

# Anxiety Disorders

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# **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 Disorders

- Anxiety: a vague diffuse apprehension that is associated with feelings of uncertainty and helplessness.
- Stress: 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.
- Fear: the intellectual appraisal of a threatening stimuli. It's a cognitive process.
- Anxiety is the emotional response to that appraisal.

# Anxiety Disorders

- Anxiety disorders are the most common of all psychiatric illnesses and result in a considerable functional impairment and distress.
- 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.
- Anxiety dissipates (vanishes) when danger or threat is no longer present.
- **Anxiety is considered abnormal if:**
  1. It is out of proportion to the situation that is creating it.
  2. It interferes with social, occupational, or other important areas of functioning.

# 1. Panic disorder

- This disorder is characterized by recurrent panic attacks, with unpredictable onset, and manifested by intense apprehension, fear, or terror, often associated with feelings of impending doom 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.

# 1. Panic disorder

- **Symptoms:**

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
6. Chest pain or discomfort
7. Nausea or abdominal distress
8. Feeling dizzy, unsteady, lightheaded, or faint

# 1. Panic disorder

- **Symptoms...cont**

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

- 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

- **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.
  - 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)

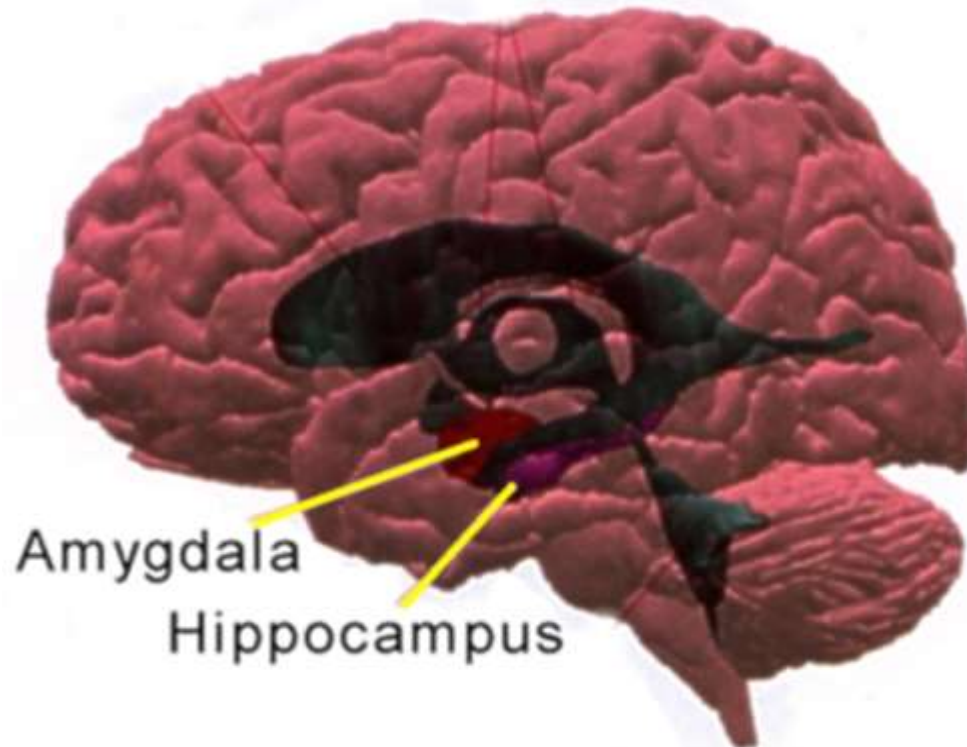
- Characterized by chronic, unrealistic, and excessive anxiety and worry. Sx. should exist for 6 months or longer, with no organic cause (caffeine intoxication, hyperthyroidism).
- GAD symptoms (7 symptoms) must be at least 6 months and cause clinically significant distress or impairment in functions:
  - 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.

## 2. Generalized anxiety disorder (GAD)

- Depression symptoms and somatic complaints may combine this disorder.
- **There are many etiological implications for panic disorder and GAD:**
  - Psychodynamic theory: inability of the ego to intervene with conflicts between id and superego, producing anxiety.
  - Cognitive theory: faulty & counterproductive thinking patterns precede maladaptive behaviors and emotional disorders leading to disturbance in feeling and behavior.
  - Biological aspects: genetics

## 2. Generalized anxiety disorder (GAD)

- Neuroanatomical: pathological involvement in the temporal lobes, particularly hippocampus.



## 2. Generalized anxiety disorder (GAD)

- Biochemical: abnormal elevation of blood lactate.
- Neurochemical: involvement of the neurotransmitter norepinephrine.
- 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.

# 3. Phobias

## 1. 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.

## 2. Agoraphobia without history of panic disorder

Less common than no 1.

3. Social phobia: excessive fear of situations in which a person might do something embarrassing or be evaluated negatively by others.
4. 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, natural-environment type, blood-injection-injury type, situational type, other type.

# 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
  1. Temperament
  2. Life experiences.

# 4. Obsessive-compulsive disorder (OCD)

OCD 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. Posttraumatic 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( otherwise called acute stress disorder).
- Etiological implications: Psychosocial theories, learning and cognitive theories

# Treatment modalities for anxiety disorders

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