

EVIDENCE-BASED APPROACHES: IMC Case on Generalized Anxiety Disorder and Panic Disorder

Mr. Gerald A Dee and his wife, Polly Dee, both 45 y/o, come to see you to establish their medical care in the IMC. They have been to multiple other doctors over the years, but have not seen anyone for over 2 years because they both feel that their past physicians just “ordered tests, told us everything was fine, and that we needed to relax.” Neither of them ever felt better, so they stopped going to the doctor, though still get refills of their chronic medications from their last doctor. You decide to interview them one at a time to help you get an accurate history for both. Mrs. Dee volunteers her husband to go first.

Mr. Dee states that he has been feeling very poorly over the last several years. “I can’t sleep doc, and I worry about everything.” He endorses restlessness, irritability (which his wife confirms readily), difficulty staying asleep, and feeling ‘tense’. These symptoms are persistent and don’t get better or worse. He stopped playing poker with his high school friends several months ago because he would fret over what they thought of his skills and also how much Monopoly money he should take. He has also taken a different position at his job as a financial counselor so he doesn’t have to talk to clients since this makes him nervous now. His last physician checked multiple labs, which were significant for a TSH of 1.8, Calcium of 8.5, and Vitamin D of 34 (all WNL).

Past Medical Hx: Hypertension, hyperlipidemia, prediabetes

Past Surgical Hx: Appendectomy at age 7, wisdom teeth extraction, cholecystectomy at age 38

Allergies: NKDA

Medications: Aspirin 81mg, amlodipine 5mg, atorvastatin 40mg

Social History: Smokes 1 PPD x 30 years, never drinks alcohol (doesn’t like the taste), denies illicit drugs; lives with wife of 20 years, drinks 4 cups of caffeinated coffee daily; no children, though does have a dog and takes care of several neighborhood cats

Family History: Mother, alive, 70: Hypertension, diabetes, depression; Father, deceased, 30: died in a car accident; no siblings

ROS: Negative except as listed in HPI above.

Vitals: Temp: 98.8F, Pulse: 98, BP: 130/76, RR: 16, SpO2: 99% RA

General: AOx3, fidgety and clearly nervous on exam, pleasant

HEENT: NC/AT, no sclera icterus or conjunctivitis, lids normal, posterior oropharynx without exudates, MMM

Neck: Supple, no cervical/submandibular LAD, thyroid normal without nodules or tenderness, no carotid bruits

CV: RRR without c/r/m/g, radial pulses 2+ bilaterally, no edema

Thorax: Slightly decreased air exchange throughout bilateral lung fields, but no r/r/w, normal contour of chest, slightly prolonged expiratory phase

Abd: Soft, NT/ND, normo-active BS, no palpable masses, no hepatosplenomegaly, incision sites from previous appendectomy and cholecystectomy noted

Neuro: CN II-XII grossly intact, gait normal, no tremors or rigidity noted

Psych: Anxious, not labile, not tearful, denies SI/HI

Please utilize the article “Diagnosis and Management of Generalized Anxiety Disorder and Panic Disorder in Adults” from AAFP to answer the questions below

<https://www.aafp.org/afp/2015/0501/p617.html>

1. What is the lifetime prevalence for Generalized Anxiety Disorder (GAD) in women? Men? (pg. 1)
2. How do patients with GAD typically present? (pg. 2)
3. Which of these symptoms does Mr. Dee have?
4. What is a useful screening test for anxiety that helps establish diagnosis and assess severity? What score has a good sensitivity and specificity? (pg. 2-3)

Mr. Dee completed the GAD-7 in his pre-appointment paperwork and scored an 18. His PHQ-9 was 4. You decide to delve deeper into how he is feeling in regards to his symptoms of anxiety. Mr. Dee denies previous PTSD (you were worried about this secondary to his father's premature death) and social fears. He does not do any tasks or habits repetitively and has had a stable weight. He denies visual and auditory hallucinations. He again confirms that he does not take any illicit drugs ("I don't even know where I would get them, doc") or alternative therapies such as herbs. He again denies palpitations, shortness of breath, and alterations of consciousness, which his wife confirms.

5. What are the DSM-5 diagnostic criteria for GAD? (pg. 2)
6. Does Mr. Dee meet the diagnostic criteria?
7. What are the GAD-7 cut-offs for mild, moderate, and severe anxiety? What severity does Mr. Dee have?

You inform Mr. Dee that he has severe generalized anxiety disorder, but that this disorder is very treatable and you are confident that you can help him feel better. He is very appreciative of your diagnostic acumen and wants to learn more of what he can do to help himself feel better. Before you can continue, Mrs. Dee chimes in and states that she thinks she has anxiety, too. You decide to have Stephanie (BHC) talk with Mr. Dee about different coping mechanisms while you talk with Mrs. Dee about her medical history and current problems.

Mrs. Dee states that she has also been feeling very poorly over the last several years. "A couple times a week my heart beats fast, I sweat, I have chest pain, and get lightheaded. I am so scared that it is going to keep happening and have stopped going out of the house." She states that they are random, occur at rest and with exertion, and started when she was young, but have been slowly getting more and more frequent. They only last 10-15 minutes, but during that time she is afraid she is going to have a heart attack. She brought her medical records with her from her last physician and had an indeterminate stress test followed by a negative left heart cath, normal labs (including thyroid), and a negative pheochromocytoma work up. Her previous doctor told her "everything was fine", but didn't offer a firm diagnosis. She doesn't go out of the house because she is afraid that one of these "episodes" will happen when she is out and she doesn't want people to see her fear. She denies any history of trauma and does not do any tasks or habits repetitively. She does not fear being by herself.

Past Medical Hx: Hypertension, hypothyroidism (s/p RAI for Grave's disease)

Past Surgical Hx: Total hysterectomy for fibroids (still has ovaries)

Allergies: NKDA

Medications: aspirin 81mg, levothyroxine 112 mcg

Social History: Smokes 1/2 PPD x 20 years, never drinks alcohol (doesn't like the taste), denies illicit drugs; lives with husband of 20 years, drinks 2 cups of caffeinated coffee daily; no children, though does have a dog and takes care of several neighborhood cats

Family History: Mother, alive, 68: Hypertension, depression, went through menopause at 62; Father, alive, 70: CAD s/p CABG at 55, diabetes, CKD IIIB ; no siblings

ROS: Negative except as listed in HPI above.

Vitals: Temp: 98.8F, Pulse: 98, BP: 130/76, RR: 16, SpO2: 99% RA

General: AOX3, calm, pleasant

HEENT: NC/AT, no sclera icterus or conjunctivitis, lids normal, posterior oropharynx without exudates, MMM

Neck: Supple, no cervical/submandibular LAD, thyroid not palpated, no carotid bruits

CV: RRR without c/r/m/g, radial pulses 2+ bilaterally, no edema

Thorax: Normal air exchange bilaterally, no r/r/w, normal contour of chest

Abd: Soft, NT/ND, normo-active BS, no palpable masses, no hepatosplenomegaly, incision site from hysterectomy noted

Neuro: CN II-XII grossly intact, gait normal, no tremors or rigidity noted

Psych: Calm, not labile, not tearful, denies SI/HI

8. What is the lifetime prevalence for PD for women? Men? (pg. 1)

9. What are the DSM-5 criteria for PD? (pg. 4) Does Mrs. Dee meet the criteria?

You inform Mrs. Dee that she has Panic Disorder (PD). She is nervous about her diagnosis, but grateful to finally have a name to what is happening to her. She asks, "Does that mean I'm crazy?" You explain that PD is not uncommon and that it is very treatable, similar to GAD that Mr. Dee has. You decide to counsel them together as they both identify the other as their main support since the treatments are very similar. You explain to Mrs. Dee that Stephanie will see her after you are done with your portion of the visit so she can hear some of the same coping mechanisms as Mr. Dee did.

Answer the questions below to help you generate individualized treatment plans for Mr. and Mrs. Dee.

11. What is the initial treatment for GAD and PD (in general)? (pg. 4)

12. What are some lifestyle changes that can help decrease their anxiety disorders? Which apply to Mr. and Mrs. Dee? (pg. 4)

13. How much exercise do people have to do to decrease their anxiety? (pg. 4)

14. What are the first line medications for anxiety disorders? (pg. 4-5)

15. What are two medications that are effective for GAD, but not PD? (pg. 4-5)

16. Which common anti-depressant is NOT approved for treatment of GAD or PD? (pg. 5)

17. How should medications be started and titrated? How long should they be continued? (pg. 5)

Mrs. Dee asks if she should be on a medication to help her “in the moment”. “The ER gave me a pill that started with an ‘X’ that helped a LOT”. You explain that medications like Xanax do reduce anxiety, however, that they are associated with confusion and increased mortality and do not improve long-term outcomes. You also explain that there are a lot of good medication options that don’t cause those effects and that will help long term.

18. What are second-line medications for anxiety disorders? Why are they second line? (pg. 5)

Mr. Dee brings up some of the things that Stephanie talked with him about, including psychotherapy and relaxation techniques. You encourage him to follow up with Coleman to see a counselor and also indicate that this would be helpful for Mrs. Dee, too.

19. Is psychotherapy as effective as medication for GAD and PD? (pg. 6)

20. What are the psychotherapies that are helpful? (pg. 6)

21. How often does psychotherapy have to be performed to be effective? (pg. 6)

You start both Mr. and Mrs. Dee on sertraline secondary to its favorable side effect profile (though explaining that it can cause some nausea and its best taken in the morning and with food) and low co-pay and ask them to follow up in 4 weeks. They both return very happy with how they are feeling. Mr. Dee was able to start playing poker again last week and Mrs. Dee has gone to the grocery store twice without incident. She is becoming more and more confident with going out of the house. They are both seeing a counselor and feel that it has been extremely helpful both for them individually and for their marriage. They are grateful for your and Stephanie’s care and are ready to start taking care of some of their other medical problems and health screenings.

BONUS:

What are some herbs and supplements that can help with anxiety disorders? What are their adverse effects?