

I see a lot of information about depression, but not a lot about anxiety. One of the reasons I suspect for this is the fact that depression can be treated fairly effectively with medication while anxiety cannot. Medication can help with the symptoms of anxiety but it does not seem to offer the same "cure" it does for depression. Because of this anxiety in all its various forms needs to be treated with counseling/therapy and perhaps conjointly with medication. The following attachment is an excellent summary outline of current treatment for anxiety. Another place to go for information that is well presented and easy to understand is the website <http://www.freedomfromfear.com>.

Helping Hearts Heal

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Best Dx/Best Rx

Anxiety

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Definition/Key Clinical Features

- Persistent, excessive, uncontrollable worry for > 6 mo, with \geq 3 of the following symptoms:
 - Restlessness
 - Fatigue
 - Irritation
 - Difficulty concentrating
 - Muscle tension
 - Insomnia
- Most common anxiety disorder in late life
- Comorbidity with other psychiatric disorders, particularly depression, is relatively common

Differential Diagnosis

- Substance abuse and related disorders
- Migraine
- Tension headache
- Hypertension
- Peptic ulcer
- Irritable bowel syndrome
- Other systemic illness

Best Tests

- Patient history to identify symptoms of anxiety and physical examination to rule out other illnesses
- No specific tests

Best Therapy

Nonpharmacologic

- Psychotherapy: cognitive-behavioral, psychodynamic, interpersonal

Pharmacologic

- Drug treatment for generalized anxiety disorder
- SNRI: venlafaxine (225 mg/day) is first-line treatment; treats comorbid depression, as well as anxiety
- Benzodiazepines: improvement can occur in 2-6 wk, but most patients require longer-term (> 6 mo) therapy; to promote sleep, prescribe as single dose q.h.s.; in elderly patients, use lower doses and avoid long-acting drugs; benzodiazepines do not treat comorbid depression
 - High potency
 - Alprazolam
 - Dose: 0.25-2.0 mg b.i.d. or t.i.d.
 - Cost/mo: \$17.98
 - Clonazepam
 - Dose: 0.25-2.0 mg b.i.d
 - Cost/mo: \$23.99
 - Lorazepam: use for elderly patients
 - Dose: 0.5 mg h.s.-2 mg t.i.d.
 - Cost/mo: \$87.98
 - Others
 - Clorazepate
 - Dose: 15-30 mg
 - Cost/mo: \$113.99
 - Diazepam
 - Dose: 5-50 mg b.i.d.-q.i.d.
 - Cost/mo: \$92.07
 - Oxazepam
 - Dose: 10-30 mg t.i.d.-q.i.d.
 - Cost/mo: \$79.99
- Buspirone: as effective as benzodiazepines without sedation, cognitive and motor slowing, and rebound anxiety on withdrawal; effective only when taken regularly; initial effects not felt for 1-2 wk, and maximum effect may take 4-6 wk.
 - Dose: initial, 5 mg t.i.d.; eventual target dose, 10 mg t.i.d.; attempt dosages as high as 20 mg t.i.d. before concluding drug is ineffective

- Cost/mo: \$83.32
- SSRI Antidepressants
 - Imipramine
 - Dose: 10-200 mg
 - Cost/mo: \$8
 - Paroxetine
 - Dose: 10-60 mg
 - Cost/mo: \$75
 - Venlafaxine
 - Dose: 75-300 mg in two or three divided doses
 - Cost/mo: \$88
 - Mirtazapine
 - Dose: 15-45 mg
 - Cost/mo: \$67
 - Gabapentin
 - Dose: 300-600 mg t.i.d.
 - Cost/mo: \$111

Best References

Borkovec, et al: J Clin Psychiatry 62(suppl 11):37, 2001

Paroxetine GAD Study Team: J Clin Psychiatry 64:250, 2003

Rickels, et al: Am J Psychiatry 157:968, 2000

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