

Anxiety Disorders



Anxiety



- What does anxiety feel like?
- When does anxiety become a problem? A disorder? **PPD**

Prevalence of Anxiety Disorders



- 18.1% of U.S. adults
- Commonly co-occurs with depressive disorders or substance abuse (***dual diagnosis**)
- Individuals may have multiple anxiety disorders
- Most will have their first episode by age 21.5 (NIMH, 2008)

Anxiety Disorders



- Where are the majority of patients with anxiety disorders initially seen?
- **Why?**

Symptoms of Anxiety



- **Physical**
 - Pounding heart
 - Sweating
 - Stomach upset
 - Dizziness
 - Frequent urination/diarrhea
 - Shortness of breath
 - Tremors & twitches
 - Muscle tension
 - Headaches
 - Fatigue
 - Insomnia

Symptoms of Anxiety



- **Emotional**
 - Apprehension or dread
 - Trouble concentrating
 - Tense & jumpy
 - Anticipating the worst
 - Irritability
 - Restlessness
 - Vigilance
 - 'blank mind'

Types of Anxiety Disorders



- Panic Attack
- Agoraphobia
- Panic Disorder (With and without agoraphobia)
- Specific Phobia
- Social Phobia
- Obsessive-Compulsive Disorder
- Generalized Anxiety Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Anxiety Disorder Due to a General Medical Condition
- Substance-Induced Anxiety Disorder
- Anxiety Disorder NOS

Generalized Anxiety Disorder



- Characterized by:
 - At least 6 months of persistent and excessive anxiety or worry
 - That interferes with normal functioning

Generalized Anxiety Disorder



- Excessive anxiety or worry
 - About routine life circumstances
 - Magnitude of worry is out of proportion to the severity of the situation
 - Difficult to control
- Pt's also report frequent:
 - Edginess or restlessness
 - Fatigue
 - Difficulty concentrating
 - Irritability
 - Muscle tension
 - Sleep disturbance

Generalized Anxiety Disorder



- Physical symptoms that often accompany GAD
 - Muscles aches
 - Twitching, trembling
 - Sweating
 - Dry mouth
 - Headaches
 - GI symptoms
 - Urinary frequency

What do these symptoms have in common?

- GAD Self Test

http://www.adaa.org/GettingHelp/SelfHelpTests/selftest_GAD.asp

Anxiety Disorders Association of America

Anxiety Due to a General Medical Condition



- Characterized by prominent symptoms of anxiety that are judged to be a **direct physiological consequence** of a general **medical condition**

Anxiety Due to a General Medical Condition



- Medical conditions that can cause anxiety
 - Heart failure or abnormal heart rhythms
 - Encephalitis, stroke, and head injury
 - Hormone imbalances caused by pituitary, thyroid, or adrenal gland problems, or by diabetes
 - Pneumonia or chronic lung disease
 - Withdrawal from sedatives or pain medicines

Substance-Induced Anxiety Disorder



- Characterized by prominent symptoms of anxiety that are judged to be a **direct physiological consequence of a drug** of abuse, a medication, or toxin exposure

Substance-Induced Anxiety Disorder



- Medications
 - Decongestants
 - Bronchodilators
 - Insulin
 - Steroids
 - Analgesics
 - Anticholinergic agents
 - Anticonvulsants
 - Antihistamines
 - Oral contraceptives
 - Cardiovascular meds
 - Antiparkinsonian meds
 - Antidepressants
 - Antipsychotic meds
- Drugs of abuse
 - Amphetamines
 - Caffeine
 - Cannabis
 - Cocaine
 - Hallucinogens
 - Inhalants
 - Phencyclidine (PCP)
- Toxins

Anxiety Disorder Not Otherwise Specified (NOS)



- Included for coding disorders with prominent anxiety or phobic avoidance that do not meet criteria for any specific anxiety disorders defined in this section (or anxiety symptoms about which there is inadequate or contradictory information)

Differential Diagnoses



- Over-the-counter cold preparations, caffeine, cocaine, amphetamines, marijuana, and substance withdrawal from alcohol, benzodiazepines, barbiturates, and other CNS depressants can precipitate serious anxiety symptoms
- Myocardial infarction – why?
- Endocrine disorders (hypo- and hyperthyroidism)

Differential Diagnoses



- Cardiovascular problems
- Pulmonary embolism
- Arrhythmias
- Neurological conditions (such as vestibular dysfunction)

Etiology

- Multiple Factors – heredity, brain chemistry, personality, & life experiences
 - Genetics
 - Biological abnormalities
 - Learning
 - Past and present psychological stressors – including catastrophic events

Conditioned Learning

- Learning's role in the development of anxiety disorders
 - Avoidance is learned – it typically compounds patients' anxiety-related functional impairment (instrumental conditioning)
 - Classical conditioning (Case of 'Little Albert')
 - Observational learning

Treatments

- Medication
 - Antidepressants, anti-anxiety drugs
- Cognitive behavior therapy
- Cognitive therapy
 - Identification of irrational thoughts and cognitive restructuring
- Behavior therapy
 - **Systematic desensitization**
- Education

Treatments

- Relaxation techniques
 - Muscle-relaxation therapy
 - Hypnosis
 - Biofeedback
 - Meditation
 - Guided visualization

Systematic Desensitization

Construct **hierarchy of events** related to original stimulus which elicits the maladaptive response for each patient

1. Driving to clinic
2. Entering treatment room
3. Seeing clinic nurse

Train patients to associate **alternative response** (e.g. deep muscle relaxation) with these events

Treatments

- Chiropractic
 - *The effect of chiropractic adjustment on frontalis EMG potentials, spinal ranges of motion and anxiety level*
Goff, McConnell, and Paone
Chiropr: APR 1991(7:1): 4-9
 - **Adjustments decreased muscle tension and also anxiety levels**

Panic

Panic Attack

- Discrete period with a sudden onset of:
 - Intense apprehension, fearfulness, terror, feelings of impending doom
 - Other symptoms
 - Shortness of breath
 - Palpitations
 - Chest pain or discomfort
 - Choking or smothering sensations
 - Fear of “going crazy” or losing control

Panic Attack

- More symptoms include:
 - Excessive sweating
 - Rubbery or “jelly” legs
 - Trembling or shaking
 - Feeling unbalanced or unsteady
 - Tingling or numbness in parts of the body
 - Hot flashes or chills
 - Preoccupation with health concerns
 - Fear of dying
- Where do these patients seek treatment first?

Panic Attack

- May be characterized as:
 - **Unexpected** (uncued)
 - **Situationally bound** (always environmentally or psychologically cued)
 - **Situationally predisposed** (sometimes, but not invariably, cued)

Panic Attack

- Panic attacks occur in a number of anxiety disorders including:
 - Panic disorder
 - Phobias (Social and Specific)
 - Obsessive Compulsive Disorder (OCD)
 - Post Traumatic Stress Disorder (PTSD)

Panic Disorder

- A panic attack is not considered to be a psychiatric disorder per se
- Panic disorder is a distinct disorder of *recurrent*, unexpected panic attacks
- **Anticipatory anxiety** often becomes the most disabling feature
- Pts often begin associating their attacks with certain situations (traffic, crowds), which then can fuel additional attacks

Panic-like Symptoms



- There are certain occurrences that can mimic a panic attack
 - Caffeine or other stimulants
 - Asthma and other pulmonary diseases
 - Angina, cardiac arrhythmias, hyperthyroidism, hyperparathyroidism, TIAs, and seizure disorders

Causes of Panic Disorder



- Panic disorder is 3 to 5 times higher in families with diagnosed panic disorder
- Serotonin is widely considered to be involved in the pathogenesis of panic disorder (deficit or excess)

Panic Disorder



- Panic Disorder Self Test
http://www.adaa.org/GettingHelp/SelfHelpTests/selftest_Panic.asp
Anxiety Disorders Association of America

Agoraphobia



- Is it really a fear of public spaces?

Agoraphobia



- Anxiety about, or avoidance of, places or situations from which (in the event of having a panic attack or panic-like symptoms):
 - Escape might be difficult (or embarrassing)
 - Help may not be available

Phobias



- What is the difference between a fear and a **phobia**?
- What triggers a phobia?

Phobias



- Two types:
 - **Specific** and **Social**
- Typically, affected individuals are aware that their fears are exaggerated or unreasonable
- However, when exposed to a precipitant, patients experience intense, excessive fear and subsequently avoid the situation or thing

Phobias



- Specific phobia is characterized by:
 - Clinically significant anxiety
 - Provoked by exposure to a specific feared object or situation (i.e. places, things, events)
 - Often leads to avoidance behavior

Phobias



- Social Anxiety Disorder (Social Phobia) is characterized by:
 - Clinically significant anxiety
 - Provoked by exposure to certain types of social or performance situations
 - Often leads to avoidance behavior
- **Excessive fear of embarrassment, failure, or humiliation before others**

How common are phobias?



- Social phobia – 13.3% lifetime risk
- Only 2% of the people with social phobias seek treatment; many end up re-structuring their lives to avoid the situations
- Some also use alcohol to tolerate the phobia
Anxiety Association of America

What is the cognitive process in social phobias?



- Overestimation of anxiety symptoms
- Negative misinterpretation of others' responses
- Overestimation of the degree to which others are paying attention to them (fear of embarrassment or rejection)
- Negative filtering

Treatments



- Cognitive behavioral therapy
- Cognitive therapy
- Behavior therapy
- Biofeedback
- Medications help some
 - Beta-blockers, antidepressants, benzodiazepines, MAO inhibitors
- Chiropractic?—may be a form of behavioral therapy (continued exposure to a positive environment)



- Social Anxiety Self Test

http://www.adaa.org/GettingHelp/SelfHelpTests/selftest_socialpho.asp

Anxiety Disorders Association of America



Obsessive-Compulsive Disorder

- Characterized by:

- **Obsessions** (which cause marked anxiety or distress)
and/or
- **Compulsions** (which serve to neutralize anxiety)



OCD

- Obsessions
 - Recurrent, persistent, intrusive thoughts (impulses, images)
 - Common themes: Aggression, sex, safety, and religion
 - Cause marked anxiety or distress
 - Not simply excessive worries about problems
- Does the person recognize that the thoughts are obsessive?



OCD

- Compulsions
 - Repeatedly performing seemingly unnecessary or bizarre rituals/actions
 - Mental tasks
 - Physical rituals
- In response to an obsession or rigidly applied rule



OCD

- Cleaning
- Checking
- Repeating
- Hoarding
- Touching and arranging
- Mental rituals



OCD

- Compulsions
 - Designed to neutralize or prevent distress or some dreaded event or situation
 - Excessive
 - Not realistically connected with what they are meant to neutralize
- Does the person recognize the actions as compulsive?

OCD



- Other OCD criteria:
 - Obsessions/compulsions cause marked distress
 - Are **time-consuming**
 - Significantly interfere with the person's normal routine
 - Not due to the direct physiologic effects of a substance or general medical condition

OCD



- OCD Epidemiology
 - 1-3% of the population
 - Can begin at any age, but most commonly in early adulthood

OCD



- Tends to be a **chronic disorder** with episodic or continuous forms
- Treatment
 - See treatment for anxiety disorders

OCD Spectrum



- OCD spectrum disorder
 - Trichotillomania
 - Body dysmorphic disorder
 - Tourette's syndrome
 - Globus hystericus
 - Compulsive nail biting or skin picking
 - Bowel or bladder obsessions
 - Olfactory reference syndrome

Posttraumatic Stress Disorder



- Characterized by:
 - The reexperiencing of an extremely traumatic event
 - Accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma

PTSD



- Trauma experience is accompanied by feelings of:
 - intense fear
 - helplessness
 - horror

PTSD



- Patients subsequently develop a mix of:
 - Flashbacks and/or nightmares
 - Persistent avoidance of stimuli resembling the precipitating event
 - Numbing of general responsiveness
 - Persistent signs and symptoms of physiologic arousal

PTSD



- PTSD may also include:
 - secondary depression
 - panic attacks
 - substance abuse
 - unexplained physical symptoms
 - aggressive behavior

PTSD



- 7.7 million, 3.5% American adults
Anxiety Disorders Association of America
- Combat veterans' PTSD prevalence:
 - Vietnam 15-20%
 - 1-5 Iraq and Afghanistan Veterans suffer from PTSD or Major Depression
 - Only slightly more than half have sought treatment

RAND Corporation

PTSD



- Treatment of PTSD
 - Cognitive-behavioral therapy (CBT)
 - Group therapy
 - Exposure therapy
 - Medication

Acute Stress Disorder



- Characterized by:
 - Symptoms similar to PTSD that occur immediately in the aftermath of an extremely traumatic event (**1 month**)
 - Symptoms include numbing, reduced awareness, depersonalization, derealization, amnesia

References



- Anxiety Disorders Association of America. Anxiety disorders. Retrieved on April 28, 2009 from <http://www.adaa.org/GettingHelp/Briefoverview.asp>
- National Institute of Mental Health. (2008). *The Numbers Count: Mental disorders in America*. Retrieved on September 1, 2008, from <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml#Anxiety>