NHS
Norfolk Learning Disability and Forensic Service

RADiANT: Anxiety and Intellectual Disability

Daniel Jack Boughey
Assistant Psychologist

Norfolk Forensic Community Learning Disability Team

28/07/2023

13.35

as One

Our Values
Welcoming Kind Positive Respectful Professional

“What you resist, persists”

Carl Jung, 1875 - 1961

- The psychological therapies aspect of the treatment and management of Generalised Anxiety Disorder and Panic Disorder has been left in my (hopefully) capable hands.

Structure

NHS
Norfolk Learning Disability and Forensic Service

- What's out there?
- What's the evidence?
- What are the limitations?
- What does it all mean?
- What (might) happen next?

as One

Our Values
Welcoming Kind Positive Respectful Professional

Anxiety

- Anxiety disorders are the most common mental health disorder in general population. Lifetime prevalence ~31% (Kessler et al. 2007; Katzmann et al. 2014).
- Likely under recognition and under reporting of anxiety disorders in PWID; though rates may approximate general population (e.g. Reid et al. 2011)
- Deb et al. (2001) reported prevalence of 7.8% of anxiety symptoms present in an ID population.
- However, up to 22% of PWID may present with anxiety symptoms, compared with 4-5% of the general population.

ID and Anxiety

NHS
Norfolk Learning Disability and Forensic Service

- Best understood via biopsychosocial model (Bhaumik and Alexander, 2020).
- If ID aetiology is genetic, tends to be a predisposition to anxiety (Edwards et al. 2022).
- PWID may tend to be more anxious than their non-ID peers (Duff, 1981).
- History of trauma/ACE's may precipitate anxiety (Cooray and Bakala, 2005).

as one

Our values
Welcoming Kind Positive Respectful Professional

ID and Anxiety

- Composed of cognitive, behavioural and physical components.
- Worrying thoughts, irritability, poor concentration…
- Repetitive checking, agitation…
- Dysphagia, epigastric distress…
- Each anxiety disorder has a typical presentation – e.g. panic disorder tends to be intermittent and not necessarily related to a direct stimulis.

ID and Anxiety

NHS
Norfolk Learning Disability and Forensic Service

- How do we know if our service users have an anxiety disorder?
- Clear clinical picture may be difficult to decipher. E.g. communication difficulty, co-morbid illness, atypical presentations. Others cases may present clinically such as restlessness, dizziness.
- May need to interpret and investigate signs.

as one

Our Values
Welcoming Kind Positive Respectful Professional

ID and Anxiety

- Several rating scales are available to support the clinician in investigation and diagnosis.
- Psychometrics (often not adapted for, or normed on, PWID).
- For example, commonly used in the Glasgow Anxiety Scale – Intellectual Disability (GAS-ID); PDSS, amongst many others.

Specifically

NHS
Norfolk Learning Disability and Forensic Service

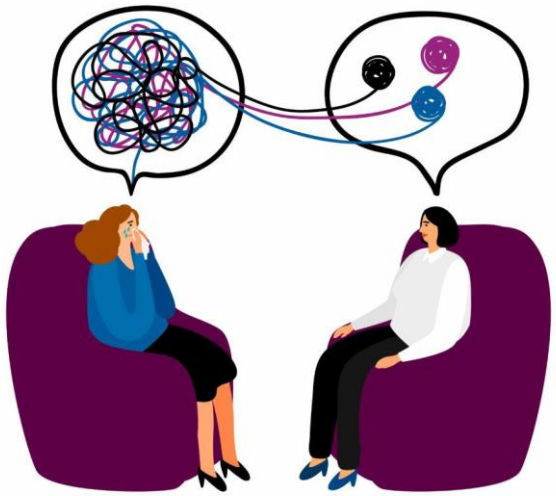
- Generalised Anxiety Disorder (GAD) – typified by generic, chronic anxiety symptoms including physical sensation.

- Panic Disorder – typified by panic attacks, often with negative symptoms such as depressive episodes.

as One

Our Values
Welcoming Kind Positive Respectful Professional

WHAT'S OUT THERE?



What's Out There?

- NICE provide a comprehensive overview of psychological intervention in Anxiety Disorders. Of particular relevance is NICE guidance for GAD and for Panic Disorder (2011; updated 2020).
- A 4-step model is proposed. This will be discussed in more detail.

What's Out There?

Norfolk Learning Disability and Forensic Service

- Step 1:
- Known and suspected cases of anxiety disorder should be identified and assessed. If appropriate, psychoeducation may then be offered, along with a discussion of treatment options and case monitoring.

as One

Our Values
Welcoming Kind Positive Respectful Professional

Psychoeducation

- Psychoeducation has been termed “simple and brief information about the normality of negative automatic thoughts” (Stuart et al., 2014).
- Others have utilised brief quizzes on learned material at completion of sessions (Douglass et al., 2007).

What's Out There?

Norfolk Learning Disability and Forensic Service

- Step 2:
- Non-responders to step one should be offered low-intensity psychological intervention and guided/non-guided self help.
- Further psychoeducation may be appropriate.

as one

Our values
Welcoming Kind Positive Respectful Professional

What's Out There?

- Step 3:
- Non-respondents to step 2 should be offered CBT or applied relaxation. Medication may then also be offered as appropriate. This takes a more formal approach to offering therapy to the service user.

What's Out There?

- Step 4:
- Non-responders or intractable cases of GAD that have not shown marked improvement in steps 1-3 should be reassessed for specialist intervention.
- This may involve trying novel therapies, combination therapy and increased professional involvement and monitoring.

What's Out There?

- CBT treatment modality is generally divided into two protocols:
- 1. Cognitive techniques (e.g. restructuring, re-appraisal, problem solving …)

- 2. Behavioural techniques (e.g. exposure, applied relaxation…)

What's Out There?

NHS
Norfolk Learning Disability and Forensic Service

- Panic Disorder –
- Step 1 – recognition and diagnosis.
- Step 2 – treatment in primary care.
- Step 3 – review and consideration of alternative treatments.
- Step 4 – review and referral to specialist mental health services.
- Step 5 – care in specialist mental health services.

as One

Our Values
Welcoming Kind Positive Respectful Professional

What's Out There?

NHS
Norfolk Learning Disability and Forensic Service

- Similar to stepped model for GAD.
- Suggests initial self help.
- If ineffective; CBT offered.
- Psychological therapy suggested increases in intensity dependent upon Service Users response to stepped model.

as One

Our Values
Welcoming Kind Positive Respectful Professional

WHAT'S THE EVIDENCE

What's The Evidence?

- Accumulated evidence consistently reports stepped care is more effective than TAU (without stepped model) for treating mental health disorders including anxiety and panic disorder.
- As evidenced by two RCTs (Rollman et al. 2017 and van der Aa et al. 2015).

What's The Evidence?

- Systematic reviews compared CBT with various other treatment modalities.
- CBT found to be more effective than relaxation therapy for all anxiety related outcomes; but similar across GAD and Panic Disorder.
- CBT has significant treatment effects compared with controls on depressive/anxiety disorders treated in a primary care setting.

What's The Evidence?

- Dagnan et al., (2018) identified 19 studies for systematic review. These suggested generally positive outcomes for CBT based therapies in anxiety disorders for individuals with ID.
- Further evidence suggests that there is reduced state anxiety, improved self-esteem and cognitive reappraisal capability following therapy (Bouvet and Coulet, 2016).

What's The Evidence?

- CBT has been shown to be effective in the management of anger and depression in PWID via meta analysis (Vereenoghe and Langdon, 2013).
- No other therapy forms (e.g. psychoanalysis) have evidence base.
- CBT dominant protocol.

LIMITATIONS

What's The Evidence?

- Generally, there is a dearth of evidence that looks to directly elucidate the treatment and management of anxiety disorders in ID populations.
- Much treatment guidance is based upon anecdotal evidence, subjective estimations in PWID.
- Other treatment guidance mirrors that suggested for non-ID populations.

Limitations

- There are inherent limitations present in some of the research underpinning current rationale for psychological treatment in anxiety/ID.
- Some of these mirror those present across much of the ID literature – e.g. lack of RCT's, lack of therapy that has been studied rigorously.

Limitations

- Dagnan et al., (2018) review was based on small *N* designs, anxiety disorders included did not explicitly include GAD.
- Some of these studies did not use consistent CBT methods. For example, many of the studies used “cognitive restructuring”, but not via Socratic questioning – but rather through development of ‘coping statements’ (Green et al, 2008).

Limitations

- General approaches in CBT practice (e.g. Panic Disorder) involve behavioural experiments and exposure (e.g. Barlow, 2014; Craske and Barlow, 2007)
- Difficulties working in LD&F: think practical limitations, S17, risk enhancing situations.

Limitations

- Some behavioural exposure work described centres on the use of imagined exposure and thought experiments (e.g. Carrigan and Allez's 2016 adaptation of Ehlers CBT for PTSD protocol).
- Could be difficult for ID service users with difficulties in abstract thinking.

Limitations

- RCT (Hassiotis et al., 2013) and controlled trial study (Lindsay et al., 2016) use “trans-diagnostic methods”.
- I.e., CBT based methods that are not diagnostically specific; but rather can be applied across a range of affective disorders.

WHAT DOES IT ALL MEAN?

What Does It All Mean?

- Evidence base for CBT exists, but may be hindered by methodologic limitations.
- Other therapy forms not supported.
- Formulation based, modified CBT may be effective and feasible in treatment of anxiety in ID.
- Relaxation therapy can be used to treat anxiety symptoms/panic in ID.

What Does It All Mean?

- NICE guidance (2011) – advisable to follow 4-step treatment model.
- May need modification for use within ID (specifically think of practical limitations in LD&F).
- Medication may be essential for successful implementation of and engagement with therapy (especially think co-morbidities).

What Next?

- RCT's.
- Investigation of "worry" literature; potentially a more useful and discrete classification of subthreshold "anxiety symptoms" (Chapman et al., 2006) that may make up a large proportion of anxiety presentation in PWID.


THANK YOU

References

Norfolk Learning Disability and Forensic Service

- Bouvet, C. and Coulet, A., 2016. Relaxation therapy and anxiety, self-esteem, and emotional regulation among adults with intellectual disabilities: A randomized controlled trial. Journal of intellectual Disabilities, 20(3), pp.228-240.
- Carpenter, Joseph K. et al. (2018) Cognitive behavioral therapy for anxiety and related disorders: A meta-analysis of randomized placebo-controlled trials. Depression and anxiety 35(6): 502-514
- Carrigan N. & Allez K. (2016) Cognitive behaviour therapy for post-traumatic stress disorder in a person with an autism spectrum condition and intellectual disability: a case study. Journal of Applied Research in Intellectual Disabilities 30, 326–35. https://doi.org/10.1111/ jar.12243.
- Chapman R. A., Shedlack K. J. & France J. (2006) Stop-think-relax: an adapted self-control training strategy for individuals with mental retardation and coexisting psychiatric illness. Cognitive and Behavioural Practice 13, , 205–14. https://doi.org/10.1016/j.cbpra.2005. 08.002
- Cooray, S.E. and Bakala, A., 2005. Anxiety disorders in people with learning disabilities. Advances in psychiatric treatment, 11(5), pp.355-361.
- Craske, M. G., & Barlow, D. H. (2007). *Mastery of your anxiety and panic: Therapist guide* (Vol. 2). Treatments That Work.
- Cuijpers, P. et al. (2016) How effective are cognitive behavior therapies for major depression and anxiety disorders? A meta-analytic update of the evidence. World Psychiatry 15(3): 245-258
- Dagnan, D., Jackson, I., & Eastlake, L. (2018). A systematic review of cognitive behavioural therapy for anxiety in adults with intellectual disabilities. *Journal of Intellectual Disability Research*, *62*(11), 974-991.
- Deb, S., Thomas, M. and Bright, C., 2001. Mental disorder in adults with intellectual disability. 1: Prevalence of functional psychiatric illness among a community-based population aged between 16 and 64 years. Journal of Intellectual Disability Research, 45(6), pp.495-505.
- Douglass S., Palmer K. & O'Connor C. (2007) Experiences of running an anxiety management group for people with a learning disability using a cognitive behavioural intervention. British Journal of Learning Disabilities 35, 245–52. https://doi.org/10.1111/j.1468- 3156.2007.00443.x

as One

Our Values
Welcoming Kind Positive Respectful Professional

References

Norfolk Learning Disability and Forensic Service

- Duff, R., La Rocca, J., Lizzet, A., Martin, P., Pearce, L., Williams, M. and Peck, C., 1981. A comparison of the fears of mildly retarded adults with children of their mental age and chronological age matched controls. Journal of Behavior Therapy and Experimental Psychiatry, 12(2), pp.121-124
- Edwards, G., Jones, C., Pearson, E., Royston, R., Oliver, C., Tarver, J., Crawford, H., Shelley, L. and Waite, J., 2022. Prevalence of anxiety symptomatology and diagnosis in syndromic intellectual disability: a systematic review and meta-analysis. Neuroscience & Biobehavioral Reviews, p.104719.
- Ehlers A., Clark D. M., Hackmann A., McManus F. & Fennell M. (2005) Cognitive therapy for post-traumatic stress disorder: development and evaluation. Behaviour Research and Therapy 43, 413–31.
- Hassiotis A., Serfaty M., Azam K., Strydom A., Blizard R., Romeo R. et al. (2013) Manualised individual cognitive behavioural therapy for mood disorders in people with mild to moderate intellectual disability: a feasibility randomised controlled trial. Journal of Affective Disorders 151, 186–95. https://doi.org/10.1016/j. jad.2013.05.076.
- Katzman, M.A., Bleau, P., Blier, P., Chokka, P., Kjernisted, K. and Van Ameringen, M., 2014. Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders. BMC psychiatry, 14(1), pp.1-8.
- Kessler, R.C., Angermeyer, M., Anthony, J.C., De Graaf, R.O.N., Demyttenaere, K., Gasquet, I., De Girolamo, G., Gluzman, S., Gureje, O.Y.E., Haro, J.M. and Kawakami, N., 2007. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. World psychiatry, 6(3), p.168
- Khreim, I. and Mikkelsen, E., 1997. Anxiety disorders in adults with mental retardation. Psychiatric Annals, 27(3), pp.175-181.
- Lindsay, W.R., Neilson, C. and Lawrenson, H., 1997. Cognitive-behaviour therapy for anxiety in people with learning disabilities. Cognitive behaviour therapy for people with learning disabilities, pp.124-140.
- Montero-Marin, Jesus et al. (2018) Is cognitive-behavioural therapy more effective than relaxation therapy in the treatment of anxiety disorders? A meta-analysis. Psychological medicine 48(9): 1427-1436

as One

Our Values
Welcoming Kind Positive Respectful Professional

References

- National Institute for Health and Care Excellence, 2011. Generalised Anxiety Disorder and Panic Disorder in Adults: Management. Clinical Guideline [CG113]. National Institute for Clinical Excellence. Retrieved https://www.nice.org.uk/guidance/CG113 (Accessed 19 June 2023).
- Ori, Rasmita et al. (2015) Augmentation of cognitive and behavioural therapies (CBT) with d-cycloserine for anxiety and related disorders. The Cochrane database of systematic reviews: cd007803
- Prangnell J. & Green K. (2008) A cognitive behavioural intervention for dental anxiety for people with learning disabilities: a case study. British Journal of Learning Disabilities 36, 242–8. https://doi.org/10.1111/j.1468- 3156.2008.00510.x
- Reid, K.A., Smiley, E. and Cooper, S.A., 2011. Prevalence and associations of anxiety disorders in adults with intellectual disabilities. Journal of Intellectual Disability Research, 55(2), pp.172-181.
- Rollman, B. L., Belnap, B. H., Mazumdar, S., Abebe, K. Z., Karp, J. F., Lenze, E. J., & Schulberg, H. C. (2017). Telephone-delivered stepped collaborative care for treating anxiety in primary care: a randomized controlled trial. *Journal of general internal medicine*, *32*, 245-255.
- Royal College of Psychiatrists, 2001. OP48 DC-LD: Diagnostic Criteria for Psychiatric Disorders for Use with Adults with Learning Disabilities/Mental Retardation (Vol. 48). Springer Science & Business.
- Stuart S., Graham C. D. & Butler S. (2014) Doing more, feeling better: a behavioural approach to helping a woman overcome low mood and anxiety. British Journal of Learning Disabilities 42, 328–35. https://doi.org/10.1111/ bld.12101.
- van der Aa, H. P., Comijs, H. C., Penninx, B. W., van Rens, G. H., & van Nispen, R. M. (2015). Major depressive and anxiety disorders in visually impaired older adults. *Investigative ophthalmology & visual science*, *56*(2), 849-854.
- Vereenooghe L. & Langdon P. E. (2013) Psychological therapies for people with intellectual disabilities: a systematic review and meta-analysis. Research in Developmental Disabilities 34, 4085–102.

References

- Watts, Sarah E. et al. (2015) Treatment-as-usual (TAU) is anything but usual: a meta-analysis of CBT versus TAU for anxiety and depression. Journal of affective disorders 175: 152-67
- Zhang, A. et al. (2019) Cognitive behavioral therapy for primary care depression and anxiety: a secondary meta-analytic review using robust variance estimation in meta-regression. Journal of behavioral medicine