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Anxiety Disorders:
Vast Progress but a Long Journey Ahead

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Anxiety disorders, the most prevalent class of psychiatric disorders in the United States, are a class of mental disorders that includes panic disorder, generalized anxiety disorder (GAD), social phobia, posttraumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), and specific phobias.[1,2] These disorders are also among the most common mental health problems that primary care physicians (PCPs) encounter in their practices. Complaints of anxiety and nervousness are statistically estimated to be the cause of more than 1 out of 10 patient visits to a general practitioner, and prevalence rates of anxiety disorders in these settings have been estimated at 15%.[3,4] In fact, PCPs are frequently the only providers from whom patients seek and receive treatment for mental health conditions.[5-8]

Despite the prevalence of anxiety disorders, the rates of recognition and treatment of these conditions in primary care settings are very low, resulting in significant psychosocial and economic consequences.[5-10]

Fortunately, anxiety disorders are also among the most treatable psychiatric illnesses, with a greatly improved patient outlook over the past 20 years. Continued improvement in patient care is contingent on increasing awareness and improving recognition ability and treatment selection among physicians. Several barriers exist, however, to achieving proper diagnosis and effective treatment, particularly when patients present in a primary care environment.[11]

ECONOMIC IMPACT

Although the 2002 costs of anxiety disorders in the US have been estimated at $73.6 billion, these costs may be vastly understated for several reasons.[1,12-14] Early onset of anxiety disorders (usually around the age of 15) might affect education attainment, occupation selection, and the long-term cost to society of both, and these costs are not calculated.[12-14] In addition, there is the reduced quality of life not just of patients but of caregivers and loved ones as well.[12-14] And finally, a trend of increasing prevalence of anxiety disorders during the past 2 decades could indicate that the 2002 estimate, which was based on prevalence rates from 1992, very likely represents a large underestimation.[12]

The accepted $73.6 billion estimate is based on a blend of costs for treated and untreated anxiety disorder patients and is slightly greater than estimates for depression.[1,15] In direct contrast to the economic impact statistics for depression, the 2 most expensive components of anxiety disorders are direct costs (psychiatric and nonpsychiatric), which account for 90% of the costs associated with these illnesses.[1] In comparison, only 28% of the economic impact of depression is due to direct medical costs.[1]

Patients with an anxiety disorder were found to use psychiatric and nonpsychiatric health care services to a much greater extent.[16-20] For example, PTSD and panic disorder have the highest rates psychiatric services use, with inpatient costs higher for patients diagnosed with PTSD than any other condition in the anxiety disorders group.[16,21] Suboptimal workplace performance is associated with all subtypes of anxiety disorders (except simple phobia).[21] Emergency room claims and other outpatient services costs for nonpsychiatric medical care are highest for patients with anxiety disorders compared to other mental disorders.[21]

Researchers recommend investing in treatments geared toward more targeted diagnoses and earlier treatment of anxiety disorder.[12,16,22] Although these measures may seem potentially costly in the short-term, they are likely to lead to significantly decreased expenses in the long-term. Savings would be related to direct and indirect expenses, as well as unaccounted-for costs such as comorbidities and excess un- or underemployment. Early diagnosis and treatment are particularly warranted because of the early onset of anxiety disorders, highly chronic nature of theses conditions, and increasing prevalence during recent decades.

RECOGNITION AND TREATMENT IN THE PRIMARY CARE SETTING

Rates of recognition and treatment of anxiety disorders are very low among primary care patients, as evidenced by a study that found that only 1 in 10

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ANXIETY DISORDERS ASSESSMENT TOOLS

ASSESSMENT TOOL	ASSESSMENT METHOD	WHAT TOOL ASSESSES
PRIMARY CARE EVALUATION OF MENTAL DISORDERS (PRIME-MD)	• 1-PAGE QUESTIONNAIRE COMPLETED BY PATIENT • BRIEF CLINICAL EVALUATION	• DETECTS ANXIETY PROBLEMS • GOOD VALIDITY
GOLDBERG ANXIETY SCALE	• 9 QUESTIONS • FIRST 4 QUESTIONS ASKED OF ALL PATIENTS • NEXT 5 ASKED ONLY IF 1 OF FIRST 4 ARE ENDORSED	• 5 "YES" ANSWERS: 50% CHANCE OF CLINICALLY SIGNIFICANT ANXIETY DISORDER • >5 "YES" ANSWERS INCREASES POSSIBILITY
HOSPITAL ANXIETY SCALE	• 14-ITEM SELF-REPORT MEASURE	• ASSESSES OVERALL LEVEL OF ANXIETY OF MEDICALLY ILL BASED ON SYMPTOMS • NOT A DIAGNOSTIC TOOL • HIGH SCORES CAN BE FURTHER EVALUATED • UNCERTAIN SCORES SHOULD BE REFERRED

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patients with an anxiety disorder presenting in a primary care setting were accurately diagnosed.[23] Researchers consider this a serious finding because a large majority of patients with psychiatric complaints are at least initially seen by PCPs, not mental health professionals.[11]

A number of barriers to proper recognition and treatment of anxiety disorders in primary care have been identified, some of which are very difficult to overcome. First, many general practitioners are already overextended and have limited time to spend with each patient.[24] PCPs may also lack specialized training or may not be very comfortable with psychiatric diagnoses.[24] In addition, how patients themselves perceive and present their symptoms can interfere with accurate identification of the underlying cause of anxiety. For example, patients who view their symptoms as a nonemotional problem or focus mainly on somatic symptoms may be misdiagnosed with physical problems.[23]

Comorbid presentation of different anxiety or other psychiatric disorders can further complicate achieving accurate diagnosis.[25-28] Anxiety disorders are often comorbid with other maladies such as heart disease, asthma, cancer, and many pain conditions.[25-28] Another problem is that it is often difficult for a general medical practitioner to differentiate between the subtypes of anxiety disorders because many of their symptoms and features overlap.

Effective treatments are available for anxiety disorders. Why, then, do so many patients go untreated? Several recent studies have set out to investigate this problem, with interesting results. While the low recognition rates are partially to blame, the researchers have found that even after diagnosis may patients do not receive the indicated therapy. For example, among the top reasons for why primary care patients with an anxiety disorder were not using pharmacotherapy were a lack of doctor recommendation, patients not believing in taking medications, and patients not recognizing that they had a treatable disorder.[29] The primary reasons patients were not using psychosocial interventions were patients not believing in psychotherapy, patients not recognizing that they had a treatable condition, and not having had a doctor recommendation.[30] These findings in particular suggest the need for a doctor-patient dialogue that dispels misconceptions about mental health treatment.

Even after treatments are assigned, primary care patients are often noncompliant; if consultation with a mental health professional is warranted, they frequently fail to follow through with the referrals.[31-32] The emergence of innovative collaborative care models specifically designed to address this barrier shows PCPs and mental health specialists working in tangent to provide and closely monitor adherence to treatment.[31-32] These models offer much promise: they have been tested for depression and anxiety and have been found to increase adherence to treatment and improve symptomatic outcome.[31-32]

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It is clear that in order to effectively and successfully identify and treat more patients with anxiety problems, the primary care physicians need to be provided with current and practical information about these disorders.[6,7,8] In spite of the many obstacles, primary care practices may be ideal settings for managing the patients with anxiety disorders. Most importantly, these physicians often have an established history and trusting relationship with their patients. To further improve the recognition of anxiety disorders, researchers recommend that clinicians take advantage of the variety of simple assessment tools that have been developed for nonpsychiatric settings, including the Hospital Anxiety and Depression Scale [HADS], Primary Care Evaluation of Mental Disorders [PRIME-MD], and Goldberg Anxiety Scale (see Table).[33-35] Research is also underway to develop new therapeutic protocols that would be effective for multiple anxiety disorders, thus enabling PCPs to start treating their patients even before designating a specific anxiety disorder diagnosis. MF

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