

Anxiety Disorders: Diagnosis and Treatment

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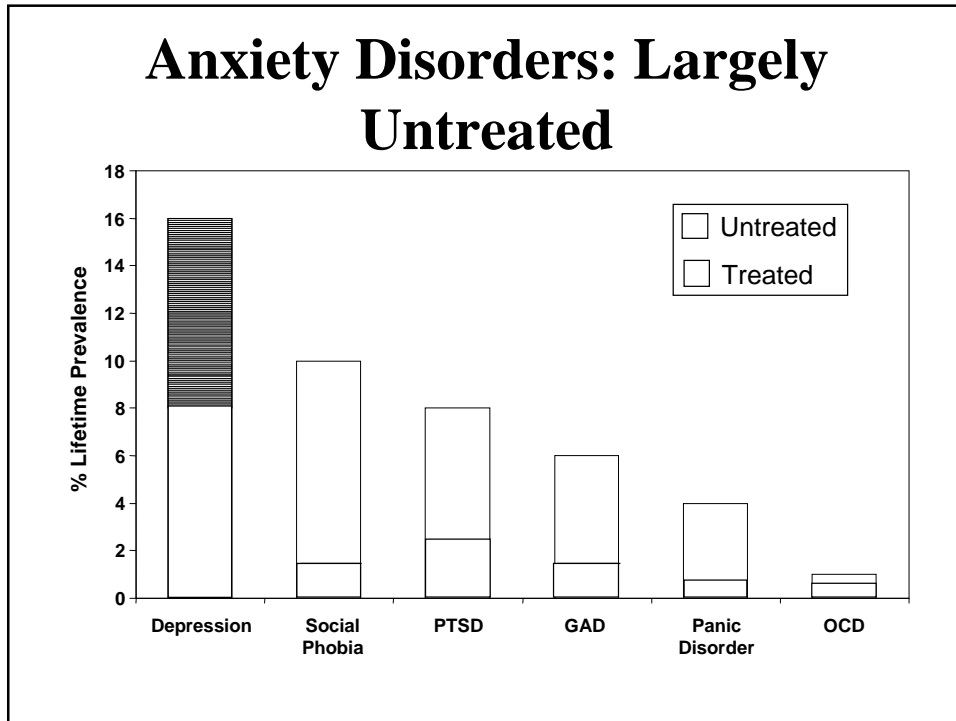
Objectives

- **Define the Anxiety Disorders that are classified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition**
- **Describe the FDA approved medications indicated for each of the Anxiety Disorders**
- **Discuss the epidemiology of Anxiety Disorders, including the lifetime prevalence of each anxiety disorder, as well as the co-morbidity with Major Depression**

Anxiety Disorders

DSM-IV Anxiety Disorders

- Panic disorder
- Generalized anxiety disorder
- Social anxiety disorder
- Obsessive-compulsive disorder
- Post-traumatic stress disorder
- Acute stress disorder
- Agoraphobia
- Specific phobia
- Anxiety disorder due to medical condition
- Substance-induced anxiety disorder
- Anxiety disorder not otherwise specified



Characteristics of PTSD, Panic Disorder, OCD and GAD

Disorder	Characteristics
Post-Traumatic Stress Disorder	Intrusive reexperiencing of the trauma – flashbacks and/or nightmares, avoidance of the trauma, numbing, anhedonia, withdrawal, and hyperarousal
Panic Disorder	Recurrent, unexplained panic attacks associated with sweating, palpitations, and trembling along with dyspnea, choking, derealization, and fear of dying
Obsessive-Compulsive Disorder	Fear of contamination, perseveration at counting behaviors, and recurrent compulsive rechecking of tasks AND/OR severe obsessing
Generalized Anxiety Disorder	Excessive and uncontrollable worry, edginess, fatigue, poor concentration, irritability, muscle tension, insomnia

Social Anxiety Disorder

- **Fear of embarrassment or humiliation in social situations**
 - Typical situations include public speaking, eating, conversing with others, using public restrooms
- **Blushing, sweating, tremor, and palpitations**
- **Common comorbidities: dysthymia, obsessive-compulsive disorder, panic disorder, depression, and alcohol abuse**
- **Interference with functioning**
- **Anticipatory anxiety**

Demographics of Anxiety Disorders

Anxiety Disorder	Lifetime Prevalence
Generalized Anxiety	5%
Obsessive Compulsive	3%
Panic	2-3%
Post Traumatic Stress	8%
Social Anxiety	13%

Pharmacotherapy for Obsessive-Compulsive Disorder

FDA Approved Treatments

- Clomipramine (Anafranil)
- Sertraline (Zoloft)
- Fluoxetine (Prozac)
- Fluvoxamine (Luvox)
- Paroxetine (Paxil)

Pharmacotherapy for Obsessive-Compulsive Disorder

Traditional Treatment

- Clomipramine
- Sertraline
- Fluoxetine
- Fluvoxamine
- Paroxetine
- Citalopram

Adjunctive Treatment With :

- Clonazepam
- Atypical Antipsychotics

Pharmacotherapy for Panic Disorder

FDA Approved Treatments

- **SSRIs**
 - Sertraline (Zoloft)
 - Paroxetine (Paxil)
 - Fluoxetine (Prozac)
- **Benzodiazepines**
 - Alprazolam (Xanax)
 - Clonazepam (Klonopin)

Pharmacotherapy for Panic Disorder

Traditional Treatment

- **Antidepressants**
 - SSRIs
 - TCAs
 - MAOIs
- **Benzodiazepines**
 - Alprazolam
 - Clonazepam

Treatment With Anticonvulsants

- Valproate
- Carbamazepine
- Gabapentin

FDA Approved Pharmacotherapy for Generalized Anxiety Disorder

- **Alprazolam (Xanax)**
- **Bupirone (BuSpar)**
- **Venlafaxine (Effexor XR)**
- **Paroxetine (Paxil)**
- **Escitalopram (Lexapro)**

Pharmacotherapy for Generalized Anxiety Disorder

- **Benzodiazepines**
- **BuSpar**
- **Effexor XR**
- **SSRIs**
- **Anticonvulsants?**

FDA Approved Pharmacotherapy for Social Anxiety Disorder

- **Venlafaxine (Effexor)**
- **Sertraline (Zoloft)**
- **Paroxetine (Paxil)**

Pharmacotherapy for Social Anxiety Disorder

- **Paroxetine**
- **Sertraline**
- **Fluvoxamine**
- **Fluoxetine**
- **Citalopram**
- **Venlafaxine**
- **Phenelzine**
- **Clonazepam**
- **Beta blockers**
- **Gabapentin**

FDA Approved Pharmacotherapy for Post- Traumatic Stress Disorder

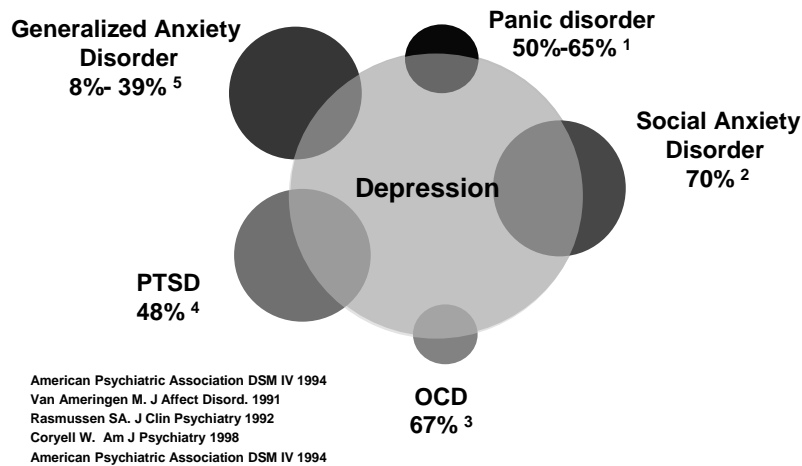
- **Sertraline (Zoloft)**
- **Paroxetine (Paxil)**

Pharmacotherapy for Post- Traumatic Stress Disorder

Treatments with evidence for efficacy include

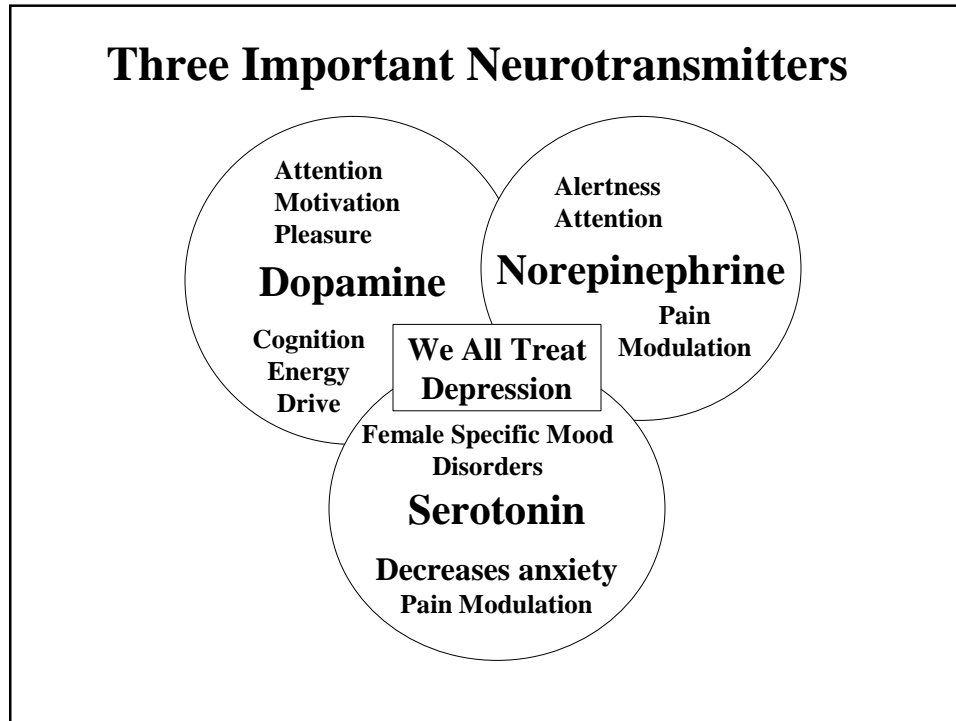
- **SSRIs (sertraline & paroxetine = FDA approved)**
- **Antidepressants**
- **Divalproex**
- **Lamotrigine**
- **Carbamazepine**
- **Adrenergic agonists**
- **Adrenergic antagonists**
- **Atypical antipsychotics**

Comorbid Mood & Anxiety Disorders...



Response Time Varies

- **Major Depression: 2-4 weeks**
- **Panic Disorder: 6-8 weeks**
- **Obsessive Compulsive Disorder: 10-12 wk**
- **Premenstrual Dysphoric Disorder: days**



**Serotonin Selective Reuptake
Inhibitors
Are Currently Considered
First Line Medication
Treatment For Most Anxiety
Disorders**

Serotonin Reuptake Inhibitors*

- fluoxetine (Prozac, Sarafem)
- clomipramine (Anafranil, a TCA)
- sertraline (Zoloft)
- paroxetine (Paxil, Paxil CR)
- fluvoxamine (Luvox)
- venlafaxine (Effexor, IR XR)
- citalopram (Celexa, Lexapro)
- duloxetine (Cymbalta)

*In order of U.S.A. market entry.

SRI FDA Approvals

SSRI	Prozac	Zoloft	Paxil	Effexor	Celexa Cymbalta	Lexapro
Major Depression	+*	+*	+*	+*	+	+*
OCD	+	+*	+*	-	-	-
Panic Disorder	+	+*	+	-	-	-
GAD	-	-	+	+	-	+
Social Anxiety	-	+*	+	+	-	-
PTSD	-	+*	+	-	-	-
PMDD	+	+	+	-	-	-
Bulimia nervosa	+*	-	-	-	-	-

*FDA approved for both acute and chronic treatment (longer than 44 weeks)
 (FDA approvals in children: Zoloft age 6; Prozac age 7; Luvox age 8)

SRI FDA Approvals Relapse free in weeks

SSRI	Prozac	Zoloft	Paxil	Effexor	Celexa	Lexapro
Major Depression	50	52	60	60	34	44
OCD	13	80	52	-	-	-
Panic Disorder	12	80	36	-	-	-
GAD	-	-	32	26	-	8
Social Anxiety	-	44	12	12	-	-
PTSD	-	52	12	-	-	-
PMDD	+	+	+	-	-	-
Bulimia nervosa	52	-	-	-	-	-

If At First You Don't Succeed:

- Add a second medication
- Change to a different medication
 - Same class
 - Different class
- Re-think the differential diagnoses
- Role of psychotherapy
- Motivation of patient

. . . . But What About Us??

Other Important Contributors to Anxiety & Depression

- **Genetic Predisposition**
- **Metabolic/Biological Factors**
- **Personality Structure**
- **Environmental Factors**
- **Developmental Factors**
- **Cultural Factors**
- **Spiritual Factors**

Conclusions

- **Most clinically relevant anxiety disorders are treated in the primary care setting.**
- **Many pharmacological options exist, with significant differences in mechanism of action, kinetics and secondary binding properties.**
- **SSRIs have proven to be a safe and effective first-line treatment for all anxiety disorders**