

ANXIETY DISORDERS

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Anxiety

Anxiety is a normal response to stressors

- It is considered pathological if it becomes so exaggerated, frequent and chronic that it impairs function
- Anxiety is the main feature of anxiety disorders, but also seen in other psychiatric and mental disorders

Normal Anxiety

- Known problem e.g. Exam, football match
- Definable
- Lasts a short period of time
- mild anxiety : helpful

What is Pathological/clinical Anxiety?

- Sense of fear
- Not well defined
- Often chronic

How does anxiety affect us ?

- Whenever the (to attack)fight or (escape to safety) flight response is activated by danger, either real or imagined, it leads to changes in three “systems of functioning”:
 - the way you think (cognitive),
 - the way your body feels and works (physical),
 - the way you act (behavioral)

1. **Cognitive:** Attention shifts immediately and automatically to the potential threat. The effect on a person's thinking can range from mild worry to extreme terror.
2. **Physical:** Effects include heart palpitations or increased heart rate, shallow breathing, trembling or shaking, sweating, dizziness or lightheadedness, feeling "weak in the knees," freezing, muscle tension, shortness of breath and nausea
3. **Behavioral:** People engage in certain behaviors and refrain from others as a way to protect themselves from anxiety (e.g., taking self-defense classes or avoiding certain streets after dark).

When anxiety is a problem ?

- when the cognitive, physical and behavioral symptoms of anxiety are persistent and severe, and anxiety causes distress in a person's life to the point that it negatively affects his or her ability to work or study, socialize and manage daily tasks, it may be beyond normal range.

What are anxiety disorders ?

- An anxiety disorder may make people feel anxious most of the time or for brief intense episodes, which may occur for no apparent reason.
- People with anxiety disorders may have anxious feelings that are so uncomfortable that they avoid daily routines and activities that might cause these feelings.

Symptoms of Anxiety

Psychological Symptoms

- feelings of fear
- doom, apprehension
- Restlessness
- Exaggerated startle response
- Poor concentration
- Irritability
- Insomnia
- Belief of inability to cope with stress
- Unrealistic ideas of danger

Physical Symptoms

- **Cardiovascular:** palpitations, tachycardia, chest discomfort
- **GI:** dry mouth, difficulty in swallowing, abdominal discomfort, diarrhea
- **Resp:** difficulty catching breath, chest tightness
- **Genitourinary:** urinary frequency, menstrual discomfort
- **Other:** hot flushes/cold chills, tremor, sweating, headache and muscle pains, numbness and tingling sensations around the mouth, dizziness and faintness

Anxiety Disorders

- Onset early adulthood generally, rarely middle age
- Female 2:1 Male
- Anxiety disorders:
 - Phobic anxiety disorders:
agoraphobia, social phobias, specific phobias
 - Panic disorder
 - GAD
 - OCD
 - PTSD

Aetiology

- **Genetic Factors:** Many studies findings found that genes play a significant role in the aetiology of anxiety disorder.
- **Neurochemical abnormalities:** noradrenergic and serotonergic neurons act on limbic system to increase anxiety
- **Environmental factors:** triggered by stressful events, especially those involving a threat. Can result from stressful/traumatic events in childhood
- **Psychological theories:** Cognitive distortions
Psychoanalytical theory – loss or separation in childhood.

Phobic Disorder

- Phobia: persistent, irrational fear that is usually recognized as such which produces anticipatory anxiety for and avoidance of the feared object, activity or situation
- 3 types :
 - Agoraphobia
 - Social phobia
 - Specific phobias: fear of a specific object/location
Commonly enclosed spaces(claustro-), heights , darkness.

Agoraphobia

- Agoraphobia is a fear of places or situations that might cause you to panic and make you feel trapped, helpless. For e.g., Crowd, public transport
- Suffer acute anxiety attacks when in, or anxious cognitions about fainting and loss of control
- Actively avoid situation
- Onset 15-35. F2:1M

Social Phobia

- Extreme persistent fear of being judged and embarrassed in all/specific social situations like speaking in public, urinating in a public rest room or speaking to a date.

Symptoms include : – shaking, vomiting, diarrhea, sweating, tachycardia

- Exposure provokes extreme anxiety
- Onset adolescence/childhood.

Panic Disorder

- Panic attack = Rapid onset of severe anxiety lasting 05 to 10 mins. Recurrent, unexpected panic attacks (no specific stimulus)
- **SYMPTOMS :**
 - Palpitations
 - Sweating
 - Trembling or shaking
 - Sensations of shortness of breath
 - Chest pain or discomfort

- Nausea
- Feeling dizzy
- Fear of dying
- In panic disorder, panic attacks occur **RECURRENTLY AND UNEXPECTEDLY**
- F2:1M

- **Diagnosis/clinical presentation**
- A panic attack usually peaks in 10 mins and lasts no longer than 30 mins.
- A patient is diagnosed with a panic disorder when that individual experiences repeated unexpected panic attacks and these attacks are followed by a 1-month period of one or more:
persistent concern over future attacks
- During an attack individual will often feel like they are losing control or dying.

Generalized Anxiety Disorder

- Patients with GAD have persistent, excessive, unrealistic worry associated with muscle tension, impaired concentration and insomnia.
- Chronic anxiety state associated with uncontrollable worry.
- Complaints of shortness of breath, palpitations and are relatively rare
- Onset early adulthood , F2:1M

Psychological Symptoms

- Excessive anxiety and worry that is difficult to control
- Feelings keyed up or on the edge
- Poor concentration

Physical Symptoms

- Restlessness
- Fatigue
- Muscle Tension
- Sleep Disturbance
- Irritability

- **Diagnosis/clinical presentation**
- GAD is diagnosed when an individual experiences unrealistic or excessive anxiety and worry for a period of at least 6 months.
- Additionally, the individual must have difficulty in controlling that anxiety or worry.
- Accompanying the anxiety or worry for 6 months with 3 or more of following symptoms: feeling tense or restless, easily fatigued, difficulty concentrating, irritability, and difficulty with sleep.

PTSD

- Posttraumatic stress disorder (ptsd) involves the “development of characteristic symptoms following exposure to an extreme traumatic stressor”.
- “The person’s response to the event must involve intense fear, helplessness, or horror”
- “Symptoms usually begin within three months of the trauma, although there may be a delay of months, or even years before the symptoms appear”
- The traumatic experience is repeatedly relived through intrusive memories, distressing dreams and flashbacks.

OCD

- Obsessive-compulsive disorder (ocd) involves “recurrent obsessions or compulsions that are severe enough to be time consuming or cause marked distress or significant impairment”
- Obsessions are uninvited or “intrusive” thoughts, urges or images that surface in the mind over and over again, such as concerns about contamination (e.g., from touching door handles) or doubting
- Compulsions are behaviours or “rituals” that the person follows to try to reduce or suppress his or her obsessive thoughts (e.g., hand washing, checking).

- Signs and Symptoms commonly involves :
- Fear of being contaminated by touching objects others have touched
- Doubts that you've locked the door or turned off the stove
- Thoughts about shouting or acting inappropriately in public
- Unpleasant sexual images

- Compulsive act: recurrent stereotypical behaviour that isn't useful or enjoyable but that reduces anxiety and stress
Perceived as being senseless but unsuccessfully resisted
- Commonly washing, cleaning, arranging and ordering, checking, counting or repeating a phrase

Commonly Used Scales

- HAM- A (Hamilton Anxiety Scale) - The Hamilton Anxiety Rating Scale (HAM-A) is a widely used and well-validated tool for measuring the severity of a patient's anxiety. It should be administered by an experienced clinician.
- BAI (Beck Anxiety Scale) - This scale is a self-report measure of anxiety.
- Y-BOCS (Yale brown obsessive compulsive scale)

Management

- Pharmacological
- Psychological

Psychological Treatment

- **Behavior Therapy**

- Systematic Desensitization
- Exposure and response prevention
- Relaxation Techniques
- Graded Exposure

- **Cognitive Behavior Therapy**

- Control of automatic thoughts
- Correction of cognitive errors
- Breaking the association between the events, cognitive arousal and maladaptive behavior.