Management of Stress and Anxiety in Adults

Diagnosis

Weekly Prevalence (% adults 16-64yrs)

• Mixed anxiety and depression	7.7
• Generalised anxiety	3.1
• Panic disorder	0.8
• All phobias	1.1
• Obsessive compulsive disorder (OCD)	1.2

'At Risk' Groups - Examples

Vulnerability Factors

- Poorly developed life skills and coping strategies
- Poor health
- Long term carers
- Discrimination / Social exclusion
- History of physical, emotional or sexual abuse
- Medication e.g. dopaminergics, thyroxine, theophylline,anxiolytics and antidepressants

Triggers

- Bereavement
- Separation / Divorce / Relationship problems
- Work factors
- Trauma
- Unemployment
- Significant life events e.g. birth

Presenting Symptoms

Cognitive / Emotional

- Can't concentrate
- Can't cope / losing control
- 'Imagines the worst'
- Feels panicky
- Worried / frightened
- Forgetful

Behavioural

- Paces, can't sit or relax
- Talks more
- Snappy / irritable / aggresive
- Eats / drinks / smokes more
- Avoids feared situations / social interaction

Physical

- Heart pounds / chest tight / sweating
- Breathing changes
- Sleep disturbance
- Tense / aching body
- Dizzy / light headed / headache
- GI disturbance / difficulty in swallowing

Assessment

A biopsychosocial assessment should be undertaken. This will help to identify the extent to which the patient feels affected by their symptoms i.e. lacking in confidence, control and competence. Check for:

- unpleasant, frightening symptoms, their severity, how it has affected them and for how long?
- current or past stressful life events e.g. social, economic, family, occupational problems
- previous contact, if any with primary and secondary care services
- coping strategies that have been tried, with what effect?
- personal and social support networks e.g. partner
- the patients thoughts about what is the matter with them and what they expect from the consultation

Consider Differential Diagnosis

- Depression and anxiety can coexist - if depression is suspected patients should be documented as having had a formal assessment for depression such as the HAD scale and managed as per PACE depression guidelines.
- Patients should be examined and investigated routinely, to exclude thyroid disorders and illicit and prescribed drug induced / withdrawal symptoms e.g. caffeine, alcohol and substance misuse.
- Depending on symptoms patients should be investigated as appropriate e.g. Dizziness - check for vestibular disorders. Tight chest - check for cardio-respiratory problems.