RubiconMD

Management of anxiety disorders in primary care

Anxiety is defined as fear, worry or avoidance. However, given the broad use of the word, many patients mislabel other symptoms as anxiety. Therefore, the first step when managing anxiety disorders is conducting an assessment to rule out other psychiatric and medical conditions that can present with symptoms reported as anxiety.

What is anxiety?

Fear

Worry

Terror

Tension

Restlessness

Avoidance

Some patients report feeling "anxious" when experiencing symptoms of other conditions:

- Personality disorder (emotional dysregulation)
- ADHD (restlessness, inability to focus)
- Substance use disorders (cravings or withdrawal)
- Schizophrenia (fears of a psychotic nature)
- Bipolar (increased goal-directed activity, restlessness)
- Cardiovascular (e.g.; angina, hypotension, infarction, arrhythmia)
- Respiratory (e.g.; COPD, pulmonary embolism)
- Endocrine (e.g.; hyperthyroidism, hypoglycemia)
- Neurological (e.g.; temporal lobe epilepsy, myasthenia gravis)
- Medications (e.g.; bronchodilators, steroids)

Most commonly identified and managed anxiety disorders in primary care clinics

	Adjustment disorder with anxious mood	GAD	Panic Attacks	Specific Phobias
Brief description	Anxious mood secondary to a significant stressor (e.g.; loss or change)	Multiple, constant and disproportionate worries	Episodes of intense anxiety, terror, impending doom with somatic symptoms	Avoidance and anxiety with a specific precipitant
Duration	Constant, for as long as the stressor is present or the patient learns to cope with it	Most of the day nearly every day for more than 6 months	Episodic	Episodic
Anxiety worsens or presents in the setting of	Reminders of the loss	Even minor events and daily activities can be a source of anxiety	Psychological or emotional distress, but many times come out of the blue	A clear precipitant with similar response in every exposure
Pharmacological management	Not indicated	Management and as needed	Management and as needed	As needed, usually before the exposure

It is widely recognized that combined treatment (medication and psychotherapy) is the most effective approach. However, not all anxiety disorders require pharmacological management, and for those that require it, the approach can be slightly different.

In general, treatment of anxiety disorders requires both an agent for maintenance treatment and one for quick relief. SSRIs and SNRIs antidepressants are first line maintenance medications. You can find more information about how to select an antidepressant here.

The table below summarizes important aspects to consider when selecting a medication for quick relief or augmentation. Augmentation strategies are usually only indicated in the case of partial response despite adherence to the maximum dose of the maintenance treatment agent.

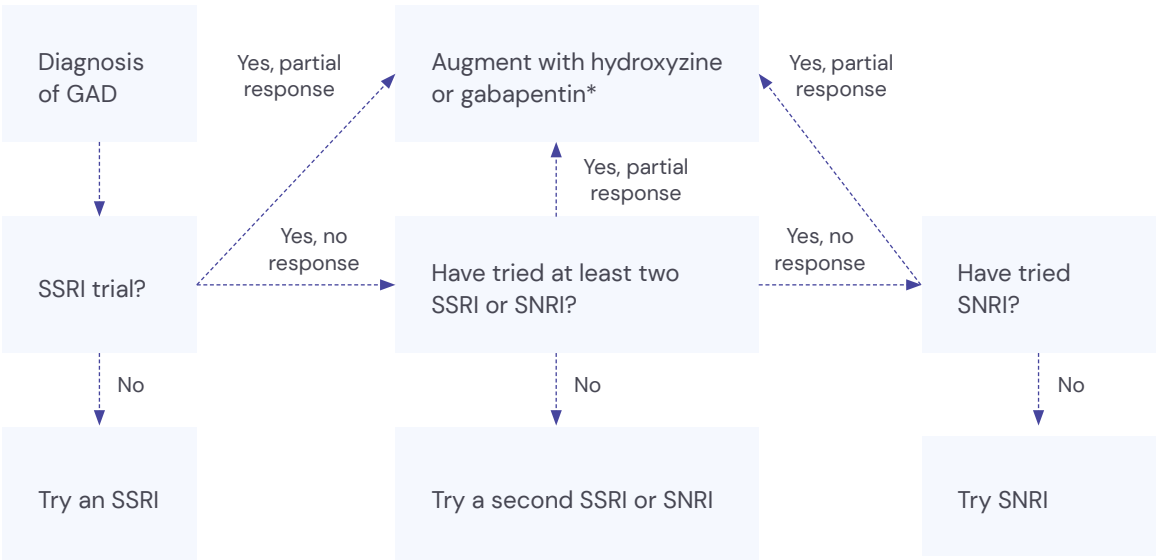
Quick relief

	Hydroxyzine	Gabapentin	Benzodiazepines	Quetiapine
Indication	FDA approved for anxiety	Off label use for anxiety	Many are FDA approved for anxiety	Off label use for anxiety
Usual dose for anxiety	25mg up to TID	100mg up to TID, patients maybe require a higher dose	Depending on the specific medication (e.g.; lorazepam 1-2 mg up to TID)	25mg of the immediate release form, up to TID
Consideration	Use in caution in the elderly due to anticholinergic action	Can help patients with chronic/ neuropathic pain or with cravings in early remission from alcohol or benzodiapine use disorder. Use in caution in patients with low Creatinine clearance	Use with caution and only for a short period (< 4 weeks) given risk of side effects and addiction	Multiple side effects, usually other medications in the list can offer very similar benefit with less side effect burden

Augmentation (only indicated in partial response despite maximum dose of maintenance agent)

	Buspirone	Second antidepressant	Second generation antipsychotic
Indication	FDA approved for anxiety	Many are FDA approved for anxiety	Off label use for anxiety
Usual dose for anxiety	20-30mg/day divided BID or TID	Depending on the specific medication (e.g nortriptyline 25-100mg at bedtime)	Depending on the specific medication (e.g. quetiapine 50-150mg PO/day)
Consideration	Not effective if taken as needed	Risk of serotonin syndrome when combining antidepressants	Multiple side effects

GAD treatment algorithm



*Do not augment with an antipsychotic until 3rd trial

In summary, anxiety disorders are a common chief complaint in primary care visits and can present co-morbid with multiple psychiatric and medical problems. Given the similarities with other conditions, a comprehensive assessment is needed to confirm the diagnosis. For most anxiety disorders the treatment requires a management agent (first line options are SSRI and SNRI) and a quick relief agent. Factors like medical co-morbidities, risks of side effects and patient's preference can guide the medication selection. Additionally, if available, different psychotherapy modalities can be of great help.