

Anxiety and Addictions

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- Case Study
- Epidemiology
- Diagnostic Challenges
- Treatment Considerations
- Why is it important to know
- The role of Benzodiazepines

Case Study

- 42yo married man, living with wife and 2 teenaged children, working as bus driver.
- Presented with recent panic attacks. They first started a month ago before he had to meet his boss as there had been complaints from the public that he route was late at times.
- It has been more difficult to turn up for work and he has been drinking more after work.
- No previous psychiatric history
- No previous medical history except muscular skeletal injuries when he played more sports in his 20s
- Smokes tobacco, but no other drug history.
- Unremarkable personal history. Has always kept to himself. Has only a few friends. Considers himself a loner.
- On MSE he looked worried, with restricted affect. There was no suggestions of psychotic symptoms.

Epidemiology

- Figures are variable in the literature as the prevalence rates for each condition is different.
- One in three people with a SUD also have an anxiety disorder
- 12% for those with an anxiety disorder also have a co-occurring alcohol or drug use disorder

ALCOHOL USE CO-MORBIDITY

12 month prevalence of alcohol use disorders in individuals with an anxiety disorder

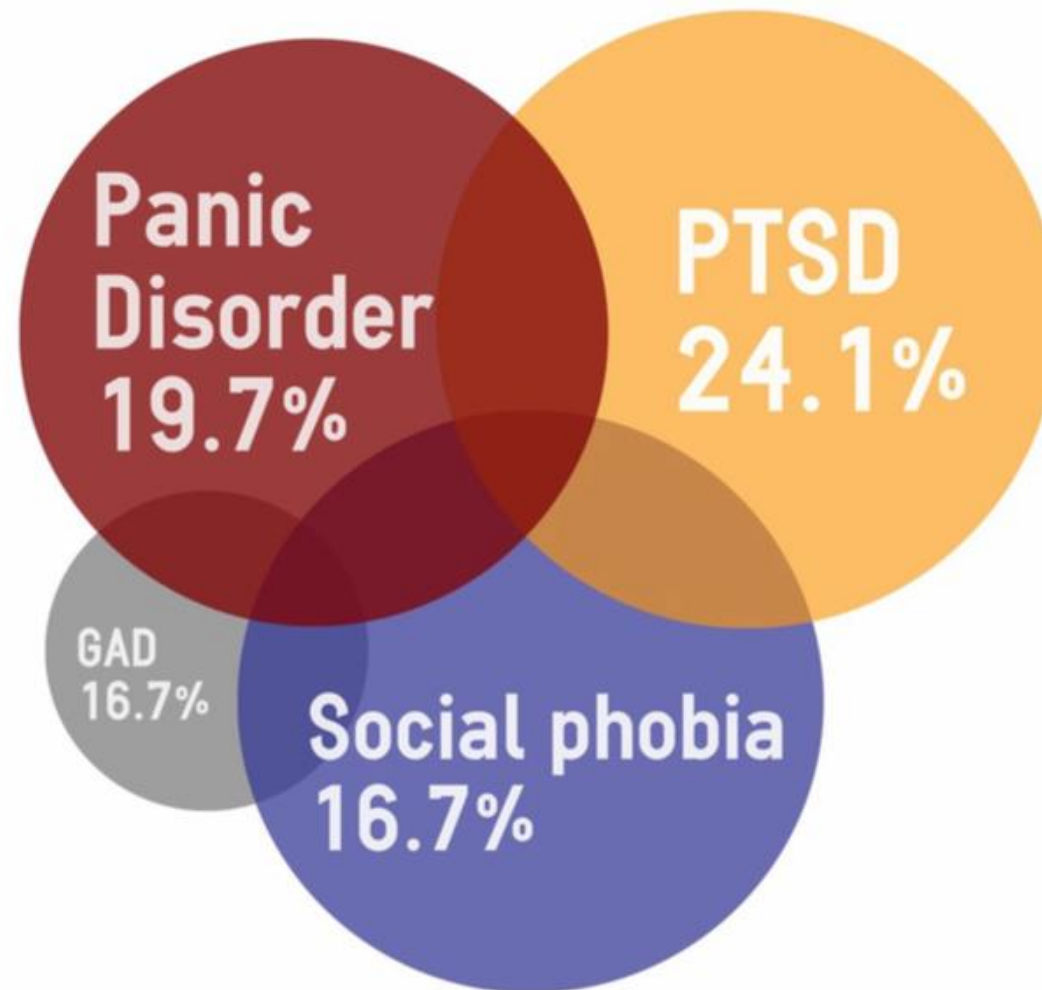


Figure 1. Alcohol use disorder co-morbidity in individuals with anxiety disorders, based on 1997 National Survey of Mental Health and Wellbeing (Burns, 2002).³

Diagnostic Challenges

- Did the anxiety lead to substance use in a process of self-medication or poor coping?
- Did the substance use lead to anxiety? Was anxiety a consequence of substance use?
- Did a third factor such as trauma or personality vulnerabilities lead to both anxiety and substance use?

Treatment Considerations

- Are serial or parallel approaches better?
- Psychological treatment.
 - Brief intervention
 - Motivational Interviewing
 - CBT
- Pharmacological treatment.
 - SSRI
 - Anti-craving medications.

Why is it important to know?

- The presence of a co-morbidity negatively affect prognosis and treatment outcomes compared to those with a single disorder.

The role of Benzodiazepines

- May be indicated in the short term.
- But concerns for long term use.
 - Caution in those with a substance use history.
 - Rebound anxiety
 - Risk of benzodiazepine use disorder
- Do no harm.
 - Any prescription written is introduced into the community and may be diverted.

In Conclusion

- It is important to understand the implications of co-morbid anxiety and substance use disorder as it affect treatment and prognosis.