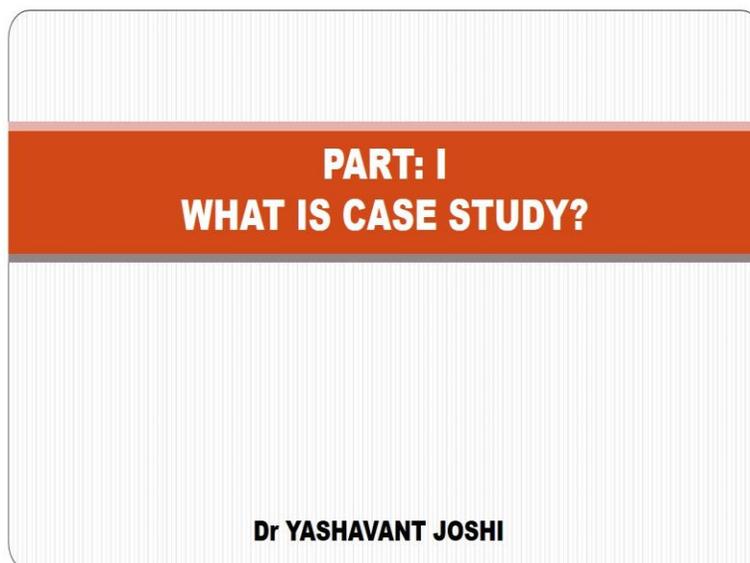


Basic Certificate in Palliative Care
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Week-03
Lecture 06: Generalized Anxiety Disorder (GAD)

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Week number 3, lecture number 6. Hello friends.



Along with the theory in our course that is basic certificate in palliative care, we wanted to give an exposure to all of you about case study, medical case study. Because in medicine case study is very important. In fact, it is being taken as an evidence, medical evidence to prove the efficacy of certain drugs. And therefore, we will have in two parts this particular lecture.

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Why Case Studies?

- A Case Study involves an up-close, in-depth, and detailed examination of a particular case within a real world context.
- **Case Studies in medicine may focus on an individual patient or ailment.** A Case Study does not necessarily have to be one observation but may include many observations across multiple individuals and time periods.
- **Clinical case scenarios are an educational resource that can be used for individual or group learning.** Each question should be considered by the individual or group before referring to the answers.

In part 1, we will see what a case study, nitty-gritties of case study is. And in part 2, we will present one case study that is regarding GAD, generalized anxiety disorder. In fact, case studies are everywhere whenever you do certain research. Research is after all basically based upon certain evidence which has been conducted by the researcher to prove his hypothesis.

Similarly, in medicine also to prove the efficacy of a particular drug and particularly when the drug is being inducted into the industry. Government before giving sanction requires whether that is useful to the human kind or not. So, so many tests are being done. Thereafter, so many case studies are being done you know. So, here why case studies? A case study involves an up close in depth.

They go into details because after all we are talking about human beings. These drugs they are not basic, they are basically meant for human beings. It can affect their lives. So, in depth case studies are being conducted and detail examination of particular case within a real world context. They are not having dummy cases, they are real cases.

Cases have been taken up from various hospitals after taking sanction and particularly consent form has been signed by those patients that they want to be a part of this case study. But remember one thing case study is a very scientific study taken in depth with lots of details and lots of live cases taken with taken up with their consent.

Case studies in medicine may focus on individual patient individual patient or ailment. It may be related with one patient and then you can transfer it to one ailment. A case study does not necessarily have to be one observation, but many may include many observation, many observation across multiple individuals and it takes lots of time.

It takes one year, two year depends what sort of study is being conducted. Clinical case scenarios are an educational resource that can be used for individual or group learning. Such case studies are basically used for group learning also. Each question should be considered by the individual or group before referring to the answers.

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Learning Objectives

**After working through the case scenario,
participants should be able to describe and demonstrate:**

- The factors, signs and symptoms to prompt investigations for a common mental health problem
- Key points to consider when providing care for, and engaging people from different ethnic cultural background
- Principles of stepped care and be able to describe examples of this applied to practice
- Insights from practice of effective approaches for engaging people who are experiencing distress in a collaborative consultation
- Evidence based approaches that support investigations for common mental health problems with people within their care
- How the principles of psycho-education and active monitoring can be applied in practice
- Effective approaches for multi-disciplinary working or for establishing local treatment and referral pathways.

Learning objective, after working through this case scenario there is a GAD generalized anxiety disorder.

You people will be able to describe and demonstrate the factors, signs and symptoms to prompt investigation for a common health problem. Prompt investigation immediately, urgently no delay at all. Key points to consider when providing care for and engaging people from different, ethnical, cultural background. Principles of stepped care and be able to describe examples of this applied to practice, insights from practice of effective approaches for engaging people who are experiencing distress in a collaborative

consultation. You will be engaging the people that means, basically they are the patients who are having this experience of the illness, and they have gone through that illness.

Evidence based approaches, evidence is there, it is available that support investigation for common mental health problems with people within the care. How the principle of psycho education and active monitoring can be applied in practice and lastly effective approaches for multidisciplinary working or for establishing local treatment and a referral pathways.

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Common Mental Health Problems

Common mental health problems such as depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder and social phobia may affect up to 15% of the population at any one time. The severity of symptoms experiences will vary considerably, but all of these conditions can be associated with significant long-term disability. For example, depression is estimated to be the second greatest contributor to disability-adjusted life years throughout the developed world. Many anxiety disorders, particularly once established tend to have a chronic course. The majority of people diagnosed with depression or anxiety disorders (up to 90%) are treated in primary care. However, many individuals do not seek treatment, and both anxiety and depression often go undiagnosed.

Common mental health problems, common mental health problems such as depression, generalized anxiety disorder, panic disorder, obsessive compulsive disorder OCD we normally call it, post-traumatic stress disorder PTSD and social phobia may affect up to 15 percent, one fifth, 15 percent of the population at one time. The severity of symptoms experiences will be will vary considerably, but all of these condition can be associated with significant long term disability because of psychological problems. For example, depression is estimated to be the second greatest contributor, second greatest contributor to disability adjusted life years throughout the developed world.

Even this is happening in the developed world, then forget about the developing and the poor countries. Many anxiety disorders particularly once established tend to have a chronic course. The majority of people diagnosed with depression or anxiety disorder up to 90 percent are treated in primary care. However, many individuals do not seek treatment and both anxiety and depression often go on diagnosed and that is what happens in our country also because psychological disorders they are not being treated here. We do not have so many psychologists, we do not have and at all if we have then people generally do not go and attend to them.

Maybe it is our psychological culture, it is our culture that we think such psychological problems they come and go. So, we do not take such psychological problems very severely and let me tell you rightly also some of the issues they go on their own, we do not mind. Sometimes only when a psychological problems last for a longer time it prolongs, then of course, people refer themselves to the psychiatrist.

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CORE PRINCIPLES

- **Good Communication Skills** including active listening are key components for building a trusting relationship with patients, for example through demonstrating empathy, by making eye contact and explaining and talking through diagnoses, symptom profiles and possible treatment options.
- The evidence base shows that adopting a **Collaborative Approach** with patients can help facilitate a greater engagement from them in any resulting treatments.
- **The Longstanding Relationship** that GPs often have with patients can help to optimise the quality of an assessment and in establishing the characterisation of their problems.

For such things making a proper case study you require proper communication skills. This point about communication skills will keep coming all throughout the basic course because it is very common.

We just want to emphasize that communication skill is one of the most important factor which can contribute to patient safety. And it is not only for palliative care it is applicable to all the field of medicine modern medicine. And why modern medicine it is applicable to our social lives also communication skills. It includes active listening, they are the key components for building a trusting relationship with patients. For example, through demonstrating empathy we already discussed sympathy, empathy and compassion by making eye contact and explaining and talking through diagnosis, symptom profiles and possible treatment of options.

Such type of communication definitely it will make patient feel good, patient will have lots of trust in the doctors and they will think that yes the doctor is trustworthy and I am in safe hands. This my disease will go away because of his medication. The evidence based shows that adopting a collaborative approach, second principle is collaborative with patients can help facilitate a greater engagement from them in any resulting treatments. The long standing relationship that GPs, GPs been general practitioners often have with patients can help to optimize the quality of an assessment and establishing the characterization of their problem. So, these three these are the core principles, good communication skills by means of which you develop trust with the patient.

Second collaborative approach that is where patient is able to help you with the detail analysis of his sufferings conditions. And thirdly this establishes long standing relationship and by means of which the problems severity of the problems are decreased.

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NICE

The National Institute for Health and Care Excellence (NICE) is an executive non-departmental public body of the Department of Health in England, which publishes guidelines in four areas:

- The use of health technologies within the National Health Service (England) and within NHS Wales (such as the use of new and existing medicines, treatments and procedures)
- Clinical practice (guidance on the appropriate treatment and care of people with specific diseases and conditions)
- Guidance for public sector workers on health promotion and ill-health avoidance
- Guidance for social care services and users.

This case study has been taken from NICE. NICE is the National Institute for Health and Care Excellence located in England and it is a public body of the Department of Health in England which publishes guidelines in four areas. The use of health and technologies within the National Health Service and National Health Service Wales.

Wales is a part of England. Clinical practice, guidance for public sector workers we call them health workers, ASHA workers and others and guidance for social care service and users.

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NICE

You will need to refer to the NICE clinical guideline to help you decide what steps you would need to follow to diagnose and manage each case, so make sure that users have access to a copy (either online at www.nice.org.uk/guidance/CG123 or as a printout). You may also want to refer to the NICE pathways for depression, anxiety, panic disorder and post-traumatic stress disorder (PTSD) and the NHS Evidence topic pages on depression and anxiety

You will need to refer to the NICE clinical guidelines to help you decide what steps you would need to follow to diagnose and manage each case. So, make sure that users have access to a copy. We in India also have such guidelines.

Now, we have got earlier it was MCI, Medical Council of India. Now, we have got National Council and they have published guidelines for such conduct of medical cases.

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PART: II Generalised Anxiety Disorder



Dr YASHAVANT JOSHI

We come to the case study as such the case study pertains to generalize anxiety disorder. Anxiety does happen we call it Chinta (Hindi word meaning anxiety) or that is also what is said Chinta de jaada hojatiye toh phir hame chita main jaana (Hindi phrase meaning if you worry too much you will go to crematorium) chita means crematorium. Too much of worries leads to a bad death.

The same way too much of worry brings about generalized anxiety disorder GAD.

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**Clinical Case Scenarios
Primary Care**

There are total Eight Case Studies in the above mentioned guide line; we will discuss the Case Scenario No. 4 only.

- Case scenario 1: Finding Effective Local Pathways
- Case scenario 2: Identification (Co-morbidities)
- Case scenario 3: Identification (Multi-morbidities)
- Case scenario 4: Identification (Longstanding Anxiety)**
- Case scenario 5: Identification And Assessment (Co-morbidities)
- Case scenario 6: Assessment (Criminal Justice System)
- Case scenario 7: Psycho-education And Active Monitoring
- Case scenario 8: Review (Social Care)

In this case study they had given 8 scenarios as selected case scenario number 4 identification long standing anxiety that is the generalized anxiety disorder.

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Presentation of the Case

Ganapat, aged 45, is a locksmith. He has longstanding and persistent worries that he has not done his job properly and that someone might get burgled as a result. He worries he might have given customers the wrong change whenever they have paid him in cash. Ganapat informs you that he worries about many things in his life, and his most common thought is 'what if'? He often imagines the worst happening and states that when he worries, he often feels sick, has headaches, feels butterflies in his stomach and is aware of his heart pounding. Ganapat often gets hot and sweaty and says his anxiety makes it difficult to concentrate and do his job or play with his children. **He is very distressed by his constant worrying and feelings of anxiety, and regards it as a sign of weakness.** At the beginning of the consultation with his GP, Ganapat states he is attending because of problems with sleeping. But after questioning about how things have been for him recently, Ganapat discloses to his GP that he is feeling under considerable stress.

Now, presentation of the case Ganapat aged 45 is a locksmith. He has long standing and persistent worries that he has not done his job properly and someone might get burgled as a result. He worries he might have given customers to the wrong change whenever they have paid him in cash.

Ganapat informs you that he worries about many things in his life and his most common thought is what if I keep on worrying, if I keep on doing this what will happen to me. He often imagines the worst happening. This is what happens most of the time for any normal situation we think the worst always and every time because mind picks up negative things. Here Ganapat also imagines the worst happenings and states that he when he worries he often feels sick, has headaches, feels butterflies in his stomach and is aware of his heart pounding. Ganapat often gets hot and sweaty and says his anxiety makes it difficult to concentrate and do his job properly or play with his children.

He does not get time. He does not like the work also as well as he does not get time with his family. He is very distressed by his constant worrying and feeling of anxiety and regards it as a sign of weakness. At the beginning of the consultation with his general practitioner Ganpat states he is attending because of problems with sleeping. But after questioning about how things have been for him recently Ganpat discloses to his GP that he is feeling under considerable stress. Initially when he was questioned when he had a

dialogue with the GP with the clinician he said this particular problem has arisen because I do not get proper sleep.

But by deeper investigation that is where I just said continuous statement, nurse statement, certain communication protocols and communication with empathy. Later on Ganapat came and he disclosed that this feeling has come lately because of considerable stress in his work life and normal life too. That was the overall scenario of Ganapat, social story.

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Medical History

- Ganapat has no medical history of note. On examination no physical problem can be found. Ganapat looks distressed and is clearly sweating despite the fact that it is not warm in the GP surgery. The GP asks Ganapat how things are for him at work and at home, and Ganapat mentions that **he has found work a bit difficult recently**. He tells the doctor he fears his levels of stress and anxiety will cause him to make a mistake at work and someone will get burgled. He says that he worries his stress levels will make him go mad.

Now we come to the medical history. Ganapat has no medical history of note.

He is all fine, happy and healthy. Not happy but at least physically he is healthy. On examination no physical problem can be found. Ganapat looks distressed and is clearly sweating despite the fact that it is not warm in the GP's surgery room. The GP asks Ganapat how things are for him at work and at home and Ganapat mentions that he has found a work bit difficult recently.

He cannot attend to his work properly. He tells the doctor he fears his levels of stress and anxiety will cause him to make a mistake at work. He might make some mistakes at work and someone will get burgled. He says that he worries his stress levels and it will make him mad, he will go mad.

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Questions to Ponder...

Question: 1: How should you approach Ganapat's case and what should your first step be?

Question: 2: As Ganapat's GP, what should your next course of action be?

Question: 3
Ganapat's GAD score and his background information point to a diagnosis of Generalised Anxiety Disorder (GAD). With this in mind:

- When should this be communicated to Ganapat?
- What would be the best approach for communicating this to Ganapat?

Question : 4 : What should your next steps be?

Question: 5
During a follow-up appointment, four weeks later, Ganapat tells you that his symptoms are not improving. What action should you take?

Questions to ponder. Questions in a case history if you want to find out so many things you have to prepare a set of questioners which will dig out the information what you require to prove a particular evidence. How should you approach Ganapat's case and what should be your first step? How should you approach? As Ganapat's GP what should be your next course of action? You approach him first and then you have to determine next course of action. Question 3. Ganapat's GAD score and his background information point to a diagnosis of generalized anxiety disorder.

He keeps on worrying about his work. He keeps on worrying about his family also at the same time. He thinks that he cannot do his work properly. He thinks that he cannot deal in finance when he finishes a particular work. So that and worries just goes on. With this in mind when should this be communicated to Ganapat? When should we communicate that Ganapat, my dear Ganapat you are suffering from generalized anxiety syndrome disorder.

What would be the best approach for communicating this information to Ganapat? How should you communicate? This is something like breaking bad news. It is not so bad but it is a bad news because after all he is suffering from a psychological problem. So for breaking bad news we have already spoken discussed about a protocol called SPIKES. S P I K E S. Just go through it how to break a bad news to the patient.

What should your next step be thereafter and during a follow up appointment four weeks later Ganapat tells you that his symptoms are not improving symptoms are not improving even after one month of consultation what action should you take? These are the questions to you as a researcher what will you do?

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ASSIGNMENT

Don't go further...Ponder over the Questions and write your answers! Thereafter, match up the Answers given in this Presentation.

Assignment do not go further ponder over the questions and write your answers thereafter match the answers given in this presentation. Whatever this presentation whatever answer question just for the fun sake at least try it out and I am certain you all people are educated because after all you are listening to the English lectures, you are attending to SWAYAM Portals, you are enough knowledgeable having very good IQ. So just ponder over those questions and write down the answers and then match with the answers given out here.

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Answer 1: Diagnosis

- The GP asks Ganapat: "Over the past two weeks, how often have you been bothered by either feeling nervous, anxious, on edge or have you been unable to stop or control your worrying?" Ganapat replies that he feels anxious and on edge all of the time, every single day.
- In response, the GP then asks Ganapat: "Please could you tell me a bit more about the difficulties your anxiety is causing for you in terms of how you are functioning in your daily life at work and at home?" Ganapat appears hesitant in answering the GP's question, has clasped his hands together and is looking uncomfortable. The GP attempts to reassure Ganapat by telling him it is okay to take his time and that the GP is here to help. Ganapat then replies: "I can't tell you how terrible it is to wake up in the morning feeling as though your head is going to explode and your heart will jump out of your chest. My mind and body are just overwhelmed with fear and I feel so scared. I can't work properly and I can't play with the children. I worry I will make a mistake at work because of this and someone will get burgled. I keep asking my wife if I am going to go mad with all this stress and worry and it's driving her mad! I am slow at work and people are beginning to notice."

First answer is about the diagnosis. GP asked Ganapat over the past two weeks how often have you been bothered by either feeling nervous anxious on edge or have you been unable to stop or control your worrying since last fifteen days have you ever stopped worrying? Ganapat replies that he feels anxious and on edge all the time every single day every single day he is worrying, worrying and worrying.

In response the GP then asked please could you tell me a bit more about difficulties your anxiety is causing for you in terms of how you are functioning in your daily life at work and at home with the family. Ganpat appears hesitant initially in answering the GP question as class is together and looking very uncomfortable. The GP attempts to reassure Ganapat by telling him it is okay to take his time and that the GP is here to help. Ganapat then replies I can't tell you how terrible it is to wake up in the morning feeling as though your head is going to explode and your heart will jump out of your chest. My mind and body are just all having with fear and I feel so scared I can't work properly and I can't play with my children.

I worry I will make a mistake at work because of this and someone will get burgled. I keep asking my wife if I am going to go mad with all this stress and worry it is driving her mad too. Naturally wife and husband if husband goes mad and husband thinks that

he is going to go mad wife also thinks the same way. I am slow at work and people are beginning to notice this now because his constant worry is affecting adversely his work also in his workplace.

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Answer 2: GAD Form

- The GP asks Ganapat to complete a GAD Form, introducing it with: "Please could you complete this form so I can get a bit more information on the nature of your worries? It won't take very long, there are only seven questions and it will help me to work out how best to help you." Ganapat completes the GAD Form questionnaire.
- The GP then also asks Ganapat how long he has had these symptoms for. Ganapat replies that he has always been a bit of a worrier, but that he feels in the past year, since the recession really hit, it has got a lot worse.

Answer 2, GAD form there is a specific form which has been prepared by the NICE.

The GP asked Ganapat to complete a GAD form introducing it with please could you complete this form so I can get a bit more information on the nature of your worries on what all points you are worrying and what is the scale of your worry. It won't take very long there are only seven questions only seven and it will help me to work out how best to help you. Ganapat completes the GED form questionnaire. The GP then also asked Ganapat how long he had these symptoms. Ganapat replied that he has always been a bit of a worrier but that he feels in the past year since the recession really hit it has got a lot worse almost about more than a year he is having this symptom of constant worries.

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Answer 2: Next steps for diagnosis

To establish a fuller picture:

- The GP then asks Ganapat: “Is there anything else that is relevant that I should know about? For example, you have just mentioned the recession, are there any particular worries for your firm at the moment? Do you have any particular money or other worries?” The GP also asks: “I can see from your records you haven’t got a history of physical health problems. Have you ever had any help for your anxiety? Has anyone else in your family ever been a worrier like you? You mentioned some problems with your wife – are you finding it tough to get along with people more generally?” The GP then follows this up with: “Have you had any other periods of worry or any mental health problems in the past?”

Next step for diagnosis to establish a fuller picture. The GP then asked Ganapat is there anything else that is relevant that I should know about for example, you have just mentioned the recession are there any particular worries for your form at the moment do you have any particular money or other worries. The GP also asked I can see from your records you have not got a history of physical health problems you have been always healthy have you ever had any help for your anxiety has anyone else in your family ever been a worrier like you. You mentioned some problems with your wife are you finding it tough to get along with people more generally. The GP then follows up with is have you had any other periods of worry or any mental health problems in the past.

This is the case history you have to find out basically. So, he goes into the detail.

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Answer 2: Next steps for diagnosis

Ganapat replies:

"I haven't really suffered from any other problems like this or had any mental health problems in the past. I have never had any help – I am too ashamed.

It's not very 'manly' to worry is it? My mum was a terrible worrier – I wasn't allowed out of the house after dark in case I got lost or a stranger took me. I wasn't allowed on the bus by myself until I was 16! My wife is very tolerant and so are the children and I can hide the worry from most people so I guess everyone would think I was fine. I'm getting along with people okay on the outside. It is the inside that is a problem, and that can be really stressful."

Next step Ganapat replies I have not really suffered from any other problems like this or had any mental health problems in the past.

I have never had any help. I am too ashamed. I personally feel it is not very manly to worry is it. This is the thing he thinks that man should not worry he must take on the things you know as it comes and this particular thing that is worrying so much since last more than one year he started thinking that he is not manly because he is worrying too much. My mom was a terrible worrier he is giving the family history. I was not allowed out of the house after dark in case I got lost or a stranger took me. I was not allowed on the bus by myself until I was 16 that is too big.

My wife is very tolerant and so are the children and I can hide the worry from most people. So, I guess everyone would think I was fine. He has not told anything to the family about his worries. I am getting along with people on the outside.

It is the inside that is a problem. It is internal and therefore, he cannot tell others and he is unable to relax and that can be really stressful because whenever you keep certain worries in your mind every time you do not want to share it with your closest people. Here the Ganapat doesn't want to share with his own wife, forget out friends and children. So, naturally worry it just it gets bigger and bigger in his mind and that is upsetting his overall functional state at workplace as well as in his personal life.

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Answer 3: Diagnosis & Management

- The GP should explain the diagnosis of GAD to Ganapat and it should be done straight away, to help Ganapat begin to understand the disorder. The GP should then offer effective treatment promptly.
- In addition, the GP should provide information and education about the nature of GAD and the options for treatment, including the 'Understanding NICE guidance' booklet that is available for GAD. Information and education should be provided verbally and in writing, but if written materials are not available during the consultation then directing Ganapat to appropriate websites or other sources of information and support would be advisable.

Now comes the diagnosis and management. Now GP should explain the diagnosis of GAD, generalized anxiety disorder to Ganapat and it should be done straight way to help Ganapat begin to understand the disorder.

The GP should then thereafter if effective treatment promptly. When you diagnose it should be immediately told to the patient because what is the there is no meaning if you keep on wasting the time. When a patient comes to and you think that the diagnosis is proper after collecting proper history, medical history, social history then it is your moral duty even rather it is your task also to break the news to the patient that this is what I have found out, this is your diagnosis. And after giving this once the patient accept then the second task is treatment plan, what is your action plan so that this particular disease GAD can be reduced or can be eliminated. In addition the GP should provide information and education about the nature of GAD.

This is what every practicing physician must do. It is not enough to say that you are suffering from so and so because you are lame and we know nothing about the medicine, we know nothing. Of course, we are just overheard from here or there or by reading some certain articles what is a cancer, what is diarrhea, what is delirium, what is dementia, certain things we know. But it is the duty of the consulting physician to tell in detail in

simpler terms in those language, in those jargons that the patient can understand. And at the same time patient should be conveyed to what he thinks about the options for treatment including the understanding NICE guidelines.

It is their guidelines, we have got our own guidelines also. Information and education should be provided verbally and in writing if required particularly the action plan. But if written materials are not available during the consultation then directing Ganapath to appropriate websites or other sources of information and support could be advisable.

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Answer 4: Next Step

- The GP should agree an arrangement with Ganapat that enables the monitoring of his symptoms and functioning (known as active monitoring) through either follow-up appointments or telephone consultations. This is because education and active monitoring may improve less severe presentations of GAD and avoid the need for further interventions.
- The GP should provide Ganapat with some information about anxiety.
- As Ganapat has a diagnosis of GAD, his GP should also discuss with him the use of any over-the-counter medications and preparations, as some of these could increase his symptoms of anxiety.

Next step, after conveying this the diagnosis then action plan by the doctor to the Ganapath, the next step is agreement by the patient. So, here also the GP should agree an arrangement with Ganapath that enables the monitoring of his symptoms and functioning through either follow up appointments or telephone consultations. This is because education and active monitoring may improve less severe presentation of GAD and avoid the need for furthermore interventions.

The GP should provide Ganapath with some information about anxiety. As Ganapath has a diagnosis of GAD, his GP should also discuss within the use of any over the counter medication and preparation as some of this could increase his symptoms of anxiety.

Ganapath should be warned that do not take other medicine from outside until and unless I prescribe you some because this might increase your overall anxiety syndrome.

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Answer 5: Follow-up Appointment

- If Ganapat's symptoms do not improve after four weeks of education and active monitoring, the GP should move to consider **Stepped Up Interventions** and discuss the options available with Ganapat.
- Specifically, the GP should offer one or more of the following as a first-line intervention, guided by Ganapat's preference:
 - Individual non-facilitated self-help
 - Individual guided self-help
 - Psycho-educational groups

Follow up appointment, if Ganapath symptoms do not improve after 4 weeks we are giving 4 weeks of education and active monitoring the GP should move to consider stepped up intervention. Now, second thing intervention will start and discuss the option available with Ganapath. Specifically the GP should offer one or more of the following as a first line intervention.

Intervention can be first line, second line, third line like that. So, first thing comes to first line intervention guided by Ganapath's preference, individual non facilitated self-help he can do certain help, individual guided self-help somebody will come and will help him and then comes 5 psychoeducational group. In western country they have such groups like alcohol anonymous group is that the people who are who remain drunk every time and they want to leave drinking. So, they have their own groups such psychological groups are existing in modern developed countries. Of course, we also have started that particular system here, but it is not prevalent in our society because we have got we do not have such problems existing in our society and at all problems are there they are not surfacing up.

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Treatment And Referral Advice



This is the initial treatment; even if, the problem persists, then it can be stepped up as suggested in NICE guidelines.

Treatment and referral advice, this is the initial treatment even if the problem persist then it can be stepped up.

We are just talking about intervention 1, intervention 2 and other things.

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Depression

| Disorder | Psychological interventions | Pharmacological interventions | Psychosocial interventions |
|--|--|--|---|
| Depression – persistent sub threshold symptoms, or mild to moderate depression | Offer or refer for low-intensity interventions: <ul style="list-style-type: none"> • individual facilitated self-help based on principles of CBT (cognitive behavioural therapy) • computerised CBT • a structured group physical activity programme • a group-based peer support (self-help) programme (for those who also have a chronic physical health problem) • non-directive counseling delivered at home (listening visits (for women during pregnancy or the postnatal period)a, b | Do not routinely offer antidepressants routinely, but consider them, or refer for an assessment, for: <ul style="list-style-type: none"> • initial presentation of (long-term) subthreshold depressive symptoms (typically at least 2 years) • subthreshold depressive symptoms or mild depression persist(s) after other interventions • a past history of moderate or severe depression • mild depression that complicates care of a physical health problems, | Consider: <ul style="list-style-type: none"> • informing people about self-help groups, support groups and other local and national resources; • educational and employment support services. |

Disorder, certain disorders this is the NICE list, list by that institute.

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Generalised Anxiety Disorder

| Disorder | Psychological interventions | Pharmacological interventions | Psychosocial interventions |
|--|---|-------------------------------|---|
| (GAD) – that has not improved after active monitoring and psycho-education | Offer or refer for one of the following low-intensity interventions: <ul style="list-style-type: none">• individual non-facilitated self-help• individual facilitated self-help• psycho-educational groups. | N/A | Consider: <ul style="list-style-type: none">• informing people about self-help groups, support groups and other local and national resources;• educational and employment support services |

So, here we come to the general anxiety disorder. What is the disorder? Name is that has not improved after active monitoring and psychoeducation for a month. Ganapath was given active monitoring, certain education, certain guidelines, but it has not been improved so far.

A month has passed. So, now they require psychological intervention. They offer or refer for one of the following low intensity intervention. It is a first intervention so it has to be low intensity. Individual non-facilitated self-help, individual facilitated self-help and psychosocial educational groups. In psychological intervention consider informing people about self-help groups, support groups and other local and national resources, educational and employment support services.

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Panic Disorder

| Disorder | Psychological interventions | Pharmacological interventions | Psychosocial interventions |
|-----------------------------------|---|-------------------------------|---|
| Panic disorder – mild to moderate | Offer or refer for one of the following low intensity interventions: <ul style="list-style-type: none"> • individual non-facilitated self-help • individual facilitated self-help | N/A | Consider: <ul style="list-style-type: none"> • informing people about self-help groups, support groups and other local and national resources; • educational and employment support services. |

This will panic disorder will not because we are concerned with the GAD only.

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Obsessive Compulsive Disorder

| Disorder | Psychological interventions | Pharmacological interventions | Psychosocial interventions |
|--------------------------|--|-------------------------------|---|
| (OCD) – mild to moderate | Offer or refer for individual CBT including ERP (exposure and response prevention) (typically up to 10 hours), which could be provided using self-help materials or by telephone or Refer for group CBT (including ERP), | N/A | Consider: <ul style="list-style-type: none"> • informing people about self-help groups, support groups and other local and national resources; • educational and employment support services. |

Thus these are all obsessive compulsive disorder. These are the part of basically psychological disorders we are concerned with in palliative care in other fields also. OCD, then this is post-traumatic stress disorder.

(Refer Slide Time: 31:10)

Post-traumatic Stress Disorder

| Disorder | Psychological interventions | Pharmacological interventions | Psychosocial interventions |
|-------------------------------------|---|-------------------------------|---|
| (PTSD) – including mild to moderate | Refer for a formal psychological intervention (trauma-focused CBT or eye movement desensitisation and reprocessing [EMDR]). | N/A | Consider: <ul style="list-style-type: none"> • informing people about self-help groups, support groups and other local and national resources; • educational and employment support services. |

In fact, such PTSD had happened to many people and to many soldiers who had taken part in Vietnam war. In American so many soldiers were suffering that is from this PTSD when they returned to USA.

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All Disorders

| Disorder | Psychological interventions | Pharmacological interventions | Psychosocial interventions |
|--|--|--|---|
| All disorders – women planning, during or post pregnancy who have subthreshold symptoms that significantly interfere with personal or social functioning | For women who have had a previous episode of depression or anxiety, consider providing or referring for individual brief psychological treatment (4–6 sessions), such as IPT, or CBT. Women requiring psychological interventions during pregnancy or the postnatal period should be seen for treatment within 1 month (and no longer than 3 months) from initial assessment | When considering drug treatments for women who are pregnant, breastfeeding or planning a pregnancy, consult 'Antenatal and postnatal mental health' for advice on prescribing. | For women who have not had a previous episode of depression or anxiety, consider providing or referring for social support during pregnancy and the postnatal period. This may consist of regular informal individual or group-based support. |

All other disorders again they are given out psychological intervention, intervention at the lowest level.

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ACKNOWLEDGEMENT

- “Common Mental Health Problems Clinical Case Scenarios For Primary Care Support For Education And Learning” published by NICE in May 2012
- These clinical case scenarios accompany the clinical guideline: ‘Common mental health disorders: identification and pathways to care’ (available at www.nice.org.uk/guidance/CG123). Issued May 2011. Clinical case scenarios issue date: May 2012

So, this is what it is. This I have taken up from institute, national institute England. Thank you. The aim of this particular presentation was basically to tell you the importance of case studies and how case study is being taken up, what investigation are being done and how it should be taken to the finality. You can go through, you can read other case studies also and rather I am certain you must have done other case studies in your own field of education. This is just a medical case study which I have presented. Thank you.