Anxiety Disorder Due to Another Medical Condition

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1. Definition

Anxiety disorder due to another medical condition is characterized by **prominent anxiety symptoms that are directly caused by a medical illness or physiological condition**.

The anxiety is **not better explained by a primary psychiatric disorder**, substance use, or psychological stress alone.

Common anxiety symptoms include:

- excessive worry or fear
- restlessness
- palpitations
- sweating
- tremor
- sleep disturbance
- difficulty concentrating.

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2. Common Medical Causes

Anxiety symptoms may occur due to:

Endocrine disorders

- Hyperthyroidism
- Hypoglycaemia
- Pheochromocytoma
- Cushing syndrome

Cardiovascular conditions

- Arrhythmias
- Heart failure
- Hypertension

Neurological disorders

- Epilepsy
- Brain tumours
- Stroke
- Parkinson disease

Respiratory diseases

- Asthma
- Chronic obstructive pulmonary disease (COPD)

Metabolic and systemic conditions

- Anaemia
- Vitamin B12 deficiency
- Electrolyte imbalance
- Infection or fever

Medication-related causes

- Steroids
- Bronchodilators
- Thyroid medications
- Stimulants
- Withdrawal from alcohol or sedatives

Box 8.6 Medical conditions associated with anxiety-like symptoms

- ***Cardiovascular system (CVS)***: arrhythmias, ischaemic heart disease (IHD), mitral valve disease, cardiac failure.
- ***Respiratory***: asthma, COPD, HVS, PE, hypoxia.
- ***Neurological***: TLE, vestibular nerve disease.
- ***Endocrine***: hyperthyroidism, hypoparathyroidism, hypoglycaemia, phaeochromocytoma.
- ***Miscellaneous***: anaemia, porphyria, SLE, carcinoid tumour, pellagra.

Box 8.7 Prescribed medications causing anxiety-like symptoms

- ***CVS***: antihypertensives, anti-arrhythmics.
- ***Respiratory***: bronchodilators, α1/β-adrenergic agonists.
- ***CNS***: anaesthetics (pre-med and post-general anaesthetic syndrome), anticholinergics, anticonvulsants, anti-Parkinsonian agents, antidepressants, antipsychotics (akathisia), disulfiram reactions, withdrawal from BDZs and other sedatives and hypnotics.
- ***Miscellaneous***: levothyroxine, NSAIDs, antibiotics, chemotherapy.

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3. Assessment

Assessment Question 1: Are anxiety symptoms present?

Assess for:

- excessive fear or worry
- palpitations
- sweating

- trembling
- shortness of breath
- restlessness
- sleep problems
- impaired daily functioning

Determine **severity and impact on functioning**.

Assessment Question 2: Is there evidence of a medical condition causing anxiety?

Take a **detailed medical history** including:

- current medical illnesses
- recent infections
- endocrine disorders
- neurological conditions
- medication history
- substance use

Conduct **physical examination**.

Perform relevant **laboratory investigations** when indicated:

- thyroid function tests
- blood glucose
- complete blood count
- electrolytes
- ECG if cardiac symptoms present.

Anxiety disorder due to medical condition is likely if:

- a **medical condition is present**, and
- anxiety symptoms **developed after the onset of the medical illness**.

Assessment Question 3: Exclude other psychiatric conditions

Rule out:

- generalized anxiety disorder
- panic disorder
- depression
- substance use disorders
- post-traumatic stress disorder

Assess for **suicide risk** if severe distress is present.

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4. Basic Management Plan

4.1 Treat the underlying medical condition

Management should primarily focus on **treating the medical cause**, for example:

- treat hyperthyroidism
- correct hypoglycaemia
- manage cardiac arrhythmias
- treat infections or metabolic abnormalities.

Improvement of the medical condition usually reduces anxiety symptoms.

4.2 Provide Psychoeducation

Explain to the patient and family that:

- anxiety symptoms are **related to the medical illness**
- symptoms may improve when the medical condition is treated
- stress management can help reduce symptoms.

Reassurance is important.

4.3 Psychosocial Support

Provide supportive interventions:

- stress management techniques
- relaxation exercises
- breathing exercises
- sleep hygiene advice
- encourage social support

Encourage continuation of normal daily activities when possible.

4.4 Pharmacological Treatment (If Needed)

Medication may be considered if anxiety symptoms are **severe or persistent**.

Possible options:

Short-term treatment

- Benzodiazepines (short course only)

Long-term treatment

- Selective serotonin reuptake inhibitors (SSRIs)

Medication choice should consider:

- the underlying medical illness
- possible drug interactions.

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5. Follow-Up

Regular follow-up is required to:

- monitor improvement of anxiety symptoms
- monitor treatment of the medical condition
- assess medication side effects
- reassess diagnosis if symptoms persist.

Follow-up interval: **2–4 weeks initially**, then according to clinical progress.

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6. Referral

Refer to a specialist if:

- diagnostic uncertainty
- severe anxiety symptoms
- poor response to treatment
- complex medical conditions
- suicide risk present.
