

# Mind Matters ECHO

**Module:** Anxiety

**Session 1:** Barriers to Screening for Anxiety:  
Effective Solutions for Proactive Anxiety  
Management

January 12, 2022



**Mount  
Sinai  
Health  
Partners**

# Welcome!

- ▶ Pre-survey: [bitly.com/anxietymeeting1](https://bitly.com/anxietymeeting1)
- ▶ Hub team introductions
- ▶ Disclosures
- ▶ Questions during presentations

# Case Presentation



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City Care Family Practice

# Patient Information

## Demographic Information

- 50 year old cis female
- Commercial insurance
- Employed full time (art teacher)
- Lives with spouse/partner and children

## Medical History

- Hypothyroidism well controlled with levothyroxine

## Current Medications

- Levothyroxine 75 mg daily
- Escitalopram 5 mg daily
- Alprazolam 0.5 mg prn

## Past Psychiatric Medications

- Alprazolam for short periods

# Patient Information

## Current Psychiatric Diagnoses

- Generalized anxiety

## Current Symptoms

- Anxiety is currently controlled, she sees a therapist intermittently

## Symptoms of Anxiety/Panic

- Palpitations
- Fear of Losing Control
- Fear of Dying
- Parasthesias
- Constant worry
- Intrusive worrisome thoughts
- Ruminative thought pattern
- Hypervigilance
- Fatigue
- Palpitations
- Headache
- Stroke-like symptoms

# Patient Information

## Past Psychiatric History

- 2008-2016– patient had multiple visits for fatigue, headaches, palpitations. No cause was ever found
- Many years of "all or nothing" thinking
- Poor job choices/ never happy at work
- Went to a writer's retreat in Bali in 2014; was writing a book about her life. Hospitalized in Bali for 7 days with headache and paresthesias. MRIs and CTs all normal. Full Neurologic evaluation when she returned to NY. Diagnosed with migraines and paresthesias due to hyperventilation
- Frequent visits for insomnia, bloating and anxiety.
- GAD-7 in 2016 (prior to Escitalopram): 13
- GAD-7 in 2019: 3
- Severe depression and anxiety in college; seen by multiple psychiatrists and therapists but never took medication due to fear. At times spoke with a therapist every other day for months during college.

## Family Psychiatric and Medical History

- Brother died by suicide (gunshot) at 15 years old
- Mother died by suicide when patient was 26 years old
- Mother was an alcoholic, father “unkind”

## History of Trauma

- Childhood verbal/emotional
- Adult verbal/emotional

# Patient & Case Information

## Current Treatment Plan for Psychiatric Conditions

- Escitalopram 5 mg daily
- Alprazolam 0.5 mg prn

## Areas of Support and Consultation Being Sought

- Diagnostic clarification
- Pharmacological consultation
- Identify appropriate behavioral health referrals
- Identify appropriate psychosocial referrals

## Main Question

- Is it appropriate for a Family Physician to manage this patient's anxiety over a long period of time? Or, is a Family Physician the MOST appropriate person to manage this patient's anxiety over a long period of time?

# Screening for Anxiety

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Wednesday, January 12, 2022



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## Anxiety Overview

It is estimated that over 40 million (19.1%) adults in the United States currently have an anxiety disorder (National Institute of Mental Health [NIMH])

### ▶ **Panic disorder**

- 6-7 million (2.7%) adults
- Just under 1 million (2.3%) adolescents (NIMH)

### ▶ **Obsessive-compulsive disorder (OCD)**

- 2-3 million (1.2%) adults
- 500,000 children & adolescents (IOCF; NIMH)
- It takes over 10 years for someone with OCD to receive treatment (Pinto et al., 2006)

# Panic Disorder: Physical Symptoms

- Palpitations
- Pounding or racing heart
- Shortness of breath
- Feelings of choking
- Tightness or heaviness in their chest
- Feeling dizzy
- Unsteady
- Lightheaded or faint
- Sweating
- Trembling or shaking
- Nausea
- Tingling sensations or numbness in their hands or feet
- Chills or heat sensations
- Symptoms of unreality (i.e., changes in their vision or perception)

## Panic Disorder: Anxious Thoughts

- ▶ Often include fears about an underlying medical condition or being out of control of their mind or body
- ▶ Examples
  - *“What if something’s wrong with my heart?”*
  - *“What if my heart stops?”*
  - *“What if I stop breathing?”*
  - *“What if I have an aneurysm?”*
  - *“What if I die?”*



## **Panic Disorder: Avoidance and Safety Behaviors**

- ▶ Includes avoidance of anything that might lead to subtle changes in their body or symptoms of panic
- ▶ Over-reliance on things that reduce discomfort or alleviate fears

# Overcoming Barriers: Panic Disorder

## ▶ Validate & Normalize

- Even though medical problems have been ruled out, patients are still experiencing a real and frightening, physical reaction from their body

## ▶ Build Awareness

- Anxiety has the power to trigger this reaction from their body
- Activating their fight v flight response
- Even though feels extremely uncomfortable & frightening, what they're experiencing is a natural reaction from their body

## ▶ Instilling Hope

- Cognitive-behavioral therapy for panic disorder is very effective
  - Has shown to have an 80% success rate (Clark & Salkovskis, 2009)
- Can help them learn tools and strategies for managing their anxiety

# Screening Tools

## ► For children & adolescents

### – Screen for Child Anxiety Related Disorders

(SCARED child/parent)

- [https://www.pediatricbipolar.pitt.edu/sites/default/files/SCAREDChildVersion\\_1.19.18.pdf](https://www.pediatricbipolar.pitt.edu/sites/default/files/SCAREDChildVersion_1.19.18.pdf)
- [https://www.pediatricbipolar.pitt.edu/sites/default/files/SCAREDParentVersion\\_1.19.18\\_0.pdf](https://www.pediatricbipolar.pitt.edu/sites/default/files/SCAREDParentVersion_1.19.18_0.pdf)
- Available in several languages:  
<https://www.pediatricbipolar.pitt.edu/resources/instruments>

## ► For adults

### – The Beck Anxiety Inventory

- <https://www.jolietcenter.com/storage/app/media/beck-anxiety-inventory.pdf>

### – The Penn-State Worry Questionnaire for Generalized Anxiety Disorder

- <https://novopsych.com.au/wp-content/uploads/2021/03/Penn-State-Worry-Questionnaire-PSWQ-pdf-template.pdf>

### Beck Anxiety Inventory (BAI)

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wobbliness in legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Penn State Worry Questionnaire (PSWQ)

#### Instructions:

Choose the response that best describes how typical or characteristic each item is of you.

		Not at all typical	Rarely typical of me	Somewhat typical of me	Often typical of me	Very typical of me
1	If I don't have enough time to do everything, I don't worry about it.	5	4	3	2	1
2	My worries overwhelm me.	1	2	3	4	5

## Obsessive-Compulsive Disorder: Core Symptoms

- ▶ **Obsessions:** unwanted, intrusive thoughts, images or impulses that come up over & over again that feel unmanageable and beyond the person's control.
  - Leads to feelings of anxiety, disgust, guilt and shame; or the experience that something feels “off” or wrong.
- ▶ **Compulsions (aka rituals):** any thought or behavior intended to reduce anxiety/discomfort or prevent feared outcomes.

## Obsessive-Compulsive Disorder: Types of OCD

- ▶ **Contamination:** fear of contracting or spreading germs or illnesses
- ▶ **Emotional Contamination:** fear that being around certain people will contaminate their character or change an essential part of them
- ▶ **Responsibility/Checking OCD:** fear of causing a catastrophic event or hurting someone because they weren't careful enough & feeling responsible for preventing it
- ▶ **Harm OCD:** fear of intrusive violent/horrific mental images & fear of losing control
- ▶ **Sexual Obsessions:** unwanted taboo, sexual thoughts or images (i.e., about family or children)

▶ *Continued on next slide....*



## Obsessive-Compulsive Disorder: Types of OCD (*continued*)

- ▶ **Perfectionism/Just-Right OCD:** recurrent doubts or feelings that something is incomplete or not right. For instance, the need for objects to be exact or even, or fear of making the “wrong” choice which can leave people stuck in indecision
- ▶ **Moral Scrupulosity:** excessive concerns and doubts about being a “good/bad” person or doing something wrong or immoral
- ▶ **Religious Scrupulosity:** fear of doing something that goes against their religious beliefs, for instance committing a sin or experiencing sacrilegious thoughts/images
- ▶ **Relationship OCD:** doubts about one’s relationship, for instance fear about being in the wrong relationship or persistent doubts about trust, fidelity or genuineness of the relationship

# Obsessive-Compulsive Disorder

## ► Case Example

28 y/o who experiences intrusive doubts about the safety of his friends/family and feels responsible for preventing it

- **Obsessions:** intrusive images of his partner hurt/dying + dread/fear
- **Compulsion/ritual:** repeating phrases that feel safe, saying prayers a specific number of times until it feels right, calling to check on their partner's safety

# Overcoming Barriers: OCD

## ▶ **Validate & Normalize**

- Anxieties/fears are often connected to the most valued aspects of a person's life
- The majority of people experience intrusive thoughts
  - Patients are not alone in what they're experiencing
  - It's not a representation of their character or who they are

## ▶ **Build Awareness**

- ▶ Acknowledge symptoms as OCD
  - Improve understanding of their experience
  - Discuss actions they can take and options for treatment

## ▶ **Instilling Hope**

- Exposure and Response Prevention (ERP) and medications (SRIs) are the most effective treatments for OCD (IOCDF; NIMH)
  - Effective for 70% of adults and 65-80% of children & adolescents (IOCDF)
  - Studies have shown clients experience more benefit from ERP or a combination of ERP + medication, compared to SRIs as the standalone treatment (Foa et al., 2005)

# Screening Tools

## ▶ Yale-Brown Obsessive Compulsive Scale II (YBOCS)

– <https://iocdf.org/wp-content/uploads/2021/01/YBOCS-II-SR-v.7.pdf>

## ▶ Obsessive-Beliefs Questionnaire (OBQ)

– <https://iocdf.org/wp-content/uploads/2016/04/08a-Obsessional-Beliefs-Questionnaire-Score-Key.pdf>

Part A			
Y	N	01. Excessive concern with germs	e.g. excessive fear that you will contract an illness from door handles, other people, or objects.
Y	N	02. Excessive concern with contaminants or chemicals	e.g. excessive fear that you will be poisoned or contract cancer from household cleaners, asbestos, radiation, pesticides, or toxic waste.
Y	N	03. Excessive concern that you will harm others by spreading germs or contaminants.	e.g. you are excessively concerned that you will make someone else sick because you transferred germs or chemical residue from yourself or an object you touch.
Y	N	04. Excessive concern or disgust with bodily waste or fluids	e.g. excessive fear or disgust for contact with urine, feces, saliva or blood.
Y	N	05. Excessive concern or disgust with sticky substances or residues	e.g. you are excessively bothered by adhesive residue, chalk dust, or grease.

Obsessional Beliefs Questionnaire (OBQ-44)		(Score Key)						
RT	1. I often think things around me are unsafe.	1	2	3	4	5	6	7
PC	2. If I'm not absolutely sure of something, I'm bound to make a mistake	1	2	3	4	5	6	7
PC	3. Things should be perfect according to my own standards.	1	2	3	4	5	6	7
PC	4. In order to be a worthwhile person, I must be perfect at everything I do.	1	2	3	4	5	6	7

## Resources for Patients & Physicians

### ▶ The International OCD Foundation

- Provides general info about OCD & includes a directory of therapists, psychiatrists, support groups and intensive-therapy programs: <https://iocdf.org/about-ocd/>

### ▶ NOCD

- Provides tele-therapy & accepts a range of insurance: <https://www.treatmyocd.com>

### ▶ Readings

- Mastery of Your Anxiety & Panic by David H. Barlow & Michelle Craske
- When Panic Attacks by David D. Burns
- Freedom from Obsessive-Compulsive Disorder by Jonathan Grayson
- The Mindfulness Workbook for OCD by Jon Hershfield & Tom Corboy
- When a Family Member Has OCD by Jon Hershfield