

PRESENTATION ON GENERALIZED ANXIETY BY AMBA TIDLEY 1903119

ECAP6006

REHABILITATIVE PROPOSAL



LAY SUMMARY

- Generalised Anxiety Disorder (GAD) is an acute disorder that causes impairments in a persons everyday life. The main symptoms include chronic extreme anxiety that is difficult to control and being apprehensive about it Merikangas *et al.*, (2010).
- It can evolve in childhood or adolescents but tends to escalate around middle age then decrease in later life (Andrews *et al.*, 2010).
- Although having anxiety can be a good thing, for instance walking into a burning house would make you anxious about doing so therefore don't.



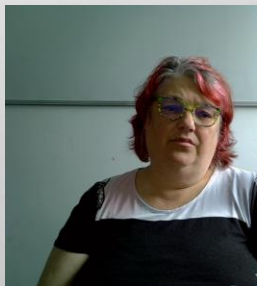
LAY SUMMARY - CONTINUED

- This proposal is for a patient suffering from generalised anxiety disorder (GAD) it will propose a Programme of CBT and course of Mindfulness along side the Beck Anxiety Inventory (BAI) questionnaire (Beck *et al.*, 1988).
- This will be to find out if CBT and Mindfulness works well together and will carry on working after the programme has been completed. It will also be useful to explore the cost effectiveness compared to medication alone for the patients life span.



BACKGROUND LITERATURE

- Anxiety in DSM - a group of anxiety disorders that share obvious symptoms of clinically significant fear or anxiety (NICE, 2011).
- One of the most prevalent and perplexing emotions experienced by humans is fear, which may manifest for any number of reasons or for no cause at all (Ressler, 2020).
- The domain of dread is difficult since it leaves the person open to vulnerability and the fresh opportunity may not work out (NHS,2023).
- Suicide, heart attacks, and other cardiovascular complications are all more likely to occur in patients with generalized anxiety disorder (GAD) (NICE, 2011).



BECK ANXIETY INVENTORY (BAI) Beck *et al.*, (1988)

- Aaron Beck and his colleagues developed the Beck Anxiety Inventory (BAI), a 21-item self-report questionnaire that measures anxiety intensity in people aged 17 and above.
- Generalised Anxiety Disorder (such as worry, sweating not due to heat, numbness and tingling and fear of the worst occurring) are asked about in this assessment, with the focus being on the last week (including the day you complete it).
- It takes around 5-10 minutes to finish and is meant for anyone aged 17 and over. Multiple studies have shown that the Beck Anxiety Inventory is a reliable tool for assessing anxiety in both young and old.
- There is a total of 21 questions and scored between 0 (not at all) and 3 (severely)



BACKGROUND LITERATURE

CBT

- The need for effective intervention to support a diagnoses to achieve optimal health outcomes (Teater, 2013).
- One outcome can be cognitive behavioural therapy (CBT) (Teater, 2013).
- Cognitive Therapy created by Aaron Beck in the 1960s (Beck et al., 1988) and (Ellis, 1955) Rational Emotive Behaviour Therapy by Albert Ellis in the 1950s are just two versions of Cognitive Behavioural Therapy.



BACKGROUND LITERATURE – CBT - CONTINUING

- CBT helps form and adjust behaviours and thoughts, (Clark 2010).
- In CBT, problems are broken down into 5 main areas of situations, thoughts, emotions, physical feelings and actions.
- As CBT considers these 5 areas inter-related and according to (Rodd et al., 2019; Williams et al., 2020) evidence shows that CBT helps with coping strategies' in the future.



BACKGROUND LITERATURE

MINDFULNESS

- Awareness, with a focus that is neither analytical nor critical, is the hallmark of the good mental state known as “Mindfulness.” (Sharma & Kumra, 2022)
- Numerous studies have shown that practising mindfulness reduces stress, anxiety and depression (Sharma & Kaumra, 2022; Boa *et al.*, 2015; Nezlek *et al.*, 2016).
- Meditation on one's perspective in any given situation—whether it be an item, a person, a place, or an idea—can help one develop a more robust sense of self-efficacy.
- As a result, mindfulness influences self-efficacy, and higher levels of self-efficacy influence anxiety, stress, and depression (Bandura, 1977).



MEDICATIONS

- Stein, (2021) proposes that pharmacotherapy has been used for many years as the main treatment for GAD.
- He also notes that over the last 60 years new options for treatment have been established and two medications that have been particularly efficient in the treatment of patients with GAD including those with symptoms of a severe nature are agomelatine and escitalopram (Stein, 2021).



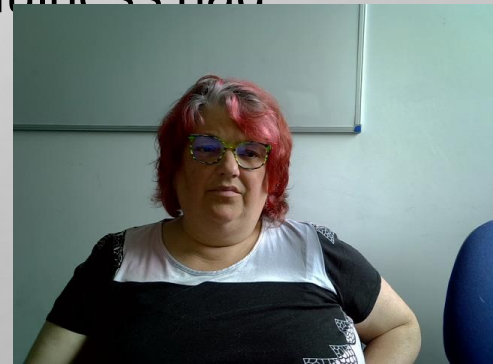
PROPOSED METHODOLOGY

- Participants would be referred by their general practitioner to undertake a 12 week CBT programme and a further 6 sessions of mindfulness.
- They would be advised to attend all sessions in order to achieve then full benefit of coping strategies to cope with their anxiety in the future
- They will be given a questionnaire to complete at the start of the programme after the CBT and again after the mindfulness course.



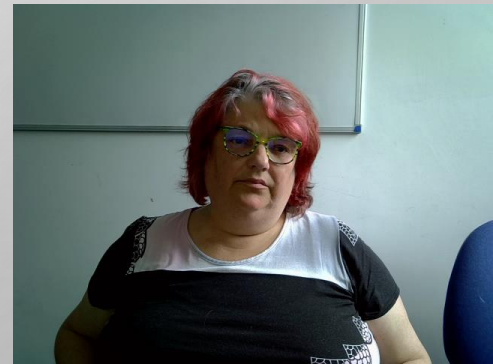
PROPOSED METHODOLOGY - CONTINUED

- All clients will be accepted onto the rehabilitation programme after referral from a GP.
- In the first instance they will complete the Beck Anxiety Inventory (BAI) self-report measure of anxiety questionnaire.
- The clients will undertake a 12-week CBT programme after which they will redo the beck anxiety inventory (BAI) self-report measure of anxiety questionnaire.
- The next stage will involve a 6-week course on mindfulness after which clients will be asked to complete the BAI.
- This will enable an evaluation of the level of impact if any that CBT and mindfulness had on the clients' anxiety.



PROPOSED METHODOLOGY

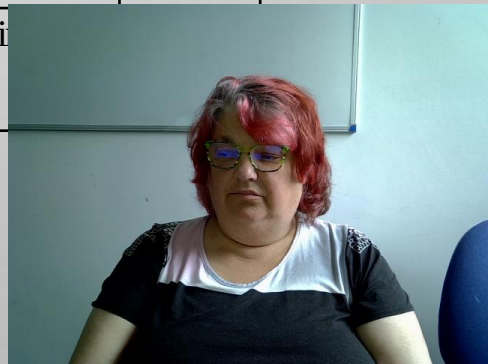
- The CBT sessions and the mindfulness sessions would be run by suitably trained therapists, recommended by the health care team, who would monitor and evaluate any change in anxiety levels.
- Therapists would prepare reports of findings and report back to the GP.



Timescales for project completion

Gantt Chart of proposed timescale:

Rehabilitative Proposal														
ACTIVITY	BAI questionnaire to be filled in	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	BAI questionnaire to be filled in.
CBT		1 hour	1 hour	1 hour	1 hour	1 hour	1 hour	1 hour	1 hour	1 hour	1 hour	1 hour	1 hour	
		Week 13	Week 14	Week 15	Week 16	Week 17	Week 18	BAI questionnaire to be filled in	Week 19 GP					
Mindfulness		1 hour	1 hour	1 hour	1 hour	1 hour	1 hour							
GP	GP would revise the questionnaires before holding a face to face meeting. This is where more or a change of i be determined what would be the next step.													



OUTCOME MEASURES

- To determine the effectiveness of the rehabilitation programme.
- To assess whether the length of the rehabilitation programme is appropriate or whether more sessions or fewer sessions of either CBT or mindfulness are required.
- To evaluate the cost-effectiveness and practicalities of the programme.
- The findings could feed into and support treatment plans for anxiety.
- A key factor in the success of these rehabilitative programmes relies on clients being motivated to take part in them.



ETHICAL CONSIDERATIONS

Ethical issue	Mitigation
Working with vulnerable adults	Therapists must hold current DBS, be safeguarding trained, and suitably qualified
Rehabilitation research intervention	Compliant with UWTSD Research Ethics & Integrity Code of Practice (July 2022) to maintain the highest ethical standards and foster values of honesty, rigour, openness, care and respect and The BPS Code of Ethics and Conduct, (2018) which focusses on the four primary ethical principles of respect, competence, responsibility and integrity.
Protection of participants identity	All participants would be anonymised in the research



CONCLUSION

This proposal could help the patient with long term coping strategies for their anxiety.

If there is a need for further intervention then a course of medication such as Selective serotonin reuptake inhibitors (SSRIs) such as Sertraline, Escitalopram or Paroxetine (NHS 2018).

If they are not easing the anxiety then Serotonin and noradrenaline reuptake inhibitors (SNRIs) such as Venlafaxine or Duloxetine.

If the patient is willing there is evidence that exercise along with mindfulness and CBT is another way forward to finding help and support.



CONCLUSION – OTHER THERAPIES

- More possibilities for therapy exist now than ever before, providing fresh avenues for healing.
- A growing amount of data suggests that physical activity may be one of these treatments, helping you to lessen bothersome symptoms and fostering a feeling of peace and well-being.
- You may benefit psychologically and take back control of your anxiety by including exercise into your therapy for GAD (Kandola & Stubbs, 2020).



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