NHS
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MRCPsych General Adult Module

Biopsychosocial management of GAD, phobic anxiety disorders and panic disorder

Developing people
for health and
healthcare

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GA Module: Anxiety Disorders

Aims and Objectives

The overall aim is for the trainee to gain an overview of the biopsychosocial management of anxiety

By the end of the session trainees should:

- Develop an understanding of anxiety disorders and their management (pharmacological, psychological, social).

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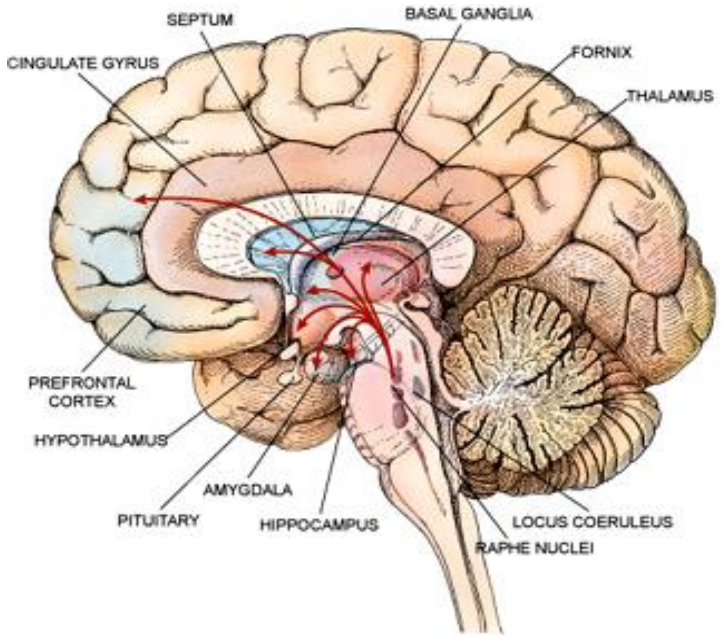
GA Module: Anxiety Disorders

Expert Led Session

Biopsychosocial management of GAD, phobic anxiety disorders and panic disorder

Outline

- Assessment
- Stepped care model
- Psychological treatments
- Drug treatments
- Course
- Relapse prevention



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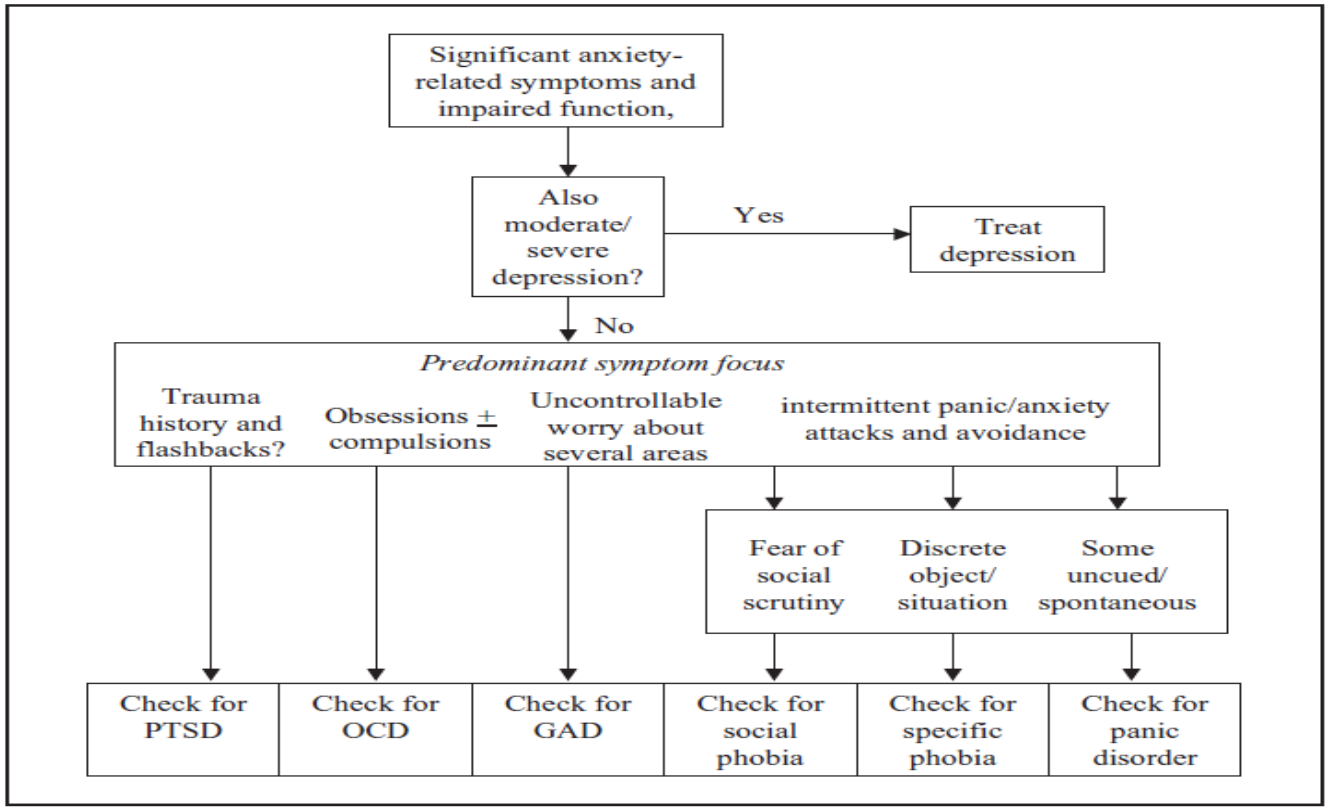
Assessment of anxiety symptoms



Management principles

- Correct diagnosis
- Co-morbidities
- Rule out organic e.g. thyroid etc.
- Effect of alcohol, substances and caffeine
- Over the counter and prescribed medications
- Psychoeducation, self-help
- Psychological interventions
- Medications

Stepped care approach (GAD) NICE 2015

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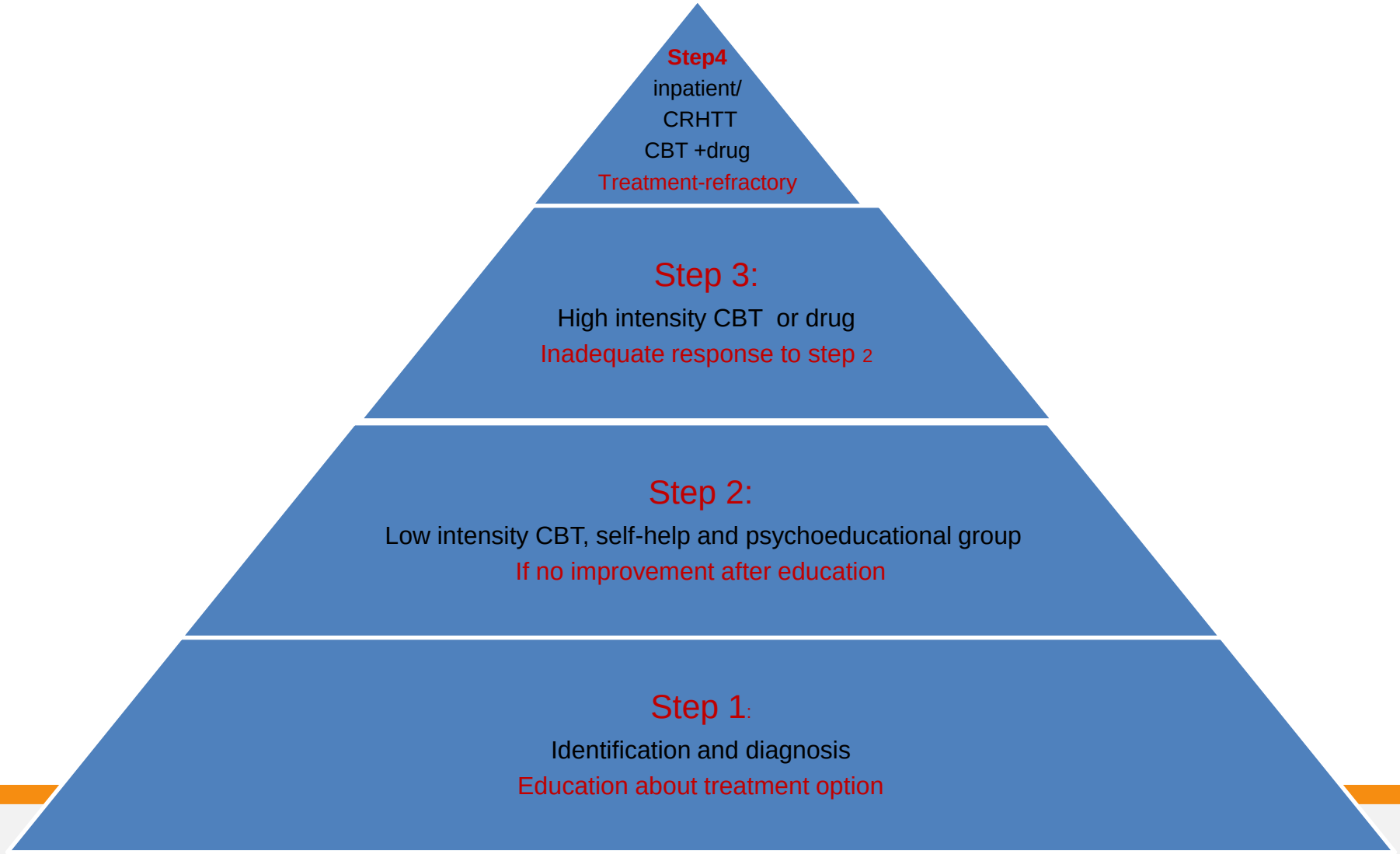

Step 1

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- ***Identification and Assessment :***number, severity and duration of symptoms, the degree of distress and functional impairment

- ***Education:*** over-the-counter medications, preparations and their potential problems.

Step 2

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Low-intensity psychological interventions:

- individual non-facilitated self-help
- individual guided self-help
- psychoeducational groups

Step 3

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- Individual high-intensity psychological intervention (HIPI): should be used as first line

- Drug treatment – (discussed later)

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Individual high-intensity psychological intervention (HIPI)

Offer either CBT or applied relaxation

CBT:

- based on the treatment manuals used in the clinical trials for CBT or applied relaxation for GAD
- delivered by trained and competent practitioners
- consist of 12–15 weekly sessions

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General principles of prescribing in Anxiety disorders

- Severity of symptoms
- Co-morbidities
- SSRI - 1st line
- 12 weeks
- Additional medications

Drug treatment for GAD

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- Antidepressants: SSRIs, SNRIs
- Pregabalin
- **Other treatments: not licensed, weak evidence**
- Antipsychotics (like Quetiapine): monotherapy/augmentation
- Beta blockers
- Imipramine and Trazadone
- Buspirone
- Agomelatine

Drug treatment

- Offer Sertraline first: cost-effective
- If sertraline is ineffective, offer an alternative SSRI or
- SNRI

Drug treatment

- Cannot tolerate SSRIs or SNRIs, consider offering Pregabalin (Caution: Street value around addiction)
- Benzodiazepine: during crises
- Not to offer antipsychotic in primary care

Secondary Care

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Marked functional impairment in conjunction with:

- risk of self-harm or suicide **or**
- significant comorbidity or
- physical health problems **or**
- self-neglect **or**
- an inadequate response to step 3 interventions

Step 4

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- Specialist assessment of needs and risks

Treatments:

- Combinations of psychological and drug treatments
- Combinations of antidepressants
- Augmentation of antidepressants with other drugs
- **Cautions: side effects, interaction**

Panic Disorder

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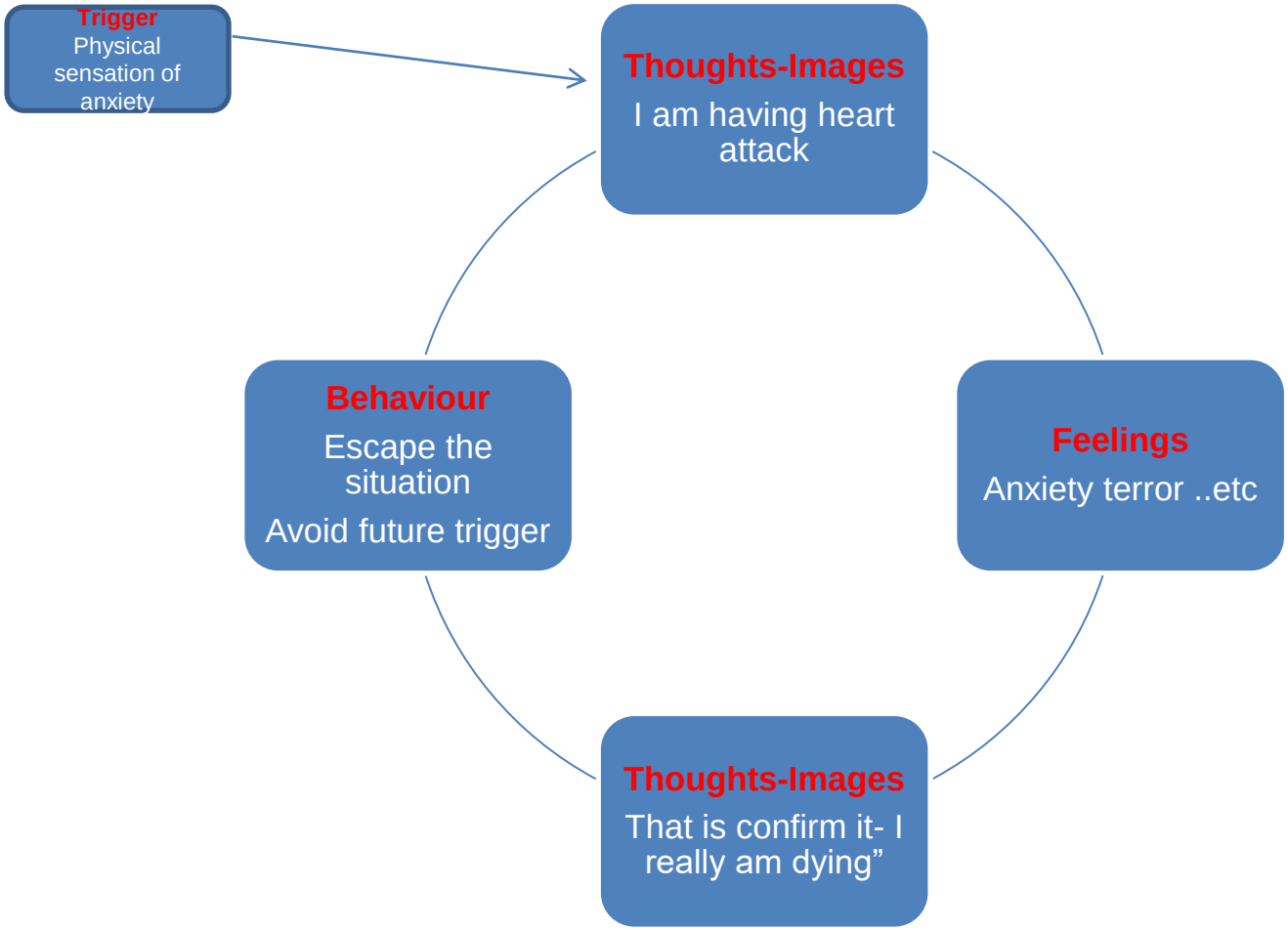

Panic Disorder

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Step 1
- Recognition and diagnosis: differentiate from panic attack

Step 2
- Treatment in primary care: CBT/SSRI OR TCAs / Self help. Bibilotherapy based-CBT

Step 3
- Review and consideration of alternative treatments

Step 4
- Review and referral to specialist mental health services: combination of CBT and medication

Step 5
- Care in specialist mental health services: review of medication, CBT by experienced therapist , support to carer. Referral to tertiary centre

Psychological Interventions

CBT should be used

Briefer CBT: around 7 hours in total with structured self-help materials

Drug treatment for Panic Disorder

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- SSRIs: first line.
- Venlafaxine
- TCAs: imipramine or clomipramine
- Valproate (off license)
- Avoid Benzos, propranalol and buspirone

Phobic Disorder

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Psychological interventions:

- Individual CBT

- CBT-based supported self-help

Medication:

- escitalopram or sertraline
- deluxetine
- phenelzine is of proven efficacy

(Social phobia : Most SSRI and Venlafaxine, moclobemide, pregabaline and gabapentin and olanzapine)

Short-term psychodynamic psychotherapy: if decline CBT and medications

Social Phobia : The Heimberg Model

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- Individual CBT
- education about social anxiety
- cognitive restructuring
- graduated exposure
- examination and modification of core beliefs
- relapse prevention

Social Phobia : Short-Term Psychodynamic Psychotherapy

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- modify insecure attachments
- focus on a core conflictual relationship theme
- focus on shame
- encouraging exposure to feared social situations
- self-affirming inner dialogue
- improve social skills.

Social Phobia : Treatment Resistance

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Individual CBT in combination with antidepressant

- Escitalopram or sertraline
- There is emerging evidence for the efficacy of venlafaxine
- phenelzine

Evidence Base for SSRIs in Anxiety Disorders

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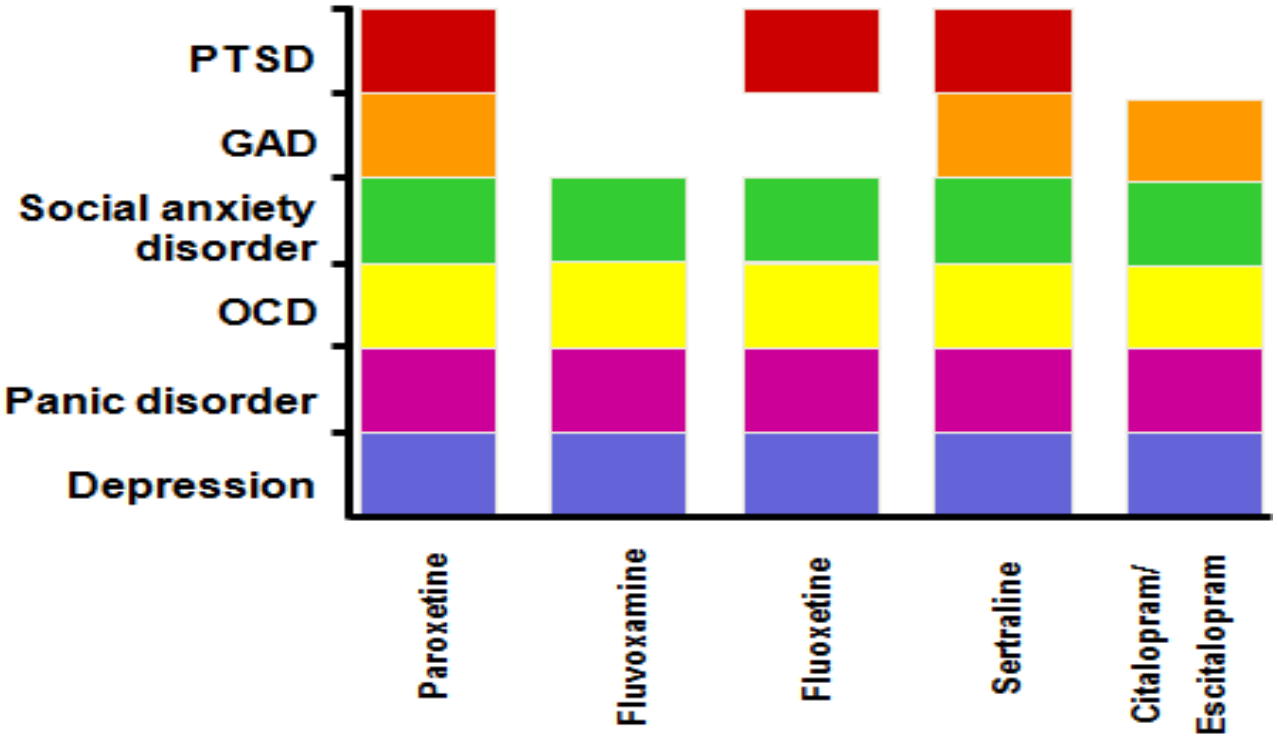

Other Medications

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- Benzodiazepines: Acute treatment
- Pregabaline: Acute treatment and relapse prevention of GAD and social anxiety.

  Role of Augmentation of SSRI/SNRI in GAD
- Agomelatine: Depression and GAD
- Buspirone: Acute treat of GAD and more effective in patients not exposed to BDZs, safe.

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Continuation of Medication for Relapse Prevention

- GAD: 6-12 months
- Social phobia: At least 6 months
- PTSD: Up to 12 months
- OCD: At least 12 months

Factors Predicting a Good Outcome

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- Having a stable, supportive family life
- Being young male
- Having no co-morbid physical illness
- Not receiving any psychotropic medication earlier in the course of illness

References

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- *Taylor, Paton, Kapur (2009). The Maudsley Prescribing guidelines, 10th Edition, Informa Healthcare.*

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MCQ

1. Venlafaxine is not licenced for which of the following indications?

A Social anxiety
B PTSD
C Panic disorder
D Depression +/- Anxiety
E GAD

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GA Module: Anxiety Disorders

MCQ

2. The following are TRUE of the pharmacokinetics of benzodiazepines:

A When long-acting they have long elimination half-life.

B When short-acting they have a small distribution volume.

C When long-acting they have no active metabolites

D When short-acting they have high accumulation

E Benzodiazepines with a half-life of 12 hours tend to be used as anxiolytics.

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MCQ

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MCQ

3. Which of the following statements is FALSE about the effects of hypnotics on sleep?

A Benzodiazepines supress stage IV sleep.

B With chronic Benzodiazepines use suppression of REM sleep in the early part of the night occurs

C On withdrawal of Benzodiazepines a rebound increase above the 'normal' amount of REM sleep occurs.

D It may take up to 6 weeks to see a return to a normal sleep pattern on Benzodiazepine withdrawal.

E Barbiturates are more likely to suppress REM sleep than are Benzodiazepines.

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MCQ

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MCQ

4. With regards to the NICE guidelines for GAD, which of the following is FALSE?

A SSRIs (particularly Sertraline) are the first line medications.

B SNRIs are second line.

C If the patient cannot tolerate SSRI or SNRI, offer Pregabalin.

D Antipsychotic should be offered for the treatment of GAD in primary care.

E Do not offer a benzodiazepine for the treatment of GAD in primary or secondary care except as a short-term measure during crises

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MCQ

4. With regards to the NICE guidelines for GAD, which of the following is FALSE?

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5. With respect to the NICE guidelines for psychological intervention for GAD, which of the following is FALSE?

A CBT for people with GAD should be based on the treatment manuals used in the clinical trials of CBT for GAD.

B CBT for GAD usually consist of 12–15 weekly sessions (fewer if the person recovers sooner; more if clinically required), each lasting 1 hour.

C Practitioners providing high-intensity psychological interventions for GAD need not have regular supervision to monitor fidelity to the treatment model.

D If a person with GAD chooses a high-intensity psychological intervention, offer either CBT or applied relaxation.

E Consider providing all interventions in the preferred language of the person with GAD if possible.

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Any Questions?

Thank you.