

Anxiety Disorders

DR. Amer rawajfeh

students :

Toqa Rakhameen

Ajyad Al.Qwaba'h



Anxiety



- is a normal reaction to stress. Mild levels of anxiety can be beneficial in some situations. It can alert us to dangers and help us prepare and pay attention.
- Anxiety disorders differ from normal feelings of nervousness or anxiousness and involve excessive fear or anxiety.

Anxiety disorders are the most common of mental disorders. They affect nearly 30% of adults at some point in their lives. However, anxiety disorders are treatable with a number of psychotherapeutic treatments. Treatment helps most people lead normal productive lives.

#Anxiety refers to anticipation of a future concern and is more associated with muscle tension and avoidance behavior.

#Fear is an emotional response to an immediate threat and is more associated with a fight or flight reaction – either staying to fight or leaving to escape danger.

Fear versus Anxiety

FEAR	ANXIETY
Basic emotion	Generalized mood state
Noncognitive or elementary/automatic cognitions	Cognitive and complex cognitions
Brief/discrete	Long/chronic
Dependent on the moment	Dependent on the learning experiences
Distinct physiology	Diffuse physiology
Instantaneous response necessary for survival	Plan and prepare for challenge and threat
Response to imminent threat	Response to future threat
Intense autonomic arousal	Less autonomic arousal
Visual processing/imagery	Verbal processing/worry

Anxiety becomes pathological when:

- fear is greatly out of proportion to risk of threat.
- response continues beyond existence of threat
- social or occupational functioning is impaired

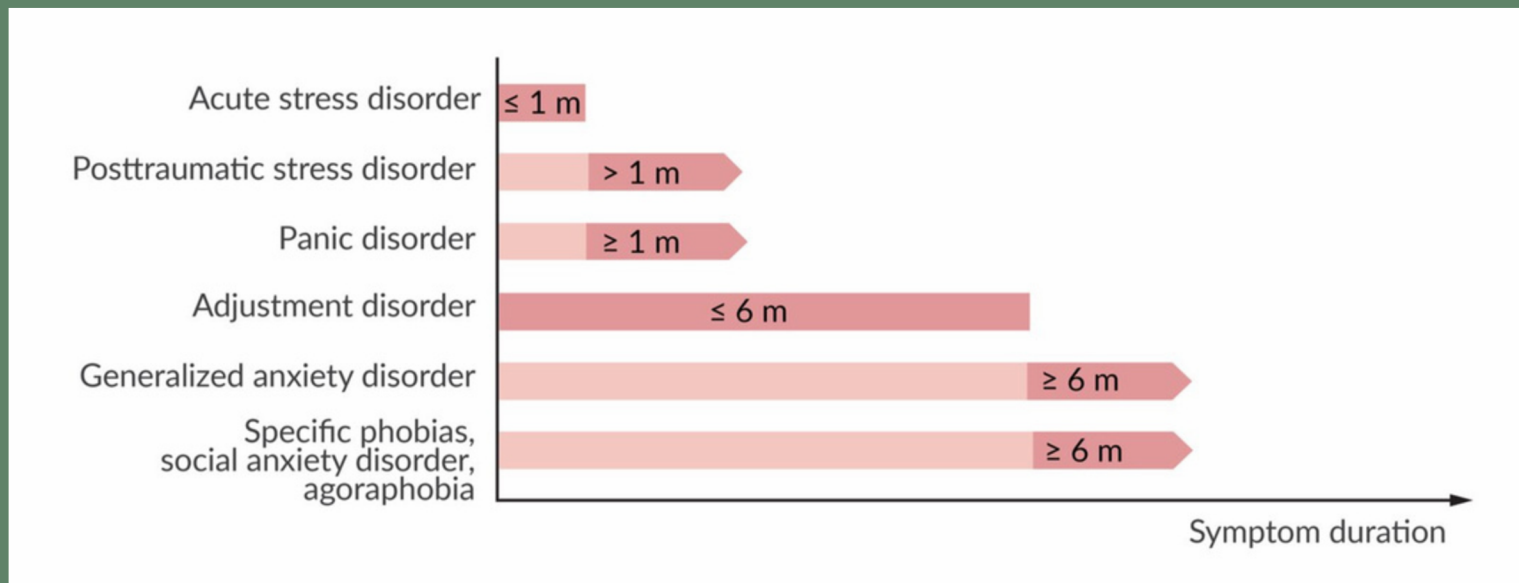
TABLE 5-1. Signs and Symptoms of Anxiety

Constitutional	Fatigue, diaphoresis, shivering
Cardiac	Chest pain, palpitations, tachycardia, hypertension
Pulmonary	Shortness of breath, hyperventilation
Neurologic/ musculoskeletal	Vertigo, light-headedness, paresthesias, tremors, insomnia, muscle tension
Gastrointestinal	Abdominal discomfort, anorexia, nausea, emesis, diarrhea, constipation

It's the most common form of psychopathology. Lifetime prevalence : females 30% - males 19%.

More frequently seen in women compared to men (2:1) .

There are several types of anxiety disorders: generalized anxiety disorder, panic disorder with or without agoraphobia, specific phobias, agoraphobia, social anxiety disorder, separation anxiety disorder ,selective mutism , anxiety due to substance and anxiety due to medical condition.



generalized anxiety disorder (GAD)

Generalized anxiety is the most common studied subtype and commonly described as a sensation of persistent worry and apprehension about common day problems and events, associated with symptoms involving the chest / abdomen, mental state symptoms.

Autonomic arousal symptoms :

- Palpitation/HR.
- Sweating.
- Trembling
- Shaking.
- Dry mouth

Symptoms involving chest/ abdomen:

- Difficulty breathing.
- Choking sensation.
- Chest pain.
- Nausea/ stomach churning.



Mental symptoms:

- Giddiness / fainting.
- Derealisation or depersonalisation.
- Fear of losing control.
- Fear of dying or “going crazy”.

General symptoms:

- Hot flushes/cold chills.
- Numbness /tingling.
- Muscle tension/ aches.
- Restlessness.
- Feelings of keyed up, on the edge.
- Lump in the throat.

Symptoms of tension:

- Muscle tension or aches and pains.
- Restlessness and inability to relax.
- Feeling keyed up, or on edge, or of mental tension.
- A sensation of a lump in the throat, or difficulty with swallowing.

Other symptoms:

- Exaggerated responses to minor surprises.
- Easily being startled
- Persistent irritability.
- Poor sleep (initial insomnia, night terrors, waking and feeling unrefreshed).
- Poor concentration.
- Mind goes blank.

DIAGNOSIS & DSM-5 CRITERIA:

***Excessive, anxiety/worry about various daily events/activities > 6 months so at least 90 or more days out of 180 .**

***Difficulty controlling the worry.**

***Associated > 3 symptoms: restlessness, fatigue, impaired concentration, irritability, muscle tension, insomnia.**

***Symptoms are not caused by the direct effects of a substance, or another mental disorder or medical condition .**

***Symptoms cause significant social or occupational dysfunction**



Epidemiology:

**Life time prevalence :5-9%. Female: male ratio 2:1.
1/3 of risk for developing GAD is genetic.**

Course and prognosis :

**Comorbidity: concurrent panic disorder (25%) and
depression (80%).**

**Prognosis: 70% of patients have mild or no
impairment and 9% have severe impairment. Poor
prognostic factors include severe anxiety
symptoms, frequent syncope, and derealisation
and suicide attempts.**

Treatment



The most effective treatment approach combines psychotherapy and pharmacotherapy:

1. CBT.

2. SSRIs (e.g., sertraline, citalopram) or SNRIs (e.g., venlafaxine).

3. Can also consider a short-term course of benzodiazepines or augmentation with buspirone.

4. Much less commonly used medications are TCAs and MAOIs.

Panic attacks

Panic attacks are a type of fear response involving an abrupt episode of intense anxiety which may be triggered or occur spontaneously. It peaks within minutes and usually resolves within half an hour.

THE DSM-5 CHARACTERIZED PANIC ATTACK AS THE SUDDEN ONSET OF AT LEAST FOUR OF THE FOLLOWING THIRTEEN SYMPTOMS:

Physical symptoms:

- a.Palpitations
- b.Sweating
- c.Tremors
- d.Difficulties breathing
- e.Choking sensations
- f.Chest pain or discomfort
- g.Abdominal discomfort
- h.Dizziness
- Feeling hot or cold

Mental Symptoms:

- a.Derealization
- b.Depersonalization
- cFeelings of losing control and going crazy
- Feelings of death

Because the symptoms can be quite severe, some people who experience a panic attack may believe they are having a heart attack or some other life-threatening illness. They may go to a hospital emergency department.

While approaching a panic attack in the hospital rule out :

- 1.Red flags symptoms in dyspnea & chest pain**
- 2.Thyroid storm**

However panic attack usually self resolved within 30 mins of onset & may not require acute intervention

Panic Attack

A panic attack is an intense wave of fear characterized by its unexpectedness and debilitating, immobilizing intensity.

Your heart pounds, you can't breathe, and you may feel like you're dying or going crazy.

They rarely last more than an hour, with most ending within 20 to 30 minutes. Panic attacks can happen anywhere and at any time.

Panic Disorder

Panic disorder is characterized by repeated panic attacks, combined with major changes in behavior or persistent anxiety over having further attacks.

Begin to fear or avoid places where panic attacks have occurred in the past.

The memory of the intense fear and terror that you felt during the attacks can negatively impact your self-confidence and cause serious disruption to your everyday life.

Panic disorder

spontaneous, recurrent panic attacks, which are not secondary to substance misuse, medical conditions, or another psychiatric disorder.

These attacks occur suddenly , “out of the blue.”

The frequency of attacks ranges from multiple times per day to a few monthly .

Usually a persistent worry about having another attack or consequences of the attack (which may lead to ; Agoraphobia)



Eitology

#Genetic factors: Greater risk of panic disorder if a first-degree relative is affected.

#Psychosocial factors: Increased incidence of stressors (especially loss) prior to onset of disorder; history of childhood physical or sexual abuse.

Diagnosis & DSM-5 criteria

#Recurrent, unexpected panic attacks without an identifiable trigger.

#One or more of panic attacks followed by >1 month of continuous worry about experiencing subsequent attacks or their consequences, and/or a maladaptive change in behaviors (e.g., avoidance of possible triggers) .

#Not caused by the direct effects of a substance, another mental disorder, or another medical condition

Epidemiology :

Life time prevalence is 4% Female:male ratio is 2:1.

Median age of onset is 20-24 years old.

Course and prognosis:

It has a chronic course, relapses are common with discontinuation of medication.

Only a minority of patients has full remission of symptoms. Up to 65% of patients have major depression.

Treatment

Combination of CBT and Pharmacotherapy = most effective.

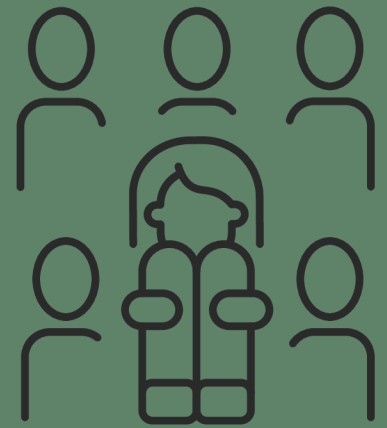
*First-line: SSRIs (e.g., sertraline, citalopram, escitalopram).

*SNRIs (e.g., venlafaxine, desvenlafaxine, duloxetine) are also efficacious.

*If the above options are not effective, can consider TCAs (e.g., clomipramine, imipramine).

*Can use benzodiazepines (e.g., clonazepam, lorazepam) as scheduled or PRN, until other medications reach therapeutic efficacy.

Agoraphobia



- is intense fear of being in public places where escape or obtaining help may be difficult. It often develops with panic disorder.
- The course of the disorder is usually chronic.
- Avoidance behaviors may become as extreme as complete confinement to the home.
- > (2:1)

Diagnosis and DSM-5 Criteria

1. Intense fear/anxiety about **>2 situations** due to concern of difficulty escaping or obtaining help in case of panic or other humiliating symptoms:

- outside of the home alone
- open spaces (e.g., bridges)
- enclosed places (e.g., stores)
- public transportation (e.g., trains)
- crowds/lines .

2. The triggering situations cause fear/anxiety out of proportion to the potential danger posed, leading to endurance of intense anxiety, avoidance, or requiring a companion. This holds true even if the patient suffers from a medical condition such as inflammatory bowel disease (IBS) which may lead to embarrassing public scenarios.

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3. Symptoms cause significant social or occupational dysfunction.
4. Symptoms last ≥ 6 months.
5. Symptoms not better explained by another mental disorder.

Course and prognosis:

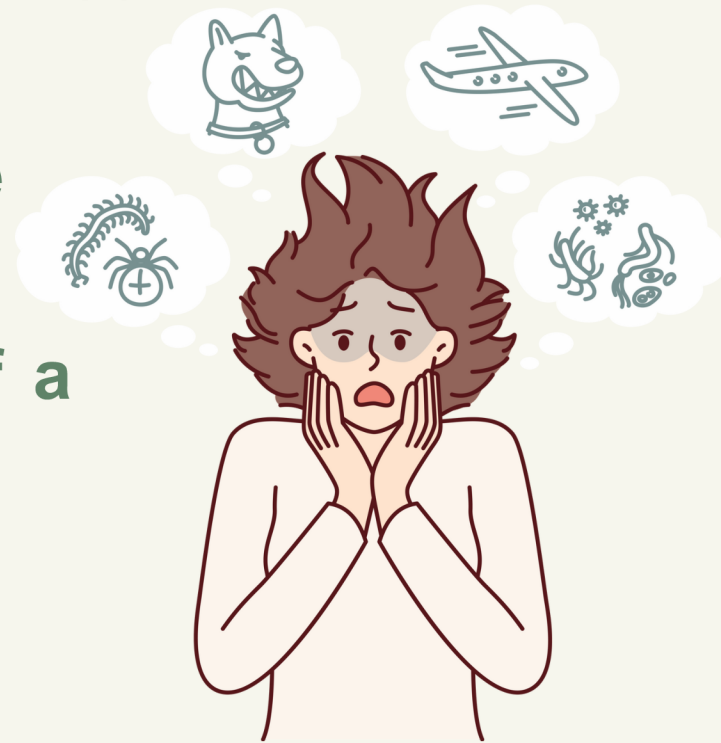
- 50% of patients experience a panic attack prior to developing agoraphobia.
- Onset is usually before the age of 35.
- Course is persistent and chronic, with rare full remission.

Treatment

- Similar approach as panic disorder:
CBT and SSRIs (for panic symptoms)

Specific phobia

- **Phobia:** defined as an irrational fear that leads to endurance of the anxiety and or avoidance of the feared object or situation.
- **Specific phobia:** intense fear of a specific object or situation.
- **Examples:**
 - animals(cats-snakes-dogs)
 - heights, blood , needles.





Social anxiety disorder (Social phobia)

- Social anxiety disorder (social phobia) is the fear of scrutiny by others or fear of acting in a humiliating or embarrassing way.
- Social situations causing significant anxiety may be avoided altogether, resulting in social and academic/occupational impairment.
- A subtype of social anxiety disorder is the performance type, where fear and anxiety are only experienced during speaking or performing in public, but not in other types of social situations
 - often successfully treated with beta-blockers.

Epidemiology

- Median age of onset for social anxiety disorder is 13 years.
- Social anxiety disorder occurs equally in men and women



Diagnosis and DSM-5 Criteria

- **Persistent, excessive fear elicited by a specific situation or object which is out of proportion to any actual danger/threat.**
- **Exposure to the situation triggers an immediate fear response.**
- **Situation or object is avoided when possible or tolerated with intense anxiety.**
- **Symptoms cause significant social or occupational dysfunction.**
- **Duration \geq 6 months.**
- **Symptoms not solely due to another mental disorder, substance (medication or drug), or another medical condition.**

- Treatment of choice: **CBT**.
- First-line medication, if needed: **SSRIs** (e.g., sertraline, fluoxetine)
- **Benzodiazepines** (e.g., clonazepam, lorazepam) can be used as scheduled or PRN.
- **Beta-blockers** (e.g., atenolol, propranolol) for performance anxiety/ public speaking.





Selective mutism:



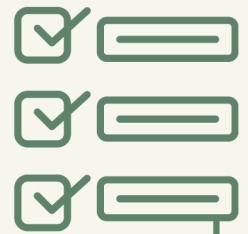
Is a rare condition characterized by failure to speak in specific situations for at least 1 month, despite the intact ability to comprehend and use language.

Onset typically starts during childhood.

The majority of them suffer particularly from social anxiety.

They may remain completely silent , whisper, or use non-verbal communication (writing – gesturing).

Diagnosis and DSM-5 Criteria :



- **Consistent failure to speak in select social situations (e.g., school) despite speech ability in other scenarios.**
- **Mutism is not due to a language difficulty or a communication disorder.**
- **Symptoms cause significant impairment in academic, occupational, or social functioning.**
- **Symptoms last >1 month (extending beyond 1st month of school).**

Treatment

- Psychotherapy: CBT, family therapy.
- Medications: SSRIs (especially with comorbid social anxiety disorder).



Separation anxiety disorder:

Separation anxiety typically emerges by 1 year old and peaks by 18 months.

It is considered pathological when it become extreme or developmentally inappropriate .

It may be preceded by a stressful life event.

It may lead to complaints of somatic symptoms to avoid school or work.

Diagnosis and DSM-5 Criteria :

- Excessive and developmentally inappropriate fear/anxiety regarding separation from attachment figures, with at least three of the following:
- -Separation from attachment figures leads to extreme distress.
- -Excessive worry about loss of or harm to attachment figures.
- -Excessive worry about experiencing an event that leads to separation from attachment figures.
- -Reluctance to leave home, or attend school or work.
- -Reluctance to be alone.
- -Reluctance to sleep alone or away from home



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- **-Complaints of physical symptoms when separated from major attachment figures.**
- **-Nightmares of separation and refusal to sleep without proximity to attachment figure.**
- **-Lasts for ≥ 4 weeks in children/adolescents and ≥ 6 months in adults.**
- **-Symptoms cause significant social, academic, or occupational dysfunction.**
- **-Symptoms not due to another mental disorder**

Treatment

- **Psychotherapy: CBT, family therapy.**
- **Medications: SSRIs can be effective as an adjunct to therapy**



Overview of the most important anxiety disorders

Characteristics	<u>Generalized anxiety disorder (GAD)</u>	<u>Panic disorder</u>	<u>Social anxiety disorder</u>	<u>Specific phobias</u>	<u>Agoraphobia</u>
Clinical features	<ul style="list-style-type: none">Excessive and persistent anxiety and/or fear	<ul style="list-style-type: none">Recurrent unexpected <u>panic attacks</u>	<ul style="list-style-type: none">Pronounced fear and/or anxiety of social situations that involve scrutiny from others	<ul style="list-style-type: none">Persistent and intense fears of particular situations or objects	<ul style="list-style-type: none">Pronounced <u>fear</u> or anxiety of situations that are perceived as difficult to escape from
Triggers	<ul style="list-style-type: none">No definitive trigger or source	<ul style="list-style-type: none">May not have an obvious trigger 	<ul style="list-style-type: none">Social interaction and/or performance of any actions in public	<ul style="list-style-type: none">One or more specific situations or objects	<ul style="list-style-type: none">Being in enclosed spaces or open public spacesCrowdsBeing alone
Duration of symptoms required for diagnosis	<ul style="list-style-type: none">≥ 6 months	<ul style="list-style-type: none"><u>Panic attacks</u>: several minutesFear of subsequent attacks: ≥ 1 month	<ul style="list-style-type: none">≥ 6 months	<ul style="list-style-type: none">≥ 6 months	<ul style="list-style-type: none">≥ 6 months in ≥ 2 different situations
Treatment of anxiety disorders	<ul style="list-style-type: none">First line: <u>SSRIs</u> or <u>SNRIs</u> and/or <u>CBT</u>Alternatives: <u>bupirone</u>, applied relaxation therapy, <u>biofeedback</u>	<ul style="list-style-type: none">Acute <u>panic attack</u>: short-acting <u>benzodiazepines</u> (e.g. <u>alprazolam</u>)Long-term management: <u>SSRIs</u> or <u>SNRIs</u> and/or <u>CBT</u>	<ul style="list-style-type: none"><u>SSRIs</u> or <u>SNRIs</u> and/or <u>CBT</u><u>Performance-only social anxiety disorder</u>: <u>CBT</u> and/or <u>propranolol</u> or <u>clonazepam</u>	<ul style="list-style-type: none"><u>CBT</u> (desensitization therapy)<u>Benzodiazepine</u> or <u>SSRIs</u>	<ul style="list-style-type: none"><u>CBT</u><u>SSRIs</u>

Thank you