ANXIETY

Anxiety Assessment • GAD-7 Screening tool • OASIS scale • Anxiety treatment • Treatment algorithm

Anxiety disorders frequent in primary care settings, affecting approximately 10% of patients. The following information provides an overview of detecting and managing anxiety disorders in the primary care setting.

The most common forms of anxiety disorders seen in primary care include generalized anxiety disorder (GAD), social anxiety disorder (SAD), panic disorder (PD), and post-traumatic stress disorder (PTSD). Though anxiety disorders are relatively common in primary care, they are difficult to recognize and diagnose due to their non-unitary nature. There are three predominant modes of presentation for anxiety disorders:

♦ Somatic: patients present with a variety of complaints such as pain, fatigue, headache, insomnia, gastrointestinal symptoms
♦ Psychiatric: less common presentation where patients label their own symptoms as being a specific disorder
♦ High-Utilizer: patients visit frequently with a variety of complaints

Anxiety assessment:
Assess presence/severity of anxiety disorder, presence of comorbid conditions, what treatments have been tried in the past, and what the patient expects of treatment.

Assessment of anxiety severity:
♦ Generalized Anxiety Disorder-7 (GAD-7) scale: A score above 10 on this scale suggests anxiety severity sufficient to consider treatment. (see page 2)
♦ Overall Anxiety Severity and Impairment Scale (OASIS): Assesses level of functional impairment. A score of 8 or above suggests clinically significant anxiety. (see pages 3-4)

Assessment of comorbid conditions:
♦ Depression: ask two questions addressing mood and anhedonia; a positive answer to either question suggests major depression. Assess patient for active self-harm, passive self-harm thoughts, and history of suicide attempts. For active self-harm patients, assess whether they have a plan, access to means, or reasons for living that may stop them from acting.
♦ Substance abuse: assess using 3-item Alcohol Use Disorders Identification Test-C
♦ Pain: assess using a single 0-10 analog item

Assessment of past treatment and patient treatment expectancy:
♦ Has the patient been treated for anxiety in the past?
♦ Did these treatments help a little, moderately, or a lot?
♦ Were the treatments stopped due to side effects?
♦ How much does patient think treatment might work (outcome expectancy) on a 0-10 scale.
♦ How confident is patient that they can help their treatment along (self-efficacy expectancy) on a 0-10 scale.

Anxiety treatment
There are several key methods for treatment of anxiety disorders.
♦ Patient education: lifestyle counseling about issues such as avoiding excessive caffeine, getting adequate sleep, the importance of exercise, and guidance for developing coping strategies for daily stressors.
♦ Cognitive-behavioral therapy (CBT): teaches patients to associate internal and external stimuli with anxiety symptoms; educates patients about possible comorbid medical conditions.
♦ Pharmacotherapy: an algorithm should be used to guide treatment approaches (see page 5). Antidepressants are typically used as first-line pharmacotherapy; for patients who have not previously received medication treatment for anxiety, SSRIs are recommended. Patients should be started on a low dose with titration to average doses in 2-3 weeks and to maximally tolerated doses by 6 weeks.

SSRIs used to treat anxiety:
♦ Citalopram (Celexa)
♦ Escitalopram (Lexapro)
♦ Fluoxetine (Prozac)
♦ Paroxetine (Paxil)
♦ Sertraline (Zoloft)

SSRI side effects include:
♦ Headache
♦ Nausea
♦ Sleeplessness or drowsiness
♦ Agitation
♦ Sexual problems

Other treatment options for anxiety include: SNRIs, Tricyclic antidepressants, MAOIs, and anti-anxiety medications, including benzodiazepines.

The GAD-7 or OASIS scales may be used to monitor treatment effectiveness. Prior to initiating treatment, it is important to consider possible side effects and drug-drug interactions.

Continuing care, such as making follow-up calls to patients, may be beneficial to support ongoing care.

About the Virtual Guidance Program

JPS Health Network is proud to offer a new behavioral health clinical guidance resource to all primary care providers in our region. The JPS Behavioral Health Virtual Resource service offers:
• Telephone consultation with a behavioral health clinical team member
• Referral to community resources benefiting behavioral health patients
• Online reference library of behavioral health education materials
• Educational opportunities to increase provider understanding and comfort level in treating behavioral health conditions.

Call 1-855-336-8790 or visit www.JPSBehavioralHealth.org for more information and to access a free virtual consultation for your patient.
# GAD-7 Anxiety

**Over the last two weeks, how often have you been bothered by the following problems?**

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious, or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to sleep or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Feeling afraid, as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Column totals: __________ + __________ + __________ + __________ =

*Total score:__

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If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

- [ ] Not difficult at all
- [ ] Somewhat difficult
- [ ] Very difficult
- [ ] Extremely difficult

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**Scoring GAD-7 Anxiety Severity**

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of "not at all," "several days," "more than half the days," and "nearly every day." GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety
5–9: mild anxiety
10–14: moderate anxiety
15–21: severe anxiety
Overall Anxiety Severity and Impairment Scale (OASIS)

The following items ask about anxiety and fear. For each item, circle the number for the answer that best describes your experience over the past week.

1. In the past week, how often have you felt anxious?
   0 = No anxiety in the past week.
   1 = Infrequent anxiety. Felt anxious a few times.
   2 = Occasional anxiety. Felt anxious as much of the time as not. It was hard to relax.
   3 = Frequent anxiety. Felt anxious most of the time. It was very difficult to relax.
   4 = Constant anxiety. Felt anxious all of the time and never really relaxed.

2. In the past week, when you have felt anxious, how intense or severe was your anxiety?
   0 = Little or None: Anxiety was absent or barely noticeable.
   1 = Mild: Anxiety was at a low level. It was possible to relax when I tried. Physical symptoms were only slightly uncomfortable.
   2 = Moderate: Anxiety was distressing at times. It was hard to relax or concentrate, but I could do it if I tried. Physical symptoms were uncomfortable.
   3 = Severe: Anxiety was intense much of the time. It was very difficult to relax or focus on anything else. Physical symptoms were extremely uncomfortable.
   4 = Extreme: Anxiety was overwhelming. It was impossible to relax at all. Physical symptoms were unbearable.

3. In the past week, how often did you avoid situations, places, objects, or activities because of anxiety or fear?
   0 = None: I do not avoid places, situations, activities, or things because of fear.
   1 = Infrequent: I avoid something once in a while, but will usually face the situation or confront the object. My lifestyle is not affected.
   2 = Occasional: I have some fear of certain situations, places, or objects, but it is still manageable. My lifestyle has only changed in minor ways. I always or almost always avoid the things I fear when I’m alone, but can handle them if someone comes with me.
   3 = Frequent: I have considerable fear and really try to avoid the things that frighten me. I have made significant changes in my life style to avoid the object, situation, activity, or place.
   4 = All the Time: Avoiding objects, situations, activities, or places has taken over my life. My lifestyle has been extensively affected and I no longer do things that I used to enjoy.

4. In the past week, how much did your anxiety interfere with your ability to do the things you needed to do at work, at school, or at home?
   0 = None: No interference at work/home/school from anxiety
   1 = Mild: My anxiety has caused some interference at work/home/school. Things are more difficult, but everything that needs to be done is still getting done.
   2 = Moderate: My anxiety definitely interferes with tasks. Most things are still getting done, but few things are being done as well as in the past.
   3 = Severe: My anxiety has really changed my ability to get things done. Some tasks are still being done, but many things are not. My performance has definitely suffered.
   4 = Extreme: My anxiety has become incapacitating. I am unable to complete tasks and have had to leave school, have quit or been fired from my job, or have been unable to complete tasks at home and have faced consequences like bill collectors, eviction, etc.

*Continued on the back of this page...
5. In the past week, how much has anxiety **interfered with your social life and relationships**?

   0 = **None**: My anxiety doesn’t affect my relationships.
   1 = **Mild**: My anxiety slightly interferes with my relationships. Some of my friendships and other relationships have suffered, but, overall, my social life is still fulfilling.
   2 = **Moderate**: I have experienced some interference with my social life, but I still have a few close relationships. I don’t spend as much time with others as in the past, but I still socialize sometimes.
   3 = **Severe**: My friendships and other relationships have suffered a lot because of anxiety. I do not enjoy social activities. I socialize very little.
   4 = **Extreme**: My anxiety has completely disrupted my social activities. All of my relationships have suffered or ended. My family life is extremely strained.

**PHQ-3**

Over the last week, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Several days</th>
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<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

1. Little interest or pleasure in doing things
   - 0-1-2-3
2. Feeling down, depressed, or hopeless
   - 0-1-2-3
3. Feeling tired or having little energy
   - 0-1-2-3

**Outcome Expectancy**

How likely is it that your anxiety can be successfully treated?

<table>
<thead>
<tr>
<th>Not at All</th>
<th>Possibly 50/50</th>
<th>Very Likely</th>
<th>Certainly</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1-2-3</td>
<td>4-5-6-7-8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Self-efficacy Expectancy**

How likely is it that you can do what is necessary to make anxiety treatment successful?

<table>
<thead>
<tr>
<th>Not at All</th>
<th>Possibly 50/50</th>
<th>Very Likely</th>
<th>Certainly</th>
</tr>
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<tr>
<td>0-1-2-3</td>
<td>4-5-6-7-8</td>
<td></td>
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Key decision points in the management of anxiety disorders

A. Identify anxiety symptoms
- Determine whether anxiety causing distress or functional impairment
- Assess suicidality

B. Differential diagnosis
- Is anxiety due to another medical or psychiatric condition?
- Is anxiety comorbid with another medical or psychiatric condition?
- Is anxiety medication-induced or drug-related?
- Perform physical examination and baseline laboratory assessment?

C. Identify specific anxiety disorder
- PD, specific phobia, SAD, OCD, GAD, PTSD

Comorbid medical conditions
- If medical, assess benefits and risks of medication for the anxiety disorder, but consider impact of untreated anxiety

Comorbid mental disorders
- If substance abuse, use caution if prescribing benzodiazepines
- If another anxiety disorder, consider therapies that are first-line for both disorders
- If mood disorder, consider therapies that are effective for both disorders; also, refer to depression or bipolar disorder guidelines

D. Consider psychological and pharmacologic treatment
- Patient preference and motivation extremely important when choosing treatment modality
- If formal psychological treatment not applied, all patients should receive education and support to encourage them to face their fears

Psychological treatment
- Consider treatments that have been most thoroughly evaluated first (Psychotherapy)
- If response inadequate, adapt treatment to the individual

Pharmacologic treatment
- Consider short-term anxiolytic if severe anxiety or agitation or acute functional impairment. Benzodiazepine use should be avoided and only used after failed attempts from non-benzodiazepine therapy.

Step 1: First-line agent (SSRI or Non-Benzodiazepine) Optimize dosage and duration
Step 2: If inadequate response or side effects, switch to alternate first-line agent
Step 3: If partial response, adding another agent may be preferred over switching
Step 4: Consider referral to specialist, or consider combination treatment, or switch to second- or third-line agents

Potential combinations
- Psychological treatment + pharmacologic treatment
- SSRI-SNRI + non-benzodiazepines
- SSRI-SNRI + antidepressant or atypical antipsychotic
- Augmenting agents

Contraindicated combinations
- SSRI-SNRI-TCA + MAOI
- Buspirone + MAOI

E. Follow-up
- Response may take 8 to 12 weeks
- Pharmacotherapy may be needed for 1 to 2 years or longer
Relaxation

Relaxation is allowing physical and/or mental tension to be released. Anxiety is the body's natural response to a threat. It can be a very useful response if the threat is real, but there are times when we don't need this tension. It is important to learn to cope with anxiety and develop relaxation skills.

Healthy living is a matter of balance. Relaxation is part of the balancing process alongside other aspects of your lifestyle such as what you eat, your physical activity and how you handle stress. Learning to relax takes practice, as with learning any new skill.

How relaxation helps

- **Reduces tiredness** – if you can manage everyday life without excessive tension
- **Improves performance** – With release of tension and muscular relaxation you are able to be more comfortable. Performance improves when you are not in a state of worry.
- **Reduces pain** – pain can occur as a result of anxiety e.g. headaches and backache. Relaxation can help you to cope by relieving muscular tension, allowing more oxygen to your muscles, and settling your blood pressure and heart.
- **Coping with stress** – relaxation helps you to reduce the effects of stress and to breathe effectively
- **Improves sleep** – by allowing you to be calm and peaceful
- **Improves personal relationships** – it is easier to relate well to other people when you are relaxed and self-confident

Relaxation and stress

When we feel anxious or stressed, it's our body's natural response to feeling threatened which helps us deal with danger: our breathing rate increases, as does our blood pressure, heart rate, muscle tension, sweating, state of mental arousal and adrenaline flow. A lot of the time, we don't need those survival responses, so relaxation helps to decrease that response.

Breathing and Relaxation

Breathing out releases tension in the chest muscles and allows all muscles to release their tension more easily. Breathing is far more effective when we use our diaphragm, rather than with the chest muscles. Sit comfortably in a chair and place one hand on your chest and the other on your stomach. Take two large breaths – which hand moves first and which moves most? Practice so that it is the lower hand on your abdomen that moves rather than the one on your chest.
When you’re feeling tense or hoping to relax, try breathing out a little bit more slowly and more deeply, noticing a short pause before the in-breath takes over (don’t exaggerate the in-breath, just let it happen). You might find it useful to count slowly or prolong a word such as “one” or “peace” to help elongate the out-breath a little (to yourself or out loud).

There are various ways in which to achieve relaxation, most use breath control in some way. Whichever method you choose, regular practice will help. Some examples are:

- Progressive Muscle Relaxation – tense/relax muscular relaxation
- Meditation
- Mindfulness
- Guided Imagery or Visualisation - Imagine yourself in a calm, serene setting
- Exercise/Yoga
- Music (music is very personal, so use whatever helps you relax) either used alone, or with any of the above methods

\[
\text{Simple Breathing Exercise}
\]

A simple breathing exercise can be done in a few seconds, no matter where you are. It is particularly helpful at stressful times, but it’s also useful to do it at regularly throughout the day.

*Take a deep, slow breath in through your nose (filling up and expand your chest) and hold it for 5 seconds. Feel your abdomen expand as you do this.*

*Breathe out through your mouth slowly, to a count of 5. Breathe in again, make every breath slow and steady and exactly the same as the one before it and the one after it. As you breathe out, concentrate on expelling ALL the air in your lungs. Keep the breath out going as long a possible.*

\[
\text{Quick Relaxation}
\]

This can be used wherever you are (e.g. in the car, store, work, waiting in line, etc)

- **STOP AND THEN CLOSE YOUR EYES**
- **ALLOW YOUR SHOULDERS TO RELAX AND DROP DOWN**
- **TAKE 2 OR 3 SLIGHTLY SLOWER, SLIGHTLY DEEPER BREATHS OUT THROUGH YOUR MOUTH AND THEN BREATHE IN SLOW AND DEEP THROUGH YOUR NOSE.**
- **OPEN YOUR EYES AND THEN RETURN TO WHAT YOU WERE ORIGINALLY DOING**
Before any other relaxation exercise

Before any relaxation exercise, make sure you are in comfortable clothing and have removed anything that may be a distraction such as a turning off the TV and using the restroom. Lie or sit somewhere with the whole of your body supported. Make yourself totally comfortable. Close your eyes.

**Progressive Muscle Relaxation**

*Sit in a comfortable chair (or lie on the floor, or on a bed). Ensure you will not be disturbed by other noises. If you become aware of sounds - just try to ignore them and let them leave your mind just as soon as they enter. Soft, relaxing music is helpful as well. Make sure your body is comfortably supported* 

- Close your eyes. Feel the chair supporting your whole body - your legs, your arms, your head. If you can feel any tension, begin to let it go. Take 2 slow and deep breaths, and let the tension begin to flow out.

- Become aware of your head - notice how your forehead feels. Let any tension go and feel your forehead become smooth and wide. Let any tension go from around your eyes, your mouth, your cheeks and your jaw. Let your teeth part slightly and feel the tension go.

- Now focus on your neck - take away the weight of your head as you rest it and feel your neck relax. Now your head is feeling heavy and floppy. Let your shoulders lower gently down

- Notice how your body feels as you begin to relax.

- Be aware of your arms and your hands. Let them sink down into the chair. Now they are feeling heavy and limp.

- Think about your back - from your neck to your hips. Let the tension go and feel yourself sinking down into the chair. Let your hips, your legs and your feet relax and roll outwards. Notice the feeling of relaxation taking over.

- Notice your breathing - your abdomen gently rising and falling as you breathe. Let your next breath be a little deeper, a little slower...

- Now, you are feeling completely relaxed and heavy. .... Lie still and concentrate on slow, rhythmic breathing....

- When you want to, open your eyes. Pause before gently rising.
Unhelpful Thinking Styles

**All or nothing thinking**

Sometimes called ‘black and white thinking’

- If I’m not perfect I have failed
- Either I do it right or not at all

**Mental filter**

Only paying attention to certain types of evidence.

- Noticing our failures but not seeing our successes

**Jumping to conclusions**

There are two key types of jumping to conclusions:

- **Mind reading** (imagining we know what others are thinking)
- **Fortune telling** (predicting the future)

- $2 + 2 = 5$

**Emotional reasoning**

Assuming that because we feel a certain way what we think must be true.

- I feel embarrassed so I must be an idiot

**Labelling**

Assigning labels to ourselves or other people

- I’m a loser
- I’m completely useless
- They’re such an idiot

**Over-generalising**

- “everything is always rubbish”
- “nothing good ever happens”

Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw

**Disqualifying the positive**

Discounting the good things that have happened or that you have done for some reason or another

- That doesn’t count

**Magnification (catastrophising) & minimisation**

Blowing things out of proportion (catastrophising), or inappropriately shrinking something to make it seem less important

**Personalisation**

- “this is my fault”

Blaming yourself or taking responsibility for something that wasn’t completely your fault. Conversely, blaming other people for something that was your fault.

**Should and must**

Using critical words like ‘should’, ‘must’, or ‘ought’ can make us feel guilty, or like we have already failed

- If we apply ‘shoulds’ to other people the result is often frustration

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