

Anxiety disorder

Anxiety is characterized by excessive fear or worry about a specific situation or, in the case of generalized anxiety disorder, about a broad range of everyday situations.

စိုးရိမ်စိတ်လွန်ကဲခြင်း(Anxiety)သည်သတ်မှတ်ထားသောအခြေအနေတစ်ခုခုအပေါ်(သို့မဟုတ်) အထွေထွေ စိုးရိမ်စိတ်လွန်ကဲခြင်းရောဂါ(Generalized Anxiety Disorder)တွင်မူ နေ့စဉ်ကြုံတွေ့ရတတ်သောအခြေအနေ မျိုးစုံအပေါ် အလွန်အမင်းကြောက်ရွံ့ခြင်း သို့မဟုတ် စိုးရိမ်ပူပန်ခြင်းစသည့်လက္ခဏာရပ်များဖြင့်ဖော်ပြလေ့ ရှိပါသည်။ အကြောက်လွန်၊ အစိုးရိမ်လွန် ရောဂါသည်လည်း ဆေးစွဲရောဂါများနှင့် ဆက်သွယ်မှုရှိပါသည်။

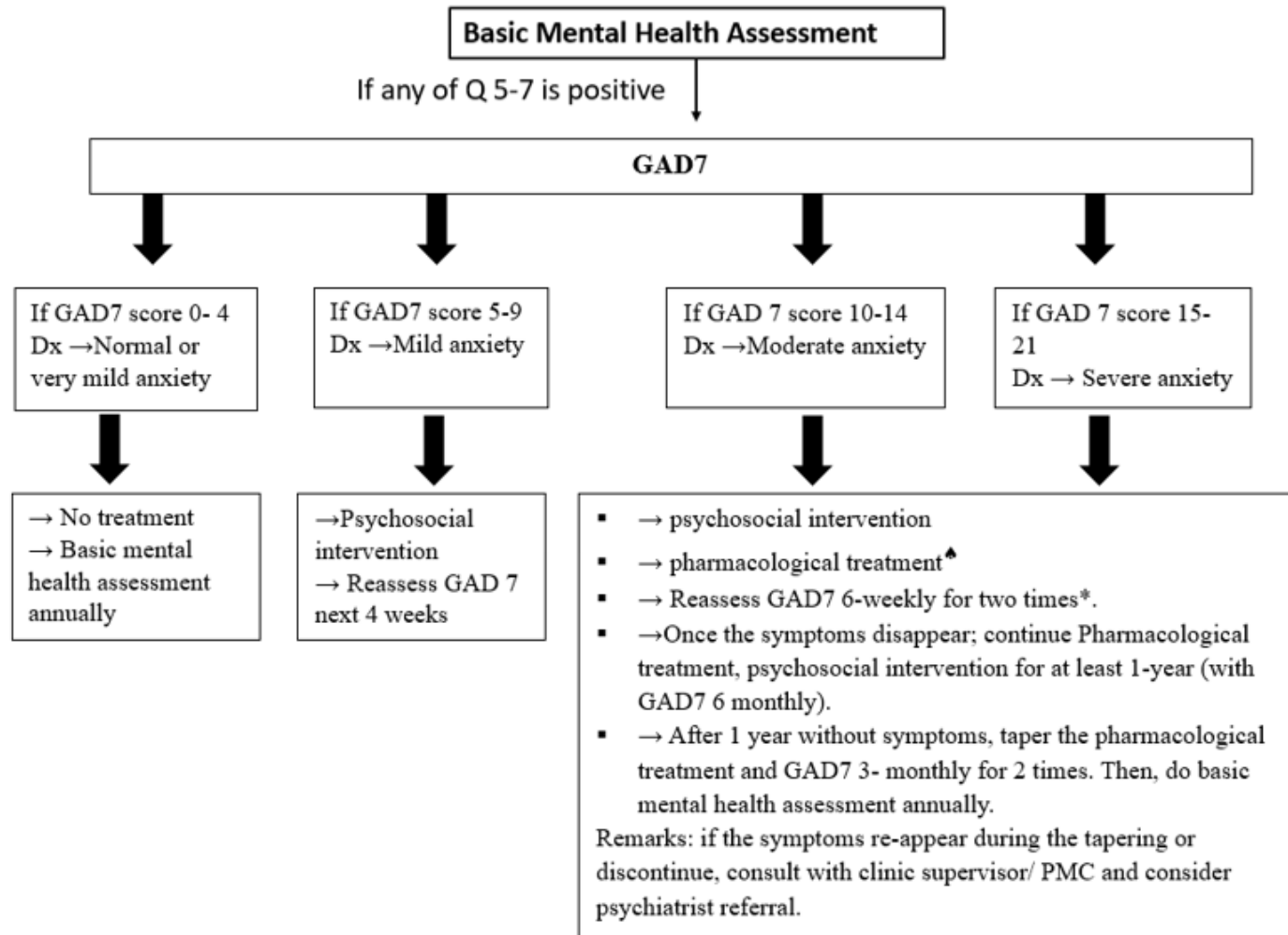
Remark: Anxiety disorders increase the risk for depression and substance use disorders as well as the risk of suicidal thoughts and behaviors.

မှတ်ချက်။ ။ စိုးရိမ်ပူပန်မှုလွန်ကဲသည့် ရောဂါများသည် စိတ်ဓာတ်ကျရောဂါ၊ မူးယစ်ဆေးနှင့် အယ်လ်ကိုဟော သုံးစွဲမှုဆိုင်ရာ ပြဿနာများအပြင် သတ်သေလိုသည့် စိတ်ကူးများ/အပြုအမူများ ဖြစ်ပွားနိုင်ခြေကိုလည်း မြှင့်တင်ပေးပါသည်။

Types of Anxiety Disorder

- Generalized Anxiety Disorder
- Panic Disorder
- Social Phobia
- Agoraphobia
- Separation anxiety disorder
- Specific phobias
- Selective mutism

Anxiety Management Flow



* Discuss with the clinic supervisors/ PMC and prepare to refer to psychiatrist if the symptoms do not disappear within 12 weeks of pharmacological management. Psychosocial intervention should be continued.

- ♠ Check and exclude the followings:
 5. Any medical or organic cause. If yes, treat accordingly. (such as Cryptococcal meningitis, cerebral malaria, infection etcs)
 6. Any drug side-effect (such as Efavirenz, steroid)
 7. If suspected mania with bipolar or history of bipolar, refer to psychiatrist for bipolar management.
 8. Check any illicit drug uses. Check s/s of acute intoxication or withdrawals or dependence. If yes, manage accordingly (see substance use disorder). Anti-depressant can be provided to relieve the temporary symptoms.

Pharmacological treatment for anxiety disorder

1) Fluoxetine (SSRI-selective serotonin reuptake inhibitor):

- Start 10 mg daily for one week then 20 mg daily.
- If no response in 6 weeks, increase to 40 mg
- If no response in next 6 weeks, refer to the psychiatrist
- Maximum is 80 mg
- Weekly follow up for the first 4 weeks, to monitor thoughts or plans of suicide.
- Don't use in pregnancy and lactating women, consult a specialist.
- Elderly/medically ill: preferred choice. Start 10 mg daily, then increase to 20 mg (maximum 40 mg).
- Adolescents: Start 10 mg daily. Increase to 20 mg daily if no response in 6 weeks (maximum 40 mg).

Side effects of Fluoxetine

Common: Sedation, insomnia, headache, dizziness, gastrointestinal disturbances, changes in appetite, and sexual dysfunction.

Serious: bleeding abnormalities in those who use Aspirin or other non-steroidal anti-inflammatory drugs, low sodium levels.

Cautions:

- If the person develops a manic episode, stop the antidepressant immediately; it may trigger a manic episode in untreated bipolar disorder.
- Do not combine with other antidepressants, as this may cause serotonin syndrome (ranging from mild symptoms (shivering and diarrhea) to severe

(muscle rigidity, fever and seizure), severe serotonin syndrome can cause death if not treated).

- Antidepressants may increase suicidal ideation, especially in adolescents and young adults.

Drug-Drug interactions with fluoxetine

- Avoid combination with warfarin (may increase bleeding risk)
- May increase levels of Tricyclic Anti-depressant (TCAs), antipsychotics, and beta-blockers
- Caution in combination with tamoxifen, codeine, and tramadol (can reduce the effect of these drugs).

2) PO Diazepam for acute anxiety disorder

- disturb sleep/restless or alcohol withdrawal syndrome-AWS), benzodiazepines can be prescribed as below.
 - Day 1: 10 mg every 6–8 hrs;
 - Day 2: 5–10 mg every 8 hrs;
 - Day 3: 5 mg every 12 hrs;
 - Day 4–5: 5 mg at night.

Follow up after management with Fluoxetine in anxiety disorder

- Schedule the second appointment within 1 week

