

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.

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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 (رَدَّةٌ وَجِلٌ مُبَالِغٌ مِنْهَا) over
- When anxiety interferes with social, occupational, or other important areas of functioning

■ Panic

→ acute
→ sudden
→ short duration
→ severe signs & symptoms

- “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

→ Cardio Symptoms
→ Respiratory Symptoms

- 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 *(sudden)*
- Manifested by intense apprehension, fear, or terror
- Associated often with feelings of impending doom
- Accompanied by intense physical discomfort

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

Panic attack →
chronic
moderate
signs & symptoms
gradual
long duration
(6 months)

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

کلا خوف
مہر

sociophobia
acophobia?
zoophobia
اجتماعی
خوف من
الارتفاعات
خوف من الحيوانات

Phobias (continued_1)

- Agoraphobia → فوبيا من الأماكن العامة
 - 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

سبب
التحليل

■ 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

1st choice
SSRI
[benzodiazepine?
The last choice
because of
its addiction..

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)

حس
خفزا

safe
(non-benzodiazepines)

Thank You