Psychiatric Consultation to Primary Care

A behavioral health integration partnership program of Vista Hill, funded by San Diego County Department of Behavioral Health Services

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SmartCare PC2

E-Weekly

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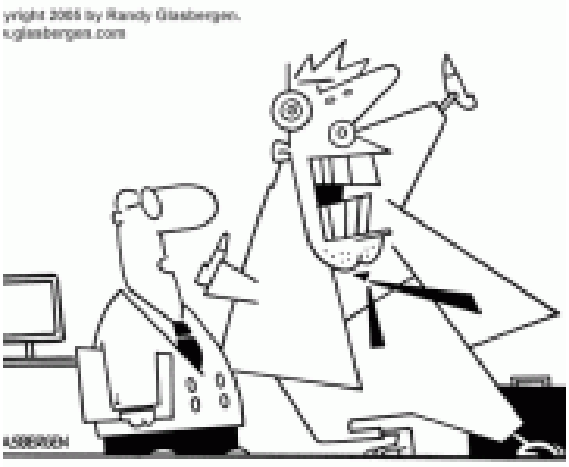
Anxiety treatment revisited

One infrequently used, yet effective intervention in the treatment of anxiety disorders is propranolol. Any beta blocker will do, but this is the one that we have the most familiarity with. Low dose propranolol can at times be highly effective for the acutely anxious patient and for the complex patient with co-occurring substance use/abuse issues. Benefit may at times occur promptly and dramatic particularly in patients with sympathetic arousal symptoms.

Propranolol is the ideal candidate because it works directly on those systems responding to the sentiment provoking anxiety response. Its beta blocking mechanism prevents the elevation of blood pressure, pulse and respiration. It also has an arresting effect on increased diaphoresis. Reducing somatic responses can reassure the individual that there is no impending doom to fear, in a positive feedback loop involving body and brain.

All that is required for the use of beta blockers in the psychiatric or primary care setting is a set of vital signs, an EKG, and an informed consent. Patients should be advised that this is an off label but well accepted use. Primary side effects to watch are the typical allergic reactions, sleep onset difficulties, and possible fatigue. The usual starting dose for propranolol is 10 mg two to four times daily. Patients with cardiac vulnerabilities should be monitored.



"I'd like to apologize for asking you to step outside of your comfort zone."

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Substance Use Disorders in Patients with Anxiety Disorders

From Psychiatric Times, Vol28No.9

Patients who seek treatment for anxiety disorders often have problems with alcohol or drug abuse and are also at increased risk for developing such problems. Substance Abuse Disorders (SUDs) occur significantly more often in patients with anxiety disorder. The odds of alcohol dependence are 2-3 times greater; and, even higher for other drug dependencies.

In a college study done by Kushner and colleagues, the odds ratio for developing alcohol dependence within 4 to 7 years were 3 to 5 times higher in college freshmen with an anxiety disorder.

Monitoring for substance use or abuse is thus critical for patients with anxiety disorders. Co-morbid illness is frequently noted as self medication with alcohol and drugs is common. Substance use can disrupt affective system functioning leading to further anxiety, depression or other problems.

PC2 Screening Toolkit Recommendation: The most widely used screening tools include the 4 item CAGE questionnaire, and the 10 item AUDIT (Alcohol Use Disorders Identification Test). These screenings can be found on the pc2education.org webpage.

JUST ASK:

Openly asking about alcohol and other substance use and abuse is important with patients, most of whom provide selective disclosure on issues that may be of concern. Asking whether a patient experiences any risk or negative consequences from their substance use may help inform you if to try to intervene. .

NIAAA Intervention Guidelines:

Table 5 NIAAA advise and assist brief intervention[35]

- State your assessment conclusions and recommendations clearly (eg, "you are drinking more than is medically safe")
- Assess the patient's readiness to reduce level of use
- Negotiate a drinking goal
- Generate a plan to meet the goals
- Provide educational materials developed by the NIAAA (include risks particular to patients with anxiety disorders)
- Follow up and reassess progress toward goals at the patient's next visit

NIAAA, National Institute on Alcohol Abuse and Alcoholism.