

Priority Topic: ANXIETY

Key Features:

For a single article, read one of these:

- ✓ [Anxiety Disorders Primer NATURE 2017](#)
- ✓ [Generalized Anxiety Disorder AIM 2014](#)

1. For a patient with [multiple unexplained symptoms or behaviours](#), look for anxiety as a [primary or contributing cause](#).

What you should study:

- ✓ [Medical Symptoms Without Identified Pathology 2001](#)
- ✓ [Explaining Medically Unexplained Symptoms 2004](#)

2. When a patient presents with [symptoms of anxiety](#), clearly distinguish between [distress](#) (e.g. fear, nervousness, worry) and an [anxiety disorder](#).

What you should study:

- ✓ [Emotions and Illness 2001](#)

3. In a patient presenting with [acute symptoms of panic](#) (e.g. shortness of breath, palpitations, hyperventilation), [do not attribute](#) the symptoms to anxiety [without first excluding serious medical pathology](#) (e.g. pulmonary embolism, myocardial infarction) from the differential diagnosis, [especially](#) in patients with [established anxiety disorder](#).

What you should study:

- ✓ Medical Conditions Presenting as Anxiety PT 2017
- ✓ Anxiety Disorders Primer NATURE 2017

4. When **working up** a patient with symptoms of **anxiety**, and **before** making the diagnosis of an **anxiety disorder**,

- a) Exclude **serious medical pathology**.
- b) Identify:
 - Other **co-morbid psychiatric conditions**
 - **Abuse**
 - **Substance use**
- c) Assess the **risk of suicide**. See **Priority Topic: Suicide**
- d) Discuss **functional impact** with the patient.

What you should study:

- ✓ Anxiety Disorders Primer NATURE 2017
- ✓ Anxiety and Medical Illness 2015 **Table 1: Differential Diagnosis**

5. When an anxiety disorder is suspected, **assess**, and **classify** according to established diagnostic criteria, as **treatment will vary according to the classification**.

What you should study:

- ✓ GAD and Panic Disorder AAFP 2015
- ✓ Generalized Anxiety Disorder DSM-5

- ✓ Panic Disorder DSM-5
- ✓ Panic Attack Specifier DSM-5
- ✓ Separation Anxiety Disorder DSM-5
- ✓ Social Anxiety Disorder DSM-5
- ✓ Specific Phobia DSM-5

6. In patients with **known anxiety disorders**, **do not assume** all new symptoms are attributable to the anxiety disorder.

7. When planning **management of anxiety**, offer appropriate treatment, which may include one or a combination of the following:

- **Self-management techniques**
- **Regular office follow-up**
- **Community resources**
- **Structured therapies** (Cognitive Behavioral Therapy, psychotherapy)
- **Judicious use of pharmacotherapy**
- **Referral** to other health professionals with **ongoing shared care**

What you should study:

- ✓ **Exercise, Yoga, and Meditation for Depressive and Anxiety Disorders AAFP 2010**
- ✓ **Common Questions about CBT AAFP 2015**
- ✓ **Treating Anxiety and Depression FPM 2017**
- ✓ **GAD and Panic Disorder AAFP 2015**

- ✓ [Benzodiazepine Clinical Toolkit CPSA 2016](#)
- ✓ [Guidelines on Benzo Prescription RACGP 2015 \(long, but searchable\)](#)
- ✓ [Tapering Benzos AAFP 2017](#)

8. When managing [anxiety](#) or an [anxiety disorder](#), do not use medication as a [sole treatment](#).

9. When assessing and managing [anxiety](#), discuss the [use of alcohol and substances as harmful self-medication](#).

What you should study:

- ✓ [Depression, Anxiety, Alcohol and Other Drugs CMHA](#)

Although not specified, you should also be familiar with these conditions:

- ✓ [PTSD AAFP 2013](#)
- ✓ [OCD Diagnosis and Management AAFP 2015](#)
- ✓ [Acute Stress Disorder AAFP 2012](#)