

# Anxiety Disorders

Loyola University-Chicago Stritch School of Medicine  
M3 Psychiatry Clerkship

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# Objectives

- ▶ Understand the differential diagnosis for anxiety disorders
- ▶ Understand how anxiety can be a manifestation of medical illness
- ▶ Understand the clinical approach to anxious patients
- ▶ Understand psychotherapeutic interventions for anxiety
- ▶ Understand pharmacotherapeutic interventions for anxiety

# Disclosures

- ▶ I have no disclosures

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# ► QUIZ REVIEW

## Case 1:

You are the internist of a healthy 50 year-old married businessman living with his wife and two teenage sons. He states that six weeks ago when attending a work luncheon, he experienced a brief episode of SOB along with severe anxiety, sweaty palms, and some dizziness. Since then, he has had two other such episodes, one on his way to work and the second on a Sunday evening as he was planning his upcoming work week. He has stopped attending work functions and “haven’t been myself.” He has no previous h/o cardiac disease or neurologic symptoms. When asked regarding stressors, he jokes that he is having “my midlife crisis” and later mentions that “sex isn’t like it used to be.”

# Case 1 Questions

- ▶ What further history do you want to obtain from the patient?
- ▶ What workup will you order?
- ▶ What is his most likely psychiatric diagnosis?
- ▶ Assuming that his symptoms are psychiatric in etiology and that he has erectile dysfunction, what treatment(s) will you consider? **Be specific.**

## Case 2A

You are psychiatrist of a 28-year old female administrative assistant with a history of anxiety and depression and who is presently stable on medication. Distraught and overwhelmed, she has you paged because of having been date raped the night before. She states she is having “a panic attack” and that “I can’t seem to calm down.” You arrange to have her come to your office later in the morning.

## Case 2A Question

- ▶ What advice do you give her regarding what to do next and regarding PTSD?



## Case 2B

Same scenario as above but the sexual assault occurred several months ago when the patient was in active duty in the Army. The patient states, “I was OK at first, but now I can’t sleep because of the nightmares, and everything seems to remind me of that night . . . My moods are all over the place.”

## Case 2B Question

- ▶ Describe what type of therapy would you do/recommend?
- ▶ What meds would you consider?

## Case 3

You are the pediatrician of a 14 yr old girl with an extensive FH of mental illness (Father is EtOH dependent, 2 cousins “anxiety,” and an aunt psychiatrically hospitalized multiple times and now out of contact with the family). She has no active medical issues. She states, “I can’t get these thoughts out of my head . . . they won’t stop.” When you ask her what the thoughts are, she looks away and says, “I don’t want to talk about it.” Her mother states she has been more sullen around the house and that she is taking more than 2 hours to get ready for school each morning.

## Case 3 Questions

- ▶ What do you say next?
- ▶ What is your differential diagnosis?
- ▶ What additional history do you want?
- ▶ What is her most likely diagnosis? Formulate a *specific* treatment plan for that dx?

# Demography

- ▶ Anxiety disorders estimated at 1 in 4 people from general population
- ▶  $W > M$
- ▶ Lower socioeconomic status

# Co-morbidity with other mental illnesses

- ▶ Anxiety disorders co-morbid with each other
  - ▶ Natural history of disorders is to morph over time
- ▶ Major depression
- ▶ ADHD
- ▶ Substance abuse
- ▶ Bipolar disorder
- ▶ Pain disorders
- ▶ Sleep disorders

# Differential diagnosis

Medical Illnesses	Drugs	Psychiatric Illnesses
Angina	Caffeine	Schizophrenia
Cardiac Arrhythmias	Aminophylline	Mood disorders
CHF	Sympathomimetics	Avoidant Personality
Hypoglycemia	MSG	Adj d/o w/ Anxiety
Hypoxia	Psychostimulants	
PE	Hallucinogens	
Severe Pain	Alcohol w/d	
Thyrotoxicosis	Benzo/sedative w/d	
Carcinoid	Thyroid Hormones	
Pheochromocytoma	Antipsychotic	
Meniere Disease		

# Clinical approach

- ▶ Address most pressing issues first
  - ▶ Always aim to de-escalate
  - ▶ Exclude medical causes and medical confounders
  - ▶ Ensure safety
  - ▶ Ensure a conducive environment for further evaluation
- ▶ Once these are accomplished, begin psychiatric assessment
  - ▶ Evaluate acute psychiatric matters
  - ▶ Evaluate long term/psychiatric history



# Obsessive Compulsive Disorder (OCD)

- ▶ Intense urges to perform stereotypic, ritualistic acts despite insight into how senseless or excessive
  - ▶ Commonly checking and cleaning
  - ▶ Hoarding, trichotillomania, skin picking
- ▶ Inflexible, excessive behaviors aim to neutralize anxious distress evoked by an obsession
- ▶ OCD Patients have inefficient information processing in the orbitofrontal cortex
  - ▶ Locus of repetitive behaviors in catatonia
- ▶ Therapy: Exposure and response prevention
  - ▶ Gradual increasing exposure to anxiety provoking situations, a CBT derivative
- ▶ Psychopharmacology
  - ▶ SSRIs (sertraline)
  - ▶ TCA: Clomipramine

# References

- ▶ Stahl, Stephen M. Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications. Fourth Edition. Cambridge University Press. April 2013.
- ▶ Figures Reproduced from Stahl, Stephen M. Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications. Fourth Edition. Cambridge University Press. April 2013.
  - ▶ <https://doctorlib.info/ophthalmology/vaughan-asbury-general-ophthalmology/9.html>
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- ▶ van der Kolk, Bessel. The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma. Penguin Random House. September 2015.
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# Anxiety disorders review