

Anxiety, Obsessive-Compulsive and Related Disorders

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Anxiety Disorders

■ Introduction

- Anxiety is an emotional response to anticipation of danger, the source of which is largely unknown or unrecognized.
- Anxiety is a necessary force for survival. It is not the same as stress.

Anxiety Disorders (continued)

■ Introduction (continued)

- A stressor is an external pressure that is brought to bear on the individual.
- Anxiety is the subjective emotional response to that stressor.
- Anxiety may be distinguished from fear in that anxiety is an emotional process, whereas fear is a cognitive one.

Historical Aspects

- Anxiety was once identified by its physiological symptoms, focusing largely on the cardiovascular system.
- Freud was the first to associate anxiety with neurotic behaviors.

Epidemiological Statistics

- Anxiety disorders are the most common of all psychiatric illnesses and result in considerable functional impairment and distress.
- More common in women than in men
- Vulnerability to comorbidities include parental psychiatric history, childhood trauma, and negative life events.
- A familial predisposition probably exists.

How Much Is Too Much?

- When anxiety is out of proportion to the situation that is creating it
- When anxiety interferes with social, occupational, or other important areas of functioning

■ Panic

- *“A sudden, overwhelming feeling of terror or impending doom. This most severe form of emotional anxiety is usually accompanied by behavioral, cognitive, and physiological signs and symptoms considered extremely intense and frightening.”*

Panic attack (continued_1)

- Symptoms of panic attack
 - Sweating, trembling, shaking
 - Shortness of breath, chest pain, or discomfort
 - Nausea or abdominal distress
 - Dizziness, chills, or hot flashes
 - Numbness or tingling sensations
 - Derealization or depersonalization
 - Fear of losing control or “going crazy”
 - Fear of dying

Panic attack (continued_2)

■ Panic disorder

- Characterized by recurrent panic attacks
- Unpredictable onset
- Manifested by intense apprehension, fear, or terror
- Associated often with feelings of impending doom
- Accompanied by intense physical discomfort

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- Generalized anxiety disorder (GAD)
 - Characterized by chronic, unrealistic, and excessive anxiety and worry

Phobias

■ Phobia

- A persistent, intensely felt, and irrational fear of a specific object, activity, or situation that results in a compelling desire to avoid the feared stimulus
- Responses typically include intense anxiety or panic attacks

Phobias (continued_1)

■ Agoraphobia

- Fear of being in places or situations from which escape might be difficult or in which help might not be available if panic-like symptoms or other incapacitating symptoms
- Examples
 - Traveling in public transportation
 - Being in open spaces
 - Being in shops, theaters, or cinemas
 - Standing in line or being in a crowd
 - Being outside of the home alone in other situations

Phobias (continued_2)

- Social anxiety disorder (social phobia)
 - Excessive fear of situations in which the affected person might do something embarrassing or be evaluated negatively by others

Phobias (continued_3)

- Specific phobia

- Fear of specific objects or situations that could conceivably cause harm, but the person's reaction to them is excessive, unreasonable, and inappropriate
- Exposure to the phobic object produces overwhelming symptoms of panic, including palpitations, sweating, dizziness, and difficulty breathing

Anxiety Disorders Attributable to Another Medical Condition

- Medical conditions that may produce anxiety symptoms
 - Cardiac
 - Endocrine
 - Respiratory
 - Neurological

Substance-Induced Anxiety Disorder

- May be associated with intoxication or withdrawal from any of the following substances
 - Alcohol, sedatives, hypnotics, or anxiolytics
 - Amphetamines or cocaine
 - Hallucinogens
 - Caffeine
 - Cannabis
 - Others

Obsessive-Compulsive Disorder

- Obsessions

- Recurrent thoughts, impulses, or images experienced as intrusive and stressful, and unable to be expunged by logic or reasoning

Obsessive-Compulsive Disorder (continued_1)

■ Compulsions

- Repetitive ritualistic behavior or thoughts, the purpose of which is to prevent or reduce distress or to prevent some dreaded event or situation

Obsessive-Compulsive Disorder (continued_2)

- The manifestations of obsessive-compulsive disorder (OCD)
 - Presence of obsessions, compulsions, or both, the severity of which is significant enough to cause distress or impairment in social, occupational, or other important areas of functioning
- Assessment data
 - Recurrent obsessions or compulsions that are severe enough to be time-consuming or to cause marked distress or significant impairment

Body Dysmorphic Disorder

■ Assessment

- Characterized by the exaggerated belief that the body is deformed or defective in some specific way
- The person's concern is unrealistically exaggerated and grossly excessive.
- Symptoms of depression and obsessive-compulsive personality are common.

Hair-Pulling Disorder (Trichotillomania)

■ Assessment

- The recurrent pulling out of one's own hair that results in noticeable hair loss
- Preceded by increasing tension and results in sense of release or gratification
- The disorder is not common, but it occurs more often in women than in men.

Hoarding Disorder

■ Assessment

- The persistent difficulty discarding possessions regardless of their value
- Additionally, there can be a need for excessive acquiring of items (by purchasing or other means).
- More men than women are diagnosed with this disorder.

Our concerns

- Panic anxiety (panic disorder and GAD)
- Powerlessness (panic disorder and GAD)
- Fear (phobias)
- Social isolation (agoraphobia)

Our concerns (continued)

- Ineffective coping (OCD)
- Ineffective role performance (OCD)
- Disturbed body image (body dysmorphic disorder)
- Ineffective impulse control (hair-pulling disorder)

Outcome Criteria

- The patient can:
 - Recognize signs of escalating anxiety and intervene before reaching panic level (panic and GAD)
 - Maintain anxiety at a manageable level and make independent decisions about life situation (panic and GAD)

Outcome Criteria (continued_1)

- The patient can:
 - Function adaptively in the presence of the phobic object or situation without experiencing panic anxiety (phobic disorder)
 - Verbalize a plan of action for responding in the presence of the phobic object or situation without developing panic anxiety (phobic disorder)

Outcome Criteria (continued_2)

- The patient can:
 - Maintain anxiety at a manageable level without resorting to the use of ritualistic behavior (OCD)
 - Demonstrate more adaptive coping strategies for dealing with anxiety instead of ritualistic behaviors (OCD)

Outcome Criteria (continued_3)

- The patient can:
 - Verbalize a realistic perception of his or her appearance and expresses feelings that reflect a positive body image (body dysmorphic disorder)
 - Verbalize and demonstrate more adaptive strategies for coping with stressful situations (trichotillomania)

Treatment Modalities

- Individual psychotherapy
- Cognitive behavior therapy
- Behavior therapy
 - Systematic desensitization
- Other nonpharmacological treatments
 - Deep breathing exercises, imagery, mindfulness meditation, and exercise

Treatment Modalities (continued_1)

- Psychopharmacology examples of anti-anxiety agents
 - Hydroxyzine (Vistaril)
 - Alprazolam (Xanax)
 - Chlordiazepoxide (Librium)
 - Clonazepam (Klonopin)
 - Clorazepate (Tranxene)
 - Diazepam (Valium)
 - Lorazepam (Ativan)
 - Oxazepam
 - Meprobamate
 - Buspirone (BuSpar)

Thank You