

## 8. Diagnostic and therapeutic strategies

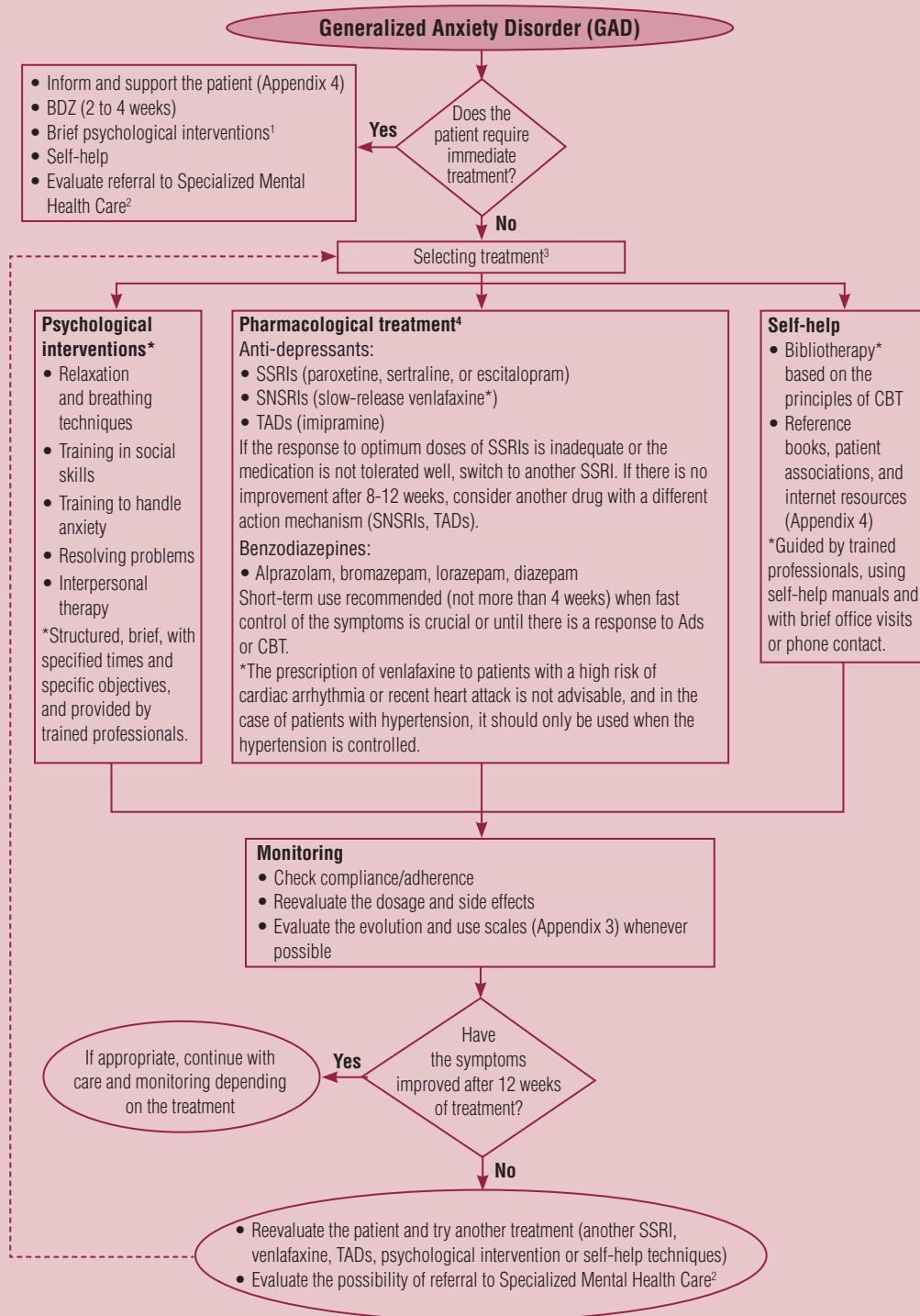
This chapter will answer the following questions:

- What are the steps to be followed in response to an anxiety disorder (GAD, PD, and panic attack)?
- What are the criteria for referral from Primary Care to Mental Health?

The answers to these questions are included in the following treatment algorithms presented in the following pages:

- Treatment of Generalized Anxiety Disorder  
Treatment algorithm for Generalized Anxiety Disorder (GAD)
- Treatment of Panic Disorder  
Treatment algorithm for Panic Disorder (PD)
- Treatment of Panic Attack  
Treatment algorithm for Panic Attack (see the following page)

## 8.1. Generalized Anxiety Disorder (GAD)



## 1. Brief psychological interventions

Done by trained professionals:

- Relaxation and breathing
- Self-control
- Training in social skills
- Training to handle anxiety

## 2. Referral criteria

- Difficult or uncertain diagnosis (non-specific physical symptoms, somatizations, etc.)
- Psychiatric or organic comorbidity (major depression, alcohol dependence and/or substance abuse)
- Suicidal tendencies (urgent referral)
- In case of persistent elevated anxiety for more than 12 weeks of pharmacological treatment and/or psychotherapy support
- Highly incapacitating symptoms (social and/or work adaptation)

## 3. Treatment selection

- Evaluate the severity of the symptoms and criteria for referral to Specialized Mental Health Care<sup>2</sup>
- Inform the patient regarding therapeutic objectives and options depending on the available resources
- Evaluate the patient's preferences and beliefs/expectations regarding the treatment

## 4. Pharmacological treatment

Consider the following before prescribing:

- Age
- Previous treatment
- Risk of autolytic attempts or occasional overdose
- Tolerance
- Possible interactions with other medications
- Possible pregnancy
- Patient's preference

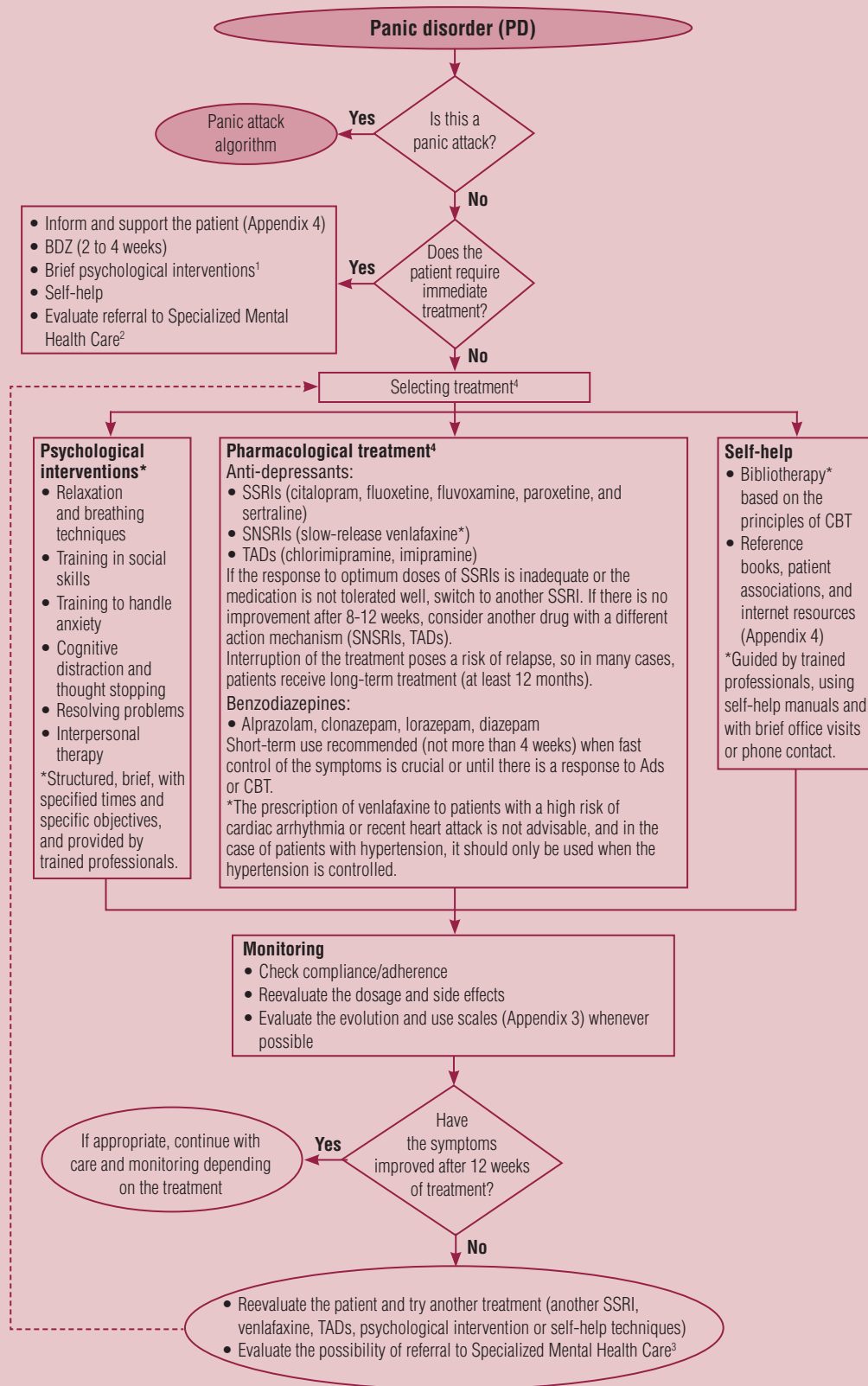
Inform the patient regarding the following:

- Possible side effects\*
- Possible withdrawal symptoms after interruption of treatment
- Non-immediacy of the effect
- Duration
- Need for compliance

Make written information available to the patient (Appendix 4).

\*To reduce side effects, begin with a lower dosage and increase until the satisfactory therapeutic dosage is reached.

## 8.2. Panic Disorder (PD)



## 1. Diagnostic criteria for panic attack (DSM-IV-TR-AP)

Temporary or isolated appearance of intense discomfort or fear, accompanied by four (or more) of the following symptoms, which appear suddenly and achieve their maximum intensity within the first 10 minutes:

1. Chest discomfort or tightness
2. Feeling of suffocation or lack of breath
3. Palpitations, heart pounding, or elevation of heart rate
4. Sweating
5. Shivering or suffocation
6. Feeling of choking
7. Nausea or abdominal discomfort
8. Shaking or trembling
9. Paresthesia (feeling of numbness or tingling)
10. Instability, dizziness, or fainting
11. Derealization (feeling of unreality) or depersonalization (being separated from one's self)
12. Fear of losing control or going crazy
13. Fear of dying

## 2. Brief psychological interventions

Done by trained professionals:

- Relaxation and breathing
- Self-control
- Training in social skills
- Training in the handling of anxiety symptoms

## 3. Referral criteria

- Difficult or questionable diagnosis
- Organic or psychiatric comorbidity (major depression, alcohol dependency and/or substance abuse)
- Suicidal tendencies (urgent referral)
- If intense anxiety persists for more than 12 weeks of pharmacological treatment and/or support psychotherapy
- Highly incapacitating symptoms (social and/or work adaptation)

## 4. Selecting treatment

- Evaluate the seriousness of the symptoms and criteria for referral to Specialized Mental Health Care<sup>3</sup>
- Inform the patient regarding the options and therapeutic objectives depending on the available resources
- Evaluate the patient's preferences and beliefs/expectations regarding the treatment

## 5. Pharmacological treatment

Consider the following before prescribing:

- Age
- Previous treatment
- Risk of autolytic attempts or occasional overdose
- Tolerance
- Possible interactions with other medications
- Possible pregnancy
- Patient's preference

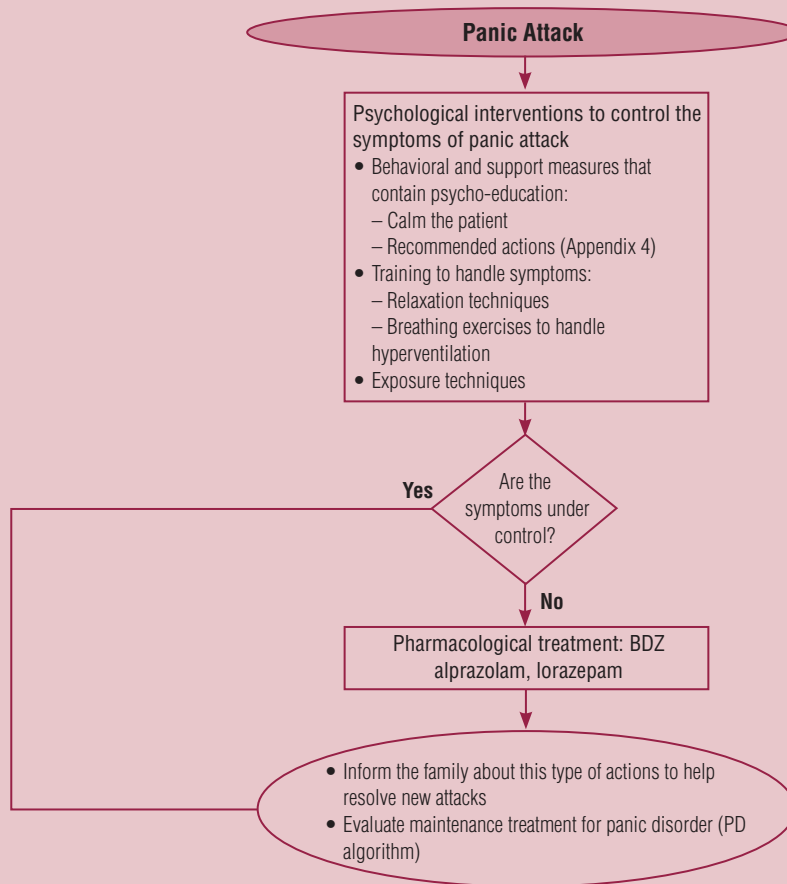
Inform the patient regarding the following:

- Possible side effects\*
- Possible withdrawal symptoms after interruption of treatment
- Non-immediacy of the effect
- Duration
- Need for compliance

Make written information available to the patient (Appendix 4).

\*To reduce side effects, begin with a lower dosage and increase until the satisfactory therapeutic dosage is reached.

## 8.3. Panic Attack



### 1. Diagnostic criteria for panic attack (DSM-IV-TR-AP)

Temporary or isolated appearance of intense discomfort or fear, accompanied by four (or more) of the following symptoms, which appear suddenly and achieve their maximum intensity within the first 10 minutes:

1. Chest discomfort or tightness
2. Feeling of suffocation or lack of breath
3. Palpitations, heart pounding, or elevation of heart rate
4. Sweating
5. Shivering or suffocation
6. Feeling of choking
7. Nausea or abdominal discomfort
8. Shaking or trembling
9. Paresthesia (feeling of numbness or tingling)
10. Instability, dizziness, or fainting
11. Derealization (feeling of unreality) or depersonalization (being separated from one's self)
12. Fear of losing control or going crazy
13. Fear of dying