



Mood Anxiety and Personality
Clinical Academic Group (CAG)

Provisional Diagnoses, Problem Descriptors... A Refresher

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Thanks to

- Alicia Deale
- Nick McNulty
- CADAT

Introduction

- What we hope to do....
 - Brief overview of diagnosis applied to triage and step 3 assessment,
 - discuss possible difficulties, and what questions to ask to differentiate/clarify
- What we are not doing
 - Covering whole diagnostic system
 - ‘Formal’ training in ‘diagnostics’
 - Covering use of self-report questionnaires

Diagnostic classification systems

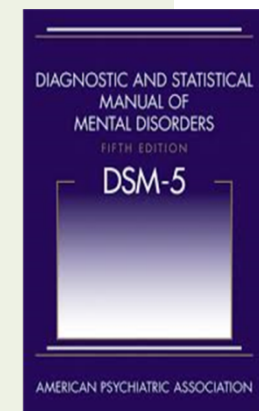
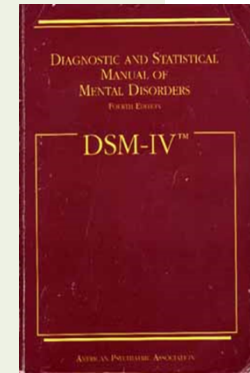
ICD-10

- World Health Organisation
- 'clinical descriptions and diagnostic guidelines'
- Not limited to mental health
- Allows more clinical flexibility in diagnosis
- Used in NHS/IAPTUS



DSM IV/5

- American Psychiatric Association
- “Consensus”
“communication”
- “Psychiatrists bible”
- Recently revised
- Better research classification



Why does diagnosis matter?

- Communication
- NICE guidelines based on diagnosis
 - Based on DSM diagnoses
- **IAPT services**
 - Based on ICD diagnoses
 - Treatment offer/step is based on preliminary diagnosis/
problem descriptors
- Effective, clinically grounded interventions based around diagnosis/diagnostic descriptors

Handouts

- These slides...
- Annotated SCID screener
- IAPT screening questions
- Algorithm DSM-IV in primary care
- ICD-10 anxiety disorder diagnoses (single sheet)

- I'm get really panicky when I'm around other people. I think that they'll see I'm boring and have nothing to say. I've always felt like this I think. I even feel this way a bit when I'm with my brother or mother. I avoid crowded places as then there are more people who might see how stupid I am.

- I've been worrying so much about everything – finding work, money, family, my health. I can't help it and know I do it too much. I've always been a worrier but it got so much worse after I was made redundant from my last job around the same time I had a health scare. I've been pretty down about everything since then.

- My partner died two years ago of a sudden illness. I can't stop thinking about her. I see her face when I go past the hospital where she died. I can't bear to look at photos of us together. I feel so unhappy but I know the kids need me.

Quiz MCQ 1

- Which of the following are true criteria for a panic attack?
 - (a) It must reach a peak within 10 minutes
 - (b) It must pass within 30 minutes
 - (c) At least four symptoms must be present (from a long list...)
 - (d) Among the symptoms at least one must be cognitive (fear of death, madness or losing control)

Symptoms of a Panic Attack

- Palpitations
- Sweating
- Trembling, shaking
- Feel short of breath
- Choking
- Chest pain
- Nausea
- Feeling dizzy, faint
- Derealization (feelings of unreality) or depersonalization (being detached from oneself)
- Paresthesias
- Chills/hot flushes
- Fear of dying
- Fear of going crazy, losing control

MCQ 2

- In which of these disorders do panic attacks occur?
 - (a) Panic Disorder with Agoraphobia
 - (b) Specific Phobia
 - (c) PTSD
 - (d) Social Phobia

MCQ 3

- In which of these disorders do vivid intrusive memories occur?
 - (a) PTSD
 - (b) Depression
 - (c) Social Phobia
 - (d) Specific Phobia

MCQ 4

- How many spontaneous, uncued (unexpected) panic attacks are required for the diagnosis of Panic Disorder?
 - (a) 0
 - (b) 1 or more
 - (c) 2 or more
 - (d) “recurrent”

Place the following disorders on the line indicating % lifetime prevalence:

OCD; PTSD; Panic Disorder; Specific Phobia; Social Phobia; GAD; Hypochondriasis, Depression

0 2 4 6 8 10 12 14 16 18 20



What's the main problem?

- Is it really depression?
- Is it really anxiety?
- If there is anxiety, is it an anxiety *disorder*?
 - consider **adjustment disorder**, or **agitated depression**)
 - consider general medical conditions, substance use, other mental disorders

Cognitive specificity

- Not in the diagnostic criteria but used as clue in assessment

Phobias	Imminent danger from an identifiable situation
Panic disorder	Imminent catastrophic danger indicated by bodily sensations
Hypochondriasis	Less imminent catastrophic danger indicated by medically relevant stimuli including bodily sensations
Social Phobia	Imminent negative social judgement
OCD	Responsibility for harm, focused on intrusive cognitions
PTSD	Sense of serious <i>current</i> threat linked to past event
GAD	Worry about worry, intolerance of uncertainty

Using screening tools

- Aids diagnosis
- E.g SCID screener, IAPT prompts
- **Key question to make life easier**
 - Is this problem **very distressing**, or does it **significantly interfere** with your day to day life?

More key questions

How long has this been a problem?

How much of the time is this a problem?

Co-morbidity: Which is primary? Which came first (e.g. depression or panic?)

Do you still have panic even when you not depressed?

Magic wand question: If we took away X would Y still need treatment]

(Underlying cognitive themes)

Is it depression?

- PHQ-9 caseness cut-off = 10 or more: sensitivity of 90% and specificity of 77% (*Lowe et al 2004*)
- Check the PHQ-9 score
- If symptoms of depression are present/are there symptoms of depression
- How ***much*** of the time?
- How ***long*** has it lasted?
- Does the depression ***impair functioning?***
- When did it start and what triggered it?
- How many previous episodes?

ICD-10 Depression

2 of the following (3 for severe depression):

- Depressed mood
- Loss of interest and enjoyment
- Increased fatiguability

Most days, most of the time, for at least 2 weeks

Plus 2 or more of

reduced concentration and attention/ reduced self-esteem and self-confidence/ ideas of guilt & unworthiness (even in a mild episode)/ bleak and pessimistic views of the future/ ideas or acts of self-harm or suicide/disturbed sleep/ diminished appetite

4/10 = mild depression , 5-6/10 = moderate depression , 7or more = severe depression

DSM IV Depression

5 symptoms - including 1 or 2 of the following:

- Feeling sad or depressed
- Loss of interest or pleasure in things you usually enjoy

Most of the day, nearly every day for at least 2 weeks?

And any.....

Appetite/weight change; Sleep reduction/increase; restless & agitated/ slowed down; low energy/fatigue; feelings of worthlessness/guilt; poor concentration/difficulty making decisions; suicidal thoughts

Do these symptoms impair personal, social, or occupational functioning?

Is it Panic? *Have you recently had a panic attack, where you suddenly felt frightened, anxious or extremely uncomfortable?*

- Don't be fooled by "panic attacks"
- What is actually happening?



A panic attack:

- **Specific** episode of intense fear or discomfort, with 4 (or more) of the following symptoms
 - Palpitations, chest tight, dizziness, unreality, hot/cold, tingling, shaking, choking, sweat, blurred vision, breathless, fear will lose control, fear will die
- Symptoms develop **abruptly**
- and reach a peak within
- **10 minutes**



Panic attacks don't mean panic disorder

- How long ?
- How often?
- What you most **afraid of?**

- Is this problem very distressing, or does it significantly interfere with your day to day life?

	Panic attacks	Avoidance motivated by
Panic Disorder	Uncued	Fear of further panic attacks (and the catastrophes ensuing)
Social Phobia	Social situations / cues	Fear of embarrassment / humiliation
Specific Phobia	Cued by specific objects / situations	Varied
PTSD	Cued by stimuli of stressor	Fear of further trauma (etc)

Panic *Disorder*

ICD-10 Panic Disorder (F41.0)

- **Recurrent** attacks of severe anxiety, **unpredictable**
- Must have at least 4 from a list of typical anxiety symptoms
- Attacks start abruptly, reach a rapid crescendo and usually last for at least a few minutes: “**crescendo of fear**”
- **With agoraphobia:** fear and avoidance of at least 2 : travel alone, crowds, public places, travelling far from home

DSM-V

Recurrent unexpected Panic attacks

Followed by at least 1 month of

- Persistent concern or worry about further panic attacks or their consequences (e.g., losing control, having a heart attack, going crazy).
- Significant change in behaviour because of attacks (e.g. avoidance of exercise or unfamiliar situations).

Is it Panic Disorder?

- What are you afraid will happen? (immediate internal threat appraisal)
- Are they/have they ever been out of the blue? Or only in situation where you expect to feel anxious?
- How many (at least two)
- How recent?
- Do you worry a lot about having another attack? (at least a month)
- Have you changed your behaviour significantly because of the attacks?
- What do you avoid for fear of panic attacks?

Is it Panic Disorder with Agoraphobia?

Are you afraid of going out of the house alone, being in crowds, standing in queues, or travelling on buses, tubes or trains?

- What are you afraid of in those situations?
Having a panic attack? Or something else?
- Do you avoid the situations (or endure them with distress) ? Do you need to be accompanied?
- ***not better accounted for by Social Phobia, Specific Phobia, OCD or PTSD.***

Agoraphobia (with panic disorder) versus....

- **Social phobia:**
 - Social situations only or more general? Fear of negative evaluation, humiliation due to being anxious and saying/doing the wrong thing or looking visibly anxious?
- **Specific phobia:**
 - external threat (spiders, heights) ? Feared outcome not internal - other(fall, get bitten) or vague (disgusting, horrible, cant live through it)
- **OCD:**
 - main fear = contamination/harm? Or can't get out because of extensive cleaning/checking rituals?
- **PTSD:**
 - main fear = further trauma
- **Depression:**
 - no motivation, interest, energy.

Is it Social Phobia: *Are there things you are afraid to do in front of other people, like speaking, eating or writing?*

- What do you think you will do or say that will lead to feeling humiliated or embarrassed?
Are you afraid you will look visibly anxious?

- What will people see?

Social Phobia versus

- **Depression/“low self-esteem”:**
 - Not just fear that they will do or say something to humiliate or embarrass self - fear that others will just **think badly of them whatever** (inadequate, worthless, not good enough)....
- **Desert island question**
 - If you were on a desert island would you still have this anxiety? Would you still believe yourself that you are weird/inadequate/stupid?
- **BDD**
 - Pre-occupation with imagined/exaggerated defect in physical appearance - others will judge **appearance** as ugly, unacceptable

Specific Phobia: *are there certain things you are very afraid of, like flying , heights, seeing blood enclosed spaces, or certain animals or insects?*

- What are you most afraid of?
 - Having a panic attack? Or something else?
- Do you avoid the phobic situation? Or endure it with distress?
- Do you think your fear is excessive ?
- What **impact** does this have on your life?

Obsessions & Compulsions

- Obsessions
 - Recurrent and persistent thought, impulses or images that are experienced as intrusive and inappropriate and cause marked anxiety or distress
 - Not simply excessive worries
 - Attempts to ignore, suppress or neutralize
 - Recognises that are a product of own mind
- Compulsions
 - Repetitive behaviours or mental acts that person feels driven to perform in response to an obsession or according to rules that must be applied rigidly
 - Aimed at preventing or reducing distress or preventing some dreaded event or situation. However not connected in a realistic way with what they are designed to prevent or neutralize or are clearly excessive

Is it OCD? *are you bothered by recurrent/repeated thoughts or compulsive actions etc.....*

- Do the thoughts/images/urges/actions **upset** you a lot? Or **interfere** with your life?
- Do the thoughts or actions take up **more than an hour a day?**
- Do you try to resist or stop the thoughts or actions? Is it difficult? Are you successful?
- Do you think that **something bad will happen** if you don't get rid of the thought or carry out the action?

OCD versus.....

- **Depression**

- *Does this fit with your view of yourself as a person? If your mood is OK do you still have this problem?*
- Ego-dystonic? Mood congruent?
- Which came first? Depression primary?

- **GAD**

- Excessive worry about a range of real life problems? No rituals or compulsions?

- **Hypochondriasis**

- No compulsive rituals/neutralising behaviours?

- **Psychosis?**

- Do you think the thoughts/impulses are from your own mind?

GAD

ICD-10

- Primary symptoms of anxiety most days, several weeks at a time, **for several months**
- Apprehension; Worries, feeling 'on edge', poor concentration; Motor tension; Restless; tension headaches etc
- Autonomic overactivity
- Lightheaded, sweat, heart race, dizzy etc

DSM -V

- Excessive anxiety and worry **more days than not** for at least **6 months** about a **number of events or activities**.
- **Hard to control** the worry.
- At least 3 of Restlessness / on edge; easily fatigued; poor concentration; irritability; muscle tension; sleep disturbance
- focus of worry not confined to features of an Axis I disorder.
- Significant distress or impairment.
- Not **better accounted for by another disorder**

Is it GAD? *Have you found it difficult to stop worrying over the last 6 months?*

- **Duration** really important – and context
- **At least two** worry topics (ask for list/one or two words to describe the topics rather than detailed content)
- Worry is **future oriented**, multiple negative outcomes
 - (this could go wrong in this way, or that could happen, or it might lead to that, or then this other thing would happen)
- **Controllability**: If I gave you £100 to stop worrying for a bit, could you do it?
- Not GAD if **exclusively** during Depressive episodes, PTSD, or Psychotic Disorders

GAD versus.....

- Remember – duration and context!
- Normal anxiety
 - *if less than 6 months, no significant difficulties with **controllability**, interference, distress, minimal physical symptoms, single worry domain.*
- Adjustment disorder
 - *context important – with 6 months of major stressor/ life event? Can look like GAD, but most people “adjust” within 6 months*

GAD versus.....

- Remember, not better accounted for by another disorder!
- **Depression.**
 - *Do you still worry even when your mood is good? (with symptoms, most of the time etc).*
 - *Timeline*
 - *Are the worries mostly about the past or the future*
 - *Agitated Depression can look like GAD – treat the depression.*
- Depression or any other co-morbid disorder:
 - *If we took away x, would you still worry uncontrollably?*
- If less than 6 months duration, look at whether there are other disorders to focus treatment on.

Trauma

- Trauma doesn't mean PTSD – trauma can produce a range of reactions and difficulties.
- **PTSD criteria**
- a) Exposure to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence,
- b) **Re-experiencing,**
- c) **avoidance,**
- d) **altered cognitions & mood (DSM5)**
- e) **arousal**

Is it PTSD? *Has anything extremely upsetting happened to you? Do you have flashbacks, thoughts, nightmares? Are you very upset by reminders?*

- **Re-experiencing:**

- What comes into your mind most?
- Do the memories/nightmares/flashbacks etc upset you a lot?

- **Avoidance:**

- Have you tried hard not to think about it, or gone out of your way to avoid reminders?

- **Altered cognitions/mood (DSM5)**

- Do you blame yourself or others a lot for the trauma or its consequences?
- Do you feel numb or detached from others/activities/surroundings?

- **Arousal:**

- Do you feel constantly on guard/easily startled?
- Anger, irritability, sleeplessness, ?

- **Onset criterion:**

- Only since the trauma?

PTSD versus.....

- **Acute Stress Reaction (DSM5; DSM-IV ASD)**
 - Within a month after the event
 - Includes dissociative symptoms
- Depression
 - History of symptoms
 - Are “trauma memories” re-experiencing symptoms or rumination
- **Adjustment Disorder**
 - PTSD symptoms but no criterion A Stressor (workplace bullying, relationship breakup)
 - Crit A stressor but not PTSD
- **Specific Phobia**
 - No re-experiencing symptoms – eg travel phobia after London Bombings

Health Anxiety

ICD Hypochondriacal Disorder

- **Persistent** belief in 1 or more **serious physical illnesses** causing physical symptoms, **repeated investigations and examinations** have identified no adequate physical explanation
- **Persistent refusal to accept advice and reassurance** of several different doctors.

DSM5: hypochondriasis revised

- Somatic Symptom Disorder
 - **Preoccupation** with one or more chronic somatic symptoms.
- Illness Anxiety Disorder
 - May/may not have medical condition but have **heightened bodily focus**, **Intense anxiety** and **preoccupation** with **undiagnosed illness**
 - Excessive time spent on health concerns,
 - **Not easily reassured.**

Is it Health Anxiety: *Do you worry a lot that you might have a serious illness that doctors haven't found?*

- **What** do you think you might have?
- Have you been to your doctor? Or had any tests? (how often/how many)
- What did they say? What was your reaction?
- **How much of the time** are you worried about this?
- Does the worry about your health cause you a lot of **distress** or **impairment** to your functioning (work, home, social, family etc)

Health Anxiety versus.....

- **Panic Disorder**

- Panic = heart attack right now, rather than heart disease generally
- Bodily symptoms present not just in a panic attack
- HA = misinterpretation of many stimuli not just symptoms
- Safety behaviors oriented towards getting an answer, rather than prevent immediate catastrophe

- **GAD**

- Multiple themes (may include health), which change over time
- Worry about worry
- HA = theme is always with illness (interpretations may change over time)

- **OCD**

- OCD = neutralising behaviours (e.g compulsive cleaning, mental rituals)
- OCD= fear of *getting* or *transmitting* an illness, HA = already having an undiagnosed illness
- OCD = responsibility appraisals

- **Somatisation disorder**

- Recurring, multiple, complaints about symptoms (esp pain, gastrointestinal, sexual, pseudoneurological) .
- preoccupation with the actual lived experience of symptoms.

Is it Mixed Anxiety and Depressive disorder?

- Symptoms of both anxiety **and** depression
- Neither one is **sufficiently severe to** justify a single diagnosis.
- Some **autonomic symptoms** (tremor, palpitations, stomach churning etc) **must be present**.
- **No autonomic symptoms** = no Mixed Anxiety and Depressive Disorder.
- **Severe anxiety, and less depression** : use a specific **anxiety disorder diagnosis**.
- **Anxiety and depression both present and severe** enough to justify individual diagnoses: use **both diagnoses** (**not** mixed A&D)
 - If for practical reasons of recording only one diagnosis can be made **depression should be given precedence**.
- Mixed anxiety and depression in close association with **significant life changes or stressful events** : diagnose an **adjustment disorder**.

Is it an Adjustment disorder?

- Anxiety/depression following significant life change or a stressful life event (e.g redundancy, bereavement, marital conflict, illness)
- Period of adaptation
- Depressed mood, anxiety, worry, inability to plan, **affects daily routine.**
- Onset **within one month** and duration usually less than 6 months (except in case of prolonged depressive reaction)

- I'm just scared about everything. I get these panic attacks when there are too many people about. I have to have someone with me when I go out. My life has been such a mess. It has just been one thing after the other.

- I just can't cope anymore. I'm so tired. Everything I do goes wrong. Even when I'm having a good time with my friends I feel a fraud and worry what they think. My heart starts racing and I can't concentrate. I'm so useless.

3Ps of Personality Disorder

- Persistent
 - Has it been like this all your adult life? Before [axis-I disorder] started being a problem?
- Pervasive
 - Is it like this in all or most situations for you?
- Pathological
 - Does this significantly interfere with your life, or is very upsetting for you?

Personality Disorder

- Since early adulthood
- Formally if under 25 shouldn't diagnose
- Don't include labels in reports – describe behaviour
- OCPD is not OCD
- APD and Social Phobia
- EPC and PTSD

Personality Disorder screen: SAPAS

- **Standardised Assessment of Personality Abbreviated Scale** © Paul Moran, Institute of Psychiatry, 2003
- Simple 8 item screening interview.
- *Score of 3 or more suggests presence of DSM-IV personality disorder (sensitivity 0.94, specificity 0.85)*
- *Not diagnostic – follow-up with structured personality assessment.*

SAPAS

- Only circle Y (yes) or N (no) in the case of question 3, if the description applies **most of the time/ more often than not** and in **most** situations.

- *In general, do you have difficulty making and keeping friends?* Y / N
- *Would you normally describe yourself as a loner?* Y / N
- *In general, do you trust other people?* Y / N
- *Do you normally lose your temper easily?* Y / N
- *Are you normally an impulsive sort of person?* Y / N
- *Are you normally a worrier?* Y / N
- *In general, do you depend on others a lot?* Y / N
- *In general, are you a perfectionist?* Y / N

- *Scoring: Yes=1, No =0 except question 3, which is reverse scored.*

Structured interviews

- Reliability and validity
- Clinical interview vs structured vs questionnaire
- What ones to use
 - PDSQ and screening prompts from SCID I
 - SCID I
 - ADIS
 - CAPS
 - SAPAS and SCID II for PD
- Why important for IAPT...

Patients' and therapists' views

- Bruckmuller et al (2011); Suppiger et al (2009)
- 183 patients; 495 therapists
- Overall satisfaction of being interviewed with a structured interview
 - 0 (not at all satisfied) to 100 (totally satisfied)
- Therapists estimation: 49.41
- Patient rating: 86.55

Practical Dos and Don'ts

- Be brisk
- Be upfront
- Be sensitive
- Be flexible about order
- Don't be distracted / thrown off course
- Don't ignore what you observe
- Don't be 'too therapeutic'
- Give feedback to / discuss with client at end

Reminder: Key questions to make life easier

- **How long** has this been a problem?
 - Is this problem **very distressing**, or does it **significantly interfere** with your day to day life?
 - **How much of the time** is this a problem?
 - Cognitive themes
-
- Co-morbidity: Which is primary?
 - Temporal order / developmental history
 - Magic wand question: If we took away X would Y still need treatment]



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