



# Assessment and Phenomenology

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# Disclosures

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# Objectives

- By the end of this brief session, you will be able to:
  - Explain the epidemiology of the major anxiety disorders
  - Discuss the differential diagnosis of anxiety
  - Describe the types of anxiety disorders and instruments for assisting in diagnosis

# Prevalence of Adult Anxiety Disorders

Table 2. Lifetime Prevalence of *DSM-IV*/WMH-CIDI Disorders in the Total NCS-R Sample and by Age

	Prevalence, % (SE)					$\chi^2*$
	Age, y					
	Total	18-29	30-44	45-59	$\geq 60$	
<b>Anxiety Disorders</b>						
Panic disorder	4.7 (0.2)	4.4 (0.4)	5.7 (0.5)	5.9 (0.4)	2.0 (0.4)	52.6†
Agoraphobia without panic	1.4 (0.1)	1.1 (0.2)	1.7 (0.3)	1.6 (0.3)	1.0 (0.3)	4.5
Specific phobia	12.5 (0.4)	13.3 (0.8)	13.9 (0.8)	14.1 (1.0)	7.5 (0.7)	54.3†
Social phobia	12.1 (0.4)	13.6 (0.7)	14.3 (0.8)	12.4 (0.8)	6.6 (0.5)	109.0†
Generalized anxiety disorder	5.7 (0.3)	4.1 (0.4)	6.8 (0.5)	7.7 (0.7)	3.6 (0.5)	39.9†
Posttraumatic stress disorder‡	6.8 (0.4)	6.3 (0.5)	8.2 (0.8)	9.2 (0.9)	2.5 (0.5)	37.9†
Obsessive-compulsive disorder§	1.6 (0.3)	2.0 (0.5)	2.3 (0.9)	1.3 (0.6)	0.7 (0.4)	6.8
Separation anxiety disorder	5.2 (0.4)	5.2 (0.6)	5.1 (0.6)			0.0
Any anxiety disorder¶	28.8 (0.9)	30.2 (1.1)	35.1 (1.4)	30.8 (1.7)	15.3 (1.5)	89.9†
<b>Mood Disorders</b>						

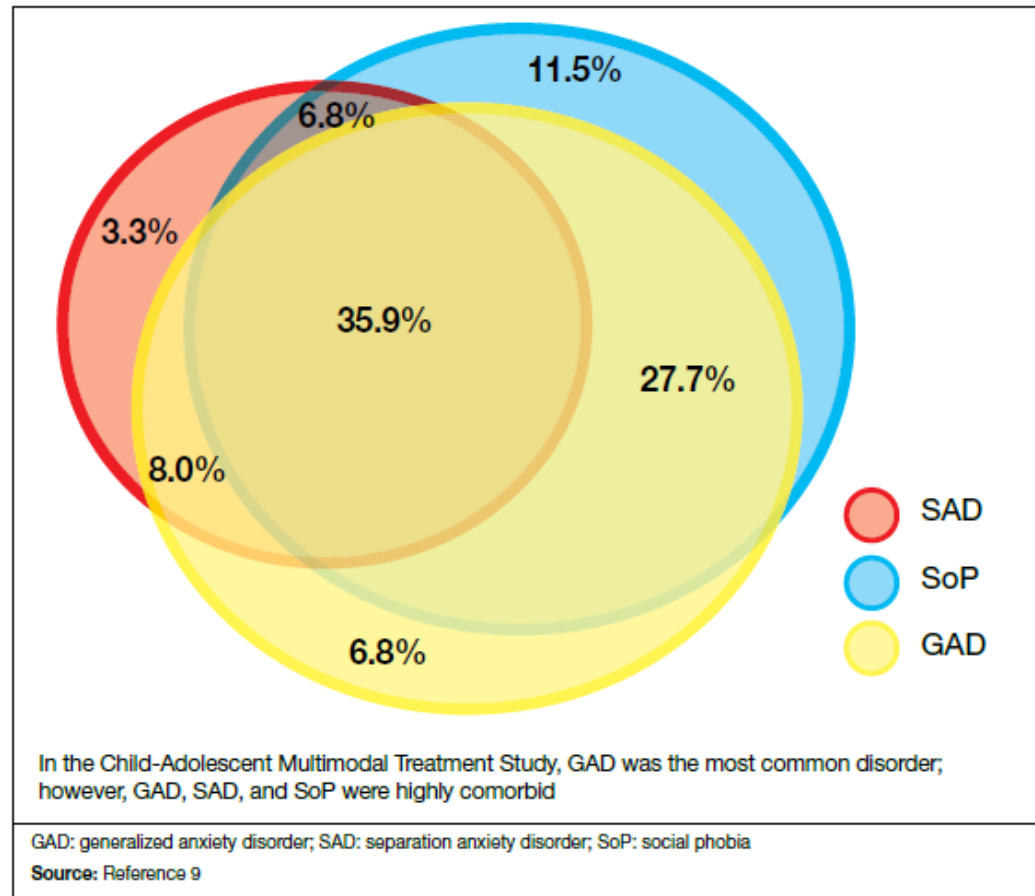
From Kessler et al., Arch Gen Psych, 2005

# Differential Diagnosis

- **ADHD:** (restlessness, inattention); one-third of kids with ADHD also have an anxiety disorder
- **Autism:** (socially awkward/withdrawn, rigidity)
- **Mood disorder:** (poor concentration, disordered sleep, somatic preoccupation of depression, restlessness and irritability of bipolar disorder)
- **Medical:** hyperthyroid, asthma
- **Meds:** SSRIs, antipsychotics, sympathomimetics.

# Anxiety Disorders Often Occur Together

The pediatric anxiety disorders triad: Comorbidity is common



Strawn et al., 2012

# Major DSM 5 Anxiety Disorders

- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder
- Separation Anxiety Disorder
- Specific Phobias (animals, blood injury, situations)
- Social Anxiety Disorder
- Selective Mutism
- Unspecified Anxiety Disorder
- Related Disorders
  - Obsessive-Compulsive Disorder
  - Trauma Related Disorders

# Panic Disorder

- Panic Attacks (multiple somatic symptoms)
- PLUS one month of concern or change in behavior about having additional panic attacks
- Agoraphobia now separate
- From ECA study, 18% of PD adults indicated onset before age 10 (von Korff 1985)



# Generalized Anxiety Disorder

- Excessive worry accompanied by (3 of 6)
  - Restlessness, fatigability, concentration problems, irritability, muscle tension, sleep disturbance
- Equal gender ratio until adolescence then female > male
- More common in middle and upper SES groups
- Often multiple somatic complaints
- Perfectionism
- High need for reassurance/questions

# Separation Anxiety Disorder

- School refusal (common presenting problem)
- Frequent calling
- Refusal to go to sleep overs
- Cant be left with babysitter
- Parents need to be in same room
- Protests to keep parent from leaving
- In DSM-5 can now be diagnosed in adulthood

# School Refusal

- Affects about 5% of school-age children
- Bimodal onset peak at 5-6 and 10-11
- Frequently the event that sparks clinical intervention often on an urgent basis
- Need to assess for trauma

# Social Anxiety Disorder

- General and specific subtype
- One of the most common
- Prominent fear of scrutiny or negative evaluation by others
- Related to depression and substance abuse

# Social Anxiety Disorder

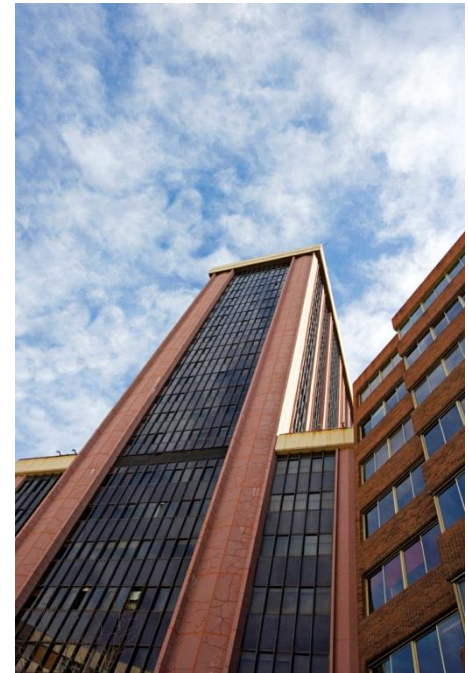
## Common Feared Situations

- Reading aloud (71%)
- Musical/athletic performances (61%)
- Joining conversation (59%)
- Speaking to adults (59%)
- Starting conversation (58%)
- Writing on blackboard (51%)
- Ordering food (50%)
- Attending dances (50%)
- Taking tests (48%)
- Going to parties (46%)
- Answering a question in class (46%)
- Working/playing with others (45%)
- Asking teacher for help (44%)
- PE class (37%)

(Beidel et al. 1999)

# Specific Phobia

- Previously called simple phobia but not so simple
- Subtypes: animal, natural environment, blood injury, situational
- Target can be heights, small places, animals
- Very common but often not directly treated
- Genetic influence for things that have been in society for thousands of years



# Trauma Related Disorders

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder

# PTSD

- Think A-R-E-A
  - Avoidance (of feared situation)
  - Re-experience of event
  - Event
  - Arousal
- More than one month of symptoms, if 3 days  
→ 1 month then Acute Stress Disorder



# PTSD

- Lifetime prevalence of 6%
- Very high rate of comorbidity
- Very few controlled treatment trials
- Rates vary by Trauma Type
  - 10% Natural Disaster-90% Rape
  - Repetitive>>Single Incident
  - Interpersonal>>>Environmental

# Anxiety Assessment Instruments

- Sensitivity to detecting cases in primary care is low (44.5%) whereas general practitioners' ability to correctly identify noncases as not having the disorder is high (specificity 90.8%) (Olariu et al, 2015)
- This is consistent with results for depression (sensitivity 50.1%; specificity 81.3%) Mitchell et al 2009.
- The percentage of under recognition is even higher when diagnoses are unassisted by instrumentation, with a drop of almost 50% in sensitivity levels with respect to assisted diagnoses.

# Anxiety Assessment Instruments

- 2-5 min
  - Patient Health Questionnaire-4 (PHQ-4)
  - Hospital Anxiety and Depression Scale (HADS) \*
- 5-10 min
  - Beck Anxiety Inventory (BAI) \*
  - Generalized Anxiety Disorder-7 (GAD-7) \*
  - State Trait Anxiety Inventory (STAI) \*
  - Mood and Anxiety Symptoms Question. (MASQ)
  - Anxiety Screening Question. (ASQ-15)
- 10-15 min
  - Anxiety Disorders Diagnostic Question. (ADDQ)
  - Zung Anxiety Scale \*
  - Penn State Worry Questionnaire
  - Adult Behavior Checklist/Adult Self Report

# Conclusions

- Anxiety disorders are common and are commonly comorbid
- Accurate diagnosis in primary care is difficult, but improves with instrumentation
- There are multiple screening and in depth instruments available for use in the office

# Thank you!

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