

Anxiety Disorders Protocol

Disclaimer:

This AI generated protocol is provided for informational and example purposes only. It is not intended to serve as medical, legal, or regulatory advice. Healthcare providers and organizations should review and adapt this protocol to align with their specific clinical practices, regulatory requirements, state laws, and institutional policies. Any implementation of this protocol should include regular updates based on evolving best practices, local regulations, and expert consultation.

1. Initial Screening and Risk Identification

A. Goals:

- Identify the presence and severity of anxiety symptoms.
- Determine immediate risks, such as panic attacks, functional impairment, or co-occurring mental health conditions.

B. Screening Tools:

1. Generalized Anxiety Disorder 7-item (GAD-7) Scale

- A brief, 7-item self-report questionnaire used to screen for generalized anxiety disorder and assess its severity.

URL: <https://www.hiv.uw.edu/page/mental-health-screening/gad-7>

2. Beck Anxiety Inventory (BAI)

- A 21-item self-report inventory that measures the severity of anxiety in adults and adolescents.

URL:

<https://res.cloudinary.com/dpmykpsih/image/upload/great-plains-health-site-358/media/1087/anxiety.pdf>

3. Hamilton Anxiety Rating Scale (HAM-A)

- A clinician-administered scale that assesses the severity of anxiety symptoms.

URL: <https://dcf.psychiatry.ufl.edu/files/2011/05/HAMILTON-ANXIETY.pdf>

2. Comprehensive Assessment

A. History Taking:

1. Symptom History:

- Onset, duration, and frequency of anxiety symptoms.
- Situational triggers or specific stressors.
- Impact on daily functioning (e.g., work, relationships).

2. **Medical History:**

- Past psychiatric diagnoses and treatments.
- Medical conditions that may mimic or exacerbate anxiety (e.g., hyperthyroidism, cardiac arrhythmias).
- Substance use history, including caffeine, alcohol, and illicit drugs.

3. **Family History:**

- History of anxiety or other mental health disorders in family members.

4. **Social History:**

- Recent life changes or stressors.
- Support systems and coping mechanisms.

B. Physical Examination:

- **General Appearance:** Signs of distress, restlessness, or hypervigilance.
 - **Vital Signs:** Assess for tachycardia, hypertension, or respiratory rate changes.
 - **Focused Examination:** Evaluate for physical manifestations of anxiety, such as tremors or sweating.
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3. Differential Diagnosis

Consider other conditions that may present with anxiety-like symptoms:

- **Medical Conditions:** Hyperthyroidism, pheochromocytoma, cardiac arrhythmias.
 - **Substance-Induced Anxiety:** Intoxication or withdrawal from substances like caffeine, alcohol, benzodiazepines, or stimulants.
 - **Other Psychiatric Disorders:** Depression, bipolar disorder, post-traumatic stress disorder (PTSD).
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4. Management Strategies

A. Psychoeducation:

- Educate the patient about anxiety disorders, including the fight-or-flight response and the role of avoidance in maintaining anxiety.
- Discuss the commonality of anxiety disorders and the effectiveness of treatment options.

B. Psychotherapy:

1. Cognitive Behavioral Therapy (CBT):

- Focuses on identifying and challenging negative thought patterns and behaviors.
- Incorporates exposure techniques to reduce avoidance behaviors.

2. Mindfulness-Based Stress Reduction (MBSR):

- Teaches mindfulness meditation to help patients stay present and reduce rumination.

C. Pharmacotherapy:

1. **Selective Serotonin Reuptake Inhibitors (SSRIs):**
 - First-line medications for generalized anxiety disorder.
 - Examples: Sertraline, Escitalopram.
2. **Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs):**
 - Alternative first-line agents.
 - Examples: Venlafaxine, Duloxetine.
3. **Benzodiazepines:**
 - Considered for short-term use or acute anxiety episodes.
 - Examples: Lorazepam, Clonazepam.
 - Caution: Risk of dependence; not recommended for long-term use.
4. **Buspirone:**
 - Non-benzodiazepine anxiolytic; may be used as an adjunct or alternative to SSRIs/SNRIs.

D. Lifestyle Modifications:

- Encourage regular physical activity.
 - Advise on the reduction of caffeine and alcohol intake.
 - Promote good sleep hygiene practices.
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5. Follow-Up and Monitoring

- **Initial Follow-Up:** Schedule within 2-4 weeks of starting treatment to assess response and side effects.
 - **Ongoing Monitoring:** Regular appointments to monitor symptom progression, treatment adherence, and any emerging issues.
 - **Adjustment of Treatment:** Based on patient response, consider modifying therapy, including medication adjustments or psychotherapy referrals.
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6. Crisis Management

- **Suicidal Ideation:** Assess for any thoughts of self-harm or suicide. If present:
 - Ensure patient safety through hospitalization if necessary.
 - Develop a safety plan, including emergency contact numbers and crisis resources.

- **Panic Attacks:** Educate patients on recognizing panic attacks and employing grounding techniques.
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7. Documentation

Key Elements to Include:

- Screening tool scores (e.g., GAD-7, BAI).
 - Detailed history of anxiety symptoms and their impact.
 - Treatment plan, including medications prescribed and therapy referrals.
 - Patient education provided and resources given.
 - Follow-up plans and any safety considerations discussed.
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8. Telehealth Considerations

- **Pre-Session Preparation:**
 - Ensure a private and secure environment for the patient.
 - Confirm patient location and emergency contact information.
 - **During the Session:**
 - Utilize digital versions of screening tools.
 - Observe non-verbal cues that may indicate anxiety.
 - **Post-Session:**
 - Provide electronic resources and follow-up instructions.
 - Schedule virtual follow-up appointments as needed.
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9. Regular Protocol Review

- **Frequency:** Annually or as new evidence and guidelines emerge.
- **Purpose:** Ensure alignment with current best practices and regulatory standards.