

Psychiatric NP Cheat Sheet: Anxiety Disorders



Generalized Anxiety Disorder (GAD)



Diagnostic Criteria (DSM-5)

- **Excessive anxiety and worry** occurring more days than not for ≥ 6 months
- **Difficulty controlling worry**
- Associated with ≥ 3 of the following:
 - Restlessness or feeling keyed up or on edge
 - Easily fatigued
 - Difficulty concentrating or mind going blank
 - Irritability
 - Muscle tension
 - Sleep disturbance
- Causes **clinically significant distress or impairment**
- Not attributable to substance or medical condition
- Not better explained by another mental disorder



Assessment Tools

Anxiety Assessment Tools

Tool	Severity Scale
GAD-7	0-4 minimal, 5-9 mild, 10-14 moderate, 15-21 severe
HAM-A	0-17 mild, 18-24 moderate, 25-30 severe
PSWQ	Measures worry severity
STAI	Distinguishes between state and trait anxiety

GAD-7 = Generalized Anxiety Disorder-7; HAM-A = Hamilton Anxiety Rating Scale; PSWQ = Penn STAI = State-Trait Anxiety Inventory



Treatment Approaches



First-Line Pharmacotherapy

SSRIs (Sheffler et al., 2023)

- Escitalopram: 10-20 mg daily
- Sertraline: 50-200 mg daily
- Paroxetine: 20-50 mg daily
- Fluoxetine: 20-80 mg daily
- Citalopram: 20-40 mg daily

SNRIs (Sheffler et al., 2023)

- Venlafaxine XR: 75-225 mg daily
- Duloxetine: 30-120 mg daily



Second-Line Pharmacotherapy (Melaragno, 2021)

- Buspirone: 15-60 mg daily (divided doses)
- Pregabalin: 150-600 mg daily (divided doses)
- Hydroxyzine: 25-100 mg TID-QID
- Beta-blockers: Propranolol 10-40 mg PRN (for somatic symptoms)



Third-Line/Adjunctive Pharmacotherapy (Melaragno, 2021)

- **Benzodiazepines (short-term use):**
 - Clonazepam: 0.5-2 mg daily
 - Lorazepam: 0.5-2 mg BID-TID
 - Alprazolam: 0.25-1 mg TID-QID
- Mirtazapine: 15-45 mg daily
- **Tricyclic antidepressants:**
 - Imipramine: 75-200 mg daily

Non-Pharmacological Treatments










- **Cognitive-Behavioral Therapy (CBT):** First-line psychotherapy
- **Mindfulness-Based Cognitive Therapy (MBCT)**
- **Acceptance and Commitment Therapy (ACT)**
- **Relaxation techniques:** Progressive muscle relaxation, deep breathing
- **Exercise:** 30 minutes of moderate activity most days
- **Sleep hygiene**
- **Caffeine and alcohol reduction**

Panic Disorder

Diagnostic Criteria (DSM-5)

- **Recurrent unexpected panic attacks**
- At least one attack followed by ≥ 1 month of:
 - Persistent concern about additional attacks
 - Worry about implications/consequences of attacks
 - Significant maladaptive change in behavior related to attacks
- Not attributable to substance or medical condition
- Not better explained by another mental disorder

Panic Attack Criteria

Panic Attack Symptoms		
Abrupt surge of intense fear/discomfort reaching peak within minutes, with		
 Palpitations, pounding heart, or accelerated heart rate	 Sweating	 Shortness of breath or smothering
 Trembling or shaking	 Choking or smothering	 Hot flashes or cold sweats
 Nausea or abdominal distress	 Dizziness, lightheadedness, or feeling faint	 Paresthesias (numbness or tingling)



Treatment Approaches

First-Line Pharmacotherapy

(Pull, 2008)

- **SSRIs:** Sertraline, paroxetine, fluoxetine
- **SNRIs:** Venlafaxine XR
- Start at lower doses than for depression
- Gradual titration to minimize side effects
- May see initial increase in anxiety

First-Line Psychotherapy

- **Cognitive-Behavioral Therapy (CBT)**
- **Panic-focused CBT**
- **Exposure therapy**
- **Breathing retraining**
- **Relaxation techniques**

Benzodiazepines

- Consider for short-term use only
- Useful for rapid symptom control while waiting for SSRI/SNRI effect
- Risk of dependence with prolonged use
- Clonazepam, alprazolam, lorazepam most commonly used
- Taper slowly when discontinuing



Social Anxiety Disorder



Diagnostic Criteria (DSM-5)

- **Marked fear or anxiety about social situations** where the individual is exposed to possible scrutiny by others
- Fears that they will act in a way or show anxiety symptoms that will be negatively evaluated
- Social situations **almost always provoke fear or anxiety**
- Social situations are **avoided or endured with intense fear**
- Fear or anxiety is **out of proportion** to the actual threat

- Causes **clinically significant distress or impairment**
- Not attributable to substance or medical condition
- Not better explained by another mental disorder



Treatment Approaches

First-Line Pharmacotherapy

- **SSRIs:** Paroxetine, sertraline, escitalopram
- **SNRIs:** Venlafaxine XR
- Higher doses often needed than for depression
- Treatment duration: 12+ months

First-Line Psychotherapy

- **Cognitive-Behavioral Therapy (CBT)**
- **Exposure therapy**
- **Social skills training**
- **Group therapy**

Second-Line/Adjunctive Treatments

- **Beta-blockers:** Propranolol 10-40 mg PRN for performance anxiety
- **Gabapentin:** 300-3600 mg/day
- **Pregabalin:** 150-600 mg/day
- **MAOIs:** Phenelzine (rarely used due to dietary restrictions)



Specific Phobia

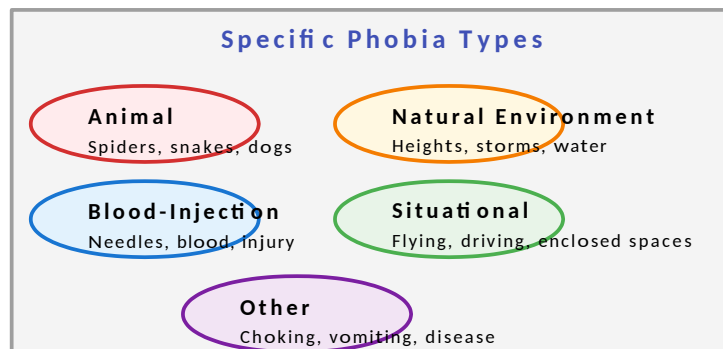


Diagnostic Criteria (DSM-5)

- **Marked fear or anxiety about a specific object or situation**
- The phobic object or situation **almost always provokes immediate fear or anxiety**
- The phobic object or situation is **actively avoided or endured with intense fear**

- The fear or anxiety is **out of proportion** to the actual danger
- Symptoms persist for **≥6 months**
- Causes **clinically significant distress or impairment**
- Not better explained by another mental disorder

Specific Phobia Types



Treatment Approaches

First-Line Treatment

- **Exposure therapy:** Most effective treatment
- **Cognitive-Behavioral Therapy (CBT)**
- **Virtual reality exposure therapy** (for certain phobias)

Pharmacotherapy

- Generally not first-line for isolated specific phobias
- **Beta-blockers:** Propranolol 10-40 mg PRN for anticipated exposure
- **Benzodiazepines:** Short-term use for anticipated exposure
- **D-cycloserine:** May enhance exposure therapy (investigational)



Agoraphobia



Diagnostic Criteria (DSM-5)

- **Marked fear or anxiety** about ≥ 2 of the following:
 - Using public transportation
 - Being in open spaces
 - Being in enclosed spaces
 - Standing in line or being in a crowd
 - Being outside the home alone
- Individual **fears or avoids these situations** due to thoughts that escape might be difficult or help might not be available if panic-like symptoms occur
- Situations are **actively avoided, require a companion, or endured with intense fear**
- Fear or anxiety is **out of proportion** to the actual danger
- Symptoms persist for **≥ 6 months**
- Causes **clinically significant distress or impairment**
- Not better explained by another mental disorder



Treatment Approaches (Balaram & Marwaha, 2023)

Pharmacotherapy

- **SSRIs:** Paroxetine, sertraline, fluoxetine
- **SNRIs:** Venlafaxine XR
- **TCAs:** Imipramine, clomipramine
- **Benzodiazepines:** Short-term use only

Psychotherapy

- **Cognitive-Behavioral Therapy (CBT)**
- **Exposure therapy** (in vivo)
- **Panic management techniques**
- **Relaxation training**



Differential Diagnosis

Medical Conditions

- Thyroid disorders (hyper/hypothyroidism)
- Cardiac conditions (arrhythmias, MVP)
- Respiratory disorders (asthma, COPD)
- Vestibular dysfunction
- Seizure disorders
- Hypoglycemia
- Pheochromocytoma
- Carcinoid syndrome

Psychiatric Conditions

- Major depressive disorder
- Bipolar disorder
- Other anxiety disorders
- PTSD
- OCD
- Somatic symptom disorders
- Personality disorders
- Psychotic disorders








Substance-Induced Considerations

- **Intoxication:** Caffeine, stimulants, cannabis, hallucinogens
- **Withdrawal:** Alcohol, benzodiazepines, opioids, stimulants
- **Medications:** Sympathomimetics, steroids, thyroid supplements, anticholinergics



Recommended Workup

Initial Evaluation

-  **Laboratory:** CBC, CMP, TSH, free T4, urine toxicology
-  **Consider:** ECG, pulmonary function tests
-  **Screening tools:** GAD-7, PSWQ, HAM-A, specific disorder scales
-  **History:** Onset, course, triggers, avoidance behaviors, comorbidities
-  **Risk assessment:** Suicidality, substance use, functional impairment

- 🔍 **Rule out:** Medical conditions, substance-induced anxiety

Follow-Up and Monitoring

Recommended Schedule

- 📅 **Initial phase:** Every 1-2 weeks until stable
- 📅 **Maintenance phase:** Every 1-3 months

Monitoring Parameters

- 📊 **Symptom severity:** GAD-7 or disorder-specific scales
- ⚠️ **Side effects:** Sexual dysfunction, GI issues, activation
- 🔄 **Treatment adherence:** Assess barriers and address concerns
- 🧠 **Functional improvement:** Work, relationships, avoidance behaviors
- 💊 **Benzodiazepine use:** Monitor for dependence if prescribed

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