

Anxiety

(March 2022)

Rationale

Anxiety is a common presentation in both primary care and hospital settings. It is often comorbid with other medical conditions and can be the presenting feature of an underlying medical condition (e.g., hyperthyroidism). When severe, it can be associated with life-threatening complications (e.g., suicidal ideation).

Causal Conditions

(list not exhaustive)

Anxiety disorders are caused by a complex interaction of biological (e.g., genetic, substance use), social (e.g., intimate partner violence), and psychological factors (e.g., uncertainty). They frequently coexist with other psychiatric and medical conditions, but may present in isolation.

Common anxiety disorders include

- Generalized anxiety disorder
- Panic disorder
- Agoraphobia
- Social anxiety
- Separation anxiety disorder
- Selective mutism
- Substance- or medication-induced disorder
- Anxiety disorder due to another medical condition

Key Objectives

Given a patient with anxiety, the candidate will diagnose the cause, severity, and complications and will initiate an appropriate management plan.

Enabling Objectives

Given a patient with anxiety, the candidate will

- list and interpret critical clinical findings, including those derived from an appropriate history and physical examination aimed at
 - a. differentiating situational stress from a true anxiety disorder;
 - b. ruling out an underlying medical condition as the cause of the anxiety (e.g., adrenal tumours);
 - c. identifying possible comorbid conditions (e.g., substance-related disorder); and
 - d. determining the severity of symptoms and assessing for the presence of life-threatening features (e.g., suicidal ideation);
- list and interpret critical investigations, including appropriate laboratory investigations based on clinical findings (e.g., toxicology screen); and
- construct an effective initial management plan, including
 - a. ensuring the safety of the patient and others;
 - b. treating the anxiety disorder using appropriate pharmacologic, environmental (e.g., hospitalization), and psychological (e.g., psychotherapies) interventions;
 - c. treating any underlying medical and/or comorbid conditions if appropriate;
 - d. providing support to family and/or caregivers; and
 - e. referring the patient for specialized care if necessary.