

## “Anxious People in a Nervous World”

Dr Guy Parr reports on a recent lecture given to the Academy of Family Practice in Cape Town on Wednesday 26 May 1992. Professor Baughman is associate Professor of Family Medicine from Spartanburg, South Carolina, USA.

Addressing a capacity audience in Cape Town, Professor Baughman approached the problem of anxiety in Family Practice by firstly looking at the anxiety and its purpose, secondly diagnostic issues in anxiety and thirdly treatment issues.

### 1. Anxiety and its purpose

He described the fight or flight response as an adaptive process that was a primary motivating force for personal growth and change. Anxiety leads to increased alertness and improved performance up to an optimum peak. With chronic or excessive anxiety performance is reduced with the individual suffering from both the physiological and psychological effects of over-stimulation. Professor Baughman said that anxiety was the commonest disorder seen in family practice with an incidence of 10% (compared to depression 6% and hypertension 5%). The soon to be published DSM4 Manual categorises anxiety as follows:

- a) Generalised anxiety disorder.
- b) Panic disorder.
- c) Obsessive compulsive disorder.
- d) Post traumatic stress disorder.
- e) Atypical anxiety disorder.
- f) Phobic disorders.

There is a marked clustering of psychologically distressed people in family practice with up to 1 in 5 patients receiving treatment for anxiety.

### 2. Diagnostic Issues

Anxiety disorders are often under diagnosed for the following reasons:-

- a) *The “Somatic Ticket”*. Somaticisation is often culturally determined and patients who experience anxiety often present multiple somatic symptoms “to help doctor out”. Although pain is the commonest symptom, other symptoms may refer to the GIT, cardiovascular system, autonomic nervous system, pulmonary system and the skin. Anxiety frequently amplifies symptoms of co-existing disease such as irritable bowel syndrome, peptic ulcer disease, chronic obstructive airways disease, skin conditions, premenstrual syndrome and the female urethral syndrome. Professor Baughman thought of patients as presenting their anxiety as a “somatic ticket to be cashed in at the doctors office”. Quote: “When you can’t close the deal think about chronic anxiety”.
- b) *Withdrawal and Addiction problems* frequently presented to the family doctor with anxiety and somaticisation and Professor Baughman cautioned GP’s to be aware of this problem. Anxiety may be the only clue to a hidden alcohol or drug addiction problem. The distinction between anxiety and depression is frequently not clear and mixed anxiety-depression occurs very commonly. Because of this the family doctor frequently has difficulty in deciding whether to use an anti-depressant or an anxiolytic.

“*SWIKIR is Quicker*” – The Swikir Anxiety recognition scale is often helpful in diagnosing anxiety.

1. Somatic Ticket.
2. Worries.
3. Irritability.
4. Keyed up, on edge.
5. Insomnia.
6. Relaxation difficulties.

### Treatment Issues

Non-pharmacological measures such as counselling and supportive psychotherapy should always be the first treatment for anxiety. In helping the patient face personal problems the family physician can encourage personal growth and independence in the patient rather than encouraging a reliance on drug taking. By spending time counselling a patient now, the family physician may be able to avoid years of medication in a patient in whom in the cause of the anxiety has not been resolved.

Reviewing the treatment of anxiety Professor Baughman enumerated the anxiolytics that can cause sedation, euphoria, chemical dependency and addiction. These are: -

- a) Alcohol
- b) Opiates
- c) Belladonna derivatives
- d) Bromides
- e) Barbiturates
- f) Meprobamate
- g) Benzodiazepines
- h) Anti-histamines

Because of the risk of extra-pyramidal side effects, phenothiazines are seldom used, particularly in litigation conscious North America.

Groups of patients in which a high

## ... Anxious People

risk of addiction and dependency should be recognised. Great caution should be exercised in prescribing anxiolytics particularly benzodiazepines for the following groups of patients: -

1. Adult children of Alcoholics.
2. Adult children of Drug Addicts.
3. Alcoholics.
4. Abusers of other drugs.
5. Mentally ill patients - particularly people with personality disorders.
6. People with high chronic stress levels.
7. Patients with chronic pain syndromes.

In his experience beta-blockers and azapirones (eg Buspar) frequently lacked the unwanted side effects of other anxiolytics. In his experience the

azapirones had proved to be safe and efficient drugs for the treatment of: -

1. Generalised anxiety disorders.
2. Mixed anxiety/depression.
3. Obsessive compulsive disorders.
4. Aggression syndromes particularly in the elderly.
5. Substance abuse and chemical dependency patients.

The azapirones have a unique mode of action at the five-hydroxy-tryptamine (serotonin) receptors where they have both partial agonistic and antagonistic actions which are useful in modulating the effects of mixed anxiety - depression. Five-hydroxy-tryptamine receptors are also involved in the pathogenesis of depression and migraine.

He said that anti-depressants remain

the mainstay of treatment for depression itself and doctors should always be aware of an underlying dimension in a patient who presents with anxiety.

In conclusion Professor Baughman said that it was important to understand the normal role of anxiety in our lives and to counsel patients to deal with this problem wherever possible. He emphasised that under-recognition of anxiety due to somaticisation was a common problem in family practice and that anxiety frequently exacerbated co-existing illnesses. In selecting an anxiolytic it was important to use a drug that had few side effects and a low potential for chemical dependency and addiction.

## Kardiologie Opknappingskursus vir Algemene Praktisyne te Universiteits-Hospitaal, Bloemfontein

27-29 Augustus 1992

Die Huisartskunde departement bied in samewerking met die Kardiologie departement vanaf 08:00 Donderdag 27 Augustus tot 29 Augustus 12:00 'n opknappingskursus aan. Die onderwerpe sluit onder andere die volgende in: Basiese EKG-interpretasie, die nuutste hantering van miokard infarctie, hipercholesterolemie, hipertensie, hartversaking en nog verskeie ander onderwerpe wat vir die huisarts van groot praktiese belang is. Ruim tyd sal gegee word vir vrae en probleemhantering. Kursusfooi R200.

Rig aansoeke of navrae aan:  
Dept Huisartskunde,  
Fakulteit van Geneeskunde  
Posbus 339 (M35)  
UOVS  
Bloemfontein 9300  
Tel: (051) 405-2536

### Dispensing Conference

The Society of Dispensing Family Practitioners would like to announce its 7th Annual Conference to be held at the Sandton Sun on the 22nd and 23rd August 1992.

The theme for the conference will be implications of the draft bill and medical schemes act and how health maintenance organisations will affect the medical profession.

For further information on the congress please contact Fazel - the conference co-ordinator

Tel: (012) 323-1063  
Fax: (012) 323-4723  
Pager (012) 323-1020 Code 19786

or Dr Habib, the Convenor  
Tel: (011) 945-3475  
Fax: (011) 945-3475