

MANAGING ANXIETY IN PRIMARY CARE SETTINGS IN SOUTH AFRICA



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Dan Stein did medicine at UCT, then psychiatry and psychopharmacology at Columbia University. He has edited or authored more than a dozen books, including the American Psychiatric Press Textbook of Anxiety Disorders. The MRC Unit does extensive research on anxiety disorders and offers evaluations to appropriate patients (call 021-938-9229).

Anxiety disorders are not only among the most prevalent of the psychiatric disorders but also among the most disabling. In the recently published World Health Organisation (WHO) World Mental Health Survey initiative on the prevalence and severity of mental disorders in 14 countries (6 less developed, 8 developed), anxiety disorders were the most common of all mental disorders surveyed (lifetime prevalence of up to 18.2%), superseding mood and substance use disorders.¹ The high prevalence, severity, and cost of these disorders underscore the importance of correctly identifying them and their co-morbidities in general practice, yet they continue to be underrecognised by general practitioners and psychiatrists alike.

Through animal, clinical, and more recently, neuroimaging studies, exciting advances have been made in our understanding of the neural circuitry and neurochemistry underpinning these disorders. These observations have also helped to inform our treatment practices. Both pharmacotherapy and psychotherapy (e.g. cognitive behaviour therapy (CBT)) approaches have been found to be effective. For example, brain imaging studies have reported that certain psychosocial treatments (e.g. CBT) in patients with obsessive-compulsive disorder and social anxiety disorder produce changes in brain physiology similar to those produced by pharmacotherapy (e.g. selective serotonin reuptake inhibitor). In primary care settings, pharmacotherapy tends to be the mainstay treatment for most anxiety disorders. However, it alone may not be sufficient to attain optimal efficacy and CBT may be a useful adjunct to improve and sustain long-term functioning.

In this issue, we provide an up-to-date and practical overview of the commonly encountered anxiety disorders in primary care (panic disorder, obsessive-compulsive disorder, generalised anxiety disorder, post-traumatic stress disorder (PTSD), and social anxiety disorder). In this setting, patients frequently present with multiple somatic complaints or co-morbid disorders and are high users of medical care. Co-morbidity with depression is especially common and invariably increases illness severity, subjective distress, and functional impairment. In his article, David Fainman describes the diagnosis and management of concurrent depression in anxious patients. Paul Carey discusses 'anxiety, worry and tension', symptoms that are inherent to all anxiety disorders, but which may be more specific to generalised anxiety disorder. For those patients with generalised anxiety disorder (excessive, difficult-to-control worries about everyday life), Pani Theron and colleagues describe the application of CBT in the general practice setting.

Patients with panic disorder, unlike patients with other anxiety disorders or depression, have very specific and dramatic cardiac, respiratory and neurological symptoms that can also be very worrisome. Piet Oosthuizen and colleagues discuss the identification and effective management of panic disorder in primary care, while Dana Niehaus focuses on diagnostic and treatment considerations for patients with obsessive-compulsive disorder. We have also included an article on gender-based violence (intimate partner violence), because it is endemic in South Africa (South Africa has the highest rate of intimate femicide in the world) and because adverse long-term psychological consequences, such as PTSD, depression and alcohol and drug misuse, are not uncommon. Detection rates are pitifully low and as doctors we often neglect to ask about or screen for this form of violence.

Bavi Vythilingum discusses screening, assessment and referral to interventions for victim support in abused women with PTSD. The 'More about....' section includes highlights on the clinical presentation and treatment of social anxiety disorder in children and adolescents (Liezl Koen), disability and quality of life issues in patients with anxiety disorders (Christine Lochner), and the potential value of screening instruments to enhance recognition in primary care (Christine Lochner).

Anxiety has been recognised in the medical literature since the early 18th century and has remained a common presentation across medical settings. Because it encompasses both physical (changes in heart rate and respiration, increased muscle tension) and psychological (abnormal apprehension) processes, it provides a good opportu-

nity to think in terms of mind-body unity. Treating anxious patients in primary care can be very rewarding as many patients experience remarkable improvement. We hope that the diagnostic and treatment strategies outlined here will provide some assistance in managing those anxious patients who present to your practice.

1. The WHO World Mental Health Survey Consortium. Prevalence, severity, and unmet need for treatment of mental disorders in the WHO Health Organization World Mental Health Surveys. *JAMA* 2004; **291** (21); 2581-2590.

The MRC Unit on Anxiety Disorders is currently conducting genetic studies and clinical trials on a range of anxiety disorders. Eligible patients qualify for free evaluation and/or treatment. Please call the Mental Health Information Centre at (021) 938-9229 for more information.