

Brief episodes may be normal response to stress or threat. Pathological if due to a 1° anxiety disorder, 2° to medical disorder or other psychiatric disorder (e.g. depression, schizophrenia)

Management

Safety

Assessment

Confirmation of provisional diagnosis

Consultation

Immediate treatment

Transfer of care

Safety:

There is an association between panic attacks and suicide risk.

Assessment

History:

- Key symptoms of anxiety may be:
 - Mental (apprehension, worry, fear, agitation, indecision, de-realisation, depersonalisation, obsessions) and/or
 - Somatic (tremor, palpitations, sweating, nausea, abdo pain, chest tightness or pain, SOB, dizziness, paraesthesia, feeling of choking, urinary frequency) and/or
 - Behavioural (avoidance of anxiety inducing situations, compulsions).
- Is this 'normal anxiety'? (i.e. appropriately reactive to a perceived threat)
- Is there an identifiable precipitant? Any known anxiety disorder or mental illness?
- Symptoms 2° to hyperventilation:

Dizziness, light-headedness or faintness	Tachycardia
Breathlessness, choking or smothering	Paraesthesia in the hands, arms or feet
A feeling of unreality	Cold, clammy hands
Blurred vision	

Exam - Physical & Mental State

Medical conditions commonly associated with anxiety include:

- CVS: angina, MV prolapse, tachycardia
- Resp: asthma, PE, hypoxia, CAL
- Endo: hypoglycaemia, hyper/hypothyroid
- Neuro: MS, epilepsy, Meniere's Syndrome
- Onc: phaeo, carcinoid, insulinoma
- Rx: antidepressants, bronchodilators, anticholinergics
- Drugs: e.g. stimulants, sedative withdrawal, alcohol withdrawal

Confirmation

Corroboration: from medical notes, GP, family & friends.

Investigations: if ?organic cause e.g. UEC, ECG, ABG, ±CK/Trp, spirometry, CXR, drug screen

Consultation

Consult with MH team if necessary or unable to calm patient. If organic may need consult.

Initial treatment

Seek & treat organic illness.

If hyperventilation a problem, slow breathing exercises may help. Reassure that there is no major physical problem. Explain anxiety can cause physical symptoms. Small stat BDZ dose.

Transfer of care

Refer to GP or mental health clinician for Rx. (CBT, SSRI, BDZ rarely indicated).