# Anxiety disorders

MUDr. Adam Fiala Dept. of Psychiatry, Masaryk University, Brno

# Anxiety

- reaction on expected danger coming from inner or outer reality
- fear, stress
- spontaneous, situational, anticipatory
- symptoms

### Intro

- Anxiety disorders
  - common
  - with considerable *morbidity* and *social cost*
  - accompained by anxiety, worry, distress

# Anxiety disorders

- 1. Panic disorders w/wo agoraphobia
- 2. Social phobia
- 3. Generalized anxiety disorder
- 4. Obsessive compulsive disorder
- 5. Posttraumatic stress disorder and acute stress disorder

1. Panic disorders and agoraphobia

- reccurent unexpected panic attacks
  discrete periods of intense fear
  developed abruptly, peak within 10 minutes
  - may be associated with certain situations

## Criteria for panic attack I

- Anxiety symptoms
  - 1. palpitation, pounding hearth, or accelerate hearth rate
  - 2. sweating
  - 3. trembling or shaking
  - 4. sensations of shortness of breath or smothering
  - 5. feelikg of choking
  - 6. chest pain or discomfort

## Criteria for panic attack II

- Anxiety symptoms (cont.)
  - 7. nausea or abdominal distress
  - 8. feeling dizzy, unsteady, light-headed, or faint
  - 9. derealization /feeling of unreality/, depersonalization /being detached from oneself/
  - 10. fear of losing control or going crazy
  - 11. fear of dying
  - 12. parestesias
  - 13. chills or hot flushes

1a/ Panic disorder without agoraphobia

- A.
  - reccurent unexpected panic attack
    at least one of the attacks per month
- B.
  - absence of agoraphobia

1b/ Panic dissorder with agoraphobia

- Criteria for agorafobia
  - A. Anxiety about being in places or situations from which escape might be difficult.
  - B. The situations are avoided with marked distress or anxiety about having a P.A.

1c/ Agoraphobia without history of panic disorder

- A. The presence of agoraphobia related to fear of developing panic like symptoms/dizziness or diarrhea/.
- B. Criteria have never been met for panic dissorder.

## Treatment

- Pharmacological
  - SSRIs
  - RIMA
  - Benzodiazepines only in emergency

- Psychoterapeutic
  - Cognitive-behavioral treatment /relaxation, respiratory control, exposure therapy/

# 2. Social phobia

• Fear of one or more social or performance situations in which the person is exposed to unfamiliar people that will be embarassing.

## Diagnostic criteria

- Fear
  - marked and persistant
  - provoked by phobic stimulus
  - recognised as unreasonable
- Phobic situation
  - avoided by anxiety, distress
  - interferes with the persons routine, occupational, social etc. activities
- Duration at least 6 months in individuals under age 18

### Treatment

- Pharmacotherapy /RIMA, SSRIs, benzodiazepines only in emergency/
- Psychosocial /CBT/
  - exposure therapy

# Specific phobia

- Arachnophobia
- Acrophobia
- Claustrophobia
- Carcinophobia
- Thanatophobia
- Aquaphobia
- Aerophobia

- Hemophobia
- Nosophobia

# 3. Generalized anxiety disorder



• Excessive anxiety or worry lasting for 6 months or longer, accompanied by at least three somatic symptoms.

# GAD - diagnostic criteria I

- A. Excessive anxiety and worry
- B. Difficult to control it
- C. Association with at least three symptoms
  - muscle tension
  - feeling on edge
  - being easily fatigued
  - difficulty concentrating
  - irritability
  - sleep disturbance

### Treatment

- Pharmacotherapy
  - Antidepressants SSRIs, BZD, beta-blockers

- Psychotherapy
  - dynamic, supportive, CBT

# 4. Obsessive-compulsive disorder

## OCD

- Patient have either obsession and compulsion that are a significant source of distress
  - are time consuming
  - interfere significantly with the person's normal routine, occupational functioning or social activities or relationships.

## Obsessions

- 1. Recurrent and persistent thoughts, impulses, or images.
- 2. Not simply excessive worries about reallife problems.
- 3. Attempt to ignore or supress them with some other thought or action.
- 4. Product of one's mind.

## Compulsion

• 1. Repetitive behaviors in response to an obsession which must be rigidly applied.

• 2. Behaviors or mental act preventing or reducting distress.

/handwashing, ordering, checking/

## Treatment

- Psychotherapy, behavior therapy
- Pharmacotherapy
  - SSRIs, Li, AP

- ECT
- Psychosurgery

# 5.Posttraumatic stress disorder

## A. PTSD - diagnostic criteria I

 A. Exposition to a traumatic event /death, injury/ with the experience of intense fear, helplessness, horror.

 B. The traumatic event is persistently reexperienced /images, ilusions, flashbacks, dreams.../

## PTSD - diagnostic criteria II

- C. Three or more of the stimuli associated with the trauma
  - thoughts, feelings, conversations
  - activities, places, people
  - inability to recall important aspects of the trauma
  - markedly dimished interest in significant activities
  - feeling of detachment from others
  - restricted range of affects /loving feels etc./
  - sense of foreshortened future /doesn't expect to have a career, marriage, children.../

## PTSD - diagnostic criteria III

- D. Two or more of persistant symptoms
  - difficulty falling or staying asleep
  - irritability or outburst of anger
  - difficulty concentrating
  - hyperviligance
  - exaggarated startle response

## PTSD - diagnostic criteria IV

• E. Duration more than one month

• F. The disturbance causes clinically significant distress in social, occupational or other important areas.

### Treatment

• Pharmacotherapy

 Antidepressants SSRIs, mood stabilizers, anxiolytics, anticonvulsants

• Psychotherapy

- individual, group, relaxation training

#### **References:**

- Waldinger RJ.: Psychiatry for medical students, Washington, DC : American Psychaitric Press, 1997
- Kaplan HI, Sadock BJ, Grebb JA.: Kaplan and Sadock's synopsis of psychiatry, Baltimore: Williams and Wilkins, 1997