Acute Care of the Anxious Patient in the Primary Care Setting

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Overview

• Causes and contributing factors

• Assessing acuity, severity, and urgency for treatment

• Medical and nonmedical interventions

• Medication risks and benefits, adverse effects
Anxiety presentations: acute

• Panic attack:
  • “out of nowhere”: tachycardia, sweating, sense of doom, tremor

• “Anxiety attack”:
  • symptoms similar to panic attack, with precipitating cause: school stress, family/friendship issues, financial

• Trauma symptoms:
  • acute insomnia, nightmares, fear, crying spells, anxiety attacks, sometimes agoraphobia, social withdrawal
Anxiety presentations: chronic

• **Generalized anxiety:**
  • vague somatic complaints: headaches, nausea/irritable bowel, tingling, heart palpitations, hives, concentration difficulties, excessive worrying

• **OCD:**
  • ruminations, rituals, irrational fears associated with need to perform rituals, checking, counting
Anxiety Causes: environmental/psychosocial

• School stress:
  • missed exams/classes, impending failure, work load over capabilities, performance anxiety

• Relationship stress:
  • breakups, friend issues, parental/family discord, death/illness of loved one

• Financial:
  • loss of scholarship secondary to school stress, family financial issues, personal financial issues/financial aid crisis

• Sexual assault/relationship violence
Anxiety Causes: intrinsic

• Genetic predisposition:
  • anxiety symptoms with no obvious precipitator; panic, generalized anxiety, ocd

• Medical causes:
  • thyroid and other endocrine/hormonal disorders, neoplasms, medication side effects, mitral valve prolapse, substance use/withdrawal
Assessing Acuity/severity

• Vital signs:
  • tachycardia, hypertension, hypotension (dehydration)

• Functional status:
  • severe insomnia, class attendance, food intake, agoraphobia, vomiting or severe nausea, excessive diarrhea, academic performance, work performance/attendance, ADLS

• Frequency and Duration:
  • First time? Daily for the last week? Going on forever?

• Danger signs:
  • self injury (cutting, burning, hitting self),
  • suicidality,
  • acutely dangerous substance use or withdrawal
Non medical interventions

• Self help techniques:
  • deep breathing,
  • “grounding”,
  • distraction,
  • exercise,
  • meditation

• Referral for assistance with non-medical:
  • meditation service/groups, mindfulness groups, stress management classes, exercise options, podcasts
HOW TO START MEDITATING

BREATH
Don't try to "calm your mind." Instead, appreciate the sensations of your breath in the same way that a wine snob tastes a cabernet. When your mind starts wandering away into thoughts, just recognize that you're thinking. Then return to appreciating the sensations of your breath.

ARMS/HANDS
Relax your shoulders and arms, letting your hands rest on your thighs. Alternately, place one hand on another in your lap.

EMOTIONS
Long-term meditators show increased size in brain regions associated with emotional regulation. "Larger volumes in these regions might account for meditators' singular abilities and habits to cultivate positive emotions, retain emotional stability, and engage in mindful behavior," according to a UCLA study.

EYES
Decide what you're going to do with your eyes. If you want the experience to be more body-based, close them. If you want to feel more anchored in the space you're in, keep them open.

LEGES/FEET
If you're sitting in a chair, keep your feet flat on the floor and your spine straight. If you're sitting cross-legged on a cushion, the important thing is to have your knees below your hips. If you need a higher seat, make one.

TIME
Meditation isn't about length; it's about frequency. In the same way you don't get strong by lifting one giant weight one time, you should try and sit regularly. Five or ten minutes a day is a great start.

Sources: "Start Where You Are: A Guide to Compassionate Living" by Pema Chodron; "The Miracle of Mindfulness: An Introduction to the Practice of Meditation" by Thich Nhat Hanh; "10's Hero: How I Tamed the Voice in My Head, Reduced Stress Without Losing My Edge, and Found Self-Help That Actually Works... A True Story" by Dan Harris

BUSINESS INSIDER
Visual techniques

- Read a good book
- Watch a favorite film or TV show
- Paint or photography
- Day dream for 10 minutes
- Visualization techniques: beach, mountains, etc.
- Evoke good memories by looking at a memory or story board
Auditory techniques

- Sit outside and enjoy the sounds
- Listen to a favorite piece of music
- Listen to relaxing sounds like water, wind
- Listen to a motivational recording
- Play a meditation podcast or relaxation cd
- Listen to radio with your eyes closed
Olfactory techniques

- Aromatherapy oils
- Scented candles (not in dorm room!)
- Bake something: aromas and soothing movements
- Enjoy outdoor air smells from walks in the woods, near the ocean
- Freshly brewed tea or coffee
Touch techniques

- Exercise
- Squeeze a stress ball
- Stroke a pet: cats, dogs, rabbits
- Wear soft warm clothing
- Enjoy the repetitive movements of baking
- Play a musical instrument
- Get a massage
- Do yoga or pilates
Medical interventions

- Treat any underlying physical cause
- Assess for medication/substance side effects:
  - stimulants,
  - antidepressants,
  - oral contraceptives,
  - Withdrawal: opioids, alcohol, benzos
- Remove offending agent
- Treat with medications
Medication Conventions

• Bold Red: FDA approved for anxiety
• Bold Black: off label use
Medications: acute non BZD

• Non benzodiazepines
  • **Hydroxyzine**: 10-50 mg tid and/or HS
    • Side effects dry mouth, sedation/cognitive slowing
  • **Trazodone**: 50-150 mg HS,
    • Side effects: sedation/slowing, dizziness, headaches, congestion, (priapism)
  • **Mirtazapine**: 15-30 mg HS
    • Side effects: sedation/slowing, weight gain, dry mouth
  • **Tricyclic antidepressants**: amitriptyline, nortriptyline, imipramine: 10-25 mg bid-tid/HS
    • Side effects: dry mouth, constipation, sedation/slowing, tachycardia/Q wave slowing,
    • ***dangerous in overdose, dose must be started low
    • Interacts with SSRIs, can cause toxicity
Medications: acute non BZD 2

- **Buspirone**: 5-10 mg bid-tid, up to 60 mg/d; ***may not work acutely**
  - Side effects dizziness, cognitive slowing, “wired”, diarrhea, insomnia, nausea
- **Diphenhydramine**: 25-50 mg HS; mostly for insomnia
  - Side effects dry mouth, sedation/slowing, constipation
- **Gabapentin**: 100-300 mg up to TID, HS; also may not work acutely
  - Side effects dizziness, sedation/slowing, edema,
- **Atypical antipsychotics**: quetiapine 25-50 mg hs, olanzapine 2.5-5 mg hs, aripiprazole, 2-5 mg hs (last line, more appropriate for comorbid mood symptoms)
  - Side effects akathisia, sedation/slowing, weight gain, low mood/affective blunting, tremor, metabolic syndrome(olanzapine mostly), sensory disturbances (hallucinations, “weird” feeling)
Acute use of benzodiazepines

• Fear of use due to abuse/dependence potential
• Short term use for acute anxiety highly effective with low side effect profile (sedation, transient memory deficits, cognitive slowing)

• **Alprazolam:** GAD, Panic
  • use for prn use for episodic acute anxiety episodes, trauma, airplane flights
  • Effective 4-6 hours, elimination 11-13 hours
  • 0.25-0.5 mg bid-tid, prn

• **Clonazepam:** Panic
  • use for generalized anxiety, insomnia, panic, prn
  • Half life 17-60 hours, elimination up to 7 days
  • 0.5-1 mg bid/hs
Benzodiazepines 2

• **Lorazepam:**
  - Use for episodic anxiety episodes, insomnia, agitation
  - Duration 6-8 hours, elimination 14-18 hours
  - 0.5-1 mg bid-tid, prn

• **Diazepam:**
  - Use for generalized anxiety, muscle spasms/tension, seizures, agitation
  - Half life 20-70 hours
  - 2-10 mg bid, hs

• **Temazepam:**
  - Use for sleep only, 15-30 mg hs
  - Half life 9-12 hours
Ongoing/maintenance medications

- **SSRIs:**
  - Generalized anxiety, comorbid with mood disorder, panic disorder
  - Side effects “wired or tired”, nausea, diarrhea, panic, tremors, insomnia, muscle tension/tics, fatigue, slow weight gain, sexual side effects, headaches, affective numbing
  - **Escitalopram (GAD):** 5-10 mg daily, up to 30 mg
  - **Sertraline (panic, ptsd, ocd, social anxiety):** 25-50 mg daily, up to 200 mg
  - **Fluoxetine (OCD, Panic):** 10-20 mg daily, up to 80 mg
  - **Fluvoxamine (OCD, Social anxiety):** 25-50 mg daily, up to 300 mg
  - **Paroxetine (all of them):** 10-20 mg, up to 60 mg
  - **Citalopram:** 10-20 mg, up to 40 mg
Maintenance medications 2

• SNRIs
  • **Venlafaxine ER**(GAD, Panic, Social anxiety), 37.5-75 mg daily starting dose, max 225-300 mg
  • **Desvenlafaxine ER**, 25-50 mg, max 100-(400) mg
  • **Duloxetine (GAD)**, 30 mg, max 120 mg
  • **Levomilnacipran**, 20-40 mg, max 120 mg

• Side effects:
  • Nausea, insomnia, sedation, anxiety, dizziness, sexual side effects, sweating, SIADH, hypertension
Maintenance medications 3

- **Buspirone,**
  - 5-10 mg bid-tid, max dose 60 mg
- **Mirtazapine,**
  - 15 mg hs, max dose 60 mg
Follow up

• **Acute:**
  • 2-5 days for bzd checkin
  • 1, 2 weeks for ongoing meds initiation

• **Nonacute/maintenance:**
  • Weekly/biweekly intervals until stable, then monthly to quarterly
Questions?
References

  • Stephen Stahl, 2014
• Anxiety Disorders Association of America ADAA.ORG

• Free Apps:
  • Medscape
  • epocrates