

1. Define treatment refractory anxiety.
2. Describe two common comorbidities of treatment refractory anxiety.
3. Discuss two possible approaches to treatment for treatment refractory anxiety.
4. Identify the most appropriate response to a client who states that they use marijuana to manage their anxiety. Discuss the education the PMHNP should provide.
5. Identify the most appropriate response to a client who states that they use Silexan to manage their anxiety. Discuss the education the PMHNP should provide?

1. **Treatment refractory anxiety** is anxiety that has been ineffectively treated with standard anxiety disorder treatments, specifically unresponsive to at least one antidepressant given for an adequate period of time as an adequate or appropriate dose for the patient [ CITATION Ela20 \l 1033 ].
2. **One common comorbidity of treatment refractory anxiety** is substance use disorder. Similar symptoms to anxiety disorder may appear when a person is experiencing a substance use disorder. Because anxiety disorders modify the presenting symptoms and treatment of substance use disorders and vice versa, individuals may be at increased risk for relapse and poor outcomes related to poor adherence to treatment or self-medicating through illegal substances [ CITATION Cam21 \l 1033 ].  
**Another common comorbidity is depression**, specifically a diagnosis of major depressive disorder. Symptoms of anxiety appear to be worse in patients with MDD as a diagnosis and research believes this may be related to pseudo-resistance, also known as poor medication adherence [ CITATION Pet22 \l 1033 ]. One study shows that patients who are considered medication-resistance have higher levels of baseline anxiety ratings and high occurrence of comorbidities with MDD [ CITATION Cam17 \l 1033 ].