The webinar will begin shortly. While you wait, register for...

MHPN's Special Professional Development Event Hypothetical Case Scenario

Tuesday 21 November 7.00pm - 8.30pm AEDT

Broadcast live, this activity is unscripted and unrehearsed. The panel have had no forewarning as to how the scenario will unfold.

The session host, Professor Mark Creamer, will guide the panel through a scenario involving a family characterised by volatile interpersonal relationships, and underlying mental health and personality issues.

Register here

'Primary health strategies for working with children who present with ADHD concerns'

Presented in partnership with Emerging Minds Australia

Monday 11 December 7.15pm - 8.30pm AEDT

Join this webinar to learn more about a holistic understanding of ADHD and highlight primary health strategies that support effectively working with children who exhibit ADHD behaviours.

Register here

MHPN WEBINAR

Wednesday 15th November 2023

Identifying and treating panic disorder

mhpn
Mental Health Professionals' Network

Tonight's panel

Dr Catherine Eltringham
General Practitioner

Katie Dobinson
Clinical Psychologist

Dr John Lam-Po-Tang
Psychiatrist

Facilitator:
Steve Trumble
General Practitioner

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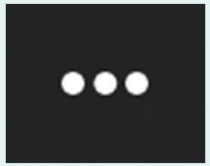

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Learning outcomes

This webinar will:

- Identify comorbidities and the biological and environmental factors that increase the risk of developing panic disorder.
- Discuss how to identify, assess and diagnose panic disorder.
- Evaluate therapeutic approaches suitable for treatment of panic disorder.
- Discuss the importance of collaboration and appropriate referrals when providing care to people living with panic disorder.

A GP's Perspective

Kim is unlikely to have been to the GP often

If he had, his previous worries were unlikely to have come up in the consultation

"Does not consider himself to be anxious person"

SCREENING:

Screening questions may not have previously identified the potential for panic attacks

Frequency: How often have you been worried in the last month
Enduring: Would you describe yourself as a worrier?
Alcohol: Do you use alcohol or other substances to cope with your worries? (does chocolate count?)
Restless: Do you ever feel restless or fidgety?

Dr Catherine Eltringham

A GP's Perspective

Kim's **"relevant" past history** for panic:

GP is listening for these cues to screen/explore more details

- Exam stress
- Disliked speaking in groups
- Performance anxiety – music performances = stopping / avoiding the activity
- Social anxiety on date = physical symptoms
- More episodes of worry over past year = escalation
- "*Tied to his desk*"
- Living alone and single for five years,
- "*not sure who to call*"
- Worried over little things more over past year
- Physical symptoms: sweaty hands and racing heart

Dr Catherine Eltringham

A GP's Perspective

GP Consultation(s) following this event:

Describe the event = panic attack

Explore history = panic disorder/anxiety/medical cause/substance cause

Dr Catherine Eltringham

A GP's Perspective

GP is considering differential diagnosis.....

PANIC DISORDER vs Panic Attack:

Recurrent and unexpected panic attacks, one month or more of concern about additional attacks. Worry about the implication or consequences of an attack.

Change behaviour related to attacks.

Medical Cause:

Substance Use

Thyroid

Diabetes

Arrhythmia

Pulmonary Embolism

Phaeochromocytoma

Malaria

ANXIETY DISORDER:

"Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

The individual finds it difficult to control the worry.

The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):

Note: Only one item is required for children.

- Restlessness or feeling keyed up or on edge.
- Being easily fatigued.
- Difficulty concentrating or mind going blank.
- Irritability.
- Muscle tension.
- Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

Dr Catherine Eltringham

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A GP's Perspective

Management moving forward…….

Regular GP review

GOLDEN INGREDIENTS FOR GP SUPPORTIVE MANAGEMENT

✓ Something to do: Tell me about your work / hobbies / how you spend your time.

✓ Somewhere to go: Tell me about your workday routines.

✓ Someone to talk to: Who do you share your fears, joys, successes, concerns with?

✓ Something to look forward to: What do you do for fun / enjoyment?

X ~~Some time to do nothing* Not for everyone~~

Review and Optimise: Sleep hygiene/nutrition/physical activity/exposure to nature/accept help

Psychologist

Medical Management

Physical symptoms: If present and impacting function

Anxiety symptoms: If present and moderate to severe

As needed (PRN) management options

Psychiatrist Review

Dr Catherine Eltringham

A Clinical Psychologist's Perspective

Differential Diagnoses

- Rule out medical condition (GP liaison)
- Need to ***understand the cognition/fear underlying the panic attacks*** to diagnose panic disorder
- Panic attacks occur commonly in other mental health conditions though the associated cognitions differ:
    - Social anxiety → *"Others will think I look stupid"*
    - OCD → *"I will become unwell due to contamination"*
    - Specific phobia → *"I can't stop thinking about the spider crawling all over me"*
    - PTSD and complex trauma → *"I panic when I remember what happened to me"/ "when I am reminded of the assault"*

Katie Dobinson

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A Clinical Psychologist's Perspective

Individual case formulation for Kim

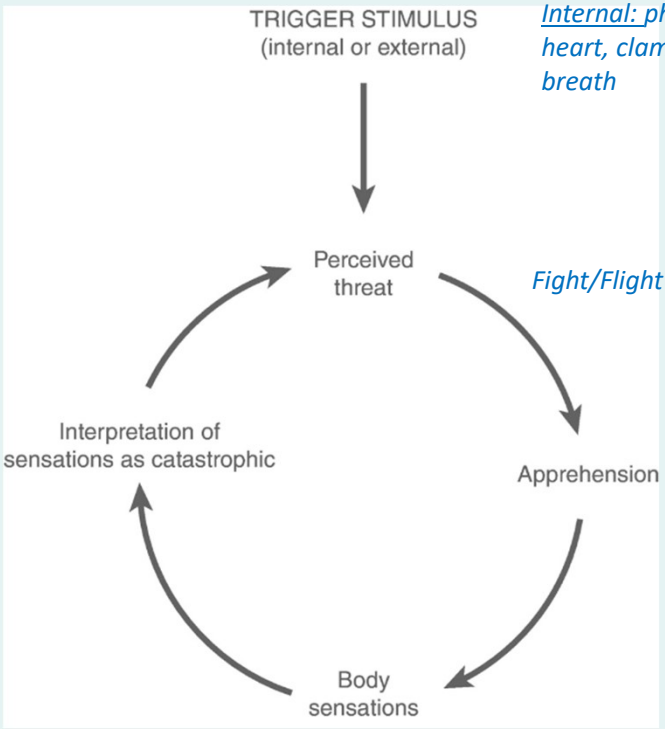
The 5 Ps are to guide individualised case formulation and treatment plan:

1. **Presenting problem:** panic symptoms
2. **Predisposing factors:** anxious temperament "always a worrier"
3. Precipitating factors: work stress, interview
4. **Perpetuating factors:** symptoms, interpretation of these as threatening, behaviours of hospital presentations
5. **Protective factors:** Supportive family, help-seeking, curious, psychologically-minded

A Clinical Psychologist's Perspective

Cognitive Behavioural Model of Panic (Clark, 1986) in relation to Kim

External: stressful event (interview)
Internal: physical symptoms, racing heart, clamminess, shortness of breath



Fight/Flight System activated

"I must be having a heart attack"
"This is what happened to Dad"
"I'm going to die"

Racing heart, breathlessness intensifies

Katie Dobinson

A Clinical Psychologist's Perspective

Cognitive Behavioural Therapy (CBT)

- Gold-standard treatment is CBT (in-person or internet-delivered)
- Short-term, skills-based, present-focussed therapy

- Core CBT components:

1. **Psychoeducation**
2. **De-arousal skills** (controlled breathing, PMR)
3. **Cognitive therapy**
4. **Exposure:** interoceptive, in vivo, reducing avoidance
5. **Relapse Prevention**

Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of panic disorder, social anxiety disorder and generalised anxiety disorder

Gavin Andrews[1,2], Caroline Bell[1,3], Philip Boyce[1,4], Christopher Gale[1,5], Lisa Lampe[1,6], Omar Marwat[1,2], Ronald Rapee[1,7] and Gregory Wilkins[1,8]

Your Health in Mind

The Royal Australian & New Zealand College of Psychiatrists

Katie Dobinson

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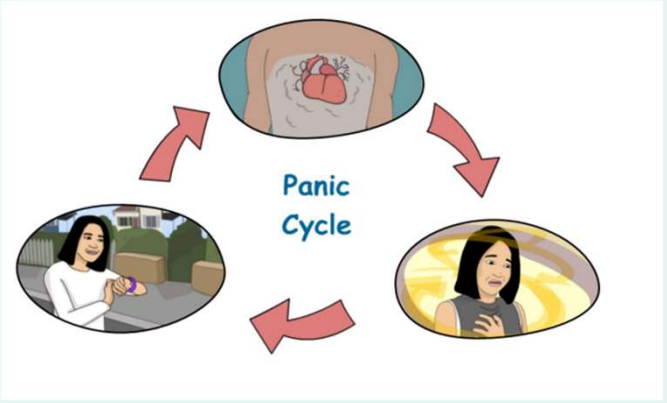
A Clinical Psychologist's Perspective

Controlled Breathing and Interoceptive Exposure

- Controlled breathing to soothe the fight-or-flight response (3-3-3)
- Interoceptive exposure is key ('relating to the body') to overcoming the fear of panic sensations

Exercise List

1. **Hyperventilate** for 1 minute. Breathe deeply and quickly, using a lot of force.
2. **Shake** your head side to side for 30 seconds.
3. Place your head between your legs for 30 seconds then **stand upright quickly**.
4. Do fast **steps-ups** or star jumps for 1 minute.
5. **Hold your breath** for 30 seconds, holding your nose shut at the same time.
6. Maintain complete **body tension** for 1 minute, by holding the push-up position or tensing every muscle.
7. **Spin** for 30 seconds while standing. Don't hold onto anything or sit down straight after.
8. Breathe through a **straw** while holding your nose for 1 minute.
9. Breathe with your **chest** fully expanded for 1 minute. Fill your lungs with air until your chest feels fully expanded and then take quick, shallow breaths
10. **Run as quickly** as you can on the spot for 1 minute, so that you heart beats quickly.



Katie Dobinson

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A Psychiatrist's Perspective

Epidemiology

- Panic Disorder and Agoraphobia are common in the Australian community (McEvoy et al, 2011)

	Median age of onset	Interquartile range	12-prevalence	Lifetime prevalence
Panic Disorder	30	18 - 42	1.8%	3.5%
Agoraphobia	22	13 – 38	1.2%	2.3%

Dr John Lam-Po-Tang

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A Psychiatrist's Perspective

Role of General Practitioner

- Much, much more than a referral source
- Longitudinal & social contextual information
- Physical examination and observations (BP, pulse)
- Relevant investigations
- Identification & management of any comorbid medical conditions
- Review of all medications
  - not only psychotropic medications
- Co-ordination of care
- Interventions
  - Medication
  - Lifestyle changes

Dr John Lam-Po-Tang

A Psychiatrist's Perspective

Role of a psychiatrist

Diagnostic clarification especially with psychiatric comorbidity

- Major Depressive Disorder
- Substance Use Disorders
- Other Anxiety Disorders
- Other disorders

- Role of psychotropic medication

- Individual not responding to evidence-based treatments
  - Psychological
  - Pharmacological

Dr John Lam-Po-Tang

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A Psychiatrist's Perspective

When to consult or refer

- To another psychologist
- To after-hours or emergency community mental health services
- To specialised alcohol & other drug services
- To a psychiatrist
- To other specialised service providers

Dr John Lam-Po-Tang

A Psychiatrist's Perspective

Medications in panic disorder

- Review all medications & consider potential contribution to anxiety
- Psychoeducation & modification of lifestyle factors should proceed discussion of medication
- Ideally, trial of CBT should proceed trial of medication
    - Accessibility issues
        - Geographical
        - Cultural & linguistic
        - Financial barriers
    - Psychiatric and medical comorbidity

Dr John Lam-Po-Tang

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A Psychiatrist's Perspective

Medication recommendations for adults

Australian clinical practice guidelines (Andrews et al, 2018)

1st line
selective serotonin reuptake inhibitor (SSRI) antidepressants
serotonin-noradrenaline reuptake inhibitor (SNRI) antidepressants

2nd line

tricyclic antidepressants (TCADs)

Dr John Lam-Po-Tang

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A Psychiatrist's Perspective

Benzodiazepine in panic disorder

- Not recommended as 1st line treatment (Andrews et al, 2018)
- Not recommended as routine use for initiating antidepressant medications
- Not recommended in individuals with current comorbid alcohol or substance use disorders
- May interfere with efficacy of CBT
- High risk of dependency with high-potency benzodiazepines (e.g. alprazolam, clonazepam, lorazepam)

Dr John Lam-Po-Tang

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Q & A

Dr Catherine Eltringham
General Practitioner

Katie Dobinson
Clinical Psychologist

Dr John Lam-Po-Tang
Psychiatrist

Facilitator:
Steve Trumble
General Practitioner

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MHPN Online programs

Podcasts:

MHPN Presents A Conversation About . . . Climate Change & Mental Health 3-part series. Episode one out now.

Three webinars before the end of the year:

- MHPN Special Event: Hypothetical Case Scenario, Tuesday 21 Nov at **7.00pm** (AEDT)
- Primary health strategies for working with children who present with ADHD concerns (Emerging Minds), Monday 11 Dec at 7.15pm (AEDT)

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