

# Establishing a 'Gateway' for Patients with Anxiety

## PATIENTS WITH PSYCHIATRIC DISORDERS ARE SEEKING, AND RECEIVING, CARE FROM THEIR PRIMARY CARE PROVIDERS

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EDITORIAL

Over the past decade, general practitioners, OB/GYNs, and primary care clinics have become the gateway for patients with anxiety and other psychiatric disorders. Most patients with a mental disorder will initially present at a general medical setting before being diagnosed. Patients with anxiety disorders not only tend to seek out primary care physicians first, but they are also likely to receive psychiatric treatment only through primary care providers. In fact, the majority of psychopharmacologic prescriptions are written by primary care physicians, OB/GYNs, and general medical practitioners. As you will notice after reading the following articles, a common theme throughout is the importance of recognizing anxiety disorders in primary care and other general medical settings. Though increased recognition of anxiety disorders may add yet another task to already heavily burdened primary care clinics, the benefits almost certainly outweigh the additional effort, both clinically and economically.

The overall economic costs associated with anxiety disorders are tremendous. However, only a third of these costs come from direct psychiatric treatment. Increasing the recognition of anxiety disorders in primary care settings would greatly assist in reducing costs associated with the nonpsychiatric treatment (eg, EKG's, stress tests), which account for nearly half of the total economic burden of anxiety disorders in our society. More specifically, in emergency departments, two thirds of patients with a chief complaint of chest pain are sent home with largely (more than 80%) noncardiac diagnoses. Health care treatment investments aimed toward increasing recognition and early treatment of anxiety disorders, although potentially costly in the short run, are likely to lead to substantial savings (both direct and indirect) in the long run.

Increasing the overall recognition rate for anxiety disorders would greatly assist in improving the overall treatment for anxiety disorders, either through referrals for psychotherapy, pharmacological treatment, or a combination of these treatments. Additionally, assessment of the severity of the anxiety disorder(s) will almost certainly assist to guide treatment decisions. For example, in pregnant women with panic disorder, assessing pregravid symptom severity will help treatment providers outline the risks and benefits of pharmacological treatment during pregnancy. Moreover, for patients in psychotherapy, increasing knowledge on the type of psychosocial treatment received can guide general practitioners' decisions on which psychotropic medication may augment, or in fact hinder psychotherapy outcome.

Unfortunately, many obstacles to recognition are difficult to surmount, including insufficient time and resources that often prevent an assessment of anxiety disorders in the general medical setting. However, help is available to identify primary care patients with anxiety. Brief screening measures have been designed specifically to aid non-mental health specialists in the detection of anxiety symptoms. Additionally, recently developed collaborative care models, in which primary care physicians and mental health experts work together to provide treatment, are proving valuable for many clinics by improving the clinical outcome for patients with anxiety disorders. Utilizing these assessment tools and innovative models of care can ultimately provide vital information that can increase the likelihood that a patient will receive the proper and most effective mental health treatments, which in turn could diminish the deleterious effects of anxiety disorders on nonpsychiatric medical illnesses. **MF**