**Mood and Anxiety Disorders**

We are seeking an author or author group to write a manuscript for this edition of *FP Essentials™* that will update family physicians about mood and anxiety disorders. This edition will cover four topics:

1. Major depressive disorder
2. Bipolar disorder
3. Suicide prevention
4. Generalized anxiety and panic disorder

The main text of the manuscript should be approximately 10,000 words in length, divided into four sections of approximately 2,500 words each with an abstract of 200 words maximum for each section. In addition, there should be key practice recommendations, a maximum of 15 tables and figures, suggested readings, and a single reference list with up to 200 references to provide support for all factual statements in the manuscript.

The edition should focus on what is new in each topic and should answer the key questions listed below for each section. Each section should begin with an illustrative case, similar to the examples provided, with modifications to emphasize key points; each case should have a conclusion that demonstrates resolution of the clinical situation. The references provided below include information that should be considered in preparation of this monograph. However, these references are only a useful starting point.

**Needs Assessment:** Family physicians provide care across the lifespan and in multiple settings. In many areas of the United States, family physicians are the primary providers of mental health services and depression and anxiety and common conditions cared for by most family doctors. Furthermore, in a survey of American Academy of Family Physicians (AAFP) members, all of the topics to be reviewed in an edition of *FP Essentials* rated in the top 11% of medical conditions for which there is a gap between the condition’s importance/relevance to practice and the members’ skill and knowledge in providing care for that condition. Specifically, use of psychotropic medications ranked number 7 out of the 514 conditions in the survey, bipolar disorder number 33, suicide and depression number 50, and anxiety disorders number 57. This monograph will aid family physicians in addressing those gaps and improving care of their patients with mood and anxiety disorders.
Section 1: Major Depressive Disorder in Adults

Example Case: AS is a 37-year-old man who has been your patient for several years. He started a new marketing job last year and is enjoying great financial success. When you see him today, AS is impeccably dressed and groomed, but he seems withdrawn, sad, and tearful. He tells you that nothing makes him happy, and his “perfect life” is all a lie. He says that he “feels crazy.”

Key questions to consider:

- What is the prevalence of major depressive disorder (MDD) when divided into different age groups and genders? How do socioeconomic status, ethnicity, and social factors affect prevalence?
- How is MDD defined by the DSM-V? What are the diagnostic criteria and subtypes?
- What are the similarities and differences between MDD and bereavement, persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, and substance/medication-induced depressive disorder? What other behavioral and medical conditions can mimic the symptoms of MDD? Consider a table to display the similarities and differences.
- What are the risk factors for MDD, including internal factors, external factors, medical comorbidities, and adverse life events? What factors may be protective?
- What are the evidence-based recommendations for screening for MDD? Which screening tools can be used in the primary care setting, and which are most accurate? If the screening test result is positive, what is needed to confirm the diagnosis?
- What are the presenting symptoms of MDD? How do these symptoms differ depending upon age, gender, and risk factors? What atypical (eg, psychotic) features may be present?
- If a patient has symptoms of MDD, can/should screening tools alone be used to confirm the diagnosis? If not, what criteria should be used to confirm the diagnosis? Are there any biomarkers that can be used in diagnosis?
- Are there laboratory studies that are recommended in patients with suspected MDD?
- Are there any strategies that have been proven to prevent the development of MDD in patients at increased risk?
- What are the treatment options for individuals who are diagnosed with MDD?
  - Specifically, discuss the five therapies listed below:
    - Psychotherapy. What are the forms of psychotherapy, what do they involve, how effective are they, and which are appropriate for family physicians to administer and when?
    - Pharmacotherapy. What are the first-choice agents? Are there situations in which one class of drug is preferred over others? What are the roles of combination and adjunctive treatment?
    - Combination therapy (psychotherapy and pharmacotherapy)
    - Electroconvulsive therapy. How effective is it? When should it be used?
Transcranial magnetic stimulation (TMS). What is it? How effective is it? When should it be used?

- Is one form of treatment preferred over another in different situations?
- If the initial treatment is effective, how long should it be continued? If it is not effective, what are the preferred options for individuals who do not respond to the initial treatment?
- Is there a role for complementary and alternative therapy in the treatment of MDD? If so, what treatments are preferred and how effective are they? When should they be used in place of or in combination with standard therapies?
- What is the emerging role of hallucinogens in the treatment of MDD? Which drugs are being studied? How effective are they? Can they be used outside of research settings?
- What are the indications for referral to a psychiatrist or other mental health professional? When can patients with MDD be safely treated by a family physician?

Note that suicide assessment will be the topic of Section 3, so it will not be necessary to discuss in Section 1.

Suggested references/resources:


Section 2: Bipolar Disorder in Adults

Example Case: RG is a patient who has given written permission for you to talk with his partner about health care concerns. The partner calls to tell you that, over the past several months, RG has disappeared for several days at a time, charged thousands of dollars’ worth of purchases to their joint credit card, and then returned home. RG seems genuinely remorseful about these purchases, but the pattern has continued despite his pledges to stop. His partner asks if there is a medical explanation for this behavior.

Key questions to consider:

- How is bipolar disorder classified? What are the definitions of the subtypes of bipolar disorder, including those listed below? Consider contrasting them in a table.
  - Bipolar type 1
  - Bipolar type 2
  - Cyclothymia
  - Bipolar disorder not otherwise specified (NOS)
  - Mixed bipolar disorder
  - Substance-induced mania
- How do these conditions typically present in the primary care setting? What characteristics are useful in differentiating among the subtypes?
- How can bipolar disorder be distinguished from major depressive disorder (MDD)? What other behavioral conditions, medical conditions, and substances can mimic the symptoms of bipolar disorder?
- What is the epidemiology of bipolar disorder? Are there established risk factors for bipolar disorder? Are there known medical comorbidities?
- Which patients should be screened for bipolar disorder? What screening tests are available for bipolar disorder and how accurate are they? How can bipolar disorder be confirmed in patients with a positive screening test? What are the diagnostic criteria?
- Are there laboratory studies that are recommended in patients with suspected bipolar disorder?
- What are the treatment options for patients with bipolar disorder, including bipolar depression, acute mania, and maintenance therapy? Include information about significant potential side effects and drug interactions. Please discuss:
  - Lithium
  - Atypical antipsychotics
  - Anticonvulsants
  - Antidepressants
  - Ketamine and other glutamate receptor modulators
- What laboratory studies should be used for pharmacotherapy monitoring of patients with bipolar disorder?
- Is there a role for complementary and alternative therapy? If so, what agents are preferred and how effective are they? When should they be used in place of or in combination with standard therapies?
- What is the role of psychotherapy, including cognitive behavioral therapy? How effective is psychotherapy in achieving stability and preventing relapse?
• What are the indications for referral to a psychiatrist or other mental health professional? Can family physicians manage patients with bipolar disorder on their own?
• What is the long-term prognosis for patients with bipolar disorder? What factors are associated with better outcomes and which are associated with worse outcomes?

Suggested references/resources:

Section 3: Suicide Assessment and Prevention

Example Case: LP a 25-year-old patient who has had major depressive disorder since age 16 resulting in three hospitalizations and numerous trials of antidepressants. Today LP tells you that “my family would be better off without me.”

Key questions to consider:

• What is the current rate and epidemiology of suicide in the United States, including suicide attempts and death by suicide? Are the rates of suicide increasing or decreasing? Are the rates linked to a time of year? Do they differ by age group or other sociodemographic factors? What are the most common means of suicide (e.g., firearm, suffocation) by age group?

• What are the risk factors for suicide attempts and death by suicide? Does successful treatment of underlying conditions decrease the risk of suicide?

• Which behavioral and medical conditions increase the risk? Which environmental risk factors have been linked to an increased risk of suicide?

• Are there recommendations for screening patients for suicide risk? Which screening tools should be used? Is one screening tool superior to another?

• If patients have a positive screening test results for suicide risk, is there a reliable way to stratify the risk?

• What is the evidence behind the “contract for safety?” Has it been shown to decrease suicide attempts and death by suicide? Should this strategy be used in the primary care setting?

• What steps should family physicians take after identifying patients at increased risk of suicide? What office protocols are recommended for managing patients who are suicidal?

• Which patients with suicidal ideation should be referred to a crisis management unit or emergency department? Are there any cases that can be managed by a family physician in the office? What is the role of behavioral medicine comanagement in the ambulatory setting?

• How effective are suicide telephone hotlines in preventing individuals from completing suicide?

• Is there a link between starting an antidepressant and the risk of suicide? Are particular patients at elevated risk of this phenomenon? Are there recommended prevention strategies?

• Describe the legal risks of antidepressant therapy and suicide risk in the primary care setting.

• What is the long-term prognosis for patients who have expressed suicidal thoughts or attempted suicide?

• What are some helpful ways of talking about suicide with patients and their families? What is the recommended approach to supporting family and friends when an individual has died by suicide? What strategies can help physicians who have lost a patient to suicide?

Suggested references/resources to consider:
Section 4: Generalized Anxiety and Panic Disorder in Adults

Example Case: BB is a 23-year-old graduate student at a local university studying molecular biology. He comes in to see you today because of increased feelings of worry even though he has a 4.0 GPA and is ahead of schedule on all school projects. BB says he lies awake at night and worries about forgetting an assignment and failing out of school, and he arrives for every medical appointment an hour early “just in case.” He thinks that the excessive worrying is negatively affecting his relationships and quality of life.

Key questions to consider:
- How are generalized anxiety disorder (GAD) and panic disorder related? How are they similar and how do they differ?
- In separate sections for GAD and panic disorder, address the following questions:
  - How common are they?
  - What are the risk factors and medical comorbidities?
  - What is the typical presentation?
  - What is the differential diagnosis (medical, behavioral, or substance use disorders) for these conditions?
  - When is screening recommended? What are the preferred screening tests?
  - If the screening test result is positive, what is the preferred strategy to confirm the diagnosis?
  - Is a laboratory workup recommended? If so, what testing is recommended?
  - Describe the treatment options with rates of success and plans for long-term care for each, including:
    - Psychotherapy
    - Pharmacotherapy (both maintenance therapy and management of acute/breakthrough symptoms, including management of panic attacks)
    - Combination therapy (psychotherapy and pharmacotherapy)
    - Is there a role for complementary and alternative therapy? If so, what agents are preferred and how effective are they? When should they be used in place of or in combination with standard therapies?
    - When is referral to a psychiatrist recommended?
    - How long should treatment be continued?
    - If a patient fails to respond to initial therapy, what is the recommended treatment strategy?
    - How does treatment differ in specific populations (pregnant patients, older patients)?
    - What is the emerging role of hallucinogens in the treatment of anxiety disorders? Which drugs are being studied? How effective are they? Can they be used outside of research settings?

Suggested references/resources to consider:

• Shafiei M, Rezaei F, Sadeghi M. The role of childhood traumas, interpersonal problems, and contrast avoidance model in development of the generalized anxiety disorder: A structural equation modeling. Psychol Trauma. 2021 Sep 27.


