Anxiety Disorder

Anxiety disorder

Definition:-Anxiety disorder is:

- a vague,
- subjective,
- Non-specific feeling of uneasiness, apprehension, tension, fears & a sense of impending doom, irrational avoidance of objects or situations & anxiety attack.

Ethiology

Psychodynamic factors

- Unconscious conflict resulting from guilt, shame; repressed wishes, derives, desires threaten to invade consciousness, resulting in anxiety

Biologic factors

- Genetic predisposition factor
- Neurotransmitters: nor-epinephrine (NE), serotonin, and Gamma-amino butyric acid (GABA).

Behavioral factors

- certain internal or environmental stimuli

Environmental factors

- Disaster, rape, assault, continual trauma, stressors, produce anxiety

Clasfication

1 Generalized anxiety disorder.
2 panic disorder with or without agoraphobia;
3 phobia;
4 obsessive-compulsive disorder (OCD);
5. Separation anxiety disorder
6 posttraumatic stress disorder (PTSD); & acute stress disorder;
7 SUBSTANCE INDUCED ANXIETY DISORDER
8 Anxiety disorder NOS.

General anxiety disorder

1 Excessive anxiety and worry (apprehensive expectation), occurring for at least 6 months.

2 The person finds it difficult to control the worry.

3 The anxiety and worry are associated with **three** (or more) of the following six symptoms.
Note: Only **one item** is required in children.

- restlessness or feeling keyed up or on edge
- being easily fatigued
- difficulty concentrating or mind going blank
- irritability
- muscle tension
- sleep disturbance

4 Not confined to features of an Axis I disorder.

5 It cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

6 The disturbance is not due to the direct physiological effects of a substance.

Treatment

- Antidepressants e.g. SSRIs, Buspiron, Venlafaxine
  - Benzodiazepines
  -Some form of behavioral psychotherapy e.g. relaxation training.

Panic disorder
Diagnostic criteria

1 A discrete period of intense fear or discomfort, in which **four** (or more) of the following symptoms developed abruptly and reached a peak within **10 minutes**:

- palpitations, pounding heart, or accelerated heart rate, sweating, trembling or shaking, sensations of shortness of breath or smothering, feeling of choking

chest pain or discomfort, nausea or abdominal distress, feeling dizzy, unsteady, lightheaded, or faint, derealization (feelings of unreality) or depersonalization (being detached from oneself), fear of losing control or going crazy,

fear of dying, paresthesias (numbness or tingling sensations), chills or hot flushes

Diagnostic Criteria for Panic Disorder without agoraphobia

- Both (1) and (2):
  1 recurrent unexpected panic attacks
  2 at least one of the attacks has been followed **by 1 month** (or more) with **one** (or more) of the following:
    - persistent concern about having additional attacks
    - worry about the implications of the attack or its consequences (e.g., losing control, having a heart attack, going crazy)
    - a significant change in behavior related to the attacks

3 Absence of agoraphobia

4 The panic attacks are not due to the direct physiological effects of a substance

5 The panic attacks are not better accounted for by another mental disorder.

Diagnostic Criteria for Panic Disorder with Agoraphobia

- Both (1) and (2):

1. Recurrent unexpected panic attacks

2 at least one of the attacks has been followed by 1 month (or more) with one (or more) of the following:

  - persistent concern about having additional attacks
  - worry about the implications of the attack or its consequences (e.g., losing control, having a heart attack, going crazy)
  - a significant change in behavior related to the attacks

3 The presence of agoraphobia

4 The panic attacks are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism).

5 The panic attacks are not better accounted for by another mental disorder.

- Treatment:

- Pharmacotherapy: - SSRIs
  -TCAs
  -MAOIs
  -BDZ

- Psychotherapy: -relaxation training for panic attack
  -Systemic desensitization for agoraphobia

PHOBIAS

Definition:-Phobia is an irrational fear of objects or situations

Can be divided in to:

A. Specific phobias

- Irrational fears of specific objects or situations.

e.g. of specific phobias

Heights Acrophobia

Water Hydrophobia

Enclosed places claustrophobia

Animals Zoophobia

Death Thanatophobia

Sex Gynophobia

Women Gynophobia

Pain Algophobia

Diagnostic Criteria for Specific Phobia

A. Marked fear or anxiety about a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).
Note: In children, the fear or anxiety may be expressed by crying, tantrums, freezing, or clinging.

B. The phobic object or situation almost always provokes immediate fear or anxiety.

C. The phobic object or situation is actively avoided or endured with intense fear or anxiety

D. The fear or anxiety is out of proportion to the actual danger posed by the specific object or situation and to the sociocultural context.

E. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

F. Social and occupational dysfunction

G. Exclusion of another mental disorder,

Treatment:

- Behavioral therapy

  E.g. systemic desensitization
- Flooding-massive exposure to the feared object or situation

B. Social phobia

Diagnostic Criteria for Social Phobia

- A marked and persistent fear of one or more social or performance situations.
- The individual fears that he or she will act in a way that will be humiliating or embarrassing.
  Note: In children, this anxiety must occur in peer settings, not just in interactions with adults.
- Exposure to the feared social situation almost invariably provokes anxiety.

Note: In children, the anxiety may be expressed by crying, tantrums, freezing, or shrinking from social situations with unfamiliar people.

- The person recognizes that the fear is excessive or unreasonable.
  Note: In children, this feature may be absent.
- The feared social or performance situations are avoided or else are endured with intense anxiety or distress.
- The avoidance, interferes significantly with the person's normal routine, occupational (academic) functioning.
- In individuals under age **18 years, the duration is at least 6 months.**
- The fear or avoidance is not due to the direct physiological effects of a substance

- If a general medical condition or another mental disorder is present, the fear in Criterion **A** is unrelated to it (e.g., the fear is not of stuttering, trembling in Parkinson's disease, or exhibiting abnormal eating behavior in anorexia nervosa or bulimia nervosa).

Treatment

- Cognitive behavioral therapy
- SSRIs e.g. sertraline, fluoxetine
- MAOIs e.g. Phenelzine
- B-blockers e.g. Propranolol
- BDZs

C.Agoraphobia

Criteria for Agoraphobia

- **Note**: Agoraphobia is **not a codable** disorder. Code the specific disorder in which the agoraphobia occurs (e.g., panic disorder with agoraphobia or agoraphobia without history of panic disorder).
- Agoraphobic fears typically involve characteristic **clusters of situations** that include being outside the home alone; being in a crowd or standing in a line; being on a bridge; and traveling in a bus, train, or automobile

D. Separation anxiety disorder

- Developmentally inappropriate and excessive fear or anxiety concerning separation from attached, as evidenced by at least three of the following:
  1. Recurrent excessive distress when separation from home or from major attachment figures.
  2. Persistent and excessive worry about losing major attachment figures or about possible harm to them, such as illness, injury, disasters, or death.
  3. Persistent and excessive worry about experiencing an untoward event (e.g., getting
  lost, being kidnapped, having an accident, becoming ill) that causes separation from a major attachment figure.
  4. Persistent reluctance or refusal to go out, away from home, to school, to work, or elsewhere because of fear of separation.

- 5. Persistent and excessive fear of or reluctance about being alone or without major attachment figures at home or in other settings.
  6. Persistent reluctance or refusal to sleep away from home or to go to sleep without being near a major attachment figure.
  7. Repeated nightmares involving the theme of separation.
  8. Repeated complaints of physical symptoms (e.g., headaches, stomachaches, nausea, vomiting)
  B. persistent, lasting at least 4 weeks in children and adolescents and 6 months or more in adults.
  C. social dysfunction
  D. Exclusion of another mental disorder

Obsessive-Compulsive Disorder

Criteria

- A. Presence of obsessions, compulsions, or both: Obsessions are defined by (1) and (2):
  1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.
  2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion). acts.

- **Compulsions as defined by (1) and (2):**
  1. **repetitive behaviors** (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
  2. the behaviors or mental acts are **aimed at preventing or reducing distress or preventing some dreaded event or situation;** however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive

  Note: Young children may not be able to articulate the aims of these behaviors or mental acts.

- At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are **excessive or unreasonable.**
  Note: This does not apply to children.
- The obsessions or compulsions cause marked distress, are **time-consuming** (take more than **1 hour** a day), or significantly interfere with the person's normal routine, occupational (or academic) functioning, or usual social activities or relationships.

- If another Axis I disorder is present, the content of the obsessions or compulsions is not restricted to it

- The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

- ***Specify* if:**
  With good or fair insight: The individual recognizes that obsessive-compulsive disorder beliefs are definitely or probably not true or that they may or may not be true.
  With poor insight: The individual thinks obsessive-compulsive disorder beliefs are probably true.
  With absent insight/delusional beliefs: The individual is completely convinced that obsessive-compulsive disorder beliefs are true.

Treatment

- **Psychotherapy**
- Behavioral e.g. - relaxation training,
  -guided imaginary & exposure
  -thought stopping techniques
- Pharmacological:
  SSRIs e.g. fluoxetine,
  fluvoxamine
  TCAs- Clomipramine

Trichotillomania (Hair-Pulling Disorder) Diagnostic criteria

- **A. Recurrent pulling out of one's hair, resulting in hair loss.**
  B. Repeated attempts to decrease or stop hair pulling.
  C. The hair pulling causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
  D. The hair pulling or hair loss is not attributable to another medical condition (e.g., a dermatological condition).
  E. The hair pulling is not better explained by the symptoms of another mental disorder
  (e.g., attempts to improve a perceived defect or flaw in appearance in body dysmorphic disorder).

Posttraumatic Stress Disorder

Diagnostic Criteria for Posttraumatic Stress Disorder

A. The person has been exposed to a traumatic event in which both of the following were present:

1 the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others

2 The person's response involved intense fear, helplessness, or horror.

- **Note**: In children, this may be expressed instead by disorganized or agitated behavior.

B The traumatic event is persistently re-experienced in one (or more) of the following ways:

1 Recurrent and intrusive distressing **recollections** of the event, including images, thoughts, or perceptions. **Note**: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.

2.Recurrent distressing **dreams of the event**.

Note: In children, there may be frightening dreams without recognizable content.

3.Acting or **feeling as if the traumatic event were recurring** (includes a sense of re-feeling the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).

- **Note**: In young children, trauma-specific reenactment may occur.

C Persistent avoidance of stimuli, as indicated by **three** (or more) of the following:

1. efforts to avoid thoughts, feelings, or conversations associated with the trauma
2. efforts to avoid activities, places, or people that arouse recollections of the trauma
3. inability to recall an important aspect of the trauma
4. markedly diminished interest or participation in significant activities
5. feeling of detachment or estrangement from others
6. restricted range of affect (e.g., unable to have loving feelings)
7. sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

D Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

a. difficulty falling or staying asleep

b. irritability or outbursts of anger

c. difficulty concentrating

d. hyper vigilance

e. exaggerated startle response

E Duration of the disturbance (symptoms in Criteria B, C, and D) is more **than 1 month**.

F The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

Acute: if duration of symptoms is less than 3 months

Chronic: if duration of symptoms is 3 months or more

Specify if:

With delayed onset: if onset of symptoms is at least 6 months after the stressor

- NB: I f the duration is <1month we call it acute stress disorder.

Treatment

- **Psychotherapy**:- group psychotherapy with other survivors
- **Pharmacotherapy**:-SSRIs, BZDs
- ***β-blockers e.g. Propranolol is important for prophylaxis***

THANK YOU!