CASE TWO

Short case number: 3_5_2
Category: Mental health and human behaviour
Discipline: Psychiatry
Setting: General Practice
Topic: Anxiety disorders

Case
Ahn Ming, aged 23 years presents with her mother. Her mother states that Ahn has become withdrawn and refuses to leave the house. It took a lot of trouble to get her to attend to see you today. Ahn states that if she tries to leave the house she feels like she is going to die and have a heart attack. She states that 6 months earlier she went to a party and on the way home a group of males followed her and yelled names at her. Whilst they did not actually hit or hurt her she was very frightened. Before this time, she had attended University and had been planning to look for a job, but now she was fearful of leaving her home.

1. What further history and examination and investigations would you undertake in this case? What are the differential diagnoses you will be considering during your assessment?

2. Define the following terms: phobia; panic attack; generalised anxiety, agoraphobia, obsession, compulsion. What questions would you ask Ahn to clarify if she has these symptoms?

During your assessment Ahn describes having panic attacks, and being very frightened of having more attacks. She is worried that if she leaves her house she will not be able to get the help she needs when she has a panic attack, as they just come on out of the blue. Although she has always been a worrier, she has never had anything like this happen to her before.

3. What is the most likely diagnosis/es in Ahn's case? How did you arrive at this conclusion?

After a discussion with you Ahn understands her diagnosis and would like to get some help. She is open to your guidance as she really wants to get her life back on track.

4. What would be the management plan in Ahn's case? Use a bio/psycho/social approach.

Suggested reading:

- Andrews, G., Bell, C., Boyce, P., Gale, C., Lampe, L., Marwat, O., ... & Wilkins, G. (2018). Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of panic disorder, social anxiety disorder and generalised anxiety disorder. Australian & New Zealand Journal of Psychiatry, 52(12), 1109-1172. https://www.ranzcp.org
- Pompoli A, Furukawa TA, Imai H, Tajika A, Efthimiou O, Salanti G. Psychological therapies for panic disorder with or without agoraphobia in adults: a network meta-analysis. (2018), Advances in Psychiatric Treatment, 24(2), 2. doi: 10.1192/bja.2017.15
- https://thiswayup.org.au/ is a good online resource demonstrating the use of CBT for anxiety disorders.

Answers

1. **What further history and examination and investigations would you undertake in this case?**

What are the differential diagnoses you will be considering during your assessment?
Symptoms of Anxiety Disorder include: *Psychological* (apprehension, irritability, worry, poor concentration, fear of impending disaster, depersonalisation) and *Somatic* (palpitations, tremor, fatigue, dizziness, sweating, diarrhoea, frequency, chest pain, breathlessness, initial insomnia, headache) symptoms of sympathetic arousal.

The broad categories of anxiety disorders are divided into three main subtypes: phobic, paroxysmal (panic) and generalised. Obsessive compulsive disorder is also an anxiety disorder, although different from these and is studied separately. The nature and prominence of the somatic symptoms often lead the patient to present initially to medical services with physical complaints. Anxiety may be stress-related and phobic anxiety may follow an unpleasant incident. Patients often also have depression.

2. Define the following terms: phobia; panic attack; generalised anxiety, agoraphobia, obsession, compulsion. What questions would you ask Ahn to clarify if she has these symptoms?

***Phobia*:** an abnormal or excessive fear of an object or situation, which leads to avoidance of it.

***Panic attack*:** attacks of severe anxiety, not restricted to any particular situation or circumstances and is therefore unpredictable. Somatic symptoms e.g. chest pain and palpitations are common. The symptoms are in part due to involuntary hyperventilation. Patients often fear they are suffering from a serious illness, e.g. heart attack or CVA and may seek emergency medical attention.

***Generalised anxiety*:** chronic anxiety associated with uncontrollable worry. Somatic symptoms of muscle tension and bowel disturbance often lead to a medical presentation.

***Obsessions*:** unwanted, intrusive, inappropriate thoughts, images or impulses that cause marked anxiety and distress e.g., recurrent thoughts that one's hands are contaminated/dirty after shaking hands.

***Compulsions*:** repetitive behaviours (e.g., washing hands, checking, tidying up) or mental acts (eg, counting, repeating words silently) with object of reducing anxiety. These behaviours are excessive or not logically related to what they are intended to prevent. Mostly, compulsions are performed to reduce the distress accompanying an obsession (eg, repeated washing of hands as response to thoughts of contamination). The most common involve washing, cleaning, counting, checking and ordering. Obsessions and compulsions are the key symptoms of obsessive-compulsive disorder (OCD).

Differential Diagnosis of Anxiety includes:

Normal response to threat	Generalised anxiety disorder
Adjustment disorder	Phobic disorder
Panic disorder	

Note: Depression can present with anxiety/panic, particularly early on

***Medical causes of anxiety include*:**

Hyperthyroidism	Alcohol, benzodiazepine withdrawal
Paroxysmal arrhythmias	Hypoglycaemia
Phaeochromocytoma	Temporal lobe epilepsy

From Ahn:

1. What was she like earlier in life (shy or outgoing). We know she's a 'worrier', which is a vulnerability factor for anxiety and depression.
2. What has been the impact of the incident after the party?
3. Has she had anxiety symptoms in past? (ask about early attachment/separation, social phobia, school How influenced by alcohol or other substances?
4. Has happened previously?
5. How is her physical health? Any evidence of conditions listed above, also asthma (and excess use of 'puffers'?
6. Is there evidence of a preceding depression?
7. Has she had any unusual experiences (that would indicate an early psychosis)? Is she still afraid for her safety? Why?
8. How's her relationship with her mother? Does she encourage her becoming independent?
9. What is he generally like at her best?
10. How did she get on at uni? Has she friends from school? uni? elsewhere?
11. Does she have any concerns about going to work?
12. Who is there she can talk to? Support her?
13. What does she make of all of this? What is the meaning for her?
14. What does she want to do about this? What are her plans for now and future?

3. What is the most likely diagnosis/es in Ahn's case? How did you arrive at this conclusion?

Panic disorder with agoraphobia is the most likely (she has all the characteristic symptoms)
She may have underlying GAD, depression, social phobia or be naturally shy.

The events at the party may be sufficiently severe to evoke a post-traumatic response or to reinforce any of the above. She may also have a psychotic episode and be misperceiving some of the events, and substance use would have to be ruled out. Social anxiety may have led her to misperceive the interaction but all this needs further enquiry. She is also at a life transition/may be moving away from her mother, which may be creating separation issues.

4. What would be the management plan in Ahn's case? Use a bio/psycho/social approach.

Psychological treatments are the first treatment of choice in most cases, particularly when disorders are not severe. Explanation and reassurance are essential, especially when patients fear they have a serious medical condition.

Specific psychological treatments may be needed for those who do not respond, including relaxation, graded exposure (desensitisation) to feared situations for phobic disorders, and CBT for panic. This can be face to face, in books or online. With the added impact of the events after the party, face to face best. There may also be elements of trauma to be addressed.

Drug treatment: In severe cases, drug treatment may be necessary and helpful. However, medication reduces symptoms but rarely change behaviour, usually achieved through psychological treatments, which should be administered concurrently in most cases, particularly in phobias. Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants are the drugs of choice. Benzodiazepines may produce symptom relief in the short term but long-term use can lead to dependence. A βblocker such as propranolol can help when peripheral somatic symptoms are prominent.

Using a biopsychosocial framework, you can ask these questions and treat accordingly:

Biological: rule out any medical causes noted above, consider any changes in her habits/sleep substances/medications (e.g. prednisone, xs coffee/stimulant drinks intake)

- Is any medication appropriate?

Psychological: Explore more of her thoughts and feelings around the panic attacks. CBT looks at the negative thoughts and is very useful here.

- Consider what she is like at her best: is she happy with life at the moment? Is she dwelling on the attack? Is this appropriate?
- What does she make of her problems? What insight does she have?

Social: Consider her relationship with her mother (Is there some change? Is her mother encouraging her to stay home as she is lonely?) How did she get on at Uni? Was she involved or isolated? Is she worried about starting a job? Being more independent? Does she have friends/partner? Interests? A problem solving or IPT approach would be more appropriate here.