Identifying and Addressing Anxiety in Primary Care

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The Michigan Care Management Resource Center

MiCMRC Care Management Educational Webinar:
Identifying and Addressing Anxiety in Primary Care

Expert Presenter:

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Behavioral Health Care Manager Preceptor

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Managing Hypertension
Presented by
Kristina Dawkins, MPH, Clinical and Public Health Consultant
Michigan Department of Health and Human Services
Cardiovascular Health, Nutrition, and Physical Activity Section
Heart Disease and Stroke Prevention Unit
Webinar Registration
MiCMRC Educational Webinar
Wednesday, February 28, 2018 - 2:00pm
Self-Management of Heart Failure Through Diet
Presented by
Emily Matson, MS and Theresa Han-Markey, MS, RD
Bionutrition Manager, U-M Nutrition Obesity Research Center
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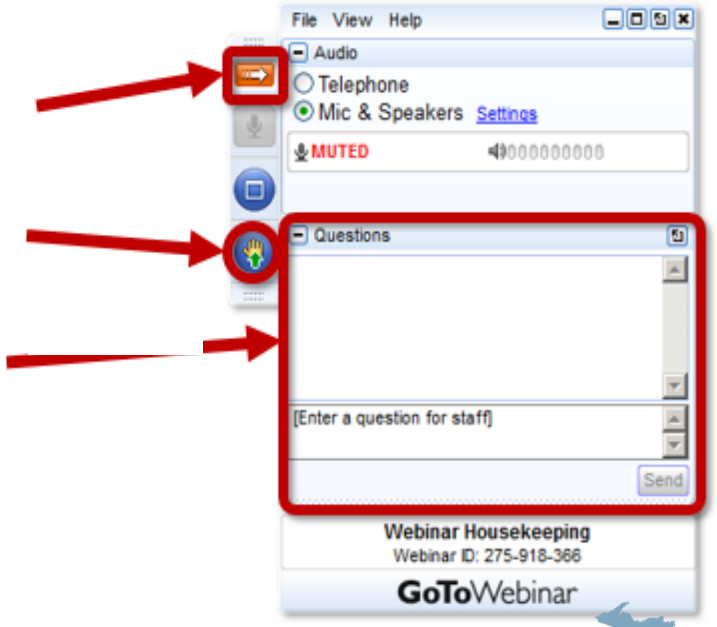

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Identifying and Addressing Anxiety in Primary Care

Teague Simoncic, LMSW | 3.27.19

True or False?

- ✖ Everyone worries from time to time. Anxiety isn't any different.
- ✖ All anxiety is the same.
- ✖ Because anxiety is a behavioral health condition, primary care doctors can't do anything about it.
- ✖ Some people are just worrywarts or neurotic, and there is nothing that can really make a difference.
- ✖ There isn't any way to measure anxiety symptoms because anxiety is just a feeling.
- ✖ If you eat right, avoid caffeine, and live a healthy lifestyle, your anxiety will go away on its own.
- ✖ The causes of anxiety are rooted in childhood, so effective therapy must focus on that time period.
- ✖ Medication is the only treatment for anxiety disorders.
- ✖ Medications for anxiety are addictive, so they should only be taken if absolutely necessary.

Anxiety isn't the same thing as stress.

Stress

- Characterized by sleepless nights, exhaustion, excessive worry, lack of focus, irritability, headaches, rapid heart rate, and muscle tension
- Response to an **external** cause
- Short-term experience that **subsides** once situation has resolved
- Can be **positive or negative**
- **Normal** part of life
- Managed with self-management tools (relaxation, mindfulness, physical activity, journaling)

Anxiety

- Characterized by sleepless nights, exhaustion, excessive worry, lack of focus, irritability, headaches, rapid heart rate, and muscle tension
- Origins are disproportionate **internal** reactions
- **Doesn't go away** when stressful situation resolves
- **Negatively** affects a person's ability to function
- **Medical condition** that affects 20% of the population
- Managed with self-management tools, **evidence-based counseling, and/or medications**

There are several different types of anxiety disorders.

Anxiety Disorders

- Separation anxiety disorder
- Selective mutism
- Specific phobia
- Social phobia
- Panic disorder
- Agoraphobia
- Generalized anxiety disorder (GAD)

Obsessive-Compulsive Disorders

- Obsessive-compulsive disorder (OCD)
- Body dysmorphic disorder
- Hoarding disorder
- Trichotillomania
- Excoriation disorder

Trauma and Stressor-Related Disorders

- Reactive attachment disorder
- Disinhibited social engagement disorder
- Post-traumatic stress disorder (PTSD)
- Acute stress disorder
- Adjustment disorder

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Today, we will focus on Generalized Anxiety Disorder (GAD).

A. Excessive anxiety and worry, occurring more days than not for 6+ months, about a number of events or activities

B. The individual finds it difficult to control the worry

C. The anxiety and worry are associated with 3+ of the following symptoms:

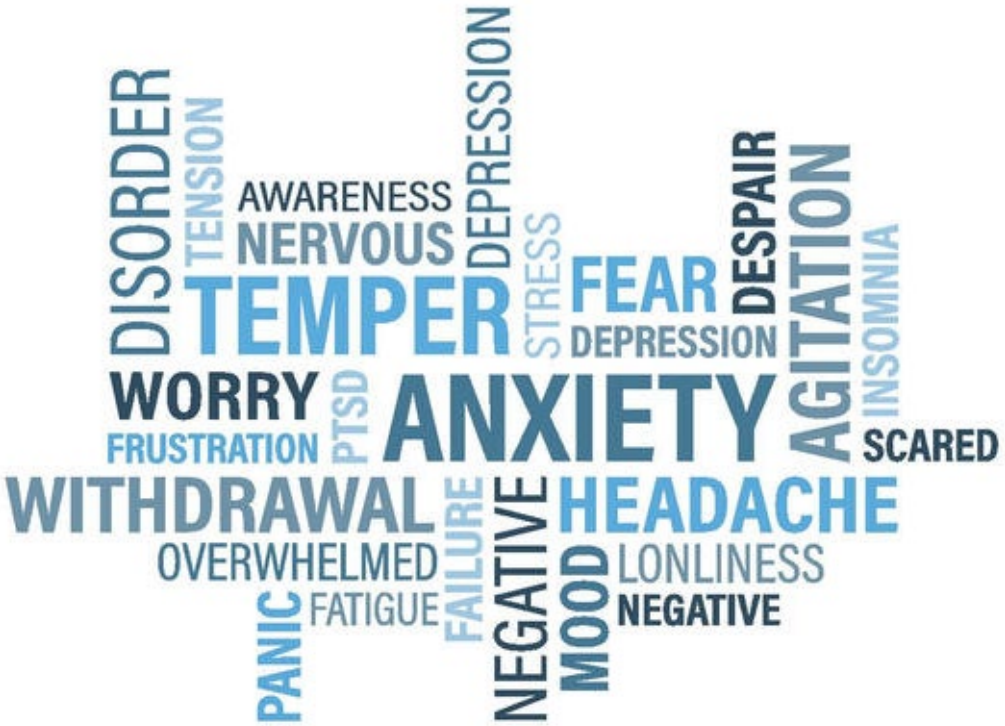
    1. Restlessness, feeling keyed up or on edge
    2. Being easily fatigued
    3. Difficulty concentrating or mind going blank
    4. Irritability
    5. Muscle tension
    6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)

D. Causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

E. Not attributable to the physiological effects of a substance or another medical condition

F. Not better explained by another medical disorder

GAD symptoms can vary, and are sometimes hidden.



Anyone can have anxiety, but some people are more prone to developing it.

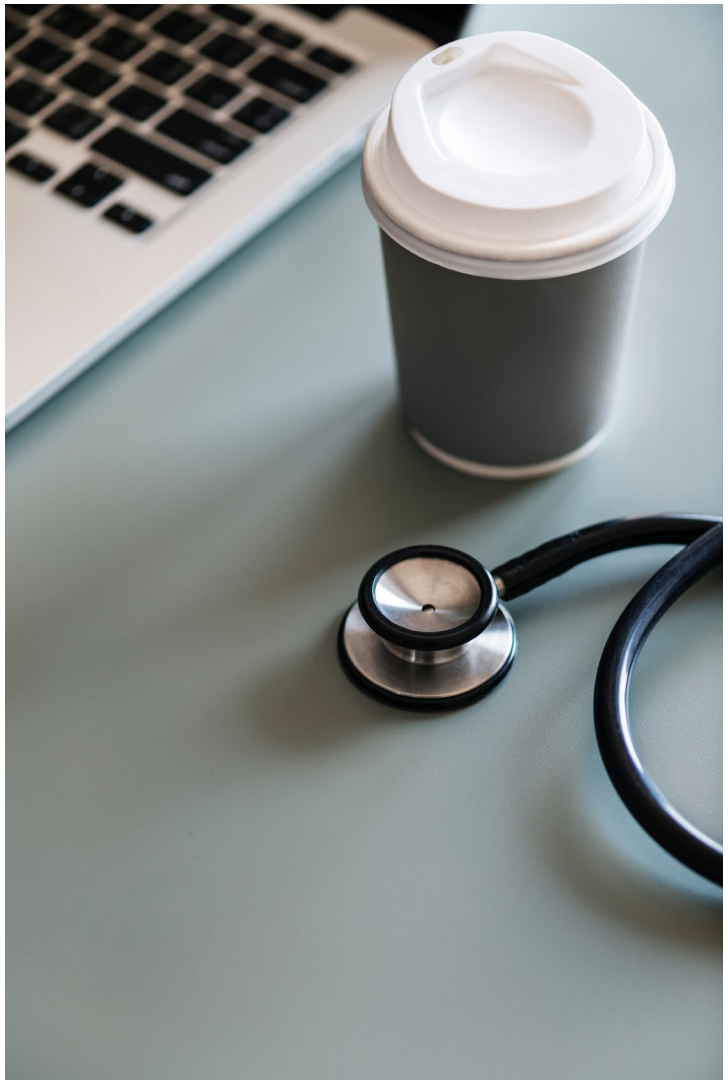
- US Adults
  - 1 in 5
- Women
  - 2x as likely as men
- Young people
  - Under 35 years old
- People with chronic diseases
  - COPD, cardiovascular disease, diabetes, cancer, multiple sclerosis
- White Americans
  - Exception of PTSD

"Anxious people aren't just constantly on guard; they actually see more peril in the world. If a situation is ambiguous, they are more likely to perceive it as negative or threatening. That's why when I have a headache, I think of brain tumors. And if my husband Sean is being quiet, I don't consider that he might be tired — I think he's mad at me."

Andrea Petersen, *On Edge: A Journey Through Anxiety*

Primary care providers are first-line treatment for behavioral health care.

- 80% of people with a behavioral health condition will visit a primary care doctor at least 1x/year
- 50% of all behavioral health conditions are treated in primary care
- 48% of appointments for all psychotropic agents are with a non-psychiatric PCP
- 67% of people with a behavioral health condition don't get treatment
- 30-50% of patient referrals from PCP to outpatient care (i.e., counseling) do not make their first appointment
- 57% of Michigan PCPs report that availability of behavioral health services is inadequate
- Health costs for patients with GAD are 64% higher than those without GAD



In primary care, anxiety often presents as somatic complaints.

Cardiovascular

- Palpitations
- Chest pain
- Dyspnea
- Sweating

Gastrointestinal

- Nausea, vomiting, gas, indigestion
- Constipation, diarrhea
- Abdominal pain
- Difficulty swallowing

Genitourinary

- Pelvic/genital pain
- Urinary frequency/urgency
- Menstrual problems
- Sexual dysfunction

Neurologic

- Tremor
- Parasthesias
- Fatigue
- Headache
- Dizziness

Musculoskeletal

- Joint and limb pain
- Back pain

Insomnia

- Difficulty initiating sleep
- Interrupted sleep

To complicate things further, many medical illnesses may also present as anxiety.

What do we do about all of this?

We can screen for anxiety, as well as track symptom progress over time, via evidence-based measures.

GAD-7

Over the last 2 weeks, how often have you been bothered by:

- ❑ Feeling nervous, anxious, or on edge
- ❑ Not being able to stop or control worrying
- ❑ Worrying too much about different things
- ❑ Trouble relaxing
- ❑ Being so restless that it's hard to sit still
- ❑ Becoming easily annoyed or irritable
- ❑ Feeling afraid as if something awful might happen

Scoring
Minimal: 0-4
Mild: 5-9
Moderate: 10-14
Severe: 15-21

Measuring Progress
Improvement: 5 point drop
Remission: 0-4

We can utilize evidence-based behavioral interventions for anxiety.

Distress Tolerance

- Radical acceptance
- Grounding
- Distraction
  - Activities
  - Contributing
  - Comparison
  - Emotion
  - Pushing away
  - Thoughts
  - Sensations
- Self-soothing

We can utilize evidence-based behavioral interventions for anxiety.

Problem-Solving Therapy

1. Define the problem
2. Set realistic, achievable goal
3. Brainstorm to generate multiple solutions
4. Create pro/con list to evaluate and compare solutions
5. Select the preferred solution
6. Implement the solution
7. Evaluate the solution

Medication is another important tool when treating anxiety.

- SSRIs are the first-line treatment for anxiety
  Fluoxetine | Sertraline | Citalopram | Escitalopram
- It's common to have mild side effects when starting an SSRI
  Nausea | Headache | Jitteriness
- SSRIs can take a while to kick in
  1-2 weeks: "Blips" of improvement
  4-6 weeks: Noticeable positive change
  8-12 weeks: Full benefits
- Follow-up is vital
  "What questions do you have about this medication?"
  "Did you pick up your medication?"
  "Did you start your medication?"
  "How many doses of your medication have you missed this week?"
  "Tell me about the side effects you are having from this medication."

Helping patients to navigate community resources is important.

- Explain the difference between practitioners
  - Therapist | Counselor | Psychologist | Social Worker
  - Psychiatrist | Psychiatric NP
- Utilize www.PsychologyToday.com
- Inquire with insurance company
  - Call the # on back of card | Go to website
- Take advantage of Employee Assistance Programs
- Create behavioral health lists for your clinic
- Be a cheerleader for your patients
- Support patients as they wait to begin treatment

Drawing upon the spirit of Motivational Interviewing can help.

- Partnership
- Acceptance
- Compassion
- Evocation

"People are the undisputed experts on themselves. No one has been with them longer, or knows them better than they do themselves. In MI, the helper is a companion who typically does less than half of the talking." –Bill Miller

We can give patients necessary information while staying curious about their experience.

Elicit-Provide-Elicit

“What do you know about this medication?”

[Active listening to patient’s response]

“Is it okay if I tell you a little more about that?”

[Provide required information]

“What do you think about all that?”

The way we talk to patients matters.

Not-So-Helpful Language

- You just need to calm down.
- What you're worrying about is really not a big deal.
- I know how you feel. I'm stressed out too.
- Push through this and get over it.
- You're going to make yourself sick.
- A lot of people have it worse than you. Think positively.
- You're making up your own problems.
- It's all in your head.

Helpful Language

- What can I do to help right now?
- Would it help if I just sat here with you?
- I am here for you.
- Are you looking for advice, or would you rather I just listen?
- Would you like to take some deep breaths with me?
- Your anxiety is not silly.
- I know you can't control how you feel right now.

Let me introduce you to Susan.

- 41 y/o female, married, 2 children, working part-time
- “I’m having breakdowns every day.”
  - Tearfulness
  - Shakiness
  - Nausea
  - Ruminating re: child’s safety
  - Constant fatigue
  - Some healthy anxiety (“if I have a rash, I just assume it’s cancer”)
  - Lack of appetite
  - Middle insomnia
  - GAD-7: 15
- Interventions
  - Psychoeducation
  - Distress tolerance
  - Sleep hygiene
  - SSRI monitoring
- “I’m able to move on with my life.”
  - GAD-7: 2
  - Taking quiet time for herself
  - Asking for help when needed
  - Taking medication regularly

Interested in learning more? Here's where to start.

- MiCMRC Webinars
  - Depression and Primary Care (12.12.18 | Sarah Fraley, LMSW)
  - What is this Psych Med For? And More (9.26.18 | Pat Ryan, MD)
- Educational Resources
  - *Feeling Good: The New Mood Therapy* by David Burns, MD
  - *Dare: The New Way to End Anxiety and Stop Panic Attacks Fast* by Barry McDonagh
  - *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life* by Jon Kabat-Zinn
  - *The Anxiety and Phobia Workbook* by Edmund Borne
  - *Real Behavior Change in Primary Care* by Patricia Robinson, Kirk Strosahl, and Debra Gould
  - CHRT Cover Michigan Survey
- Memoirs
  - *10% Happier* by Dan Harris
  - *On Edge: A Journey through Anxiety* by Andrea Petersen

Additional resources are available upon request.

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“Anxiety has a purpose. Originally the purpose was to protect the existence of the caveman from wild beasts and savage neighbors. Nowadays the occasions for anxiety are very different - we are afraid of losing out in the competition, feeling unwanted, isolated, and ostracized. But the purpose of anxiety is still to protect us from dangers that threaten the same things: our existence or values that we identify with our existence. This normal anxiety of life cannot be avoided except at the price of apathy or the numbing of one's sensibilities and imagination.”

Rollo May, *The Meaning of Anxiety*

Thank you for joining me today!

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