



Anxiety & HIV

from a multicultural lens

Leonardo Aguilar, MACP

Program Coordinator

Medical Case Manager

Registered Mental Health Counselor Intern

Southeast Aids Education And Training Center

Comprehensive AIDS Program



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE





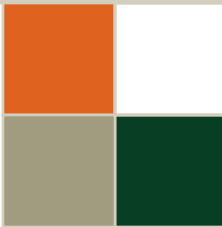
Presenter & Acknowledgements

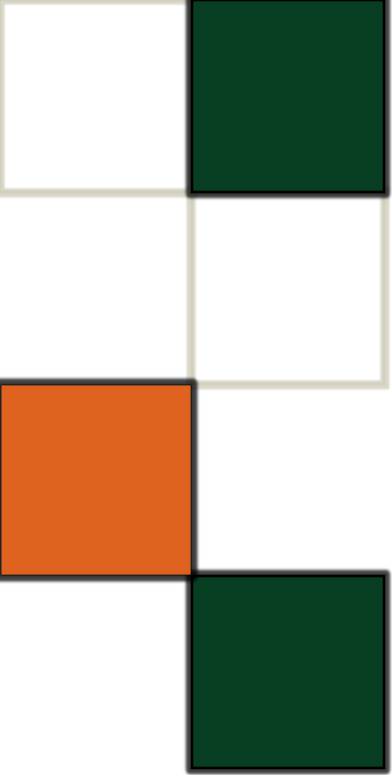
Leonardo Aguilar, MACP

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LEARNING OBJECTIVES

1. Discuss Anxiety disorders, their symptomatology and warning signs
2. Explore how Anxiety affects individuals living with HIV who are part of an ethnic minority
3. Review assessments used to screen for Anxiety
4. Examine Evidence Based Treatments for Anxiety and their efficacy.





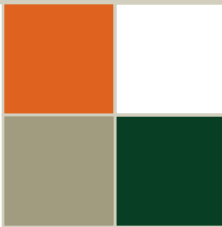
OBJECTIVE 1

Discuss Anxiety disorders, their symptomatology and warning signs

ANXIETY

*“Fear is the **emotional response** to real or perceived imminent threat, whereas **anxiety** is anticipation of future threat.”*

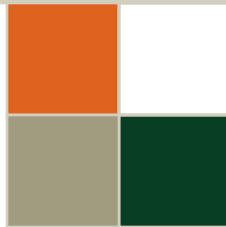
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ANXIETY

“ FEAR and ANXIETY overlap, but they also differ, with fear more often associated with surges of autonomic arousal necessary for fight or flight, thoughts of immediate danger, and escape Behaviors.

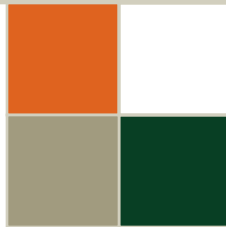
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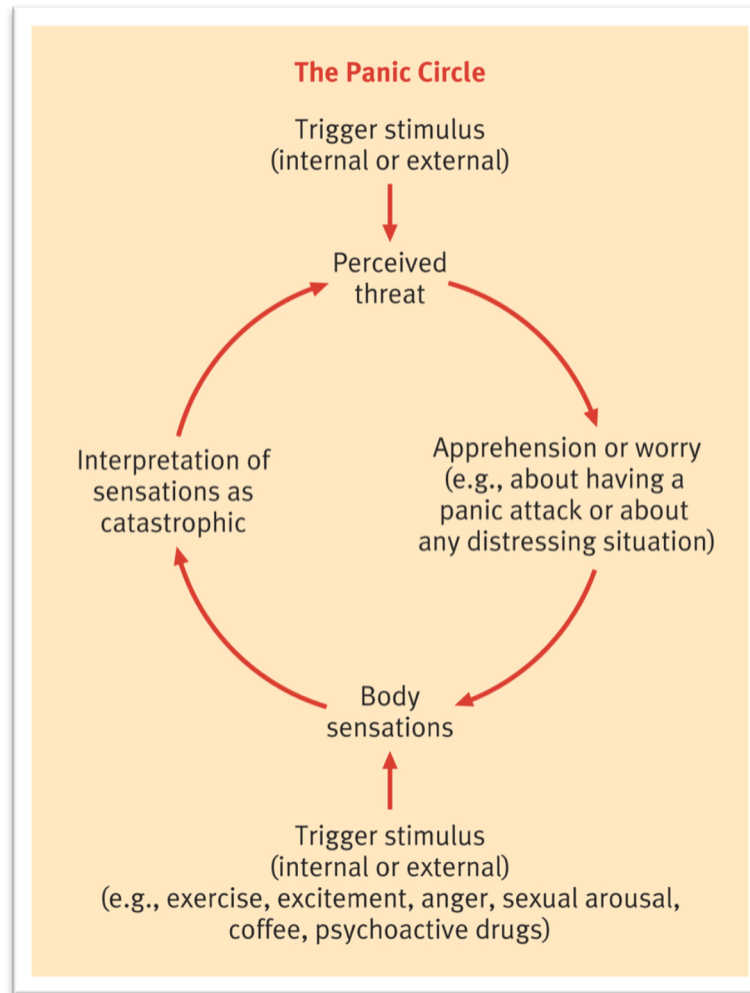
ANXIETY

“Anxiety is more often associated with muscle tension and vigilance in preparation for future danger and cautious or avoidant behaviors”

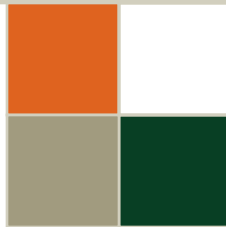
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OBJECTIVE 1: Discuss Anxiety disorders, their symptomatology and warning signs



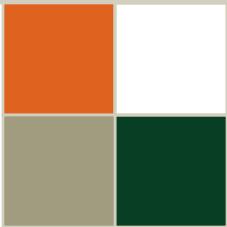
James N. Butcher/ Jill M. Hooley/ Susan Mineka. ABNORMAL PSYCHOLOGY. (2013). SIXTEENTH EDITION. Pearson



ANXIETY

“Panic attacks feature prominently within the anxiety disorders as a particular type of fear response”

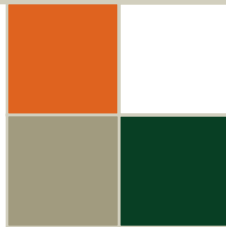
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PANICK ATTACK

“A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes”

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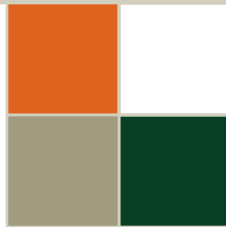
OBJECTIVE 1: Discuss Anxiety disorders, their symptomatology and warning signs

PANICK ATTACK

During a panic attack four (or more) of the following symptoms occur:

1. Palpitations, pounding heart, or accelerated heart rate.
2. Sweating.
3. Trembling or shaking.
4. Sensations of shortness of breath or smothering.

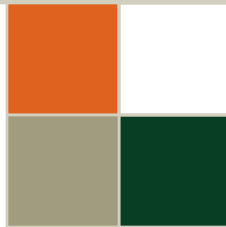
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PANIC ATTACK

5. Feelings of choking.
6. Chest pain or discomfort.
7. Nausea or abdominal distress.
8. Feeling dizzy, unsteady, light-headed, or faint.
9. Chills or heat sensations.

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PANIC ATTACK

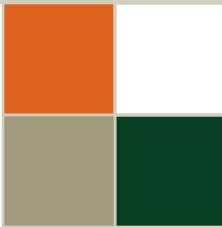
10. Paresthesias (numbness or tingling sensations).
11. Derealization (feelings of unreality) or depersonalization (being detached from one self).
12. Fear of losing control or “going crazy.”
13. Fear of dying.

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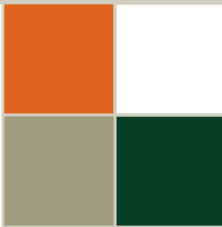
ANXIETY DISORDERS

- Generalized Anxiety Disorder
- Panic Disorder
- Phobia-related disorders
- Specific Phobias (sometimes called simple phobias)



ANXIETY DISORDERS

- Social anxiety disorder (previously called social phobia)
- Agoraphobia
- Separation anxiety disorder
- Selective mutism



GENERALIZED ANXIETY DISORDER

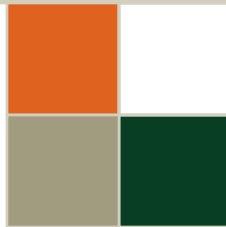
Diagnostic Criteria

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- B. The individual finds it difficult to control the worry.
- C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):

Note: Only one item is required in children.

1. Restlessness or feeling keyed up or on edge.
2. Being easily fatigued.
3. Difficulty concentrating or mind going blank.
4. Irritability.
5. Muscle tension.
6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

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GENERALIZED ANXIETY DISORDER

“The essential feature of generalized anxiety disorder is excessive anxiety and worry (apprehensive expectation) about a number of events or activities”

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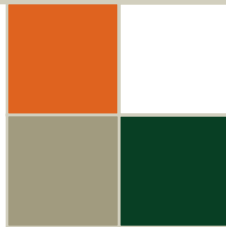


GENERALIZED ANXIETY DISORDER

Diagnostic Criteria

- D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).
- F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

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OBJECTIVO 1: Discutir los trastornos depresivos, su sintomatología y signos de alerta.

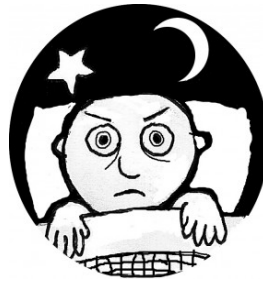
Substance/medication-induced anxiety



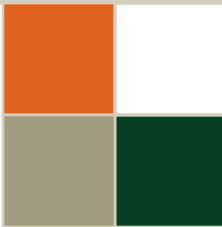
Efavirenz can cause serious, life-threatening side effects. These include serious mental health problems, liver problems, and severe rash.

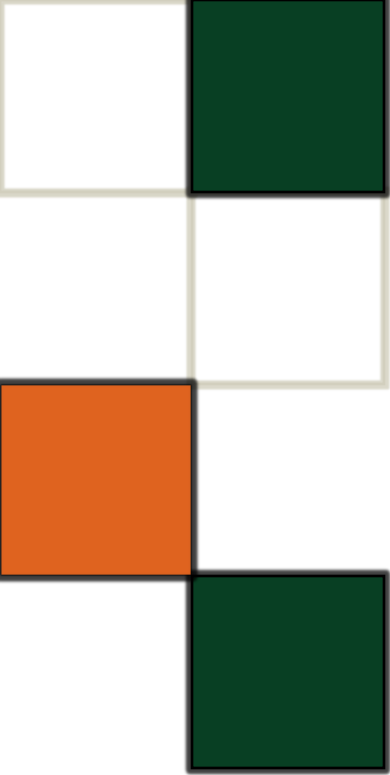
Possible side effects of efavirenz include:

Nervous system symptoms, including dizziness, drowsiness, trouble sleeping, unusual dreams, and trouble concentrating. (These symptoms usually go away within 2 to 4 weeks of beginning treatment.)



US Department of Health and Human Services





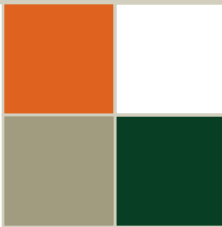
OBJECTIVE 2

Explore how Anxiety affects individuals living with HIV who are part of an ethnic minority

HOW COMMON ARE ANXIETY DISORDERS AMONG HIV+ PEOPLE?

A person who has anxiety lasting longer than six months, and who has excessive worries is typically diagnosed with a general anxiety disorder. The disorder has been noted in 15.8% of HIV+ persons, compared with only 2.1% of the general population.

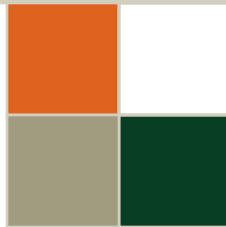
<https://www.psychiatry.org/File%20Library/.../HIV.../FactSheet-Anxiety-2012.pdf>



HOW COMMON ARE ANXIETY DISORDERS AMONG HIV+ PEOPLE?

Some 10.5% of HIV+ people, compared to 2.5% of the general population, have experienced panic disorder, which can be associated with viral infections, cocaine use disorder, and major depressive disorder.

<https://www.psychiatry.org/File%20Library/.../HIV.../FactSheet-Anxiety-2012.pdf>



HOW COMMON ARE ANXIETY DISORDERS AMONG HIV+ PEOPLE?

Anxiety disorders among HIV+ people range from 2% - 40%, the wide margin between the figures reflecting different ways of collecting information.

Overall, however, as HIV-related illnesses become more advanced, and HIV+ people live longer because of effective treatment, the rate of anxiety disorders seems to increase.

<https://www.psychiatry.org/File%20Library/.../HIV.../FactSheet-Anxiety-2012.pdf>



ANXIETY AND MINORITY ETHNIC GROUPS

Health lifestyle choices and **exposure to discrimination** significantly affected the chance of having GAD.

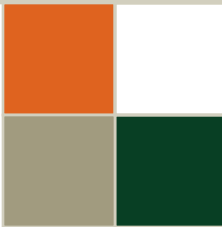
Foreign-born Afro-Caribbeans exhibited lower rates of lifetime GAD.

A lower percentage of foreign-born minorities met the criteria for GAD as compared to their American-born counterparts,

and all racial and ethnic groups met the criteria for lifetime GAD at a lower rate as compared to American-born Whites.

MORE RESEARCH NEEDED

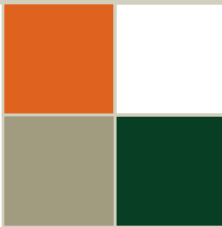
(<http://www.sciencedirect.com/science/article/pii/S0165032715000397>)



ANXIETY AND MINORITY ETHNIC GROUPS

Individualistic cultures are those that stress the needs of the individual over the needs of the group as a whole. In this type of culture, people are seen as independent and autonomous.

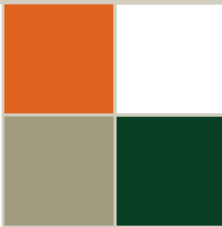
<https://www.verywellmind.com/what-are-individualistic-cultures-2795273>



ANXIETY AND MINORITY ETHNIC GROUPS

Collectivistic cultures emphasize the needs and goals of the group as a whole over the needs and desires of each individual. In such cultures, relationships with other members of the group and the interconnectedness between people play a central role in each person's identity.

<https://www.verywellmind.com/what-are-individualistic-cultures-2795273>

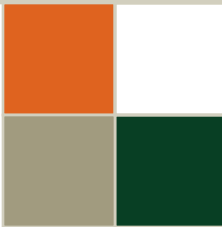


ANXIETY AND MINORITY ETHNIC GROUPS

The expression of anxiety in ethnic minorities may be influenced by exposure to

- **collectivistic** versus **individualistic** values in the definition of one's self.
- *Ethnic identity*
- *ethnic/racial discrimination*

<https://akfsa.org/research/cognitive-behavioral-treatment-of-social-anxiety-among-ethnic-minority-patients-part-2-bridging-the-gap-in-treatment/>

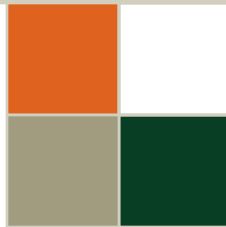


CULTURAL CONCEPTS OF DISTRESS

Ataque de Nervios

A syndrome among individuals of Latino descent, characterized by symptoms of intense emotional upset, including **acute anxiety**, anger, or grief; **screaming and shouting uncontrollably**; attack of crying; trembling; heat in the chest rising into the head; and becoming verbally and physically aggressive.

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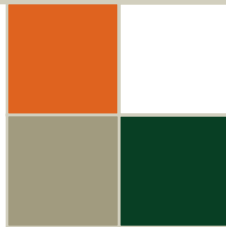


CULTURAL CONCEPTS OF DISTRESS

Khyâl cap

"Khyal attacks" (khyâl cap), or "wind attacks," is a syndrome found among Cambodians in the United States and Cambodia. Common symptoms include those of **panic attacks**, such as dizziness, palpitations, shortness of breath, and cold extremities, as well as other symptoms of anxiety and autonomic arousal (e.g., tinnitus and neck soreness).

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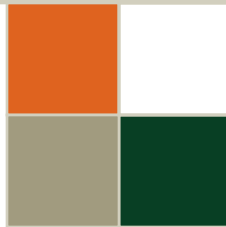


CULTURAL CONCEPTS OF DISTRESS

Kufungisisa

("thinking too much" in Shona) is an idiom of distress and a cultural explanation among the Shona of Zimbabwe. As an explanation, it is considered to be causative of anxiety, depression, and somatic problems (e.g., "my heart is painful because I think too much").

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CULTURAL CONCEPTS OF DISTRESS

Taijin kyofusho

("interpersonal fear disorder" in Japanese) is a cultural syndrome characterized by anxiety about and avoidance of interpersonal situations due to the thought, feeling, or conviction that one's appearance and actions in social interactions are inadequate or offensive to others.

DSM - V





OBJECTIVE 3

Review assessments used to screen for Anxiety

OBJECTIVE 3: Review assessments used to screen for Anxiety.

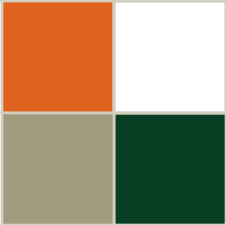
Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (<i>add your column scores</i>) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all _____
- Somewhat difficult _____
- Very difficult _____
- Extremely difficult _____

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.



OBJECTIVE 3: Review assessments used to screen for Anxiety.

GAD-2

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use “✓” to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3

https://www.communitycarenc.org/sites/default/files/2018-09/CCNC_Adult_Anxiety_Resource_Guide_Aug2018.pdf



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OBJECTIVE 4

Examine Evidence Based Treatments for Anxiety and their efficacy.

Cognitive Behavioral Therapy

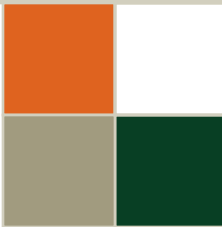
Cognitive Behavioral Therapy (CBT) is an example of one type of psychotherapy that can help people with anxiety disorders. It teaches people different ways of thinking, behaving, and reacting to anxiety-producing and fearful objects and situations.

Cognitive therapy and exposure therapy are two CBT methods that are often used, together or by themselves.

Cognitive therapy focuses on identifying, challenging, and then neutralizing unhelpful or distorted thoughts underlying anxiety disorders.

Exposure therapy focuses on confronting the fears underlying an anxiety disorder to help people engage in activities they have been avoiding. Exposure therapy is sometimes used along with relaxation exercises and/or imagery.

National Institute of Mental Health

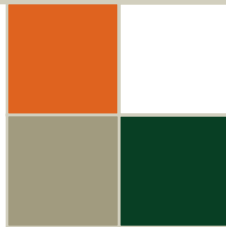


Acceptance & Commitment Therapy (ACT)

Acceptance and Commitment Therapy (ACT) is a unique empirically based psychological intervention that uses acceptance and mindfulness strategies, together with commitment and behavior change strategies, to increase psychological flexibility. **Psychological flexibility** means contacting the present moment fully as a conscious human being, and based on what the situation affords, changing or persisting in behavior in the service of chosen values.

Based on Relational Frame Theory, ACT illuminates the ways that language entangles clients into futile attempts to wage war against their own inner lives. **Through metaphor, paradox, and experiential exercises** clients learn how to make healthy contact with thoughts, feelings, memories, and physical sensations that have been feared and avoided. Clients gain the skills to recontextualize and accept these private events, develop greater clarity about personal values, and commit to needed behavior change.

<https://contextualscience.org/act>



OBJECTIVE 4: Review assessments used to screen for Anxiety.

Medication

Medication does not cure anxiety disorders but can help relieve symptoms. Medication for anxiety is prescribed by doctors, such as a psychiatrist or primary care provider.

Anti-Anxiety Medications

Anti-anxiety medications can help reduce the symptoms of anxiety, panic attacks, or extreme fear and worry. The most common anti-anxiety medications are called benzodiazepines. Although benzodiazepines are sometimes used as first-line treatments for generalized anxiety disorder, they have both benefits and drawbacks.

Some benefits of benzodiazepines are that they are effective in relieving anxiety and take effect more quickly than antidepressant medications often prescribed for anxiety.

Antidepressants

Antidepressants are used to treat depression, but they can also be helpful for treating anxiety disorders. They may help improve the way the brain uses certain chemicals that control mood or stress. called selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are commonly used as first-line treatments for anxiety. Less-commonly used — but effective — treatments for anxiety disorders are older classes of antidepressants, such as tricyclic antidepressants and monoamine oxidase inhibitors (MAOIs).

National Institute of Mental Health



RESOURCES

GAD-7

<https://www.hiv.uw.edu/page/mental-health-screening/gad-7>

Substance Abuse and Mental Health
Services Administration

<https://findtreatment.samhsa.gov/>

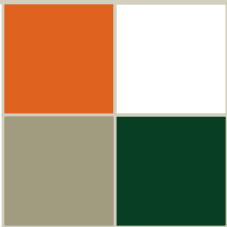
GAD-2

<https://www.hiv.uw.edu/page/mental-health-screening/gad-2>

Fig 7.1 your body. . Get out of your mind and into your life
Steven C Hayes



QUESTIONS



References

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- 8) National Institute of Mental Health. (2019, February 19). Anxiety disorders. Retrieved from <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

