Anxiety Disorders in Primary Care

Heidi Combs, MD, MS*, Jesse Markman, MD, MBA

KEYWORDS

- Anxiety disorders • Primary care • Generalized anxiety disorder • Panic disorder
- Social anxiety disorder • Posttraumatic stress disorder
- Obsessive-compulsive disorder

KEY POINTS

- Anxiety disorders are the most common psychiatric condition presenting to primary care practitioners.
- Patients with anxiety disorders present significant costs in terms of healthcare use, loss of workforce productivity, disability, and quality of life.
- Detection of anxiety disorders in primary care is poor and can be improved with use of available screening tools.
- Effective management for each of the anxiety disorders is available, but currently underused, leaving patients in a less-than-optimally treated state.

INTRODUCTION

Anxiety disorders, the most common psychiatric diagnosis in the United States, have an estimated prevalence of 13.3%.[1] Even though potentially and significantly debilitating, these conditions often command less attention than higher-profile affective and psychotic illnesses. Supporting the serious nature of these conditions is the study by Kroenke and coworkers[2] of 965 randomly selected patients in primary care clinics. The study found 19.5% had at least one anxiety disorder. As the number of anxiety diagnoses rose, accompanying impairment correspondingly increased. These conditions are also associated with elevated divorce rates, greater unemployment, a diminished sense of well-being, and increased reliance on public assistance.[3] Significantly, suicide risk elevates with acute and chronic anxiety disorders.[4]

Patients with anxiety disorders often seek treatment from primary care providers (PCP).[5] They may present with medically unexplained symptoms, making identification of the correct diagnosis a challenge. The patient may be oblivious to recognizing

Department of Psychiatry and Behavioral Sciences, Harborview Medical Center, University of Washington, 325 9th Avenue Box 359911, Seattle, WA 98103, USA
* Corresponding author.
E-mail address: hcombs@uw.edu

their symptom as anxiety and the correct diagnosis becomes easier to miss. Given that 25% to 50% of primary care clinic patients present with medically unexplained symptoms, it is important for the PCP to screen for psychiatric illnesses, including anxiety disorders.[6]

Adequate treatment is necessary. Effective management for each of the anxiety disorders is available, but currently underused, leaving patients in a less-than-optimally treated state. For example, in Kroenke's sample of 965 patients, 41% with anxiety disorders went untreated.[2]

This article reviews epidemiology, screening tools, impact on patients, costs, and treatment of each of the major anxiety disorders.

METHODS

A PubMed literature search was conducted in September and October of 2013 using the following terms: "Anxiety Disorders and Primary Care," "Generalized Anxiety Disorder and Primary Care," "Social Anxiety Disorder and Primary Care," "Post Traumatic Stress Disorder and Primary Care," and "Obsessive-Compulsive Disorder and Primary Care." Abstracts from articles on adults, written in English and published within the past 5 years, were reviewed for relevance. Additional articles and texts were identified from references found in the bibliographies of appropriate manuscripts.

DIAGNOSTIC CHALLENGES

PCPs often miss the accurate diagnosis of anxiety disorders. In a study of 840 primary care patients, rates of misdiagnosis were 85.8% for panic disorder (PD), 71% for generalized anxiety disorder (GAD), and 97.8% for social anxiety disorder (SAD).[7] The first step in making an accurate diagnosis is to understand the disorder. Table 1 contains a brief description of the key features of the major anxiety disorders. Unfortunately, patient descriptions of their symptoms can mislead even the most astute physician. Patients may report physical or psychological distress, including somatic complaints, pain, sleep disturbance, and depression,[8] but are unaware that they are actually experiencing anxiety. Wittchen and colleagues[9] noted that only 13.3% of patients with GAD presented with anxiety symptoms as a chief complaint, whereas somatic concerns were described 47.8% of the time. Table 2 contains a case illustrating a common presentation for a person with GAD. Screening for key symptoms associated with the disorder can help identify the diagnosis. Patients with anxiety disorders also have high rates of coexisting additional mental illnesses, further complicating the diagnostic process.

CO-OCCURRING MENTAL DISORDERS

Co-occurring mental conditions are commonly found in patients with anxiety disorders. These can be disorders of mood, substance use, psychosis, or another anxiety disorder. It is estimated that up to 90% of persons with GAD experience one or more comorbid psychiatric diagnoses.[11] Stein and coworkers[12] found that in patients with posttraumatic stress disorder (PTSD), major depression is seen in 61% of patients, GAD in 39%, social phobia in 17%, PD in 6%, and substance use disorders in 22% of patients. Additionally, the presence of comorbid psychiatric conditions worsens prognosis. Patients with multiple psychiatric diagnoses experience lower remission rates, increased rate of suicide, and higher use of health care.[8,11]