Editorial

Anxiety

This edition contains two articles related to anxiety. Yates and Wesner[1] present a concise review of current thinking about diagnoses and management of anxiety disorders, emphasize the need for precise identification, and provide a neurobiologic correlation. Katerndahl[2] presents a study of factors that influence the transition from panic attacks to agoraphobia.

It is obvious to practicing family physicians that anxiety in its many forms and manifestations is very common and, at times, can be quite disabling to patients. Patients who suffer from symptomatic anxiety can also present difficult challenges to the physician. I am reminded of a quotation from a physician who expressed his discomfort and anger in the following statement:

> I suppose that I am particularly bitter about the people whom we may as well call neurotics, who as you say, take up so much of the internist's time. They are the people who drove me out of practice. I never could see any sense in paying any attention to them because . . . they have neither sense, nor gratitude, nor any idea of cooperation, nor any qualities that might endear them to man, woman, or child. I cannot understand why those of us who have trained ourselves to take care of people who have organic disease can't be allowed to take care of organic disease. Why won't people take our word for it that there is nothing the matter with them and let it go at that? I suppose I have as many somatic sensations as anybody on earth, but I explain them to myself in a physiological way. Why can't an intelligent neurotic take the same sort of advice that I give myself? There seems to be no way of handling them except that sort of semi-quackery that some highly respectable members of our fraternity are able to get away with so successfully.[3]

I suspect that even in our more enlightened times, many of us have had similar levels of frustration. It seems somewhat ironic that now we are advised that some of those patients, i.e., patients with anxiety, do have an "organic" disease after all. However, we should approach patients who suffer anxiety not only from a neurobiologic basis for therapy, but also from the relational basis of empathetic understanding and patience.

Katerndahl's article[2] is an example of the application of innovative data analysis techniques to questions about predictive factors in a particularly malicious form of anxiety. He has applied path analysis to the problem of identification of specific features of panic attacks that may lead to the more disabling condition of agoraphobia. The classic use of path analyses has been modified to adapt to a small sample size.

Research in family practice may often require the application of data analysis techniques that have been infrequently used in medical research. Many, if not most, of us will be unable to judge the validity of the results through our understanding of statistics alone. We must depend on advice from "expert" biostatisticians or test the hypotheses in the crucible of practice. There will always be risks in the application of new information. There also will always be risks in the failure to apply new information. The professional must be wise in the judgment about when and under what circumstances to use new information. Uncertainty and ambiguity will likely always be with us. However, new methods of analyses and new applications of old methods of research and analysis must be encouraged if we are to continue to progress.

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References

1. Yates WR, Wesner RB. Advances in anxiety management. J Am Bd Fam Pract 1989; 2:37-42.
2. Katerndahl DA. Factors in the panic-agoraphobia transition. J Am Bd Fam Pract 1989; 2:10-6.
3. Houston WR. The doctor himself as therapeutic agent. Ann Intern Med 1938; 11:1416.