Anxiety Disorders 21

An educational service of NetCE

Ask Your Patients...

"Is fear or anxiety preventing you from doing activities you enjoy or need to do?"

If Your Patient Asks...

"Why do I feel so anxious?"

UNDERSTAND the problem

There are 11 different conditions under the umbrella of anxiety disorders, each with its own presentation, diagnostic criteria, and treatment approaches. In general, anxiety disorders are characterized by states of chronic, excessive dread or fear of everyday situations. The fear and avoidance can be lif-impairing and disabling.

Each year in the United States, anxiety disorders impact approximately 40 million adults, or 18.1% of the population.[1] The pattern of sex distribution is consistent among anxiety disorders, and the overall female-to-male ratio is 2:1 across all age ranges.[2]

In the primary care setting, anxiety disorders are often under-recognized and undertreated because many patients present with and report distress from the physical symptoms of anxiety. The prevalence, patient distress and impairment, potential comorbidity, and treatment complexity associated with anxiety disorders underscore the importance of greater understanding of the signs and symptoms, differential diagnosis, and appropriate treatment selection in these patients.

WHO is at risk

Overall, the risk of developing an anxiety disorder is greater for women/girls than men/boys. Persons with lower incomes and lower educational attainment also experience increased odds versus those with higher incomes and education levels. Compared with college graduates, the odds of developing an anxiety disorder are increased 44% with 13 to 15 years of education, 76% with 12 years of education, and 86% with 0 to 11 years of education. These disorders are also 40% more likely in persons 15 to 24 years of age compared with older adults (45 to 54 years of age).[3]

Anxiety disorders are associated with behavioral inhibition in childhood, and behavioral inhibition is an identifiable early childhood predictor of later anxiety disorders. Introversion and behavioral inhibition are also strongly linked to later development and severity of situational avoidance, which is a core feature and risk factor in agoraphobia and social anxiety disorder.[4]

WHAT are the causes

Anxiety disorders result from the interaction of biopsychosocial factors, whereby genetic vulnerability interacts with situations, stress, or trauma to produce clinically significant syndromes. The influence of hereditary factors and adverse psychosocial experiences on pathogenesis and pathophysiology is complex, but neuroscience advances have greatly improved the understanding of the underlying factors in the development and maintenance of anxiety disorders. History of early childhood trauma may also influence the risk of developing an anxiety disorder.

It is important to consider whether feelings of anxiety and panic are the result of an underlying medical condition or medication side effects. Conditions that can mimic or cause anxiety complaints include hyperthyroidism and hypothyroidism, depression, asthma, cardiac arrhythmias, pheochromocytoma, and temporal lobe epilepsy. Examples of common medications with anxiety side effects are asthma medications (e.g., albuterol, theophylline), herbal medicines (St. John's wort, ginseng, ma huang), corticosteroids, and antidepressants.

HOW to treat anxiety disorders

Anxiety disorders are treatable, but only 36.9% of individuals with these disorders receive treatment.[5] Cognitive-behavioral therapy with some variant of exposure is the first-line psychotherapy approach for most patients with anxiety disorders. Pharmacotherapy, also a potential first-line treatment for severe anxiety, uses various agents to induce rapid anxiolytic effects (e.g., benzodiazepines, some anti-epilepsy drugs) or agents that require prolonged, long-term treatment (e.g., antidepressants) to attenuate symptoms of pathologic fear and anxiety.[6]

Complementary/alternative approaches to treatment have also been studied. Several studies have found significant anxiolytic effects with yoga in patients with generalized anxiety disorder or panic disorder, and it is considered the complementary therapy with strongest evidence of safety and efficacy in anxiety disorders.[7]

WHERE to find resources

Anxiety and Depression Association of America
https://adaa.org

Anxiety Canada
https://www.anxietycanada.com

American Psychiatric Association
https://www.psychiatry.org

National Alliance on Mental Illness
https://nami.org

Social Anxiety Association
https://socialphobia.org

1 National Alliance on Mental Illness. Mental Health by the Numbers. Available at https://www.nami.org/learn-more/mental-health-by-the-numbers. Last accessed January 14, 2019.

2 Baldwin DS, Anderson IM, Nutt DJ, et al. Evidence-based pharmacological treatment of anxiety disorders, post-traumatic stress disorder and obsessive-compulsive disorder: a revision of the 2005 guidelines from the British Association for Psychopharmacology. *J Psychopharmacol.* 2014;28(5):403-439.

3 Kessler RC, McGonagle KA, Zhao S, et al. Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: results from the National Comorbidity Survey. *Arch Gen Psychiatry.* 1994;51(1):8-19.

4 Rosellini AJ, Lawrence AE, Meyer JF, Brown TA. The effects of extraverted temperament on agoraphobia in panic disorder. *J Abnorm Psychol.* 2010;119(2):420-426.

5 Anxiety and Depression Association of America. Facts and Statistics. Available at https://adaa.org/about-adaa/press-room/facts-statistics. Last accessed January 14, 2019.

6 Farach FJ, Pruitta LD, Jun JJ, Jerud AB, Zoellner LA, Roy-Byrne PP. Pharmacological treatment of anxiety disorders: current treatments and future directions. *J Anxiety Disord.* 2012;26(8):833-843.

7 Vorkapic CF, Range B. Reducing the symptomatology of panic disorder: the effects of a yoga program alone and in combination with cognitive-behavioral therapy. *Front Psychiatry.* 2014;5:177.

Released: April 2016
Revised: January 2019