
Swiss Re
When Should We Be Anxious About Anxiety
Rob Rosa CMO

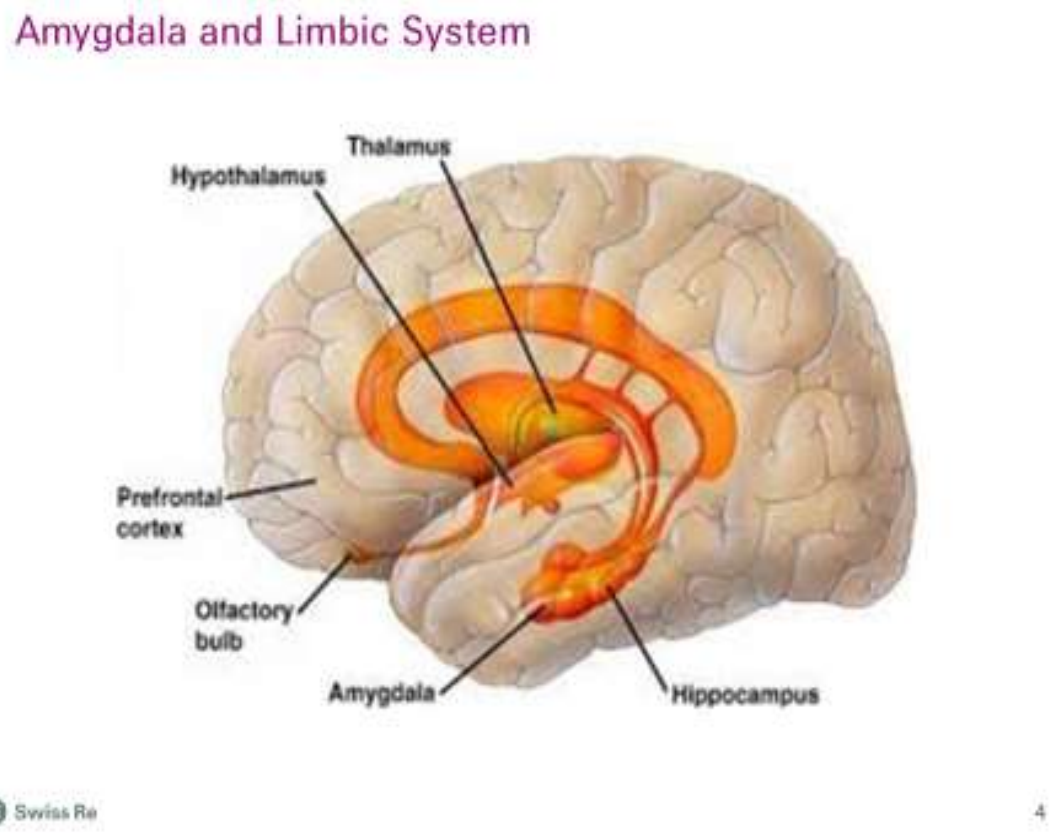
This is about stimulating thought

not going against the life guide or standard practice

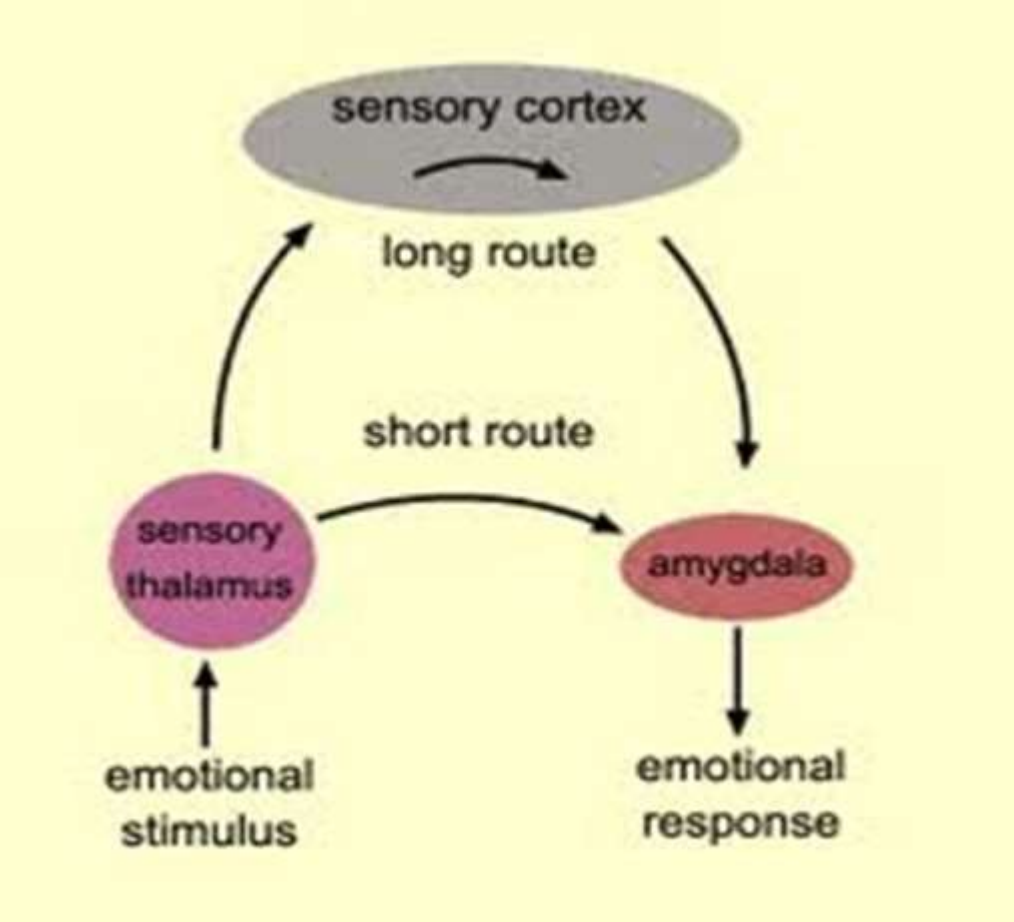
Agenda

- Overall aim to improve confidence in underwriting skills
- Highlight how common Anxiety is and how it presents
- The GP perspective – what features are we reassured about
- Examples of ‘ bread and butter’ anxiety
- What GP’s search for in the symptomology to predict prognosis
- How we assess Red Flags
- The ‘worried well’

Where It All Starts



The Amydala

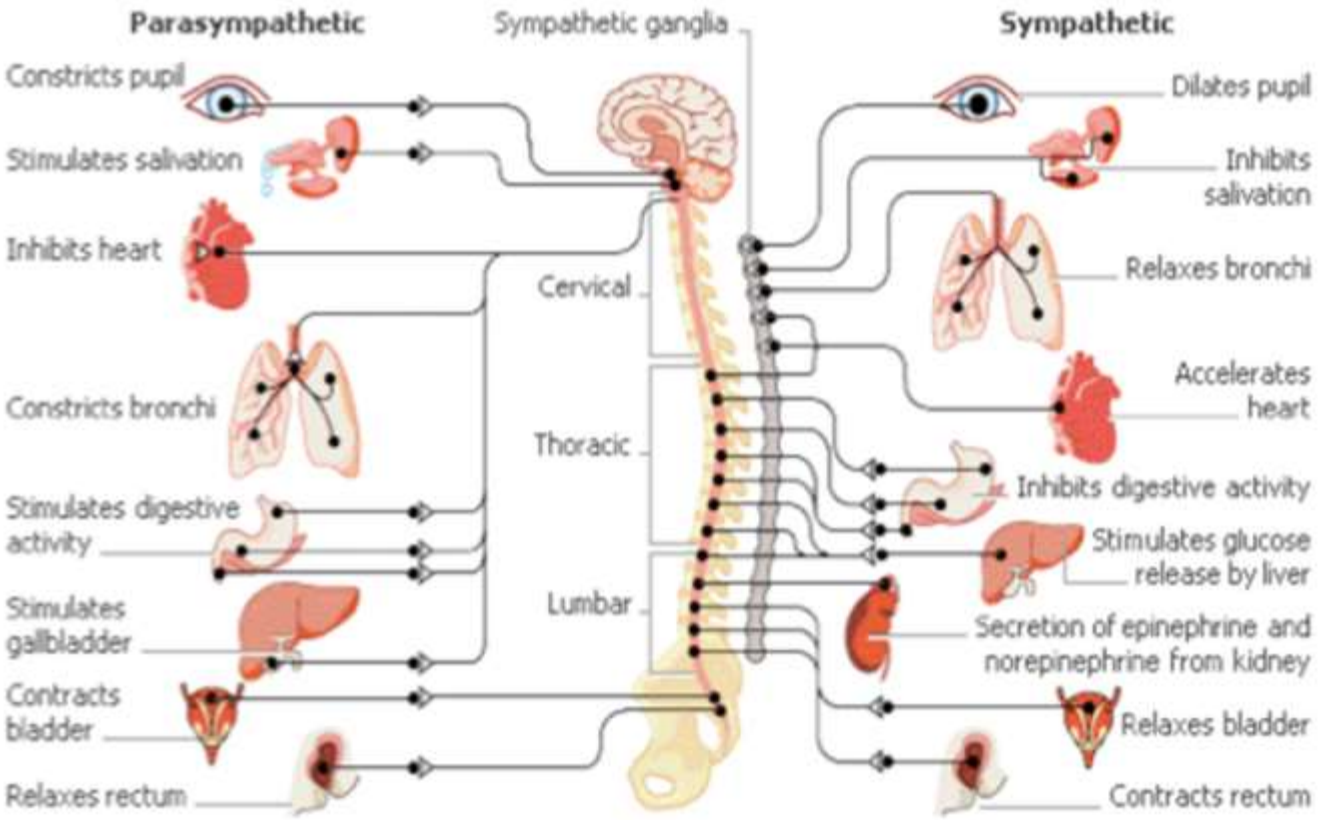

sensory cortex
long route
short route
sensory thalamus
amygdala
emotional stimulus
emotional response

Spiders

Planes

Stupidity..

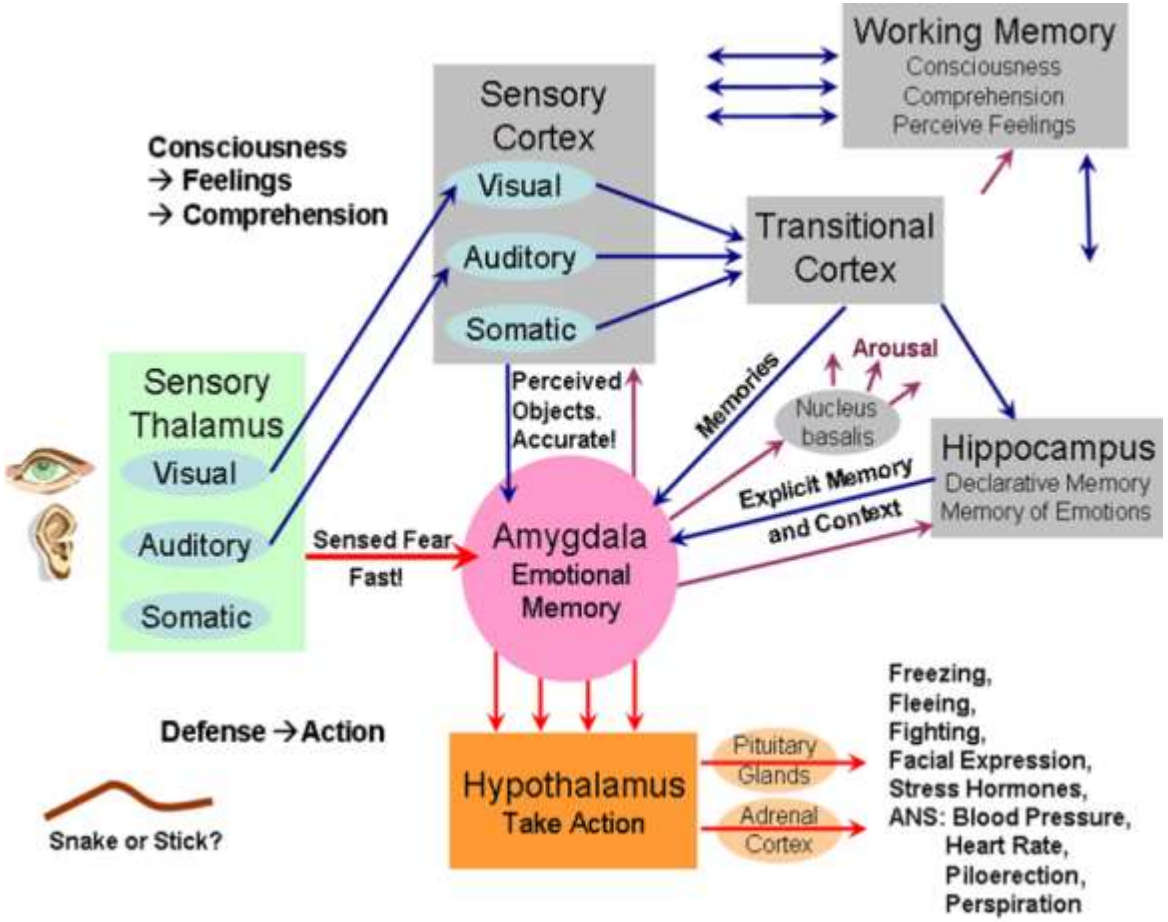
Sympathetic Drive



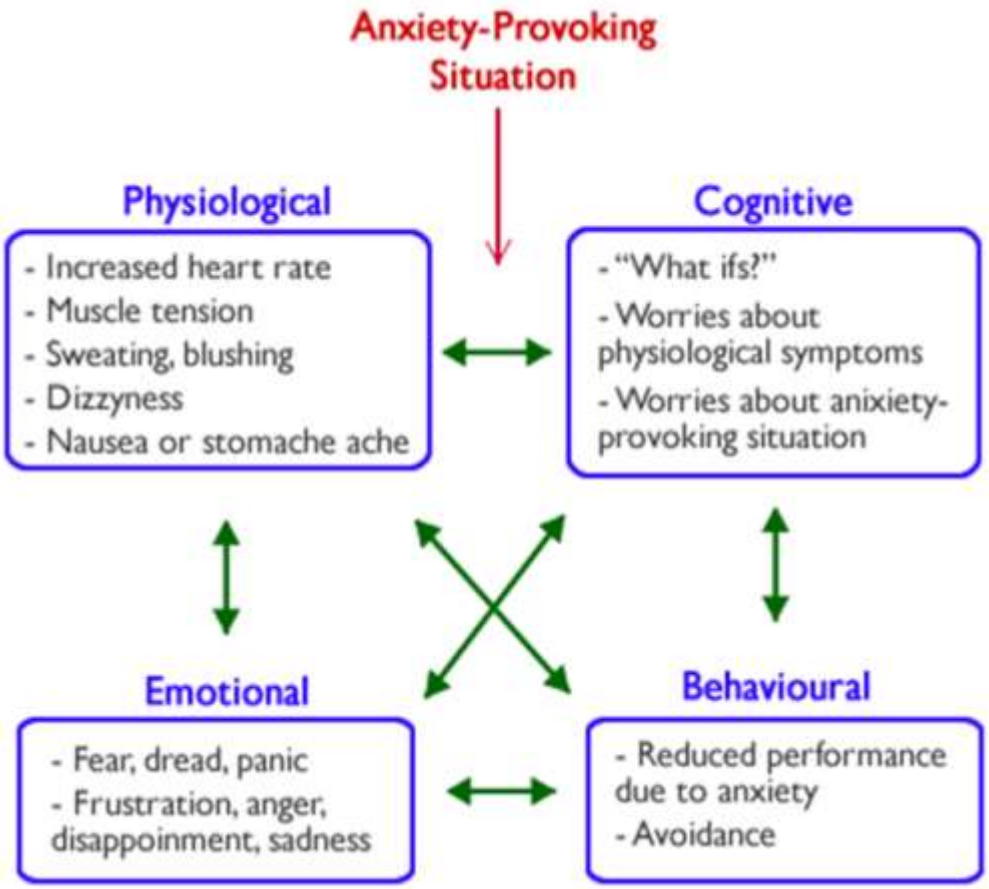
Workplace

Uncover Maladaptive Coping Strategies Quickly

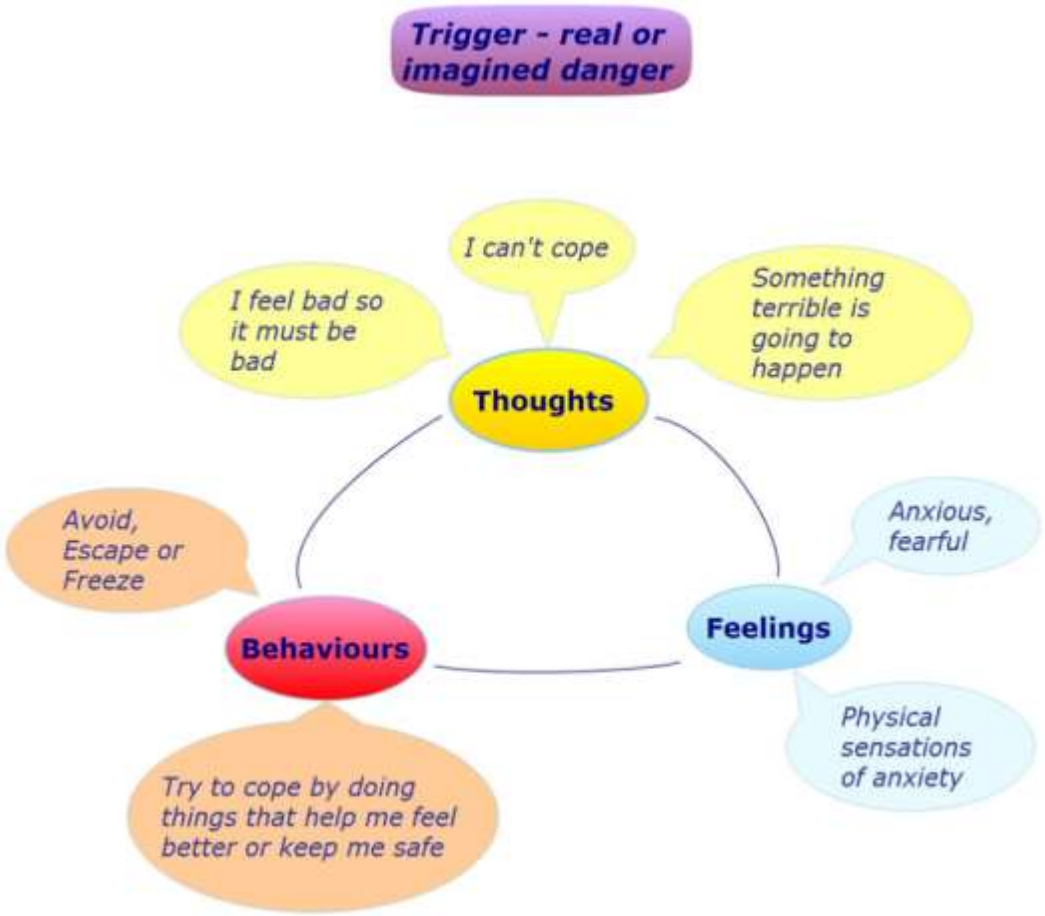
Anxiety is Distracting, Occupying, Distressing



When Anxiety Strikes

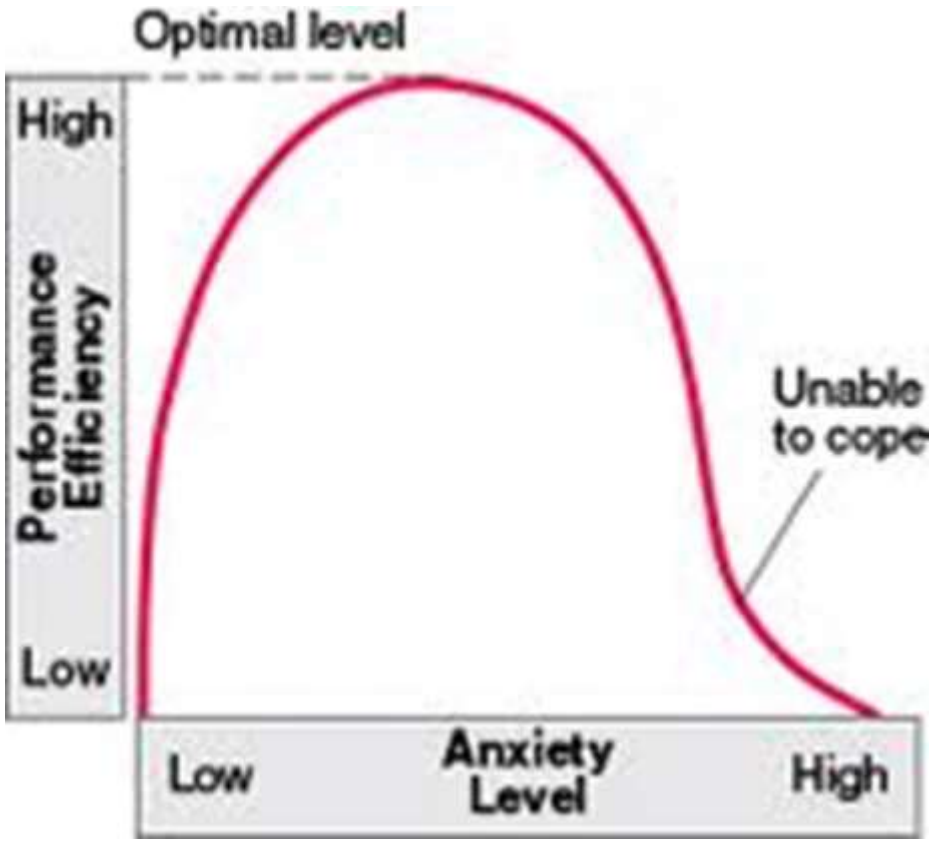


Thoughts, Behaviours and Feelings



However! Not all Anxiety is worrying.

Where it is Useful



Key messages

in the medical record can be identified and used to help you determine relevance

Potentially Low Grade Primary Care Presentations

- Examination stress in teenagers
- Bereavement reactions which respond quickly
- Phobic disorders which receive intense therapy
- Presentation Anxiety at work
- Situational Anxiety – travel, spaces, events
- Focused Anxiety

Athletic Rituals

1. OCD Traits with Panic

Ironman Triathlete amateur 34 male. about to compete with event in South Africa. Trained for 10 months, noticed over the last 6 months that updating more and more data from workouts on spreadsheets. Getting workout anxiety if misses a session or doesn't achieve a PB each time. Has a Tom Tom, cadence monitor, wrist watch, heart monitor. Recognises that has reduced training to "electronic level" no longer any fun. Wakes in night in cold sweats about thoughts and feelings of the run especially. If doesn't start the training at the precise time anxiety starts and continues through the session. Cancelling due to weather the worst as feels weak. Some "imposter syndrome". also has to touch clothes in a pattern before starts to give good luck. taken to washing kit in a particular way. Creeping effect but only in realm of sports. No work or social interruption.

Imp – specific features. Needs active sports psychology CBT, no medication requirement

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2. Sports CBT (private abbreviated)

5 sessions completed. Worked through performance anxiety, positive release through mantras – can write on bike, wrist. Rubber band technique. Conditioning and flooding. Attempted recent 10k race as a trial purely for psychology. Found it very useful. Suggested discarding of all data paraphernalia including watch. This has proved challenging but enjoying racing much more now. Homework needs no further input

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3. RR Review

Features resolved down to background level only. I expect this will settle with further exposure to racing. see prn.

Relationship Anxiety

1. Anxiety and Panic disorder (X01Lb)

Evolving anxiety and panic features. Hidden agenda is heard through friends her abusive ex-husband out of prison locally. Read on FB he is moving back to the area. Overwhelmed with fear. Shaky, sweating pulse racing can't breathe chest tightness. Lots of sympathetic drive. Dropped shopping in Tesco's mid way through when she saw someone like him. Hardly eaten in 7 days, living on coffee and cigarettes. Developing agoraphobia now and taken to drawing curtains in daytime to hide. Recognises that she has abruptly isolated herself and cut off social network through fear, wants to run away but can't as has 2 children. Is looking at local refuge to respite. Never experienced this before. Has fleeting ideation but no planning and no lethal intent. Protective factors : children. able to give me firm guarantee.

P Diazepam 5mg tds prn. CBT LIFT

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2. RR review

Ex-husband been re-arrested with GBH in Bristol. He is remanded in custody until trial date. Apparently CCTV evidence conclusive. Bright in self and obvious relief. Took diazepam for 2 days initially until heard this then stopped. Had made contact with Refuge but declined place as not needed. Mother is coming down to see her shortly. Encouraging features of getting out and about as feels safe. Specifically no free-floating anxiety and taking kids to and from school. Complete self reporting of no further symptoms. Appears situational.

P Opportunistic chat re safeguarding for the future, accessing LIFT in any event to help maintain positive features. Suggested SS review re housing and CAB for financial situation. Left open to see me at any stage.

Circumstantial Work Related Stress Anxiety

1. **Mixed anxiety and depressive disorder (X00Sb)** 0 weeks

- History: Emma disclosed she has profound **anxiety panic attacks** caused through stress at work. Has found a CD disc with photos of herself on it downloaded from facebook on her Boss's laptop. Has until recently been working from his house. Feels impending doom suddenly wash over her. Has to get out of where she is. This occurred in the cinema at the weekend. feels trapped with her work and that her Boss will manipulate this to blame her. Free floating anxiety and panic disorder. Has had **fleeting suicidal ideation** but no lethal intent or planning. Protective factors – son and family. Advised her that she needs to seek specialist legal advice regarding this matter esp as it has health implications. This is Emmas decision. to see me in 2w for ongoing support. Emergency meds/LIFT

  Diazepam 2mg tablets - 28 tablet - ONE to be taken up to THREE times a day when required

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2. **Seen in psychology clinic (9N1M.)** **3 weeks**

- PHQ-9= 13, GAD-7= 8
- Emma presented with moderate symptoms of low mood and mild/ moderate symptoms of anxiety. Feelings of dissociation, avoidance behavior. Poor sleep cycle and wanting to 'run away'. Emma has decided the only way forwards is to seek new employment. Some paranoia and fear that her Boss will find her. This is not irrational but reflects how anxious she has become. Looking to start a new job in April. Tried Diazepam but doesn't want to use.

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3. **09:24 - Surgery: Dr Robin Rosa (General Medical Practitioner)** **8 weeks**

- Loves her new job, No symptomology, bounced into clinic today. Feels the a huge weight has been lifted from her

Prognostic Features Which Guide GP's

Rapid response

No medication

Level 1 CBT success

Tested success ie RTW

Brief TOW or amended hours / duties

Single episode presentation – nothing connected in medical record

High degree of self motivation

Absence of co-existent depressive features - negative

Lack of Avoidance Behaviour

Supportive Social Structure

Slow response

Requirement for medication beyond initial anxiolytics (BDZ's)

Failed CBT or Step Up

Long initial TOW

Adjuvant precipitants – associated issues

Demotivated, insular, Depressive traits

High level Avoidance Behaviours

Isolated socially, occupationally

Psychometric Anxiety Scoring GAD7

- **Over the last 2 weeks, how often have you been bothered by the following problems?**
  - Not at all 0
  - Several days 1
  - More than half the days 2
  - Nearly every day 3
- 1. Feeling nervous, anxious or on edge 0 1 2 3
- 2. Not being able to stop or control worrying 0 1 2 3
- 3. Worrying too much about different things 0 1 2 3
- 4. Trouble relaxing 0 1 2 3
- 5. Being so restless that it is hard to sit still 0 1 2 3
- 6. Becoming easily annoyed or irritable 0 1 2 3
- 7. Feeling afraid as if something awful might happen 0 1 2 3
- (Sensitivity 72%, Specificity 80%)

Closing Points

- From a GP perspective many anxiety presentations resolve never to be experienced again
- Where they do respond positively the patient is often better equipped and furnished to cope if they were to occur again
- Anxiety does not always mean lifelong, threatening or a cause for concern
- Where it is Situational / Circumstantial it can respond well to flooding and desensitisation
- And finally...

...I'm not suggesting you pass all anxiety features as Standard Rates or accept for DI!

Questions

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