

Doctors 2022- أثر - Medicine - Mu

PSYCHOLOGY SHEET

Anxiety, Obsessive-Compulsive Related Disorders

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{ Anxiety Disorders }

Introduction

We agreed in previous lessons that anxiety can be healthy to a certain extent, as it provides motivation for an individual to work, study, and take care of themselves

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.

- **A stressor is an external pressure that is brought to bear on the individual.**

- **Anxiety is the subjective emotional response to that stressor.**

To differentiate between anxiety and a stressor: anxiety is the reaction to an event, while the event or source triggering that reaction is the stressor.

- **Anxiety may be distinguished from fear in that anxiety is an emotional process, whereas fear is a cognitive one**

Fear involves the mind thinking about the consequences of an event (stressor) and what might happen in the future, at a level known as the cognitive level or through processes called intellectual processes.

Example: Suppose you have an exam. The exam is the source of your anxiety, so it is the stressor. Fear involves your thoughts about whether the exam will be difficult or whether it will cover topics you've studied. Anxiety, on the other hand, is the physical response, such as trembling, sweating, and shortness of breath.

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

Depressive disorders are the second most common of all psychiatric illnesses, and schizophrenia is the least common one .

- **More common in women than in men**

- **Vulnerability to comorbidities include parental psychiatric history, childhood trauma, and negative life events. (Risk Factors)**

- **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.

When do I know that anxiety is no longer healthy? When its effects become adverse—causing frustration instead of providing motivation to continue and progress in life.

▪ **Panic (Highest level of anxiety)**

- “A sudden, acute, short in duration and 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 attacks usually accompany phobias of all types.

▪ **Symptoms of panic attack**

(Physical symptoms and most of them are cardiac-related)

- Sweating, trembling, shaking
- Shortness of breath, chest pain, or discomfort
- Nausea or abdominal distress
- Dizziness, chills, or hot flashes
- Numbness or tingling sensations (In the feet and toes)
- Derealization or depersonalization

(The person does not feel aware of their surroundings or even themselves.)

- Fear of losing control or “going crazy”
- Fear of dying (The symptoms feel like those of a myocardial infarction)

▪ **Panic Disorder**

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

▪ **Generalized anxiety disorder (GAD)**

Generalized anxiety disorder is somewhat the opposite of panic attacks in terms of intensity and duration; it is gradual not sudden, chronic not acute and tends to last longer with milder symptoms compared to panic attacks.

- **Characterized by chronic, unrealistic (there is no convincing reason to feel anxious) , and excessive anxiety and worry**

The symptoms occur daily but are not severe enough to disrupt daily life completely. However, they do affect the person's work, studies, and relationships, making everyday life more challenging and indicating the need for treatment.

▪ **Phobias**

- **phobia (can develop as a result of negative thoughts or bad experiences.)**

- **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 can be treated using techniques like desensitization or flooding.

Desensitization typically involves a gradual approach, starting with less frightening aspects and slowly working up to more challenging exposures.

Flooding, on the other hand, involves direct and intense exposure to the feared object or situation, though it is usually applied cautiously to avoid overwhelming the person.

- **Agoraphobia (Feeling not safe outside home)**

- **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**

Claustrophobia is the fear of closed or confined spaces, while agoraphobia is the fear of open or public spaces. They are often considered opposites in terms of the types of situations that provoke anxiety.

Acrophobia is the extreme or irrational fear of heights

▪ **Social anxiety disorder (social phobia)** الرهاب الاجتماعي

- Excessive fear of situations in which the affected person might do something embarrassing or be evaluated negatively by others.

A person with this type of phobia fears speaking or performing in front of others due to concerns about receiving negative judgment or criticism.

▪ **Specific phobia** (Fear from colours, water, fire or a lot of other things)

- 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

Most chronic diseases, such as diabetes mellitus and hypertension, and medical conditions mentioned above are accompanied by symptoms of anxiety.

▪ **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.

▪ **Compulsions**

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

▪ **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
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▪ **Body Dysmorphic Disorder**

It is a problem with body image, not delusion or hypochondriasis. Although the issue is real, the person may exaggerate it, making it seem more significant than it actually is.

▪ **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.
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▪ **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.
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▪ **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 (The fears I aim to prevent the patient from experiencing)

- Panic anxiety (**panic disorder and GAD**)
 - Powerlessness (**panic disorder and GAD**)
 - Fear (**Phobias**)
 - Social isolation (**Agoraphobia**)
 - Ineffective coping (**OCD**)
 - Ineffective role performance (**OCD**)
 - Disturbed body image (**body dysmorphic disorder**)
 - Ineffective impulse control (**hair-pulling disorder**)
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Outcome Criteria (The goals I want the patient to achieve)

- 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**)
 - 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**)
 - 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**)
 - 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 (To treat phobias and phobia-related disorders)
- Systematic desensitization
 - Other nonpharmacological treatments : Relaxation techniques that are very helpful for managing anxiety, such as:
- Deep breathing exercises, imagery, mindfulness meditation, and exercise.
- Psychopharmacology examples of anti-anxiety agents :

There are two types of anti-anxiety agents :

1. Benzodiazepines : (Are not the first choice)

(Benzodiazepines are not considered completely safe, and long-term use can lead to addiction.)

- Hydroxyzine (Vistaril)
- Alprazolam (Xanax)
- Chlordiazepoxide (Librium)
- Clonazepam (Klonopin)
- Clorazepate (Tranxene)
- Diazepam (Valium)
- Lorazepam (Ativan)
- Oxazepam
- Meprobamate

2. Non-benzodiazepines : (Safe)

- Buspirone (BuSpar)

For patients with panic attacks, I may prescribe benzodiazepines for short-term use. For regular management of anxiety disorders, I typically prescribe antidepressants, which can also help with anxiety.

Additionally, for some patients, I might use beta-blockers like propranolol to help manage anxiety symptoms.

THE END..

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