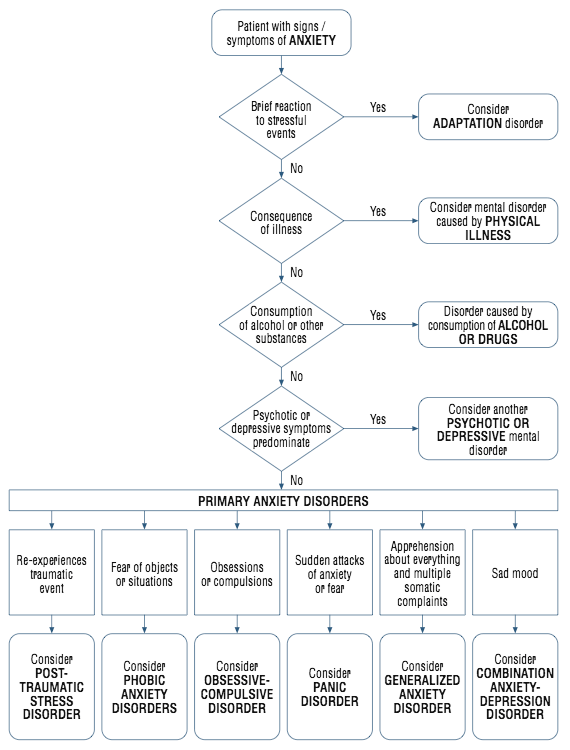
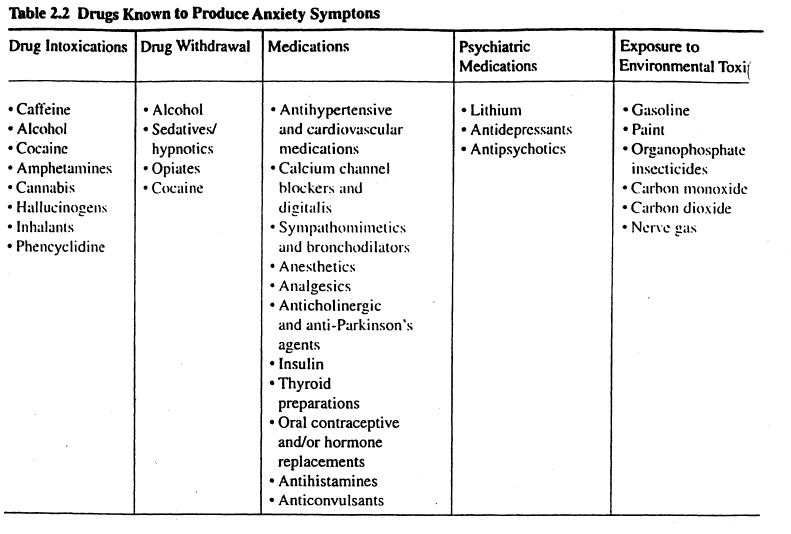
**Diagnosing and Treating Anxiety in Primary Care**

Toolkit by Kendra Johnson 12/16/2013

**Diagnostic algorithm**

<http://www.guiasalud.es/egpc/traduccion/ingles/ansiedad/completa/apartado05/diagnostico.html>



From http://ccrmc.wikispaces.com/file/view/Anxiety%20and%20Panic%20Disorder.pdf/141335501/Anxiety%20and%20Panic%20Disorder.pdf

**Anxiety disorders are common:**

NIMH US statistics:

1 year prevalence any anxiety disorder: **18.1%** of US adult population

Lifetime Prevalence **28.8%**

Lifetime Prevalence 13-18 y.o. **25.1%**

**Treatment recommendations**

**From Linda Nakell, Ph.D 1997** (from pdf on Behavioral Medicine wiki):

* Remember your personal power as a therapeutic agent
* Assess the context of the anxiety – what is going on? Listen to the patient’s story.
* Begin to diagnose the type of anxiety disorder. All diagnoses are hypotheses which can change as you gather information over time.
* Help the patient accept their anxiety – at least some part of it they can live with.
* Re-frame anxiety as a useful tool, although sometimes it goes awry.
* Don’t feel pressured by the patient’s pressure.
* Reassure the patient that s/he is not going crazy.
* Teach abdominal breathing, progressive relaxation, positive imagery, or some other relaxation technique or recommend a relaxation tape
* Encourage aerobic exercise
* Help the patient identify triggers for anxiety
* Help the patient identify positive coping strategies (learn to think differently)
* Work with the patient over time
* Refer patients to psychotherapy when indicated

**Cultural considerations** (from Kaiser in pdf on Behavioral Medicine wiki)**:**

**African Americans** tend to drop out of treatment prematurely, probably for the following reasons:

* There is greater use of informal services (prayer, family, clergy)
* Stigma and social embarrassment prevent them from seeking psychiatric help
* They may not trust the medical establishment as readily due to past history of mistreatment and may be less open to use medications

**Latinos**

* May refer to panic attacks as “nervios” or “susto” ; however, these terms are used for a host of other symptoms as well. A number of latinos may consult folk leaders or ‘curanderos’ .
* They may believe they are possessed, or cast under a spell and seek healing.

**Asians** tend to under-utilize mental health services.

* Depending on the individual, seeking treatment may have been put off until symptoms have become acute.
* The fear of shame and being stigmatized is particularly strong is some Asian cultures, which place high value on saving face and thereby maintaining social status.

**Treatment modalities**

* **CBT** is first line for most anxiety disorders with good evidence
* **Medications:** Cochrane review: antidepressants better than placebo in GAD, no evidence for one antidepressant over another NNT=5 (<http://summaries.cochrane.org/>)
* **Other modalities:** Exercise has been shown to be effective in depression but not anxiety. Yoga has some benefit. No evidence for meditation, but also not harmful. (<http://www.aafp.org/afp/2010/0415/p981.pdf>)

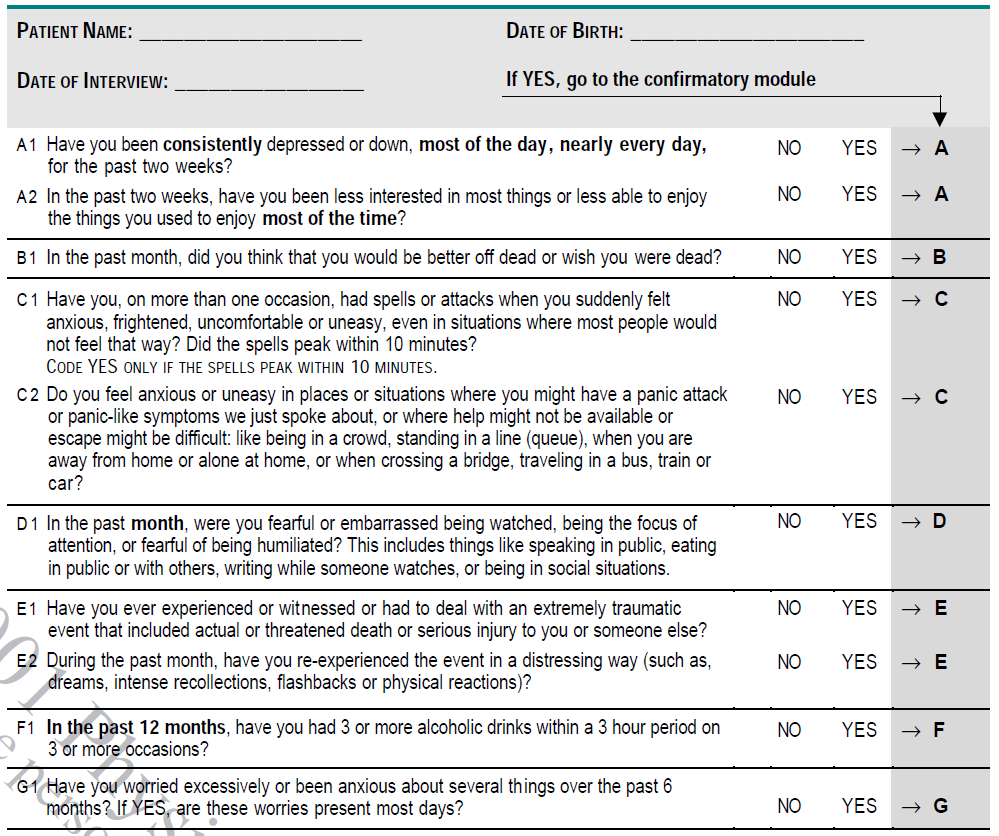
**Community Resources**

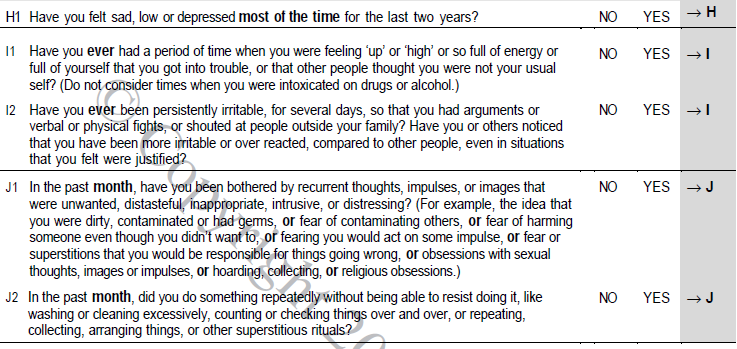
* **Access Mental Health Appointment Line** for Contra Costa County ................. 1-888-678-7277
* **Screening questionnaires in many languages:** [http://www.phqscreeners.com/overview.aspx (PHQ-9](http://www.phqscreeners.com/overview.aspx%20%20(PHQ-9) and GAD-7)
* **Popular media resources** (recommendations from Dr. Echols)
  + www.deepakchapra.com – books, videos
  + Tony Robbins – Books and CD/DVDs
* **Groups** (for example at WCHC: Finding Ease in a Stressful World: Tuesdays 3:00-4:30 pm Group Room A
  + Who to Refer: Individuals with anxiety management challenges (e.g. anxiety disorders or anxiety that impacts health), life stress, relationship stress, and anxiety due to health conditions.
* West County Wellness & Recovery Center 510-232-3839 (Mental Health Consumer Concerns)
* Familias Unidas Counseling (Spanish-speaking services) 510-412-5930

**Screening**

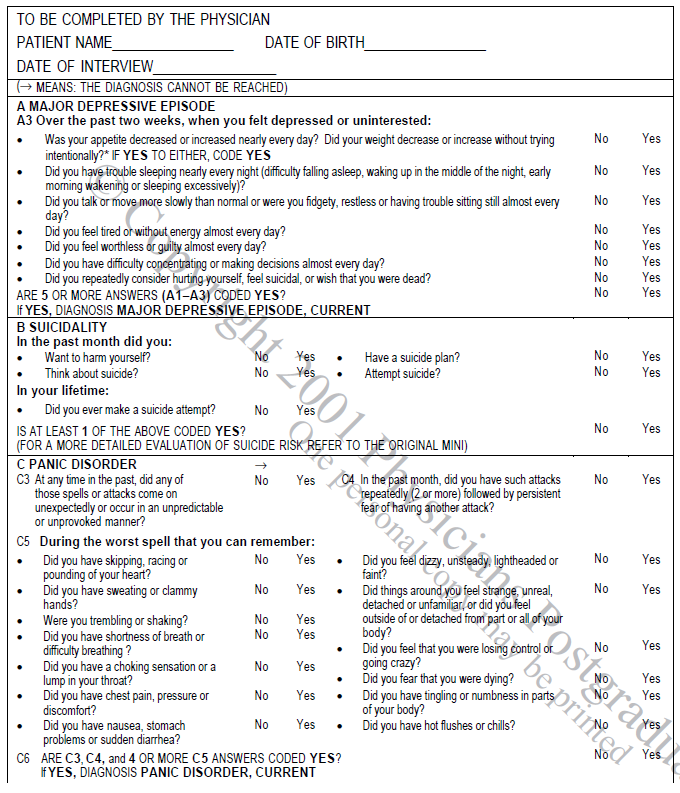
Questionnaire from Ballenger et al “A proposed Algorithm for Improved Recognition and Treatment of Depression/Anxiety Spectrum in Primary Care” from the International Consensus Group on Depression and Anxiety in the Primary Care Companion J Clinical Psychiatry 2001;3(2)

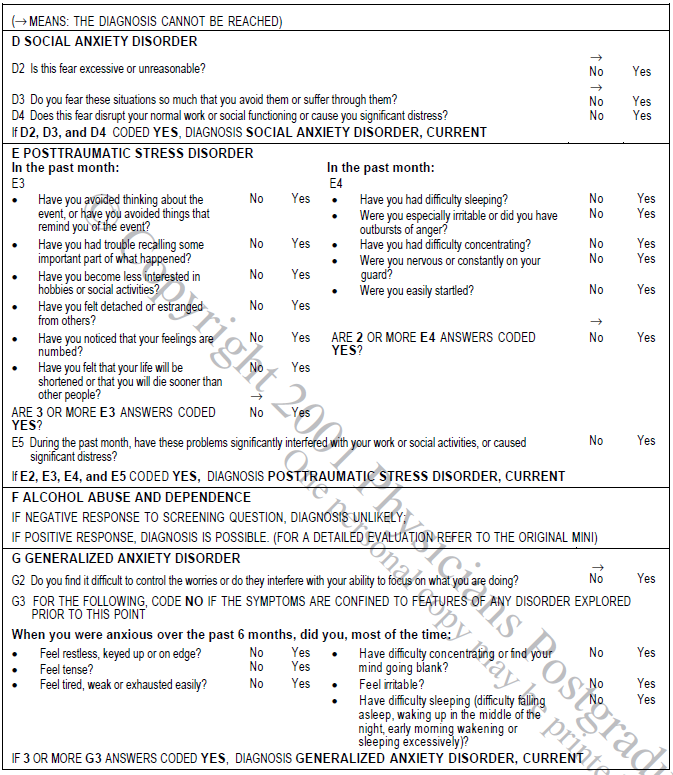
**Screening questionnaires in many languages:** [http://www.phqscreeners.com/overview.aspx (PHQ-9](http://www.phqscreeners.com/overview.aspx%20%20(PHQ-9) and GAD-7)

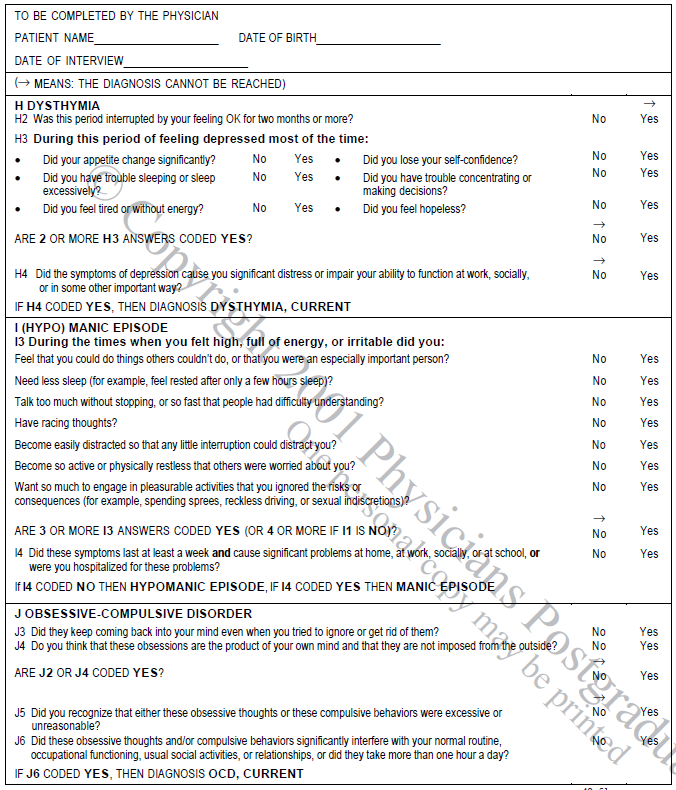


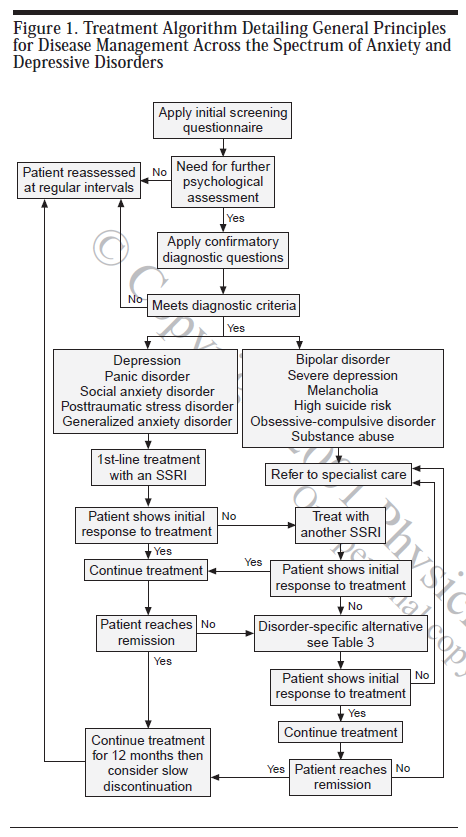
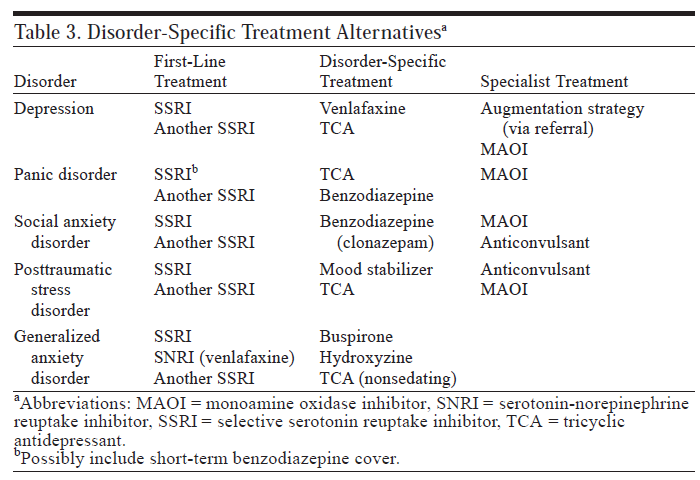


**Follow-up Questions for Diagnosis**









Ballenger et al “A proposed Algorithm for Improved Recognition and Treatment of Depression/Anxiety Spectrum in Primary Care” from the International Consensus Group on Depression and Anxiety in the Primary Care Companion J Clinical Psychiatry 2001;3(2)