Chronic mixed anxiety and depression

Chronic mixed anxiety and depression - F41.2 (Clinical term: Mixed anxiety and depressive disorder Eu41.2)

Many people in the community report significant levels of depression and/or anxiety that do not meet the diagnostic criteria for either depressive episode or the anxiety disorders. There are a variety of ways of classifying this group within ICD-10, including dysthymia, mixed anxiety and depression.

Presenting complaints

One or more physical symptoms (eg pains, poor sleep, fatigue), and various anxiety and depressive symptoms, present for more than six months.

Diagnostic features

- Low or sad mood.
- Loss of interest or pleasure.
- Prominent anxiety or worry.
- Multiple associated symptoms for example:
  - disturbed sleep
  - disturbed appetite
  - tremor
  - suicidal thoughts or self-harm
  - fatigue or loss of energy
  - dry mouth
  - palpitations
  - tension and restlessness
  - poor concentration
  - irritability
  - dizziness
  - sexual dysfunction.

Differential diagnosis and co-existing conditions

- If more severe depression or anxiety are present, see Depression - F32# or Generalized anxiety - F41.1.
- If marked fear/anxiety in particular situations (eg crowds, enclosed spaces, travel), see Phobic disorders - F40.
- If history of manic episodes (eg excitement, elevated mood, rapid speech), see Bipolar disorder - F31.
- If somatic symptoms predominate without an adequate physical explanation, see Unexplained somatic complaints - F45.
- If drinking heavily or using drugs, see Alcohol misuse - F10 and Drug use disorders - F11.

Essential information for patient and family

- Anxiety and depression have many physical and mental effects that are likely to be worse at times of personal stress. Aim to help the patient reduce symptoms.
- The problems are not due to weakness or laziness.
- Regular structured visits can be helpful - state their frequency and include arranged visits to other professionals if necessary.

General management and advice to patient and family

- If physical symptoms are present, discuss their link to mental distress (see Unexplained somatic complaints - F45).
- Advise relaxation methods to relieve physical symptoms (see Learning to relax).
- Cut down caffeine intake (coffee, tea, stimulant drinks).
- Discuss ways to challenge negative thoughts or exaggerated worries (see Dealing with anxious thinking, see also Dealing with depressive thinking).

- Encourage simple cognitive strategies and structured problem-solving between appointments:
  - Identify events that trigger undue worry (eg a young woman presents with worry, tension, nausea and insomnia which began after her son was diagnosed with asthma. Her anxiety worsens when he has asthma episodes)
  - List as many solutions as possible (eg meet the nurse to learn about asthma management; discuss concerns with parents of other asthmatic children; write down a management plan for asthma episodes).
  - List the pros and cons of each possible solution.

- At appointments, help the patient to:
  - choose their preferred approach
  - work out the steps necessary to achieve the plan
  - set a date to review the plan; identify and encourage whatever seems to be working.

- Assess risk of suicide - see Self-harm.
- Encourage use of self-help books, tapes and/or leaflets, and voluntary organizations (see Resources for patients and families) (ref 54) (see also Depression, and Anxiety)
- These patients risk developing more severe disorders and should be monitored regularly.

Medication

- Medication is a secondary treatment of uncertain value.
- If prescribed, medication should be simple, reviewed regularly, and only continued if definitely helping.
- Avoid multiple psychotropics.
- Can try a tricyclic or SSRI antidepressant if depression or anxiety are marked (ref 55) (BNF section 4.3.). See Depression - F32# for severity threshold for initiating medication and specific guidance about it.

References

55 Lima M, Moncrieff J. Drugs versus placebo for the treatment of dysthymia (Cochrane Review). In: The Cochrane Library, Issue 2, 2003. Oxford: Update Software. (AI) Fifteen studies were

analysed. There is some evidence of efficacy of most antidepressants in dysthymia (chronic, mild depressive syndrome) that has been present for at least two years.

Referral

See general referral criteria.

- Stress/anxiety management, (ref 56) problem-solving, (ref 57) cognitive behaviour therapy or counselling (ref 58) might help and be given in primary care or the voluntary sector. It is unusual to refer for psychological treatment unless the disorder becomes severe.

Refer to secondary mental healthcare as an emergency if suicide risk is significant - see Self-harm.

Consider recommending voluntary/non-statutory/self-help organizations.

References

56 McLean J, Pietroni P. Self care - who does best? Soc Sci Med 1990, 30(5): 591-596. (BIII) This describes a controlled trial of a general-practice-based class teaching self-care skills, relaxation, stress management, medication, nutrition and exercise. Significant improvements were seen and maintained after one year.

57 Catalan J, Gath DH, Anastasiades P et al. Evaluation of a brief psychological treatment for emotional disorders in primary care. Psychol Med 1991, 21: 1013-1018. (BII) This paper describes a small randomized control trial. Patients - selected for high symptom scores - did significantly better with problem-solving therapy than with routine care. Other patients - with lower symptom scores -who were not treated showed similar improvement to the treated group.

58a Roth AD, Fonagy P. What Works For Whom? A Critical Review of Psychotherapy Research. New York: Guilford Press, 1996. (CII) This work concludes that the efficacy of counselling in primary-care settings is difficult to assess because of the methodological problems of available research. Counselling seems more appropriate for milder than for more severe disorders, and evidence seems better for counselling focused on a particular client group (eg relationship or bereavement counselling).

58b See reference 14b.

Resources for patients and families

Solving problems and achieving goals

Learning to relax

Anxiety

Depression

Dealing with anxious thinking

Dealing with depressive thinking

(see also Depression - F32# for more resources)

Depression Alliance
England: 020 8768 0123
Wales: 029 2069 2891 (10am–4pm, Monday–Friday)
Scotland: 0131 467 3050
Website: http://www.depressionalliance.org
Provides information and support groups.

Aware Defeat Depression Ltd. (local groups) 02871 260 602
Email: info@aware-ni.org; website: http://www.aware-ni.org
Provides information leaflets, lectures and runs support groups for sufferers and relatives.

The Samaritans 08457 909090 (24-hour helpline; see telephone directory for local branches)
Website: http://www.samaritans.org.uk
The Samaritans offer confidential emotional support to any person who is despairing or suicidal.

SANEline 0845 767 8000 (12pm–2am)
Website: http://www.sane.org.uk
This is a helpline offering information and advice on all aspects of mental health for those experiencing illness or their families or friends.

First Steps to Freedom 01926 851 608 (24-hour helpline)
Email: info@firststeps.demon.co.uk; website: http://www.first-steps.org

CITA (Council for Involuntary Tranquilliser Addiction) 0151 949 0102 (helpline 10am–1pm, Monday–Friday; emergency weekend number available)
Offers advice on withdrawing from tranquilisers and help with anxiety and depression.
Leaflets are available from the Royal College of Psychiatrists (http://www.rcpsych.ac.uk): Worries and Anxieties, Anxiety & Phobias, Anxiety
Helping You Cope: A Guide To Starting And Stopping Tranquillisers and Sleeping Tablets by the Mental Health Foundation: now out of print, but available online:
http://www.mentalhealth.org.uk/page.cfm?pagecode=PBBF

Anxiety, Phobias and Panic Attacks: Your Questions Answered by Elaine Sheehan, Vega Books, 2002
Information and advice on types of anxiety and the treatments available, including self-help strategies and what to expect.

Living With Fear, 2nd edition, by Isaac M Marks. McGraw Hill, 2001. Tel: 01628 252 700; Email: orders@mcgraw-hill.co.uk.
This is a self-help manual.

Managing Anxiety and Depression by Nicholas Holdsworth and Roger Paxton. London: The Mental Health Foundation, 1999. Publications, The Mental Health Foundation, 7th Floor, 83 Victoria Street, London SW1H 0HW. Tel: 7802 0304. http://ww.mentalhealth.org.uk

Restoring the Balance: A Self-Help Program for Managing Anxiety and Depression by Fred Yates. London: The Mental Health Foundation, 2000. Publications, The Mental Health Foundation, 7th Floor, 83 Victoria Street, London SW1H 0HW, UK. Tel: 020 7802 0304; website: http://www.mentalhealth.org.uk.
This is a self-help CD-ROM for people with mild to moderate anxiety and depression.