

Managing Anxiety Symptoms

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A.M.B.E.R. clinic
Albuquerque Multidisciplinary Behavioral Evaluation for Recovery and Resiliency

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Overview

- **Diagnostic considerations**
- **Putting on the brakes v Increasing awareness**
- **Medications have limitations**
- **Strategies and caveats working with multiple providers**

Dx Considerations

- **Anxiety is NORMAL and USEFUL**
- **except when it isn't...**
- **Often difficult to see it!**

Dx Considerations

- **Purpose**
 - **Look for extent of dysfunction**
- **Habitual response (PTSD; Avoidance)**
 - **Awareness may be low**
 - **2nd reporters may have accommodated**
- **Rationalization**
 - **Anticipation**

Brakes v Awareness

- **Prevention of dangerous outcomes: risk assessment**
- **Increase rigidity of behavior and routines**
- **OCB, OCD, ...psychotic proportions**

Brakes v Awareness

- **Scanning for danger;**
 - **hyper-vigilance**
- **Defensive, reactive, quick**
- **PTSD, Panic disorder, GAD**
 - **over-generalization**
 - **impatient irritability**

Clinical significance

- **Degree of impairment = limitations**
 - **clinician has to assess severity and risk to estimate time frame for therapeutic intervention**
- **Daily activities**
- **Functional routines?**
- **Risk to others...**

Medications...

- **Acute treatment; require changes in mental function (attribution and motivation)**
- **SSRI**
 - **increase serotonin**
 - **? disengage emotional connection**

Medications...

- **Tricyclics**
 - mixed receptor blockage
 - suppress REM
- **Benzodiazepines**
 - quick; effective; habit-forming
 - disinhibition

Medications...

- **Vascular blockers**
 - decrease physiologic messages
- **Antipsychotics?...**
- **ECT, TMS, DBS...**
- **Drugs of abuse/dependence**
 - MJ, Alcohol, opioids

Multidisciplinary Approach

- **Behavioral Supports & Transformations**
 - CBT
 - DBT
 - Exposure therapy
 - Group therapy
 - Individual psychotherapy
 - Sobriety maintenance

Multiple providers

- **Communication**
 - **Independent verification of effects, progress, setbacks**
- **Keeping common goal**
- **Adjust medications; adjust psychological pressure**
- **Focus on long-term (independent) functioning**

Challenges

- **Difficult to recognized some forms of dysfunction**
- **Side effects of other treatments may contribute to symptom exacerbation**
- **Have to preserve a functional anxiety**

Summary

- **Anxiety is universal**
- **Dysfunctional anxiety can be treated**
- **Multiple modalities support a balanced return to function**
- **Medication trials need to be logged**
- **Patient/support team must be active participants in maintenance of recovery**