

# ANXIETY TREATMENT OVERVIEW

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# Learning Objectives

1. Identify factors that may contribute to or worsen anxiety (including other medications, substances, medical conditions).
2. List non-pharmacological treatment options for treating anxiety disorders.
3. List first- and second-line medication used for acute (bridge) and maintenance treatment of anxiety disorders.

# Medications & Substances: mimic/worsen anxiety

## Adverse Effects

- Antidepressants and other serotonergic agents
- Stimulants
- Sympathomimetics
- Dopaminergics
- Anticholinergics
- Albuterol

## Withdrawal

- Benzodiazepines
- Opioids
- Sedatives
- Antidepressants
- Alcohol
- Nicotine

# Medical Conditions: mimic/worsen anxiety

- Angina / MI
- Arrhythmias
- Anemia
- Electrolyte imbalances
- Hypoglycemia
- Hypo / Hyperthyroidism
- Asthma
- COPD

# Practice Patient Case

**HPI:** TK is a 42 yo male who has been experiencing steadily worsening worry to the point where he is often too exhausted to leave the house for work, and when he is able to go he cannot concentrate. He has had an anxious personality his entire life, but has always been able to deal with it until now. Has experienced daily neck tightness and tension headaches. Frequent stomach aches. Last month went to urgent care for palpitations thinking he was experiencing a heart attack. ECG was normal, and he was sent home with instructions to see his PCP for f/u.

**PMH:** Depressive episodes (on and off since 18yo)

**Past Med Trials:** paroxetine, fluoxetine

**Current Meds:** bupropion (started 2 months ago)

**SH:** (+) EtOH (6-8 beers/day) and tobacco (1ppd); (+) caffeine intake (2 cans diet dew each AM, 1 can in PM)

**Substances:** Daily marijuana

**Vitals:** BP 112/52; HR 72; Wt 182 lbs; Ht 5'10"

Measure symptom severity with validated scale (eg, GAD-7)

Repeat measurement at each visit to track disease severity and assess treatment response

### Stepped care<sup>a</sup>

- 1 Lifestyle interventions (physical exercise; mindfulness-based stress reduction; patient education)
- 2 Pharmacotherapy or cognitive behavioral therapies (CBTs) (or both)

#### Antidepressant (SSRI or SNRI)<sup>b</sup>

##### Dosage:

Start with lowest dose; titrate every 2-4 weeks to highest tolerated FDA-approved dose

##### Duration of treatment:

Trial period 8-10 weeks including  $\geq 2$  weeks at highest tolerated dose. If effective, maintain at highest tolerated dose for 9-12 months before taper is considered

#### CBT by qualified therapist

Education

Self-monitoring

Cognitive restructuring

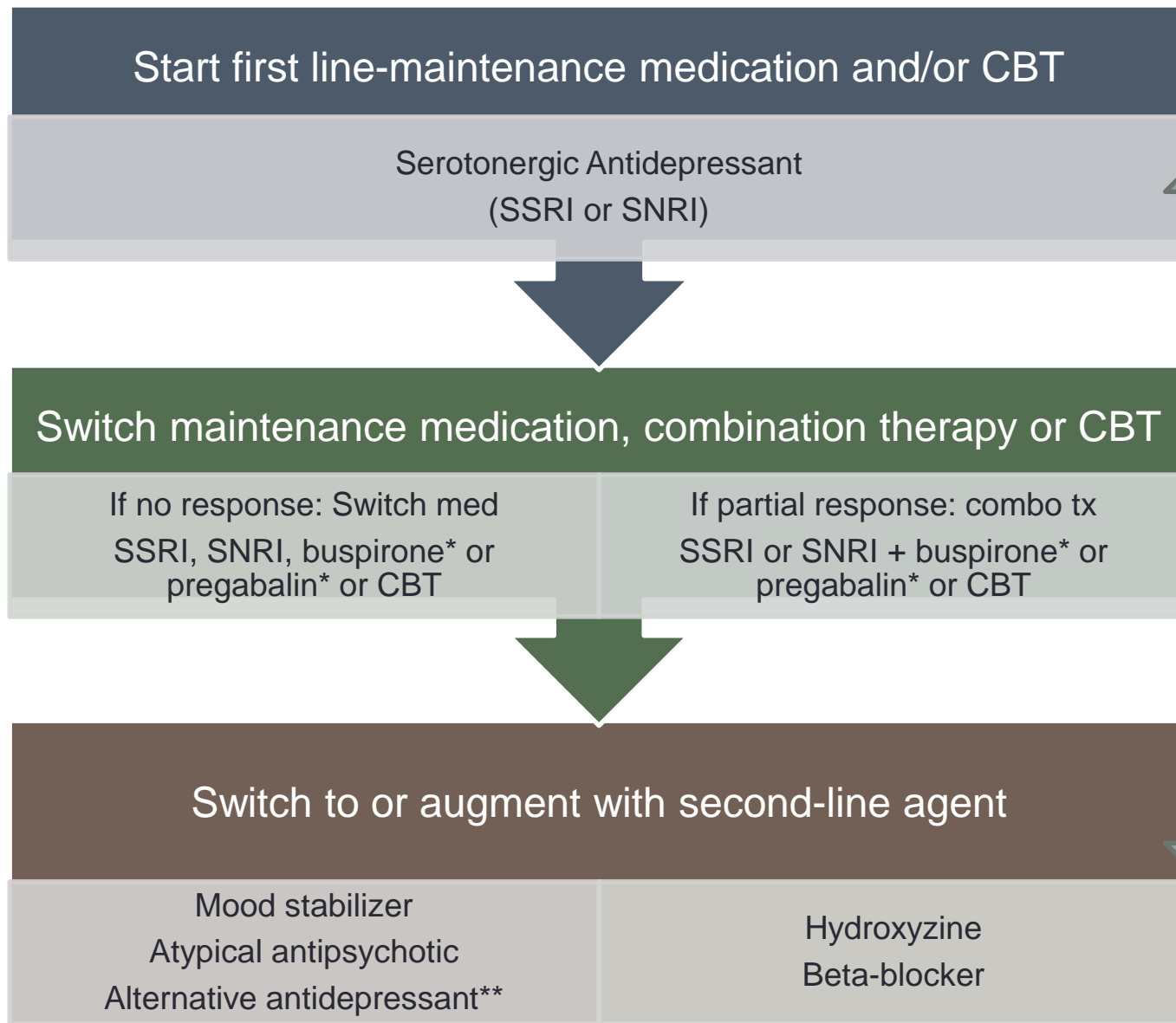
Exposure therapy

Breathing retraining or relaxation

- 3 If inadequate response after treatment trial or adverse effects:
  - switch treatment strategy (eg, change to CBT if treatment was started with an antidepressant or add CBT if antidepressant partially effective)
  - change antidepressant
  - refer to psychiatrist for advanced medication management

<sup>a</sup> Discuss treatment options with the patient and choose initial treatment together.

<sup>b</sup> Considerations for choice of antidepressant include cost, prior patient experience with antidepressants, and physician prescribing familiarity.



Bridge therapy if  
high degree of  
functional  
impairment

\*pregabalin and buspirone for  
generalized anxiety disorder  
(GAD) only

\*\*alternative antidepressants  
include mirtazapine or TCAs;  
avoid bupropion

\*\*Guidelines available from: American Psychiatric Association (APA), World Federation of Societies of Biological Psychiatry (WFSBP), and British Association for Psychopharmacology.<sup>1-4</sup>

**Bridging Therapy**- used in short-term to alleviate acute anxiety symptoms



**Benzodiazepine**- anxiety significantly impedes performance of ADL and no safety concerns

**\*\*Gabapentin, hydroxyzine, atypical antipsychotic**- alternatives to benzodiazepine therapy for acute treatment if safety concerns exist



**Sleep aid**- anxiety significantly impairing ability to sleep  
-trazodone, mirtazapine, TCA, hydroxyzine

\*\*Not FDA-approved or well studied methods, but are sometimes used in practice due to lack of other options for acute anxiety treatment



# Questions??

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