Anxiety and Anxiolytics

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Definitions

• Fear
  – The emotional response to a real or perceived imminent danger

• Anxiety
  – The anticipation of future threat
Anxiety Disorders

• Phobias
  – Specific Phobias
  – Social Phobia
    • Performance anxiety

• Panic Disorder

• Agoraphobia

• Generalized Anxiety Disorder

• Substance/Medication-induced Anxiety Disorder

• Anxiety Disorder due to another medical condition
Phobias

• Specific Phobias
  – Fear/anxiety about a specific object or situation
  – E.g. flying, heights, animals, seeing blood
  – Object/situation is actively avoided or endured with intense fear/anxiety
  – Fear/anxiety is out of proportion to the actual danger
  – Fear/anxiety is persistent; causes distress/impairment
Phobias

- 12-month prevalence: 7-9%
- Females > Males (2:1)
- Median age of onset: 7-11 (mean 10)

- Treatment
  - CBT
Social Phobia

- Fear/avoidance of social interactions/situations that involve the possibility of being scrutinized
- Cognitions: negatively evaluated by others; being embarrassed, humiliated, rejected or offend others
- Specifier: Performance anxiety
Social Phobia

• 12-month prevalence: 7%
  – Lower in rest of world (0.5-2%); median prevalence in Europe 2.3%

• Median age of onset: 13 yo

• Treatment:
  – CBT
  – SSRIs, Benzodiazepines, MAOIs, gabapentin, Beta Blockers
Panic Disorder

- Recurrent unexpected panic attacks
- Panic attack: $\geq 4$
  - palpitations, tachycardia, sweating, trembling, dyspnea, choking, nausea, derealization, paresthesias, chills/heat sensation, fear of losing control-going crazy
- 12-month prevalence: 2-3%
- Females $>$ Males (2:1)
Panic Disorder

- CBT
- Benzodiazepines
- SSRIs
- MAOIs
Mastery of Your Anxiety and Panic

Therapist Guide

Michelle G. Craske
David H. Barlow
Agoraphobia

- Marked fear about using public transportation, being in open spaces, being in enclosed spaces, standing in line/being in a crowd, being outside the home alone

- 12-month prevalence: 2%
- Females > Males (2:1)
- Mean age of onset: 17 o
Generalized Anxiety Disorder

- Excessive worry
  - ‘worrying about worrying’
- Associated with feeling keyed up/restless, easily fatigued, different concentrating, irritability, muscle tension

- 12-month prevalence: 1-3%
- Median age of onset: 30 yo
- Treatment: SSRIs, SNRIs, TCAs,
Substance/Medication-induced Anxiety Disorder

• Caffeine
• Aminophylline
• Sympathomimetics
• Monosodium glutamate
• Hallucinogens
• Thyroid hormone
• Antipsychotic medications
Anxiety due to another medical condition

- Angina
- Cardiac arrhythmias
- Congestive Heart Failure
- Hypoglycemia
- Hypoxia
- Pulmonary embolism
- Sever pain
- Thyrotoxicosis
- Carcinoid
- Pheochromocytoma
- Meniere’s disease
Obsessive-Compulsive and Related Disorders

- Obsessive Compulsive Disorder
- Body Dysmorphic Disorder
- Hoarding Disorder
- Trichotillomania
- Exoriation/Skin picking Disorder
- Substance/Medication-induced OCD
Obsessive Compulsive Disorder

• Obsessions
  – Recurrent/persistent thoughts
    • Contamination, aggression, religion/scrupulosity, safety/harm, need for exactness/symmetry, somatic/bodily fears

• Compulsions
  – Repetitive behaviors that an individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly
    • Not done for pleasure; they reduce tension/distress
    • Checking, cleaning/washing, counting, repeating, ordering, hoarding/collecting,
OCD Specifiers

• Insight
  – With good/fair insight
  – With poor insight
  – With absent insight/delusional beliefs

• Tic-related
OCD

- 12-month prevalence: 1%
- Females (slightly) > males
- Males more commonly affected in childhood

- Mean age of onset: 19.5 yo

- Treatment: SSRIs + CBT; clomipramine
Body Dysmorphic Disorder

• Preoccupation with perceived defects/flaws in physical appearance
• Often associated with ideas of reference, social anxiety, depression

• Point-prevalence: 2.4%
• Median age of onset: 15 yo
• Most common age of onset: 12-13 yo

• Treatment: SSRIs; CBT
Trichitollomania and Excoriation

• Trichitollomania
  – Recurrent pulling out of one’s hair
  – Females > Males (10:1)

• Excoriation/Skin Picking Disorder
  – Recurrent skin picking resulting in skin lesions
  – Female > Male (75% are females)
Pharmacological Treatment
Benzodiazepines

– GABA A receptor agonist
– 3 classes
  • 2-keto
    – Clonazepam/Klonopin
    – Flurazepam/Dalmane
    – Chlordiazepoxide/Librium
    – Clorazepate/Tranxene
    – Diazepam/Valium
  • 3-hydroxy
    – Lorazepam/Ativan
    – Oxazepam/Serax
    – Temazepam/Restoril
  • Triazolo
    – Alprazolam/Xanax
    – Triazolam/Halcion

Metabolized by liver, so have longer half-lives
Metabolized by direct conjugation; Does not involve active metabolites
Metabolized by liver, but fewer active metabolites
Benzodiazepines

• Four uses
  – Anxiolytic
  – Sedation
  – Anticonvulsant
  – Muscle relaxant

• Discontinuation
  – Taper by no more than 25% of total dose per week
  – First 50% over 4 week period; then keep at 50% for several months
Serotonergic Agents

SSRIs
- OCD-spectrum; Social Phobia; GAD; Panic Disorder

HT1A Partial Agonist
- Buspirone/BuSpar

TCA
- Clomipramine: OCD
- Imipramine: Panic Disorder
Noradrenergic Agents

Alpha 2 agonists
  – Clonidine

Beta-blockers
Other Agents

Antihistamines
  – Hydroxyzine

• Anticonvulsants
  – Gabapentin/Neurontin
  – Pregabalin/Lyrica
  – Tiagabine/Gabatril