetine, sertraline
- SNRIs: Venlafaxine, duloxetine
- Buspirone
- Benzodiazepines
- Other medications: TCAs (such as imipramine, desipramine, nortriptyline), MAOIs, hydroxyzine

Anxiety: Psychosocial Treatment

- Cognitive behavioral therapy
- Supportive therapy
- Psychodynamic psychotherapy

Factors to consider when choosing a treatment:

- Side effects of the medication
- Patient preference
- Cost of the medication, accessibility to treatment
- Properties of the medication
- DDI
- Prior treatment history
- Medical and psychiatric conditions

Table 2
Treatment options

Anxiety Disorder	First-Line Agents	Second-Line Agents	Third-Line Agents	Augmentation	Nonpharmacologic Options	Additional Considerations
Panic disorder	SSRIs • Escitalopram • Fluoxetine • Fluvoxamine • Paroxetine • Sertraline SNRIs • Venlafaxine • Duloxetine	TCAs • Amitriptyline • Imipramine • Nortriptyline Hydroxyzine	MAOIs • Isocarboxazid • Phenelzine • Tranylcypromine	Benzodiazepines • Alprazolam • Clonazepam • Lorazepam	CBT Exercise	CBT + medication yields the best outcomes
GAD	SSRIs • Escitalopram • Fluoxetine • Paroxetine • Sertraline SNRIs • Venlafaxine • Duloxetine Azapirone • Buspirone	TCAs • Amitriptyline • Imipramine • Nortriptyline Antiepileptics • Pregabalin Antipsychotics • Quetiapine Hydroxyzine	MAOIs • Isocarboxazid • Phenelzine • Tranylcypromine	Benzodiazepines • Alprazolam • Clonazepam • Lorazepam • Diazepam	CBT focusing on the role of worrying and avoidance behavior	BZDs should be used with caution after other treatments have failed
SAD	SSRIs • Fluoxetine • Paroxetine • Sertraline • Fluvoxamine • Citalopram SNRIs Venlafaxine	Beta-blockers • Propranolol • Nadolol • Atenolol	MAOIs • Phenelzine • Tranylcypromine	Benzodiazepines • Alprazolam • Lorazepam • Clonazepam	CBT Exposure therapy	Although sometimes used for augmentation, BZDs have not been extensively studied No evidence for TCAs Phenelzine (irreversible MAOI) can be used in resistant cases

Meztler, D, et al. Anxiety Disorders in Primary Care. Primary Care: Clinics in Office Practice, 2016-06-01, Volume 43, Issue 2, Pages 245-261

Benzodiazepines…

- Rapidly acting, effective and therefore helpful in managing acute anxiety.
  - Bridging to long-term agents.
  - Longer acting agents> shorter acting agents→ better to prevent acute anxiety rather than treat an attack while in progress.
    - Think about using shorter acting agents in geriatric patients.
- Be wary of side effects.
  - Dependence, abuse potential (higher in shorter acting agents), withdrawal and rebound symptoms
- In summary: use judiciously and in situations with the lowest risk.
  - As always, educate patients regarding side effects

CBT.. And what else?

- Smartphone Apps[1]
  - AnxietyCoach (Offers assessment, tracking, psychoeducation and treatment); iTunes, $6.99; developed by Mayo Clinic
  - Worry Knot (Teaches the user to manage worry with lessons, distractions and worry management tool.); Google Play, Free
  - Personal Zen; iTunes, Free
  - Pacifica (Basic= Free)
  - PsyberGuide.org
- Workbooks (all available on Amazon)
  - Face Your Fears, $18.00
  - The Mindfulness and Acceptance Workbook for Anxiety, $13.48
  - Mastery of Your Anxiety and Worry, $35.56
  - Mastery of Your Anxiety and Panic, $30.63

Non-pharmacologic therapies

- Mindfulness- based meditation
  - Apps: Headspace, Pacifica, Books: Wherever You Go, There You Are, Jon Kabat-Zinn
- Muscle relaxation
- Breathing exercises
- Yoga
- Exercise

Reminders:

- Next session Oct. 8th – Trauma Informed Care (Kay Jankowski, PhD)

- Please type your name, organization, and email into chat
- Slides will be posted to the D-H ECHO Connect site
- Please complete post-session survey (link will be emailed)
- Please submit cases

References

1)Van Ameringen, M., Turna, J., Khalesi, Z., Pullia, K., & Patterson, B. (2017). There is an app for that! The current state of mobile applications (apps) for DSM-5 obsessive-compulsive disorder, posttraumatic stress disorder, anxiety and mood disorders. *Depression and Anxiety.*, *34*(6), 526–539. https://doi.org/10.1002/da.22657

2)Meztler, D, et al. Anxiety Disorders in Primary Care. Primary Care: Clinics in Office Practice, 2016-06-01, Volume 43, Issue 2, Pages 245-261

3)Treating Panic Disorder: A Quick Reference Guide, American Psychiatric Association; January 2009

4)Hunter, Christopher L. et al. *Integrated Behavioral Health in Primary Care : Step-by-Step Guidance for Assessment and Intervention* . 2nd edition. Washington, DC: American Psychological Association, 2017. Print.

- Mindfulness- based meditation
  - Apps: Headspace, Simply Being, Insight Timer, Pacifica, Breathe2Relax, Panic Relief.