

Doctors 2021 - رّوح - Medicine - Mu

PSYCHOLOGY SHEET

Anxiety Disorder

Dr. Faris Alsaraireh



Done by :

Emran A.younis

Shaimaa Ababneh

Hamzeh AL-Tamimi

Anxiety Disorders



Individuals face anxiety on a daily basis.

It is a necessary force for survival & **provides motivation** for achievement

Anxiety is used interchangeably with stress, however, they are not the same.

Stress (stressor) is an external pressure that is brought to bear on the individual.

Anxiety is the subjective emotional response to that stressor.

Anxiety: a vague diffuse apprehension **تخوف** that is associated with feelings of uncertainty and helplessness. Anxiety is the emotional response to that appraisal.

Stress: starting point a state of disequilibrium that occurs when there is a disharmony between demands occurring within an individual's internal or external environment and his/her ability to cope with those demands.

When demands are higher than abilities, the person becomes more susceptible for anxiety.



Fear: the intellectual appraisal of a threatening stimuli. It's a cognitive process.

Anxiety is the emotional response to that appraisal.

example:-

stress: external source **مقابلة شخصية؛ مصدر التوتر**

fear: intellectual process / **الخوف من الأسئلة والدكاترة في المقابلة**

anxiety: emotional response **التعرق، الخفقان، ارتفاع الضغط، الشعور بالضيق والحزن، عدم القدرة؛ على الانسجام**



Anxiety disorders are the **most common** of all psychiatric illnesses and result in a considerable functional impairment and distress.

most common in our lives due to the demands and pressures of life

- More common in women (girls) than in men (boys) by 2:1.
- More common in low socioeconomic and minority.
- **Familial predisposition to anxiety disorders.**

Anxiety is usually considered a normal reaction to a realistic danger or threat to biological integrity or self-concept.

However, it depends on the individual possessing cognitive techniques and adaptation techniques.

Anxiety dissipates (vanishes) when danger or threat is no longer present .

It disappears when the external stimulus is gone



Anxiety is considered abnormal if:

1. It is out of proportion to the situation that is creating it.

when demands are higher than abilities, the person becomes more susceptible for anxiety.

2. It interferes with social, occupational, or other important areas of functioning.

PANIC DISORDER: Highest level of anxiety 

- This disorder is characterized by recurrent panic attacks, with unpredictable onset, acute, **sudden not gradually** and manifested by intense apprehension, fear, or terror (ذعر), often associated with feelings of impending doom (الموت الوشيك) and accompanied by intense physical discomfort. 

- At least **four** of the following 13 symptoms must be present to identify the presence of panic disorder.

If fewer than four symptoms are present, the individual is diagnosed as having a limited-symptom attack.

symptom



1. Palpitation, pounding heart, or accelerated heart rate. 

2. Sweating

3. Trembling or shaking

4. Sensation of shortness of breath or smothering (suffocating)

5. Feeling of choking "Feeling of choking" refers to the sensation or perception of having difficulty breathing, as if something is obstructing the airway or causing discomfort in the throat. الشعور بالاختناق

6. Chest pain or discomfort

7. Nausea or abdominal distress

8. Feeling dizzy, unsteady, lightheaded, or faint

9. Derealization (feelings of unreality) or

depersonalization (being detached from self)

10. Fear of losing control or going crazy

11. Fear of dying

12. Paresthesia (numbness or tingling sensations)

13. Chills or hot flashes هبات حم أو برد

Symptoms resemble those of a MI

Most likely accompanied by phobia, present for Minutes or rarely hours

- The attacks usually last minutes or, more rarely, hours. Sx. of depression are common

- Panic disorder may/may not be accompanied by agoraphobia.



1. PANIC DISORDER WITH AGORAPHOBIA:

-in addition to the above Sx. of panic disorder, individual experiences a fear of being in places or situations from which escape might be difficult or embarrassing, or in which help might not be available in case panic attack occurs.

-Agoraphobia is the fear from open places, as a result the patient prefers to stay at home or in closed holes away from other people. The patient all always want to go outside home with partner to relieve stress.

- while claustrophobia is the fear of enclosed or confined spaces. feeling safe in outside

This fear restricts travel, individual becomes housebound or unable to leave house alone.

-Situations include being outside home alone, being in crowd, being on bridge, traveling in bus, train, or car.

2. GENERALIZED ANXIETY DISORDER (GAD)

• Characterized by **chronic, gradual**, unrealistic, and excessive anxiety and worry. Sx. **should exist for 6 months or longer**, with **no organic cause** (caffeine intoxication, hyperthyroidism).

GAD symptoms (**7 symptoms**) must be at least 6 months and cause clinically significant distress

or impairment in functions:

- Excessive anxiety & worry
- restlessness or feeling on edge,
- being easily fatigued,
- difficulty concentrating,
- irritability,
- muscle tension,
- & sleep disturbance

• Onset is more common **after 20**.

• GAD tends to be **chronic**.

• Depression symptoms and somatic complaints may combine this disorder in sever case .

• There are many etiological implications for panic disorder and GAD: (**not important**)

1. **Psychodynamic theory:** inability of the ego to intervene with conflicts between id and superego, producing anxiety.
2. **Cognitive theory:** faulty & counterproductive thinking patterns precede maladaptive behaviors and emotional disorders leading to disturbance in feeling and behavior.
3. **Biological aspects:** genetics
4. **Neuroanatomical:** pathological involvement in the temporal lobes, particularly hippocampus.
5. **Biochemical:** abnormal elevation of blood lactate.
6. **Neurochemical:** involvement of the neurotransmitter norepinephrine.
7. **Medical conditions:** abnormality in hypothalamic- pituitary-adrenal & hypothalamic-pituitary-thyroid axes; acute MI, pheochromocytomas, substance intoxication, hypoglycemia, caffeine intoxication, mitral valve prolapse, complex partial seizure.

Generally, a patient with phobia from a certain situation will experience a panic attack when being in that specific situation.

A. AGORAPHOBIA WITH PANIC DISORDER

Characterized by symptoms of panic disorder and the individual experiences a fear of being in places or situations from which escape might be difficult or in which help might not be available in the event that a panic attack should occur. Example: being outside the home alone.

B. AGORAPHOBIA WITH OUT PANIC DISORDER

Less common than no 1.

C. SOCIAL PHOBIA

excessive fear of situations in which a person might do something embarrassing or be **evaluated negatively** by others.

D. SPECIFIC PHOBIA

marked, persistent, excessive or unreasonable fear in the presence of, or in anticipating an encounter with, a specific object or situation.

There are 5 subtypes of the most common specific phobias:

- animal type **zoophobia** e.g. monkeys
- natural- environment type e.g. **hydrophobia**
- blood-injection-injury type
- situational type **fear of specific situation such as elevators**
- other types **any irrational fear such as fear of contracting a serious illness**

The treatment of phobias in psychotherapy often involves techniques like desensitization ("Flooding") is a therapeutic technique used in exposure therapy for treating phobias and anxiety disorders. It involves exposing the individual to their feared situation or object for an extended period of time, and gradual until their anxiety decreases. This process helps in reducing the fear response through repeated exposure and habituation.

ETIOLOGICAL IMPLICATIONS FOR PHOBIAS

1. Psychoanalytical theory: Oedipal complex (opposite-sex parent) and castration anxiety (fears aggression from same-sex parent)

2. Learning theory

3. Cognitive theory and locus of control: -ve self- statements and irrational beliefs

4. Biological aspects:

- Temperament
- Life experiences.



4. OBSESSIVE-COMPULSIVE DISORDER (OCD)



Compulsive: repetitive of same action // Obsessive: patient is occupied with idea وساوس is characterized by recurrent **obsessions (unwanted ideas) or compulsions (repetitive behavior to reduce anxiety)** that are severe enough to be time-consuming or to cause marked distress or significant impairment.



Etiological implications:

- 1. Psychoanalytical theory: weak, underdeveloped egos; regression to earlier developmental stage**
- 2. Learning theory: conditioned response to traumatic event**
- 3. Biological aspects: brain abnormalities, high serotonin secretion**

5. POST TRAUMATIC STRESS DISORDER

- **PTSD is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving a personal threat to physical integrity or physical integrity of others.**
- **Ch.ch.s: high level of anxiety, nightmares, symptoms of depression, symptoms should be present for more than one month (other wise called acute stress disorder).**
- **Etiological implications: Psychosocial theories, learning and cognitive theories**
 - **Flashbacks and nightmares occur repeatedly for the patient**

TREATMENT MODALITIES FOR ANXIETY DISORDERS

- **Individual psychotherapy**
- **Cognitive therapy**
- **Behavioral therapy**
- **Group and family therapy**
- **Psychopharmacology**

anti-anxiety medications

non-benzodiazepines

do not cause dependency

(safe for use)

benzodiazepines

DEPENDENCY

- **most narcotics are benzodiazepines (controlled drugs)**
- **they are not the 1st choice treatment for anxiety disorders**
- **just in emergency use valium very rare to use it**

anti-depressants (esp. SSRI) are used also as 1st choice drugs as anti-anxiety medications, instead of benzodiazepines.

TEST YOUR SELF :



1. An anxiety disorder is:

- a. An emotional state identified by panic attacks.
- b. An emotional condition classified by excessive checking.
- c. Disordered thinking.
- d. An excessive or aroused state characterized by feelings of apprehension, uncertainty and fear.

Answer:D

2. Specific phobias are defined as:

- a. Excessive worry bouts triggered by a specific object or situation.
- b. An abnormal sensitivity to light.
- c. An excessive, unreasonable, persistent fear triggered by a specific object or situation.
- d. A persistent fear of social situations

Answer:C

3. What anxiety disorder is defined as an "irrational fear" :

- a. Panic Disorder
- b. Phobia
- c. Obsessive Compulsive Disorder (OCD)
- d. Post-Traumatic Stress Disorder

Answer:B

4. Some of the defining features of Social phobia are described in DSM-IV-TR as:

- a. Individuals with social phobia experience concerns about embarrassment and are afraid that others will judge them to be anxious, weak, "crazy", or stupid.
- b. They may fear public speaking because of concern that others will notice their trembling hands or voice.
- c. They may experience extreme anxiety when conversing with others because of fear they will appear inarticulate.
- d. All of the above.

Answer :D

5. Which of the following physical symptoms are associated with Panic attacks:

- a. Heart palpitations.
- b. Perspiring.
- c. Hyperventilating.
- d. All of the above.

Answer :D

6. In Obsessive Compulsive Disorder (OCD) compulsions are generally thought to be which of the following:

- a. Repetitive or ritualized behaviour patterns that the individual feels driven to perform in order to prevent some negative outcome happening.
- b. Repetitive thoughts about harming or distressing others.
- c. Overwhelming desires to behave in an inappropriate fashion.
- d. Ritualised worrying about negative outcome of events.

Answer:A

7. Which compulsive behaviour might stem from an obsession with OCD :

- a. Repeatedly washing hands.
- b. Regular rearrangement of furniture in the house to ensure it is all in 'exactly the right place'.
- c. Checking the body for signs of sexual arousal.
- d. Excessive praying.

Answer:B

8. what anxiety disorder is defined as a "state of extreme fear that cannot be controlled":

- a. Panic Disorder
- b. Phobia
- c. Obsessive Compulsive Disorder (OCD)
- d. Post-Traumatic Stress Disorder

Answer:A

9. Frieda is about to write her LPN Liscencing exam and starts sweating profusely, experiences chest pain, increased pulse, nausea, and disorientation.

What anxiety disorder is Frieda suffering from?

- a. Panic Disorder
- b. Obsessive Compulsive Disorder (OCD)
- c. Post-Traumatic Stress Disorder
- d. Generalized Anxiety Disorder

Answer :A

10. _____ are repetitive behaviours individuals feel they must perform in response to _____.

- a. Obsessions; compulsions
- b. Compulsions; obsessions
- c. Obsessions; anxiety
- d. Compulsions; delusions

Answer :B

11. Michelle experiences anxiety that is independent of any particular situation. She worries excessively about school, money and her family. She always feels tense. Michelle could best be characterised as having _____ disorder.

- a. panic
- b. generalised anxiety
- c. obsessive compulsive
- d. somatoform

Answer:B

12. Jason experiences restlessness, fatigue, feeling on edge, and frightens very easily with everyday stressors in his life. This describes which anxiety disorder :

- a. Panic Disorder
- b. Obsessive Compulsive Disorder (OCD)
- c. Post-Traumatic Stress Disorder
- d. Generalized Anxiety Disorder

Answer:D

13. An anxiety disorder in which the person has recurrent, intrusive thoughts and recurrent urges to perform ritualistic actions is known as:

- a. phobias
- b. panic disorder
- c. generalized anxiety disorder
- d. obsessive-compulsive disorder

Answer:D

14. What anxiety disorder is developed in response to an unexpected emotional or physical trauma that could not be controlled :

- a. Panic Disorder
- b. Phobia
- c. Obsessive Compulsive Disorder (OCD)
- d. Post-Traumatic Stress Disorder

Answer :D

روى النسائي عن أنس بن مالك أَنَّ رَسُولَ اللَّهِ ﷺ كَانَ يَدْعُو يَقُولُ: «اللَّهُمَّ انْفَعِنِي بِمَا عَلَّمْتَنِي، وَعَلِّمْنِي مَا يَنْفَعُنِي، وَارْزُقْنِي عِلْمًا تَنْفَعُنِي بِهِ».

هذه دعوة مهمة لطالب العلم ولكل مسلم، لكن طالب العلم الذي سلك طريق طلب العلم وخطا الخطوات المباركة في تحصيله بحاجة ماسة لهذه الدعوة العظيمة؛ لأنَّ هذا هو مقصود العلم وجلوس مجالسه وقراءة كتبه وحفظه؛ أن ينتفع به ويعمل، وإذا لم يعمل بهذا العلم أصبح علمه حجةً عليه لا له، ولهذا قال النبي ﷺ في القرآن الذي هو أعظم العلم وأشرفه: «وَالْقُرْآنُ حُجَّةٌ لَكَ أَوْ عَلَيْكَ»؛ أي: حجة لك إن عملت به وحجة عليك إن لم تعمل. ولهذا يجب على طالب العلم أن يجعل هذا أصلاً يعتني به وينصبه بين عينيه؛ وهو أن ينتفع بما علمه، ويكثر من دعاء الله أن ينفعه بما علمه.