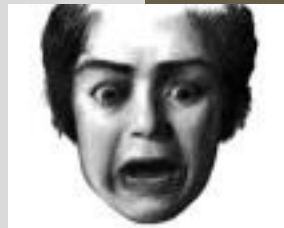


Chapter 6

Anxiety Disorders



“As a rule, what is out of sight disturbs men’s minds more seriously than what they see.”

Julius Caesar

❖ 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 .

Definition of anxiety cont.

Fear Vs anxiety

Fear- a response to known, external, definite, or non conflictual threat.

- prepared the body for fight-flight response.

Anxiety – a response to a threat that is

unknown, internal, vague or conflictual.

- Fight-flight responses are ineffective.

Clinical manifestations of anxiety (Tyrer, 1982)

Somatic and autonomic	Psychic (Psychological)
Palpitations Difficulty in breathing Dry mouth Nausea Frequency of micturition Dizziness Muscular tension Sweating Abdominal churning Tremor	Feelings of dread and threat Irritability Panic Anxious anticipation Inner (psychic) terror Worrying over trivial things Difficulty in concentrating
Cold skin	Initial insomnia Inability to relax

Epidemiology of anxiety disorders

- Anxiety disorders are among the most prevalent psychiatric conditions .
- They lead to:
 - Excessive morbidity
 - Use of healthcare services, and
 - Functional impairment.
- Chronic anxiety disorder may increase the rate of cardiovascular-related mortality.
- Most patients are more likely to have two or more anxiety disorders as concurrent or co-morbid conditions

Etiology of anxiety disorder

▪ Psychodynamic theories

- anxiety as a signal about danger in the unconscious resulting from **psychic conflict**.

A psychic conflict can arise:

- between a wish and defense against the wish.
- between the different intrapsychic agencies.
- as the result of an impulse in opposition to an internalized awareness of the demands of external reality.

Etiology of anxiety disorders cont.

The biology of anxiety

- ▢ Peripheral signs of anxiety are thought to be the results of central nervous system anxiety.
- ▢ The ANS of panic disorder patients shows:
 - a) Increased sympathetic tone.
 - b) Slow adaptation to repeated stimuli.
 - c) Excessive response to moderate stimuli

▪ Neurotransmitter systems

Norepinephrine

Serotonin

GABA

Etiology of anxiety disorders cont.

□ In panic disorder patients, there is an elevated level in the CSF and urine of norepinephrine metabolite.

- **Brain imaging studies**

- Structural Studies – increase in the size of the ventricles.

- Rt. temporal lobe defects

- Abnormal rt. hemisphere

findings (cerebral asymmetry).

- Functional studies – frontal, temporal, occipital abnormalities.

- parahipocampal gyrus abnormalities in panic d/o

- caudate abnormalities in OCD.

Etiology of anxiety disorders cont.

- **Genetic Studies**

- anxiety disorders are complex genetic disorders.
- Inherited vulnerabilities + traumatic events result in the disorder.
- There is increased incidence of anxiety disorders in 1st degree relatives of affected individuals as compared to 1st degree relatives of non-affected individuals.

Eg. 50% of all panic d/o patients have at least one affected relative.

Medical disorders associated with anxiety & their screening

- Neurological d/os
- Systemic conditions
- Endocrine disturbances
- Inflammatory d/os
- Deficiency states
- Miscellaneous conditions
- Toxic conditions
- Idiopathic psychiatric d/os

Medical disorders associated with anxiety & their screening cont.

- 1. Routine screening
P/E, CBC, TFT, Electrolytes, U/A, Urine drug screening.
- 2. Additional screening
Neurological consultation, CXR, ECG, CT scan.

Individual anxiety disorders, classification according to DSM-IV-TR(APA,1994)

DSM-IV classification of anxiety disorders

- 1. Panic Disorder**
- 2. Phobias: Social phobias & Simple phobias**
- 3. Obsessive-compulsive disorder (OCD)**
- 4. Generalized anxiety disorder (GAD)**
- 5. Posttraumatic stress disorder (PTSD)**
- 6. Acute stress disorder**
- 7. 2ry anxiety d/os- GMCs, Substances, meds**
- 8. Anxiety d/o NOS**

Panic Disorder (With or Without Agoraphobia)

- Panic disorder consists of panic attacks, defined as episodic periods of anxiety symptoms that have a sudden onset and increase in intensity over a period of approximately 10 minutes.
- **Agoraphobia** refers to morbid fear of open places or leaving the familiar setting of the home. May be present with or without panic attacks.

Panic Disorder with Agoraphobia

A. Both 1 and 2 are Required

1. Recurrent unexpected panic attacks occur, during which four of the following symptoms begin abruptly and reach a peak within 10 minutes in the presence of intense fear:

- **a.** Palpitations, increased heart rate.
- **b.** Sweating.
- **c.** Trembling or shaking.
- **d.** Sensation of shortness of breath.
- **e.** Feeling of choking.
- **f.** Chest pain or discomfort.
- **g.** Nausea or abdominal distress.
- **h.** Feeling dizzy, lightheaded or faint.
- **i.** Derealization or depersonalization.
- **j.** Fear of losing

Panic Disorder with Agoraphobia

con...

2. At least one of the attacks has been followed by one month of one of the following:

- **a.** Persistent concern about having additional attacks.
- **b.** Worry about the implications of the attack, such as fear of having a heart attack or going crazy.
- **c.** A significant change in behavior related to the attacks.

Panic Disorder with Agoraphobia con...

- B.** The presence of agoraphobia that has the following three components:
- **1.** Anxiety about being in places or situations where escape might be difficult or embarrassing, or in which help might not be available.
 - **2.** Situations are avoided or endured with marked distress, or these situations are endured with anxiety about developing panic symptoms, or these situations require the presence of a companion.
 - **3.** The anxiety is not better accounted for by another disorder, such as social phobia, where phobic avoidance is only limited to social situations.
- C.** Panic attacks are not due to the effects of a substance or medical condition.
- D.** The panic attacks are not caused by another mental disorder, such as panic on exposure to social situations in social phobia, or panic in response to stimuli of a severe stressor, such as with post-traumatic stress disorder.

Epidemiology of Panic Disorder

- The lifetime prevalence of panic disorder is between 1.5% and 3.5%. The female-to-male ratio is 3:1. Up to one-half of panic disorder patients have agoraphobia.
- Panic disorder usually develops in early adulthood with a peak onset in the **mid twenties**. Onset after age 45 years is unusual.
- First-degree relatives have an eightfold increase in panic disorder.

Treatment of Panic Disorder

- SSRIs: They have been found to be very effective in the treatment of panic disorder.
- TCAs: Imipramine & Clomipramine have been extensively studied & both have been found effective.
- Benzodiazepines:
 - have become adjunctive treatment to antidepressant
 - the primary advantage of using benzos is rapid relief from anxiety and panic attacks.
- Psychotherapy:
 - Cognitive behavior therapy (CBT)
 - Relaxation techniques

PHOBIAS

- ❖ Definition:-Phobia is an irrational fear of objects or situations
- ❖ Can be divided in to:
 - ◆ Specific phobias
 - ◆ Social phobias
 - ◆ Agoraphobia

Social Phobia(Social Anxiety Disorder)

- The hallmark of social phobia is social withdrawal resulting in little interactions with others
- A marked and persistent fear of social performance when the person is exposed to unfamiliar people where he will feel that he is scrutinized.
- Several studies have shown the possible presence of a trait in some children that is characterized by a consistent behavioral inhibition.
- It has been postulated that the parents of persons with social phobia were **less caring, more rejecting, and more overprotective**

Epidemiology of Social Phobia

- A.** Lifetime prevalence is 3-13%.
- B.** Social phobia is more frequent (up to tenfold) in first-degree relatives of patients with generalized social phobia.
- C.** Onset usually occurs in adolescence, with a childhood history of shyness.
- D.** Social phobia is often a lifelong problem, but the disorder may remit or improve in adulthood.

Social Phobia: Treatment

- **Pharmacotherapy:**

- SSRIs: such as fluoxetine
- Benzodiazepines: High potency benzos especially clonazepam have been very effective in social phobia.
- B-Blockers (propranolol 20-40mg 30 min before performance) has been found helpful in performance anxiety in adults.
- Several well-controlled studies have shown that MAOI (Phenelzine) are effective in the treatment of the generalized social phobia

- **Psychotherapy:**

- Cognitive behavior therapy (CBT)

Obsessive Compulsive Disorder (OCD)

Definitions:

Either Obsessions or Compulsions are present

1. Obsessions

- a.** Recurrent, persistent thoughts, impulses, or images experienced as intrusive and causing marked anxiety.
- b.** The thoughts, impulses, or images are not limited to excessive worries about real problems.
- c.** The person attempts to ignore or suppress symptoms, or attempts to neutralize them with some other thought or action.
- d.** The person recognizes the thoughts, impulses or images as a product of his or her own mind.

2. Compulsions

- a.** Repetitive behaviors or acts that the person feels driven to perform in response to an obsession.

Clinical features of OCD

- Is a syndrome characterized by obsessions & compulsions which interfere with one's normal social or occupational functioning .
- Obsessions are experienced internally and subjectively by the patient as thoughts, impulses, or images.
- Common obsessions are: contamination (concern with dirt or germs, bodily waste or secretions, concern will get ill...), aggressive (violent or horrific images, fear will act on unwanted impulses..), religion (scrupulosity), sexual, saving, need for symmetry etc.
- Common compulsions are: checking, washing, counting, hoarding, arranging

Treatment of OCD

- Pharmacotherapy

Usually indicated

- TCAs: **clomipramine** is the most important medications in this category used to treat OCD
- SSRIs: such as fluoxetine (higher doses are needed)

- Psychotherapy

Cognitive behavior therapy (CBT)

Generalized Anxiety Disorder (GAD)

- Patients with GAD, have persistent symptoms of anxiety, including hyperarousal, that last at least 6 mo.
- The symptoms of anxiety in GAD are unrelated to a specific person or situation called *free floating anxiety*.
- GAD is closely associated with MDD and Dysthymic disorder.

Epidemiology

- Lifetime prevalence is 5%.
- The female-to-male sex ratio for GAD is 2:1.
- Most patients report excessive anxiety during childhood or adolescence; however, onset after age 20 may sometimes occur.

Treatment of GAD

- The combination of pharmacologic therapy and psychotherapy is the most successful form of treatment.
- Medications:
 - Antidepressants (TCAs like amitriptyline, imipramine and SSRIs like fluoxetine)
 - Benzodiazepines
- Psychotherapy
 - Cognitive behavioral therapy
 - Supportive or insight oriented psychotherapy can be helpful in mild cases of anxiety.

Posttraumatic Stress Disorder (PTSD)

- A.** Post-traumatic stress disorder (PTSD) occurs after an individual has been exposed to a traumatic event that is associated with intense fear or horror.
- B.** The patient persistently reexperiences the event through intrusive recollection or nightmares, reliving of the experience (flashbacks), or intense distress when exposed to reminders of the event.
- C.** The patient may have feelings of detachment (emotional numbing), anhedonia, amnesia restricted affect, or active avoidance of thoughts or activities that may be reminders of the trauma (three required).
- D.** A general state of increased arousal persists after the traumatic event, which is characterized by poor concentration, hypervigilance, exaggerated startle response, insomnia, or irritability (two required).
- E.** Symptoms have been present for at least one month.
- F.** Symptoms cause significant distress or impaired occupational or social functioning.

Epidemiology of Post-Traumatic Stress Disorder

- The lifetime prevalence of PTSD is 8% and is highest in young adults.
- The prevalence in combat soldiers and assault victims is 60%.
- Individuals with a personal history of maladaptive responses to stress may be

Classification of PTSD

- A. Acute.** Symptoms have been present for less than three months.
- B. Chronic.** Symptoms have been present for greater than three months.
- C. With Delayed Onset.** Symptoms begin six months after the stressor.

Treatment of PTSD

- Medications:
 - Antidepressants such as TCAs (amitriptyline, imipramine, clomipramine) and SSRIs (fluoxetine...).
- Psychotherapy, behavioral therapy, support groups, and family therapy are effective adjuncts to pharmacological treatment.

Thank You.