

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 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	Shortness of breath/rapid heart rate
Sweating	Hot flushes
Trembling or shaking	Chest pain/dysfunction (narrowing)
Nausea or abdominal distress	Dizziness/light-headedness/loss of balance

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)

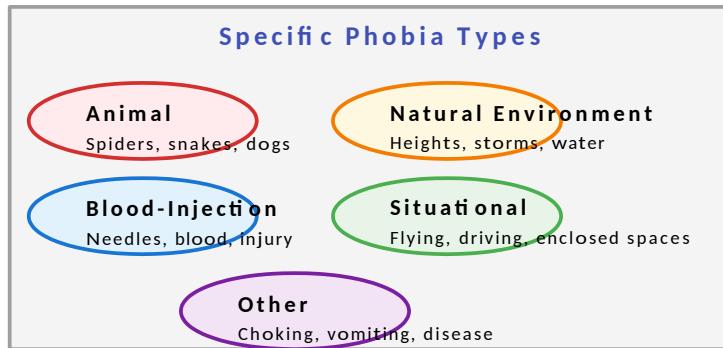
Specific Phobia

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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