


# Anxiety

Anxiety disorders are highly prevalent and are the second most common mental health presentation in Australian general practice after depression (managed at a rate of 2.2 per 100 encounters). GP registrars are likely to have had very limited experience in assessing and managing anxiety disorders during their hospital training, and the supervisor can play a key role in increasing their skills. Ideally, registrars should complete formal Level 1 Mental Health Training during their first term.

<p><b>TEACHING AND LEARNING AREAS</b></p> 	<ul style="list-style-type: none"> <li>• Common manifestations of anxiety in general practice – GAD, panic disorder, phobias, PTSD</li> <li>• Assessment, including severity, comorbidities (depression, medical conditions etc.), suicidality</li> <li>• Assessment scales e.g. <a href="#">K10</a>, <a href="#">DASS21</a></li> <li>• <a href="#">Development of Mental Health Care Plans and other Medicare Treatment items</a></li> <li>• <a href="#">Non-pharmacological treatment</a> and psychology/mental health service referral (including local providers)</li> <li>• eMH tools - <a href="#">RACGP Guideline on e-Mental health</a></li> <li>• Medications, including use and S/E</li> <li>• Indications for psychiatry referral and local providers</li> <li>• Challenges in children and the elderly</li> </ul>						
<p><b>PRE- SESSION ACTIVITIES</b></p> 	<ul style="list-style-type: none"> <li>• Read the article AFP article – <a href="#">Anxiety Disorders – Assessment and Management in General Practice</a></li> </ul>						
<p><b>TEACHING TIPS AND TRAPS</b></p> 	<ul style="list-style-type: none"> <li>• Family history can be helpful in establishing a diagnosis</li> <li>• Consider anxiety in patients presenting with frequent and/or non-specific presentations e.g. headache, dizziness, chest pains, GIT disturbance</li> <li>• Untreated anxiety often leads to co-morbid depression</li> <li>• CBT is an appropriate first-line treatment for almost all types of anxiety disorders</li> <li>• Non-pharmacological interventions are equally as effective as medication in mild to moderate anxiety</li> <li>• Avoid benzodiazepines in long term anxiety management</li> <li>• When medicine is needed, SSRIs are the recommended first-line medicine choice</li> </ul>						
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<p><b>FOLLOW UP/ EXTENSION ACTIVITIES</b></p> 	<ul style="list-style-type: none"> <li>• Undertake the clinical reasoning challenge and discuss it during the session</li> <li>• Role play a patient presenting with acute anxiety and escalating panic attacks (including discussion of management of acute severe symptoms)</li> <li>• Undertake the youth mental health ALM on gplearning</li> <li>• Black Dog <a href="#">online learning modules</a></li> </ul>						

## Clinical Reasoning Challenge

Sam Moody is a 23-year-old law student and presents to you for the first time. He complains of 'not being right' for the past few months, with a constant feeling of dread, interrupted sleep, tiredness, frequent episodes of nausea, occasional palpitations, and a vague headache. He says that at times he feels 'totally overwhelmed' with his studies and his relationships. He is very worried about the impact on his university course. He has no known PMH, takes no medications, denies alcohol and other drug use, and does not smoke.

QUESTION 1. What is the MOST LIKELY diagnosis? List ONE specific diagnosis.

1 \_\_\_\_\_

QUESTION 2. What are the MOST IMPORTANT investigations to exclude other causes of Sam's symptoms? List up to FOUR.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

QUESTION 3. What are the MOST IMPORTANT broad management approaches for Sam's condition? List up to FOUR.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

# Anxiety

## ANSWERS

### QUESTION 1

What is the MOST LIKELY diagnosis? List ONE specific diagnosis.

- Generalised anxiety disorder

### QUESTION 2

What are the MOST IMPORTANT investigations to exclude other causes of Sam's symptoms? List up to FOUR.

- FBC
- TSH
- ECG
- BSL
- CRP

### QUESTION 3

What are the MOST IMPORTANT broad management approaches for Sam's condition? List up to FOUR.

- Psycho-education – information on anxiety etc.
- Lifestyle advice – exercise/caffeine reduction/sleep hygiene
- Psychological intervention e.g. ACT, CBT, including eMH
- Medication e.g. SSRI, TCAs