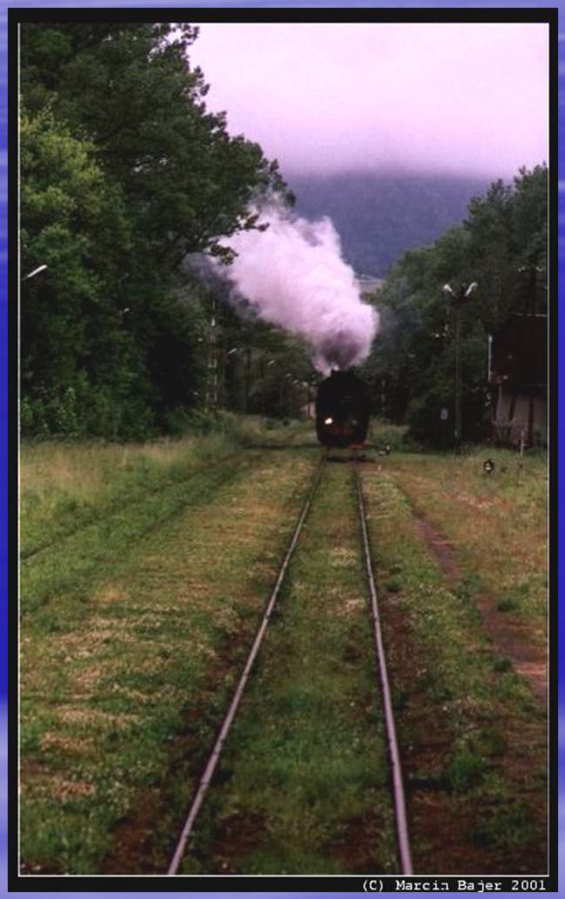
Anxiety Disorders

Anxiety or Fear?

- Do we need fear?
- If so, what for?
- Drawbacks and assets of fear.
- When fear becomes mental disorder?
- Anxiety – syndrome or feature?
- What are the symptoms of anxiety?
- Types of anxiety disorders

When it Helps?



- Everyday potentially hazardous situations

When it helps?

- Avoiding potentially hazardous behaviours

When fear becomes mental disorder?

- When it is irrelevant to the situation
  - Strong anxiety in only slightly sterssful situations
  - Anxiety in neutral situations
- When it unables normal functioning
  - Work
  - School
  - Family

Symptoms of Anxiety

- Irritability
- Uneasinss
- Sleeplessness
- Disturbed Concentration
- Quick speech with a lot of gesture or…
- Troubles with speaking
- Fatigue
- Jumpiness
- Muscle tension
- Sweating
- Vertigo, nausea
- Cold, clammy hands
- Difficulty swallowing and/or breathing
- Gastrointestinal discomfort or diarrhea
- Frequent urination
- Heart palpitations
- Increased blood pressure

Types of Anxiety Disorders

- Generalized Anxiety Disorder (GAD)
- Panic Attacks with or without Agoraphobia
- Specific Phobias
- Acute Stress Disorder
- Posttraumatic Stress Disorder (PTSD)
- Obsessive-Compulsive Disorder (OCD)
- Conversion Disorders

Anxiety disorders are the most common psychiatric illnesses affecting both children and adults.

- Anxiety disorders may develop from a complex set of risk factors, including genetics, brain chemistry, personality, and life events.
- An estimated 40 million adult Americans suffer from anxiety disorders.
- Anxiety disorders are highly treatable, yet only about one-third of those suffering from an anxiety disorder receive treatment.

Generalized Anxiety Disorder (GAD)

- excessive uncontrollable **worry** about everyday things - must be present more days than not for **at least 6 months**
- **affects daily functioning** and can cause **physical symptoms**
- GAD can **occur with other anxiety disorders**, depressive disorders, or substance abuse
- Sufferers tend to be **irritable and complain** about feeling on edge, are **easily tired** and have **trouble sleeping**

GAD - Epidemiology

- Lifetime prevalence 4 – 7%
- More often in: females, African American, age<30
- Onset in the 20's
- 25% patients with GAD will develop Panic Attacks
- Most frequent complications: depression, social phobia

Panic Attack

The abrupt onset of an episode of intense fear or discomfort, which peaks in approximately 10 minutes, and includes at least four of the following symptoms:

- a feeling of imminent danger or doom;
- the need to escape;
- palpitations;
- sweating;
- trembling;
- shortness of breath or a smothering feeling;
- a feeling of choking;
- chest pain or discomfort

- nausea or abdominal discomfort;
- dizziness or lightheadedness;
- a sense of things being unreal, depersonalization;
- a fear of losing control or "going crazy";
- a fear of dying;
- tingling sensations;
- chills or hot flushes

Types of Panic Attack

1. **Unexpected** - the attack "comes out of the blue" without warning and for no discernable reason.
2. **Situational** - situations in which an individual always has an attack, for example, upon entering a tunnel.
3. **Situationally Predisoposed** - situations in which an individual is likely to have a Panic Attack, but does not always have one. An example of this would be an individual who sometimes has attacks while driving.

Panic Disorder

- at least two unexpected Panic Attacks,
- followed by at least 1 month of concern over having another attack.
- prone to situationally predisposed attacks.
- The frequency and severity of the attacks varies from person to person, an individual might suffer from repeated attacks for weeks, while another will have short bursts of very severe attacks.
- Worries about the physical and emotional consequences of the Panic Attacks.
- Conviction that the attacks indicate an undiagnosed illness and will submit to frequent medical tests. Even after tests come back negative, a person with Panic Disorder will remain worried that they have a physical illness.
- Change of behavioral patterns, avoiding the scene of a previous attack for example, in the hopes of preventing having another attack.

Agoraphobia

- Agoraphobia often, but not always, coincides with Panic Disorder. Agoraphobia is characterized by a **fear of having a panic attack in a place from which escape is difficult**. Many sufferers refuse to leave their homes, often for years at a time. Others develop a fixed route, or territory, from which they cannot deviate, for example the route between home and work. It becomes impossible for these people to travel beyond what they consider to be their safety zones without suffering severe anxiety.

Obsessive-Compulsive Disorder (OCD)

- Obsessive-Compulsive Disorder is characterized by uncontrollable obsessions and compulsions which the sufferer usually recognizes as being excessive or unreasonable. Obsessions are recurring thoughts or impulses that are intrusive or inappropriate and cause the sufferer anxiety.

Some common obsessions are:

- Thoughts about contamination, for example, when an individual fears coming into contact with dirt, germs or "unclean" objects;
- Persistent doubts, for example, whether or not one has turned off the iron or stove, locked the door or turned on the answering machine;
- Extreme need for orderliness;
- Aggressive impulses or thoughts, for example, being overcome with the urge to yell 'fire' in a crowded theater

Compulsions

Repetitive behaviors or rituals performed by the OCD sufferer, performance of these rituals neutralize the anxiety caused by obsessive thoughts, relief is only temporary. Compulsions are incorporated into the person's daily routine and are not always directly related to the obsessive thought, for example, a person who has aggressive thoughts may count floor tiles in an effort to control the thought.

Some of the most common compulsions are:

- **Cleaning**. Sufferers concerned with germs and contamination tend to clean constantly, either repeatedly washing their hands, showering, or constantly cleaning their home;
- **Checking**. Individuals may check several or even hundreds of times to make sure that stoves are turned off and doors are locked;
- **Repeating**. Some repeat a name, phrase or action over and over;

- **Slowness**. Some individuals may take an excessively slow and methodical approach to daily activities, they may spend hours organizing and arranging objects;
- **Hoarding**. Hoarders are unable to throw away useless items, such as old newspapers, junk mail, even broken appliances; sometimes the hoarding reaches the point that whole rooms are filled with saved items.

OCD - Criteria

- In order for OCD to be diagnosed, the obsessions and/or compulsions must take up a considerable amount of the sufferers time, **at least one hour every day**, and interfere with normal routines (a person, for example, who cannot make left turns when driving), occupational functioning, social activities, or relationships. OCD can interfere with one's ability to concentrate, and it is not uncommon for a sufferer to avoid certain situations, for example, someone who is obsessed with cleanliness may be unable to use public restrooms.

OCD - Onset

- Onset of OCD is usually gradual and most often begins in adolescence or early adulthood. Unlike adults, children with OCD do not realize that their obsessions and compulsions, which are most often of the washing, checking, and ordering variety, are excessive.

Posttraumatic Stress Disorder (PTSD)

- PTSD can occur at any age, from childhood to old age and traumatic stress can be cumulative over a lifetime. Responses to trauma include feelings of intense fear, helplessness, and/or horror. There are three types of generally recognized stressors:
- Threatened **death or serious injury** to one's person;
- Learning about the death, near death, or serious injury of a family member or close friend;
- Witnessing the death, near death or serious injury of another person

- For Posttraumatic Stress Disorder to be diagnosed, symptoms must be present for more than one month and be accompanied by a drop-off in the ability to socialize, work, or participate in other areas of daily functioning. Symptoms of PTSD are:

PTSD - Symptoms

- **Reexperiencing** the event, which can take the form of intrusive thoughts and recollections, or recurrent dreams;
- **Avoidance** behavior in which the sufferer avoids activities, situations, people,and/or conversations which he/she associates with the trauma;
- A general **numbness** and loss of interest in surroundings; this can also present as detachment;
- **Hypersensitivity**, including: inability to sleep, anxious feelings, overactive startle response, hypervigilance, irritability and outbursts of anger.

PTSD - Development

- Symptoms usually begin within three months of a trauma, although there can be a delayed onset and six months can pass between trauma and the appearance of symptoms. In some cases years can pass before symptoms appear, in this case the symptoms are often triggered by the anniversary of the trauma, or with the experience of another traumatic event. Symptoms may vary in frequency and intensity over time.

PTSD - Facts

- 7.7 million Americans age 18 and over are diagnosed with PTSD.
- PTSD can develop after an individual experiences a traumatic event such as sexual or physical assault, witnessing a death, the unexpected death of a loved one, natural disaster or a terrorist attack.
- 67% of those exposed to mass violence have been shown to develop PTSD - a higher rate than those exposed to other types of traumatic events, such as natural disasters.

- One study shows that 8% of Manhattan residents living below 110th street (approximately 67,000 people) have probable PTSD related to 9/11.
- 2-4% of people across the country appear to have PTSD related to the 9/11 attacks.
- People who have experienced previous traumatic events run a higher risk of developing PTSD.
- Treatment of PTSD can include Cognitive Behavioral Therapy (CBT), group therapy, exposure therapy, and medication.

Social Phobia (Social Anxiety Disorder)

- Social Phobia is characterized by an intense fear of situations, usually social or performance situations, where **embarrassment** may occur. Individuals with the disorder are acutely aware of the physical signs of their anxiety and fear that others will notice, judge them, and think poorly of them. This fear often results in extreme anxiety in anticipation of an activity, a Panic Attack when faced with an activity, or in the avoidance of an activity altogether. Adults usually recognize that their fears are unfounded or excessive, but suffer them nonetheless.

Symptoms

Symptoms of Social Phobia manifest themselves physically and can include:

- palpitations
- tremors
- sweating
- diarrhea
- confusion
- blushing

People with Social Phobia…

- tend to be sensitive to criticism and rejection,
- have difficulty asserting themselves,
- suffer from low self-esteem.

The most common fears associated with the disorder are…

- fear of speaking in public or to strangers,
- fear of meeting new people,
- performance fears (activities that may potentially be embarrassing), such as writing, eating or drinking in public.

Sufferers usually fear more than one type of social setting

Onset

- Onset of the disorder is usually in mid to late adolescence,
- Children have also been diagnosed with Social Phobia.
- Children with the disorder are prone to excessive shyness, clinging behavior, tantrums and even mutism.
- There is usually a marked decline in school performance and the child will often try to avoid going to school or taking part in age appropriate social activities.
- Their fears are centered on peer settings rather than social activities involving adults, with whom they may feel more comfortable. For a child to be diagnosed with Social Phobia, symptoms must persist for at least six months.

Specific (Simple) Phobia

- excessive fear of an object or a situation, exposure to which causes an anxious response, such as a Panic Attack. Adults with phobias recognize that their fear is excessive and unreasonable, but they are unable to control it. The feared object or situation is usually avoided or anticipated with dread.

Diagnosis

- Specific Phobia is diagnosed when an individual's fear interferes with their daily routine, employment (e.g., missing out on a promotion because of a fear of flying), social life (e.g., inability to go to crowded places), or if having the phobia is significantly distressful. The level of fear felt by the sufferer varies and can depend on the proximity of the feared object or chances of escape from the feared situation. If a fear is reasonable it cannot be classed as a phobia.

Onset

- Specific Phobia may have its onset in childhood, and is often brought on by a traumatic event; being bitten by a dog, for example, may bring about a fear of dogs. Phobias that begin in childhood may disappear as the individual grows older. Fear of certain types of animals is the most common Specific Phobia. The disorder can be comorbid with Panic Disorder and Agoraphobia.

- A specific phobia is an intense fear of something that poses little or no actual danger. Some of the more common specific phobias are centered around closed-in places, heights, escalators, tunnels, highway driving, water, flying, dogs, and injuries involving blood. Such phobias aren't just extreme fear; they are irrational fear of a particular thing. You may be able to ski the world's tallest mountains with ease but be unable to go above the 5th floor of an office building. While adults with phobias realize that these fears are irrational, they often find that facing, or even thinking about facing, the feared object or situation brings on a panic attack or severe anxiety.

TREATMENT - medications

- **SSRIs**

Fluoxetine, citalopram, paroxetine → (20 mg); ½-2(3)tbl/day

sertraline, fluvoxamine → (50 mg) ½-4 tbl/day

Rules for SSRI use:

1. Dose titration – except OCD where high doses are reached quite promptly
2. At least 4-6 weeks of use in proper doses to assess efficacy
3. Continue for at least 3 months after symtoms vanish, then gradually reduce the dose
4. May be used for long time as symtom prevention
5. Few side effects (mostly GI), but interactions with MAOI
6. Can be combined with benzodiazepines, histamine blockers, buspirone

TREATMENT - medications

- **SNRIs**: venlafaxine (37.5; 75; 150 mg) max. 225 mg/d

(Especially in panic disorder)

- **MAOIs**: moclobemide (150 mg) max. 600 mg/d
- **Buspirone** (5; 10 mg) 10-30 mg/d

(Can be used either as an only medication or combined with antidepressants; at least 2 weeks before assessment)

- **Tricyclics**: clomipramine (OCD); imipramine (GAD); opipramol; doxepine (GAD, panic)

TREATMENT - medications

- **Benzodiazepines** (BZD): oxazepam, alprazolam, lorazepam, clonazepam, clorazepate, diazepam…

May cause tolerance and dependence, should be used as shortly as possible in lowest possible doses. Act quickly, fairly safe.

- **Hydroxyzine**
- **Beta-blockers** (Propanolol)

EXAMPLE DRUG COMBINATIONS

- **Panic attacks with agoraphobia**

1. **Paroxetine** 20 mg + **Alprazolam** 3x0,25 mg

If no effect – increase **Alprazolam** gradually to 3x0,5 mg

If no effect after 4 weeks – increase **Paroxetine** to 30 mg

If no effect after 2 more weeks – increase **Paroxetine** to 40 mg/day.

Consider adding **Buspirone** 5-0-5 mg to 10-10-10 mg

If no satisfying effect after 2 more weeks switch to **Venlafaxine**, keeping **buspirone** and **alprazolam**

As soon as possible try to **reduce the dose of alprazolam**, gradually to total withdrawal of the medication

EXAMPLE DRUG COMBINATIONS

- OCD patient with no history of treatment

1. Introduce **sertraline** starting from 25 mg/d

If anxiety persists besides obsessions and compulsions, add **lorazepam** 1-0-1 mg

2. Promptly increase the dose of **sertraline** up to 100 and – if necessary – 200 mg/d
3. Introduce CBT
4. If no result after 12 weeks, gradually reduce the dose of sertraline and switch to **clomipramine**

Increase the dose up to 225 mg/d; Continue CBT

5. If there are co-existing psychotic symptoms, add **olanzapine** 5-10 mg and observe ➔ rediagnose?

Psychotherapy

- **Cognitive-Behavioral and Behavioral Therapy**
  - The **cognitive** component helps people change thinking patterns that keep them from overcoming their fears.
  - The **behavioral** component of CBT seeks to change people's reactions to anxiety-provoking situations. A key element of this component is **exposure**, in which people confront the things they fear.

An example would be a treatment approach called **exposure and response prevention** for people with OCD. If the person has a fear of dirt and germs, the therapist may encourage them to dirty their hands, then go a certain period of time without washing. The therapist helps the patient to cope with the resultant anxiety. Eventually, after this exercise has been repeated a number of times, anxiety will diminish..

Case 1

- "It started 10 years ago, when I had just graduated from college and started a new job. I was sitting in a business seminar in a hotel and this thing came out of the blue. I felt like I was dying.
- "For me, a panic attack is almost a violent experience. I feel disconnected from reality. I feel like I'm losing control in a very extreme way. My heart pounds really hard, I feel like I can't get my breath, and there's an overwhelming feeling that things are crashing in on me.
- "In between attacks there is this dread and anxiety that it's going to happen again. I'm afraid to go back to places where I've had an attack. Unless I get help, there soon won't be anyplace where I can go and feel safe from panic."

HANDLING

- What anxiety symptoms do you see?
- What other disorder would you consider?
- What solutions would you propose?

- "I couldn't do anything without rituals. They invaded every aspect of my life. Counting really bogged me down. I would wash my hair three times as opposed to once because three was a good luck number and one wasn't. It took me longer to read because I'd count the lines in a paragraph. When I set my alarm at night, I had to set it to a number that wouldn't add up to a "bad" number.
- "Getting dressed in the morning was tough because I had a routine, and if I didn't follow the routine, I'd get anxious and would have to get dressed again. I always worried that if I didn't do something, my parents were going to die. I'd have these terrible thoughts of harming my parents. That was completely irrational, but the thoughts triggered more anxiety and more senseless behavior. Because of the time I spent on rituals, I was unable to do a lot of things that were important to me.
- "I knew the rituals didn't make sense, and I was deeply ashamed of them, but I couldn't seem to overcome them until I had therapy."

HANDLING

- What anxiety symptoms do you see?
- What other disorder would you consider?
- What solutions would you propose?

- "I was raped when I was 25 years old. For a long time, I spoke about the rape as though it was something that happened to someone else. I was very aware that it had happened to me, but there was just no feeling.
- "Then I started having flashbacks. They kind of came over me like a splash of water. I would be terrified. Suddenly I was reliving the rape. Every instant was startling. I wasn't aware of anything around me, I was in a bubble, just kind of floating. And it was scary. Having a flashback can wring you out.
- "The rape happened the week before Thanksgiving, and I can't believe the anxiety and fear I feel every year around the anniversary date. It's as though I've seen a werewolf. I can't relax, can't sleep, don't want to be with anyone. I wonder whether I'll ever be free of this terrible problem."

HANDLING

- What anxiety symptoms do you see?
- What other disorder would you consider?
- What solutions would you propose?

- "In any social situation, I felt fear. I would be anxious before I even left the house, and it would escalate as I got closer to a college class, a party, or whatever. I would feel sick at my stomach—it almost felt like I had the flu. My heart would pound, my palms would get sweaty, and I would get this feeling of being removed from myself and from everybody else.
- "When I would walk into a room full of people, I'd turn red and it would feel like everybody's eyes were on me. I was embarrassed to stand off in a corner by myself, but I couldn't think of anything to say to anybody. It was humiliating. I felt so clumsy, I couldn't wait to get out.
- "I couldn't go on dates, and for a while I couldn't even go to class. My sophomore year of college I had to come home for a semester. I felt like such a failure."

HANDLING

- What anxiety symptoms do you see?
- What other disorder would you consider?
- What solutions would you propose?

- I'm scared to death of flying, and I never do it anymore. I used to start dreading a plane trip a month before I was due to leave. It was an awful feeling when that airplane door closed and I felt trapped. My heart would pound and I would sweat bullets. When the airplane would start to ascend, it just reinforced the feeling that I couldn't get out. When I think about flying, I picture myself losing control, freaking out, climbing the walls, but of course I never did that. I'm not afraid of crashing or hitting turbulence. It's just that feeling of being trapped. Whenever I've thought about changing jobs, I've had to think,'Would I be under pressure to fly?' These days I only go places where I can drive or take a train. My friends always point out that I couldn't get off a train traveling at high speeds either, so why don't trains bother me? I just tell them it isn't a rational fear."

HANDLING

- What anxiety symptoms do you see?
- What other disorder would you consider?
- What solutions would you propose?

- "I always thought I was just a worrier. I'd feel keyed up and unable to relax. At times it would come and go, and at times it would be constant. It could go on for days. I'd worry about what I was going to fix for a dinner party, or what would be a great present for somebody. I just couldn't let something go.
- "I'd have terrible sleeping problems. There were times I'd wake up wired in the middle of the night. I had trouble concentrating, even reading the newspaper or a novel. Sometimes I'd feel a little lightheaded. My heart would race or pound. And that would make me worry more. I was always imagining things were worse than they really were: when I got a stomachache, I'd think it was an ulcer.
- "When my problems were at their worst, I'd miss work and feel just terrible about it. Then I worried that I'd lose my job. My life was miserable until I got treatment."

HANDLING

- What anxiety symptoms do you see?
- What other disorder would you consider?
- What solutions would you propose?