

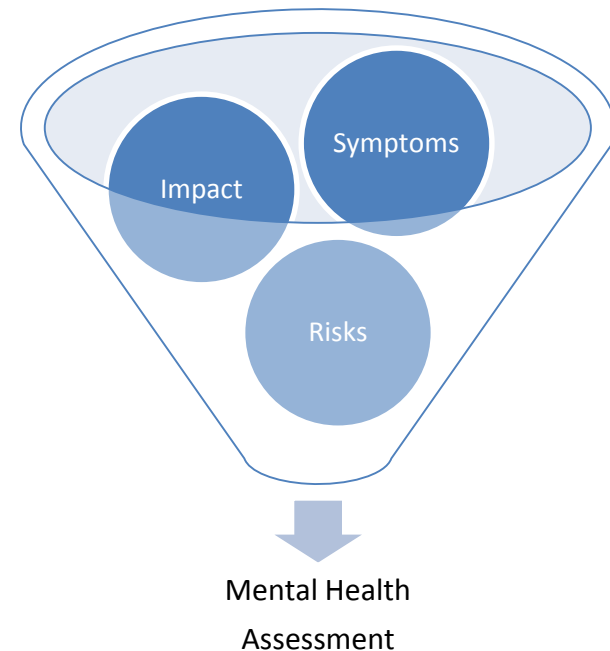
Management of Anxiety & Depression in Primary Care

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The Mental Health Triad

- Always assess in the context of
 - **S**ymptoms
 - **I**mpact on global function
 - **R**isk to health / personal safety / others



The patient in front of you....

- 10 min to decide
- History /new symptoms/ change in symptoms
- Triggers – life events

Anxiety

- Hard wired survival mechanism
 - Physical symptoms
 - Psychological symptoms
- Panic Disorder
- Generalised Anxiety
- Social anxiety / phobias / OCD
- Often “*control*” rather than “*cure*”

Management of Anxiety

- Psychological – ***thrust of management***
 - Anxiety Management (relaxation / breathing)
 - Problem solving / Assertiveness training
- Medication
 - Decide based on functioning / risks
 - Rule out physical causes – eg thyrotoxicosis

Drug Rx of anxiety

- *Benzodiazepines – short term with caution*
- *SSRIs – Citalopram, Fluoxetine, Sertaline,*
- *SNRIs – Venlafaxine, Duloxetine*
- *NaSSA – Mirtazapine*
- *Clomipramine*
- *Beta blockers / Buspirone*
- Start anxiolytic Rx with a low dose – due to side effects
- Educate re discontinuation symptoms

When to refer a patient with anxiety ?

(Red Flags)

- Co-morbidity
 - Previous or current self harm history
 - Significant depressive / OCD symptoms
 - Alcohol / Substances : harmful use or dependence
 - Personality traits / disorder
 - Somatisation symptoms
- Risk issues –
 - Suicidal thoughts
 - Marked agitation
 - Children at risk
- High autonomic arousal
- Sudden reduction in anxiety symptoms after a period of high anxiety

Depression

- Symptoms, Impact on Function, Risks
- Triad of
 - Low mood
 - Low energy
 - Lack of enjoyment (*anhedonia*)
 - Hopelessness / guilt / morbid thoughts
 - Biological : Sleep, appetite, libido
- Persistent, pervasive symptoms

Management of Depression

- Psychological
 - Cognitive Behavioural Therapy or other modes
- Medication
- SSRIs – eg: Citalopram, Sertraline, Fluoxetine
 - Fluoxetine in pregnancy
 - Sertraline in breast feeding
 - Fluoxetine and Sertraline are *generally* safe in CVS
 - Diabetics
 - Post MI & heart failure
 - Post stroke
- Citalopram for those on Warfarin

Second line antidepressants

- Trazadone – sedation, headache
- Mirtazapine – wt gain, sedation, bld dyscrasia
- Venlafaxine/Duloxetine – sweating, BP changes
- Augmentation strategies
 - Lamotrigine
 - Lithium carbonate
 - Other mood stabilisers – Quetiapine / Olanzapine

When to refer a patient with depression ?

(Red Flags)

- Co-morbidity
 - Significant physical illness
 - Recurrent depression / psychotic depression / bipolar
 - Family history of mood disorders / suicide
 - Previous response to ECT treatments
 - IHBTT / Psychiatric IP care / detention under MHA, 1983
 - Alcohol / illicit substances : harmful use or dependence
 - Personality traits / disorder
- Risk issues –
 - History or active suicidal thoughts / plans
 - Marked agitation