

# Managing Anxiety in the Clinical Office Setting:

Improving Comfort and Outcomes  
at Routine Medical & Dental Visits

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Class of 1995

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# Disclosures: None



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# Objectives

- Understand the basic pathophysiology and behavioral signs of anxiety in the clinical setting;
- Be able to identify and quickly triage anxiety in children and adults;
- Develop cognitive behavioral therapeutic techniques to help doctors and staff manage patients' anxieties; and
- Achieve comfort in understanding various psychopharmacological interventions prior to and (if appropriate) during office visits.



# Anxiety: Quick Overview

- One of the most common mental disorders in the community and clinical settings
- Associated with increased use of healthcare services
- Epidemiological studies in US: lifetime prevalence of anxiety 5.1 to 11.9%.
- Twice as common in women than men
- Risk factors:
  - Poverty
  - Recent adverse life events
  - Chronic physical illness and/or chronic mental illness
  - Low affective childhood support
  - Parental mental illness or addiction

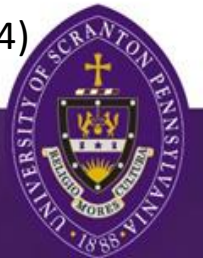
(Wittchen 2002, Kessler 2005, 2008)



# Anxiety: Comorbidities & Outcomes

- 66% of people with anxiety had at least one concurrent mental health disorder during their lifetimes. Most common:
  - Major Depression: 62%
  - Social phobia: 34%
  - Specific phobia: 35%
  - Panic Disorder: 24%
  - Substance abuse, PTSD and OCD also frequently occur with anxiety
- People with comorbid major depression and anxiety generally have more severe and prolonged course of illness with greater functional impairment
- Anxiety also common among patients with “medically unexplained” chronic pain and with chronic physical illness

(Brawman-Mintzer 1993, Beesdo 2009, Tyrer 2004)





# Anxiety: Basic Physiology

- Biological Factors
  - Genetics
  - Neurotransmitter & other biomarker derangements
  - Brain metabolism changes
- Cognitive and Developmental Factors
  - Childhood and personality development
  - Origins of excessive worrying
- Psychological Factors
  - Processing of emotional information
  - Traumatic history



# Anxiety: Behavioral Signs

## Adults

- Frequent cancellations/no shows
- Excessive talking
- Silence
- Brooding, poor eye contact
- Diaphoresis
- Tearfulness
- Handwringing
- Hives
- Grimacing
- Anger

## Children

- Poor eye contact
- Clinging to parent
- Fidgeting, whining or other distress noises
- Diaphoresis
- Urinary incontinence
- Hives
- Physically acting out (running, biting, hitting)

# Anxiety: Triaging in the Office

- Waiting Rooms
  - Improved atmospherics (lighting, sounds, space)
  - Decreased time in waiting rooms
  - Diversions
  - Prep before visit (alerting clerical staff of patient anxieties)
- Clinical Rooms
  - Ceiling diversions: TV/monitors, calming scenes, music (dental chairs, procedures)
  - Minimal equipment visible (needles, machines)
  - Cleanliness
- Staff training
  - Appropriate checking in
  - Reassurance without infantilizing
  - Screening (GAD-7)





# Anxiety: CBT

- Cognitive Behavioral Therapy (CBT)
  - Psychotherapeutic technique that challenges negative patterns of thinking about the self and the world in order to alter unwanted behavioral patterns, moods, and reactions to stressors
- Understanding and addressing underlying focus of fear
  - Concerns about risks/complications of treatment
  - Perceptions of pain, discomfort and outcomes
  - Uncertainty about illness, disability
  - Needles, anesthesia, loss of control
- Techniques
  - Grounding, controlled breathing
  - Gently challenging automatic thoughts
  - Mobile apps (Calm, Virtual Hopebox)

(Beck 2011)



# Anxiety: CBT in Practice

**Case One:** Carol is a 56-year old-woman with afib, s/p CVA, on Coumadin at your busy primary care office lab for routine INR blood draw who is hyperventilating and upset because of her severe needle phobia.

**Case Two:** Sanjay is a 9-year-old boy with two dental caries at your busy dental practice for fillings who is crying and refusing to leave the waiting room despite his father's gentle urging.

# Anxiety: Pharmacological Intervention

## When are medications appropriate?

- Acute distress not responsive to other interventions
- History of positive response to medications
- Patient willingness
- Medical professional comfort level
- Post visit transportation and care arrangements

## When are medications inappropriate?

- Medical instability
- Inadequate post-visit plan
- Worsening anxiety with proposed medication intervention
- Contraindicated medical comorbidities



# Anxiety: Pharmacological Intervention

## Benzodiazepines

- Shortest half-life (Alprazolam, Lorazepam)
- Well-tolerated, low dose
- Risks

## Histamine H1 Antagonist

- Hydroxyzine

## Beta-Blockers

- Propranolol

## Topicals

- Emla (Lidocaine, Prilocaine)

(Hildago 2007)



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# Thank You



# Questions?

