

Anxiety Disorders

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Anxiety vs. Fear

Anxiety

- Apprehension about a future threat which is unknown, vague, Internal/ conflictual
- Anxiety increases preparedness
- Moderate levels improve performance

Fear

- Response to an immediate threat ,definite known , external/ non-conflictual
- Both involve physiological arousal
- Sympathetic nervous system
- Both can be adaptive
- Fear triggers “flight or fight”
- May save life

Anxiety Disorders

- DSM-IV-TR
- Specific and social phobias
- Panic disorder and agoraphobia
- Generalized anxiety disorder
- Obsessive compulsive disorder
- Post-traumatic stress disorder

- Specific phobia: Fear of specific object or situation which is out of proportion to the real danger.
- Social phobia: Fear of social gatherings, social scrutiny, public places.
- Panic D/o: Fear of recurrent panic attacks with agoraphobia; fear that panic attack will occur at place where help will not be available.
- GAD: Generalized anxiety; uncontrollable worry about routine things , <6 months

- OCD

Obsessions- Uncontrollable thoughts, images, or impulses

Compulsions- Repetitive behavior or mental acts

- PTSD: Aftermath of a traumatic event in which person re-experiences the event again & again & avoids the stimulus.
- Acute stress D/O: Similar to PTSD but symptoms for < 4 weeks.

Symptoms

Awareness of physiological sensations

Autonomic arousal

- Palpitations
- Sweating
- Shaking & trembling
- Dryness of mouth

Symptoms of chest & abdomen

- Pain, discomfort, difficulty in breathing
- Feeling of choking
- Nausea, abdominal fullness

General symptoms

- Hot flushes, cold chills tingling, numbness

Awareness of being nervous, frightened

- Feeling of shame that others will know “I am nervous”

Symptoms of mental state

- Feeling dizzy, out of control
- Fainting, light headedness
- Derealization, Depersonalization

Affects thinking, perception, learning

- Confusion
- Poor concentration
- Poor recall
- Poor association

- Commonest
- Prevalent in females
- 28%

Theories

- Psychoanalytic: reflects unconscious conflicts
- Behavioral: anxiety results from simple conditioned responses
- Stimulation of ANS
- Neurotransmitters: GABA , NE, SEROTONIN (Amygdala)

PHOBIA

- Disruptive fear of a particular object or situation
- Fear out of proportion to actual threat
- Awareness that fear is excessive
- Must be severe enough to cause distress or interfere with job or social life
- Avoidance

Two types

- Specific
- Social

Social Phobia

- Persistent, intense fear of social situations
- Fear of negative evaluation or scrutiny
- More intense and extensive than shyness
- Exposure: leads to anxiety about being humiliated or embarrassed socially.
- Onset often at adolescence
- Diagnosed as either generalized or specific
- 33% also diagnosed with Avoidant Personality Disorder

Panic Disorder

- Frequent panic attacks unrelated to specific situations

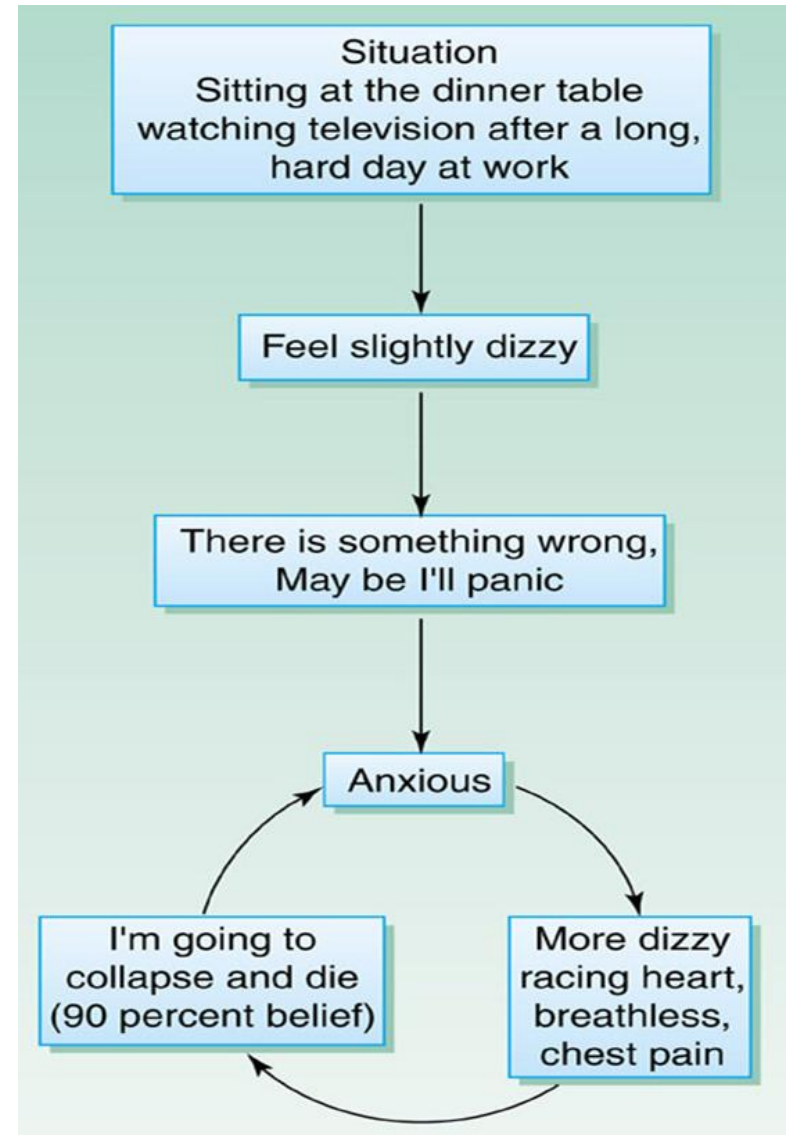
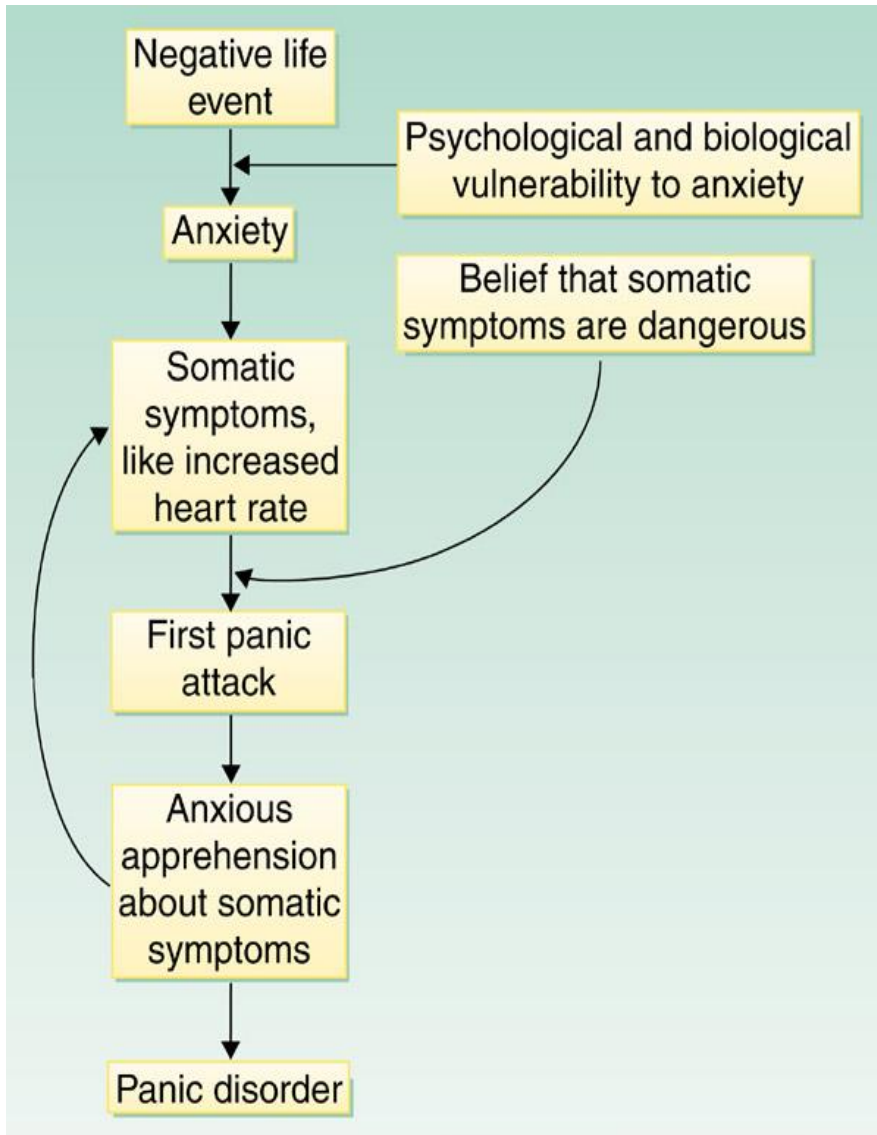
Panic attack

- Sudden, intense episode of apprehension, terror, feelings of impending doom
- Symptoms reach peak intensity within minutes
- Accompanied by at least 4 other symptoms:
- Sweating, nausea, difficult breathing, dizziness, heart palpitations, upset stomach, lightheadedness, etc.

Other symptoms may include-

- Depersonalization
- Derealization
- Fear of going crazy, losing control, or dying

Etiology of Panic



Generalized Anxiety Disorder (GAD)

- Involves chronic, excessive, uncontrollable worry
- At least 6 months
- Common worries: Relationships, health, finances, daily hassles
- Often begins in adolescence or earlier
- “I’ve always been this way”
- Interferes with daily life
- Other symptoms: Restlessness, poor concentration, irritability, muscle tension, easy fatiguability, sleep disturbance

Obsessive-Compulsive Disorder (OCD)

- Obsessions: Intrusive, repetitive, irrational, uncontrollable thoughts, impulse, mental images
- Compulsions: Act or behavior performed to neutralize the distress arising from the obsessions which are repetitive, irrational, excessive

OBSESSION

Contaminations
Pathological doubt
Intrusive thought
Symmetry

COMPULSIONS

washing, avoidance
checking
mental acts
repetitive acts
hoarding

- OCD symptoms common in certain neurological disorders like Huntington's chorea, Tourette's d/o, tic d/o.
- Hyperactive regions of the brain: Orbitofrontal cortex, Caudate nucleus, Anterior cingulate.
- Loss of neuronal function and underlying biochemical abnormality
- Personality
- Other co-morbidity : GAD, Depression, Eating d/o, Substance use

Post Traumatic Stress Disorder (PTSD)

Three categories of symptoms :

Re-experiencing the traumatic event

Nightmares, dreams, intrusive thoughts, or mental images

Avoidance of stimuli

Avoids places, people, conversations, thoughts related to event

e.g., Refuse to walk on street where assault had occurred

Numbing

Decreased interest in others

Distant or estranged from others

Unable to experience positive emotions

Increased arousal

Insomnia, irritability, hyper vigilance, exaggerated startle response

PTSD

- Traumatic event: person has experienced , witnessed, threat to person, threatened death or serious injury
- Helplessness, intense fear, horror develops after \geq 1 month or later
- Commonly seen after wars, disasters, rape trauma, riots, severe injury

Acute Stress Disorder

- Symptoms similar to PTSD
- Duration varies
- Short term reaction
- Symptoms occur between 2 days and 1 month after trauma
- As many as 90% of rape victims experience ASD
- More than 2/3 of those with ASD develop PTSD within 2 years

- Belief that one lacks control over environment
- More vulnerable to developing anxiety disorder
- Childhood trauma or punitive parenting may foster beliefs
- Amount of control during trauma may influence whether anxiety disorder will develop
- Attention to threat
- Tendency to notice negative environmental cues
- Selective attention to signs of threat

Treatment

- Benzodiazepines
- Antidepressants
- Tricyclic antidepressants
- Selective Serotonin Reuptake Inhibitors (SSRIs)
- Serotonin norepinephrine Reuptake Inhibitors (SNRIs)

PSYCHOTHERAPY

- Muscle relaxation ,deep breathing, JPMR
- Biofeedback
- Exposure-and response(OCD)
- Systematic desensitization (panic, phobia, GAD, PTSD, ASD)
- Cognitive approaches(CBT)

Thank you