

ANXIETY, Lifestyle advise v Drugs

A recent study that was published in the Journal of Affective Disorders concluded that lifestyle advice was more effective than standard GP care in tackling anxiety. How many of us are surprised? In a typical workday, we expect a significant psychological component in up to 60-70% of our consultations, yet most of us do not have the psychological tools to deal with these patients and currently there are only a few drugs licensed for anxiety, and most of these are for short term only. Venlafaxine is a recent note-worthy one.

Common mental health problems in primary care are characterised mainly by anxiety, depression and somatisation. I'm old enough to remember when benzodiazepines appeared to be the saviour for the harassed GP. Indeed Librium's marketing slogan was:- "Librium, whatever the problem." My first experience of general practice was as a student in 1979, in a surgery situated beneath a tower block in Hackney. 13 of the 18 patients, mainly single mothers, were prescribed benzodiazepines. When I asked the GP about this, he replied that it was his way of helping them cope with their difficult lives.

We have since had to rethink our use of benzodiazepines, not least since the threat of lawsuits. They can be addictive and whilst masking symptoms of anxiety, as may other drug treatments, they do not tackle the underlying cause. Now we can no longer finish a consultation with a script for diazepam or something similar, but instead now have to listen to our patients and their problems. This of course is a good thing, but we require longer consultations, as well as listening skills, which many of us were never taught but most of us have acquired through experience. This makes the history, the examination, special tests and diagnosis that were the basis of how we were taught, and how we go about taking it, increasingly important.

As GP's we appear to be unable to put a medical diagnosis on about 50% of the patients who walk through the surgery door. We often struggle with patients whose presenting symptoms may be vague, such as fatigue, dizziness or palpitations. More often than not we can find no physical causes for the symptoms that our patients present with. I'm sure that I'm not the only doctor who finds that his patients won't read the medical textbooks and get the proper diseases! Medicine is increasingly specialised and compartmentalised and NICE strives to influence our management of each specific disorder, but we all know that human beings are far more complicated than that and the whole being is more than the sum of the individual parts.

Our brains were not designed for the modern world and its stressors and evolution has not had sufficient time to adapt our brains for it. Our patients may frequently frustrate us by not telling us the underlying cause of their anxiety, but whose fault is that? We need to ask the right questions, the ones we maybe avoid in case they open up a can of worms, ones like "How's life treating you?"

When we ask these sort of questions, the underlying cause for the stress and anxiety which may lead to the patients medically unexplained symptoms often becomes obvious

and it may be possible to empathise with the patient saying “It’s not surprising you feel like this, is it?” The NSF in mental health struggled to come up with suggestions for treatment for anxiety, even though it is the fourth commonest reason for attending the GP. All the NSF could suggest in the way of treatments were benzodiazepines, with the warning that they should not be used for more than 2-4 weeks and cognitive behavioural therapy.

My quality of life as a GP rocketed when I was introduced to a simple psychological technique known as the BATHE technique. Bathe is an anagram. I suggest that you write it in a prominent place on your desk and just give it a try.

It starts with slipping in that question that so many of us avoid, in case it opens up a whole can of worms. The **B** is for background and I dare you to ask the question...

- **How’s life treating you?**

They will then tell you about their problems which might be at home or work, but the advantage of this technique is that you do not need to dwell on or dig deeper into the problem and if they say fine at this point you can with reasonable confidence return to the medical model.

Next use a question that takes the focus away from their physical symptoms and gets them to focus on their feelings. The **A** for is for Affect

- **How do you feel about that?**

This cleverly ensures that the consultation deals with the mental health of the patient as well as their physical health, which you must deal with in the usual way. The patient is forced to focus on their feelings and define them, something they may not yet have done. You will normally get a reply like angry, guilty or frustrated.

Next we get them to define their problem further using the **T** for Trouble

- **What troubles you most about that**

Their reply may even surprise them. For instance they may discover that the worst thing about their work problems is not actually the problems at work, but the fact that they are bringing their problems home. Once defined it may be something they can then tackle themselves. Also we have reduced a consultation to sorting out just one problem, one which may have started with the patient bringing in 3-5 physical symptoms. To firmly put the ball in their court we ask the **H** for Handling

- **How are you handling that?**

Many of our patients who consult us a frequently may have never learnt problem solving skills and hence expect us to solve their problems for them. They are the ones who drift

through life, as they do not know how to steer their ship. When the waters get rough they may capsize.. They would love us to take their problems on for them and if we are not careful that's what we do, which may make them feel better, but will have the opposite effect for us. The psychologists call this effect transference, when we get mixed up in our patient's problems. They come to us for rescue, yet true empowerment is when the patient learns to cope with and sort out their own problems. This question cleverly includes a pre-supposition. That is it supposes ownership of the problem is the patient's and even if they are handling it badly they are handling it at some level.

Finally we use a tool that is very powerful, **E** for Empathy

- **That must be very difficult for you**

The power of the BATHE tool is that the patient feels listened to. They have been able to define their problem and should be able to work on it and cope with it better. It makes the difficult job of a GP much easier, as it can make sense of so many of our patient's undefined symptoms.

Whilst it does not remove the often difficult task of separating symptoms that are caused by physical disease from those that are caused by mental dis-ease, I find that as long as I am constantly alert for the obvious alarm-bell symptoms, it actually makes it easier to distinguish the symptoms of stress from those of physical illness.

Once an agreement with the patient is reached that stress is the underlying cause, there are a number of ways to help the patient. Firstly by explaining to them that stress causes over-breathing and this results in blowing off too much carbon dioxide which then leads to chemical changes in the blood that give rise to the giddiness, light-headedness and tingling of the extremities. Also because it is nature's way of responding to threat, the flight or fight response, as well as breathing faster, our heart beats faster giving us palpitations, our muscles tense leading to neck and chest pains, our mouth dries up and we get butterflies in our stomach as the body redirects blood supply away from our digestive tract as eating is not a priority when we are under threat and we get urgency as our bowels and bladder want to empty to shed weight in case we need to run.

A most effective way to reverse this is telling them about 7/11 breathing. This is the optimum pace of breathing to force relaxation. It slows the breathing right down but more importantly by taking 11 seconds to breathe out as opposed to 7 to breathe in, the patient can spend more time stimulating the parasympathetic system, as breathing out is totally passive, as compared to the sympathetic system which is activated when we breathe in. It's the same timing as waves coming into and going out of a beach, so the patient may want to take this further using visual imagery and imagine themselves on their favourite beach, breathing in as the waves come in and out as they recede.

It may be that the patient has done all they can about their problem. Then it is important to ensure that they use the support of family and friends. There is a type of patient who has spent all their life helping others but when they need help they do not seek it as they

do not want to be a burden. But helping others rewards us with positive feelings, we have after all evolved as social creatures. Its why its can be such a rewarding job being a GP.

We can help the patient to set goals, encouraging them to discover the steps to their recovery one at a time. If there is nothing more they can do at present for their problems then they need to do things that used to help them relax or find pastimes to keep the brain occupied with something else. Regular exercise will raise serotonin levels, the brain's calming chemical. If they have children I ask them how many times a day their children laugh, it can be up to 300 times a day in a young child and I point out that if they hadn't forgotten how to, they could have the same stress levels as their children. Often encouraging them to get muddy with their children playing in the local park can have amazing results.

As humans we have the following emotional needs

- Security-a safe territory-a space to grow
- Attention (to give and receive)
- Having a sense of Autonomy and Control
- Emotionally connected to others-intimacy
- Being part of a wider community
- The need for privacy to reflect and consolidate experience
- Self esteem – via confidence and achievement
- The need to be stretched which comes from a sense of meaning and purpose.

Unless we meet these needs, we cannot flourish. A useful check list of these is on the Human Givens website, www.mindfields.org.uk They call it the Emotional Needs Survey and for the patient it is a good way of them finding out what emotional needs they are not having met, so that they can then focus on the lifestyle changes they need to change this. As a GP, by encouraging these lifestyle changes we can help our patients live less stressful lives.