Priority Topic: ANXIETY

Table 1

Key Features:

For a single article, read one of these:
✓ Anxiety Disorders Primer NATURE 2017
✓ Generalized Anxiety Disorder AIM 2014

1. Do not attribute acute symptoms of panic (e.g., shortness of breath, palpitations, hyperventilation) 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

2. 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 abuse.

c) Assess the risk of suicide. See Priority Topic: Suicide

What you should study:
✓ Anxiety Disorders Primer NATURE 2017
✓ Anxiety and Medical Illness 2015  Table 1: Differential Diagnosis
3. In patients with known anxiety disorders, **do not assume all new symptoms are attributable to the anxiety disorder.**

✓ **Just do it!**

4. Offer **appropriate treatment** for anxiety:

- **benzodiazepines** (eg. deal with fear of them, avoid doses that are too low or too high, consider dependence, other anxiolytics).

**What you should study:**

✓ Benzodiazepine Clinical Toolkit CPSA 2016
✓ Guidelines on Benzo Prescription RACGP 2015 (**long, but searchable**)  
✓ Prescribing Benzodiazepines and Opioids 2017

- **non-pharmacologic** treatment.

**What you should study:**

✓ Exercise, Yoga and Meditation for Anxiety AAFP 2010  
✓ Common Questions about CBT AAFP 2015  
✓ Treating Anxiety and Depression: Reducing Barriers FPM 2017

*Also assume you should know about treatment with SSRIs

✓ Diagnosis and treatment of GAD and Panic Disorder AAFP 2015  
✓ Anxiety Disorders in Adults PBSGL 2016  [www.members.fmpe.org](http://www.members.fmpe.org)  

**Appendix 2: Medications**
5. In a patient with symptoms of anxiety, take and interpret an appropriate history to differentiate clearly between agoraphobia, social phobia, generalized anxiety disorder, and panic disorder.

**What you should study:**

- GAD and Panic Disorder AAFP 2015
- Anxiety disorders in Adults PBSGL 2016 [www.members.fmpe.org](http://www.members.fmpe.org)

**DSM-5 Diagnostic Criteria:** you have access to the entire DSM-5 via McGill Library

- Agoraphobia DSM 5
- GAD DSM 5
- Panic Disorder DSM 5  *(know the difference between attack and disorder)*
- Panic Attack Specifier DSM 5
- Separation Anxiety Disorder DSM 5
- Specific Phobia DSM 5
- Social Anxiety Disorder DSM 5

**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

**Also useful:**

- Tapering Benzos AAFP 2017