

# Learn More about Anxiety and Treatment Options to Improve Health Outcomes



*Use the anxiety types to identify behavioral health conditions early and to determine treatment options. Primary care physicians can identify and monitor mild to moderate behavioral health conditions to provide effective treatment.*

## Anxiety disorders are one of the most common types of mental disorders.

- An estimated 40 million adults<sup>1</sup> in the U.S. have an anxiety disorder.
- Disorders include excessive fear or worry (emotional response to a real or perceived threat) or anxiety (anticipation of a future threat) that impacts daily functioning.
- Among low income clinics, as many as 50% of patients have mood and anxiety disorders.

Those with anxiety disorders experience unique symptoms that change how they function on a day-to-day basis. Patients may prefer behavioral health treatment from their primary care physician for mild to moderate conditions.

For severe anxiety, you may need to refer your member for behavioral health services. MHN Services, LLC (MHNS) administers behavioral health services to California Health & Wellness Plan (CHWP) members.



## Patients have different symptoms based on anxiety type

The most common anxiety types are:

**Generalized anxiety disorder:** Excessive anxiety and worry about a number of events or activities that occur on more days than not for at least six months.

**Social anxiety disorder:** This disorder causes intense fear driven by irrational worries about social humiliation.

**Phobias:** Fears in excess of real danger or threat that typically lead to avoiding situations that may trigger those fears.

**Separation anxiety disorder:** Anxiety and fear atypical for one's age level over separation from people and places to which he/she has a strong attachment.

**Panic disorder:** Symptoms include pounding heart; sweatiness; a feeling of weakness, faintness, or dizziness; numbness or tingling; or feeling flushed or chilled. There can be chest pain or smothering sensations, a sense of unreality, a fear of impending doom, or loss of control. The person may truly believe they are having a heart attack or stroke, losing their mind, or close to death.

There must be either persistent concern about the implications of the attack or a significant change in behavior because of it.

(continued)

## Steps to manage and treat anxiety:<sup>2</sup>

1. Recognize the signs of anxiety disorder and symptoms:
  - a. Use online screening resources such as, generalized anxiety disorder-2 (GAD-2) and generalized anxiety disorder-7 (GAD-7) that are widely used. Go to [www.phqscreeners.com/select-screener](http://www.phqscreeners.com/select-screener).
2. Discuss results through education to reduce stigma, and share treatment options with the member.
  - a. Refer to a behavioral health provider through MHN.
  - b. Consult with behavioral health specialists to clarify screening results or obtain more information.
3. Encourage members to:
  - Maintain good nutrition.
  - Get routine exercise.
  - Be active in their community.
  - Get a good night's sleep.

## Treatments also include:

- Cognitive behavioral therapy is a well-established and highly effective therapy. It focuses on identifying, understanding, and changing thinking and behavior patterns.
- Stress and relaxation techniques.
- Acceptance and commitment therapy uses strategies of acceptance and mindfulness to cope with unwanted thoughts and feelings.
- Medications may also be helpful.

## Refer to the medications below to help treat anxiety

Name	Medication
<b>SSRIs–Selective serotonin reuptake inhibitors</b>	Citalopram (Celexa <sup>®</sup> ), Escitalopram (Lexapro <sup>®</sup> ), Fluoxetine (Prozac <sup>®</sup> ), Paroxetine (Paxil <sup>®</sup> ), Sertraline (Zoloft <sup>®</sup> ), and Fluvoxamine (Luvox <sup>®</sup> )
<b>Novel serotonergic agents</b>	Viibryd <sup>®</sup> , Trintellix <sup>®</sup>
<b>SNRIs–Serotonin-norepinephrine reuptake inhibitors</b>	Venlafaxine (Effexor <sup>®</sup> )
<b>SNRIs</b>	Duloxetine (Cymbalta <sup>®</sup> ) or Desvenlafaxine (Pristiq <sup>®</sup> )
<b>Bupropion</b>	Bupropion (Wellbutrin <sup>®</sup> , Forfivo <sup>®</sup> , etc.)
<b>Benzodiazepines</b>	Alprazolam (Xanax <sup>®</sup> ), Clonazepam (Klonopin <sup>®</sup> ) and Lorazepam (Ativan <sup>®</sup> )
<b>Tricyclic antidepressants</b>	Amitriptyline (Elavil <sup>®</sup> ), Imipramine (Tofranil <sup>™</sup> ), Nortriptyline (Pamelor <sup>™</sup> )

<sup>1</sup>[www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Anxiety-Disorders](http://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Anxiety-Disorders)

<sup>2</sup><https://aims.uw.edu/nyscc/training/sites/default/files/AnxietyWebinarPart1.pdf>

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## PCP referrals to behavioral health

When referring members to a behavioral health provider, ensure the member signs the Authorization for Disclosure of Protected Health Information form. This form authorizes MHN to send information back to you about the member. This form goes beyond your practice's own release forms.



## Questions about behavioral health services?

Contact MHN Provider Relations at **1-844-966-0298**.

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