**Definition:**
**Anxiety** is a normal feelings of apprehension in certain threatening situation

**Anxiety disorders** : are abnormal states in which the most striking features are worry , dread and physical symptoms of anxiety that indicate a hyperactive autonomic nervous system and not caused by organic brain disease , medical illness nor Psychiatric disorder

**Etiology**:

1- **presence of physical or emotional trauma**.
2- **genetic factors**(their **first-degree relatives** (**odds ratio 6.1**) developing the disorder)

**Primary anxiety disorders:**
- Generalized anxiety disorder.
- Agoraphobia without history of panic disorder.
- Panic disorder without or with agoraphobia.
- Specific phobias and social phobia (social anxiety disorder).
- Obsessive-compulsive disorder.
- Acute stress disorder.

**DSM-IV Diagnostic Criteria**

**PRIMARY ANXIETY-SPECTRUM DISORDERS**

The following primary anxiety disorders are described in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)*[11]:

**Generalized anxiety disorder.** Patients who have generalized anxiety disorder experience chronic excessive nervousness, exaggerated worry, tension, and irritability that appear to have no cause or are more intense than the situation warrants.[11] Their worries are often related to their perceived inability to perform with punctuality and competence in various settings and circumstances. Over the course of the disorder, physical signs—such as restlessness, difficulty in falling or remaining asleep, headaches, trembling, twitching, muscle tension, or sweating— often develop, which lead to further worries. Patients with generalized anxiety disorder may also have other anxiety and mood disorders.[7]

**Agoraphobia.** The term "agoraphobia," which originally came from the Greek language to describe "fear of the marketplace," became generalized to describe fear of any open or public space. The condition can be quite disabling. Patients with agoraphobia fear being in a situation in which they experience anxiety or panic and from which escape might be difficult or embarrassing. As a result, they avoid those situations that cause anxiety or panic. It is the fear of the anxiety that leads to agoraphobia. Agoraphobia can be accompanied by panic disorder and panic attacks, or it can occur alone without a history of panic attacks.[1,11]

**Panic disorder.** Patients with panic disorder usually describe periods of intense fear or discomfort that they call panic attacks.[1,7,12] Very often, they seek medical treatment because they fear that their physical symptoms—which may include chest pain, dizziness, nausea, chills, trembling, and palpitations—are caused by a heart attack.

Patients may worry about recurrent and often unexpected panic attacks. The anticipatory anxiety and intense fear of future attacks may lead to the development of phobic avoidance. The combination of panic symptoms and the phobic avoidance can impair the patient's professional, social, and familial functioning.[1,7,13]

**Specific phobias.** Phobias are manifested by irrational fears when a person is exposed to or is in close physical contact with specific objects or situations that trigger intense anxiety.[11,13] The intense anxiety can also be triggered when the person sees or hears the name of the object, or sees pictures of the object. Phobic avoidance develops, and the patient will altogether avoid all the specific things or situations that trigger the intense anxiety. The avoidance leads to an ongoing impairment in the patient's ability to function in settings where exposure to the specific object occurs.[1,14]

**Social phobia (social anxiety disorder).** Social phobia is manifested by excessive, persistent fear of social and performance situations that is so severe that it disrupts daily life and relationships.[11,15]Persons with social anxiety have a persistent, intense, and ongoing fear of being extremely embarrassed or being watched, judged by others, or humiliated by their own actions.[14,15] The most common social phobia is fear of public speaking.[15]

**Obsessive-compulsive disorder.** Patients with obsessive-compulsive disorder experience repetitive ideas (obsessions) that are distressing and provoke intense symptoms of anxiety. To counteract the anxiety, patients use certain sets of actions, or rituals, and repetitive behaviors (compulsions).[11] The repetitive behaviors diminish the anxiety temporarily, only to have it return within a relatively short period of time. As a result, patients often continue the compulsive behaviors, which consume most of their time, or they avoid situations with which the obsessions are associated, thus constricting their activities and range of behaviors.[1,11]
Patients with obsessive-compulsive disorder may have only obsessions or only compulsions or both obsessions and compulsions.[11] They most often experience obsessions that they must avoid contamination, that actions or items need to be checked for completion, or that they must engage in certain detailed and elaborate activities to prevent future harm to oneself or others. Repetitive, intrusive thoughts or images about violence or sexual actions, or urges to engage in violence or sexual actions are also common.
Despite patients' awareness of the irrational nature of their condition, they feel unable to control their obsessions or to prevent their compulsions.[7,16] The disorder hinders mental, social, and academic performance; if untreated, it may lead to permanent disability because of the loss of meaningful interpersonal relations and employment.[16]

**Acute stress disorder.** Patients with acute stress disorder experienced a traumatic event in which they were threatened or seriously injured, or they witnessed a traumatic event in which other persons were seriously injured or died. During the traumatic event, they responded with intense fear and helplessness.[1,11]
The condition is usually associated with dissociative symptoms, such as numbing, detachment, a reduction in awareness of the surroundings, derealization, or depersonalization; re-experiencing of the trauma; avoidance of associated stimuli; and significant anxiety, including irritability, poor concentration, difficulty in sleeping, and restlessness.[11] The diagnosis of acute stress disorder is made when the symptoms occur within 4 weeks of the traumatic event and are present for a minimum of 2 days and a maximum of 4 weeks.[11] The disorder may resolve with prompt intervention or with the passage of time; however, in some patients, acute stress disorder may progress into a more severe psychiatric condition, such as posttraumatic stress disorder.[1,11]

**Posttraumatic stress disorder.** This disorder develops after a person experiences, witnesses, or confronts a physically and/or psychologically distressing event. The event may involve actual or threatened death or serious injury or a threat to the physical integrity of oneself or others.[11] Symptoms of posttraumatic stress disorder include re-experiencing the traumatic event, a consistent pattern of avoidance of themes associated with the traumatic event, and hyperarousal and autonomic hyperactivities that may be manifested by difficulties with sleep or concentration, exaggerated startle reactions and, at times, anger outbursts.[11,17] The diagnosis is made if the symptoms have been present for at least 1 month and cause clinically significant distress or impairment in functioning.[11,17]

**TREATMENT OF ANXIETY DISORDERS**

Pharmacotherapy and cognitive-behavioral (psychosocial) therapy are the most commonly used options available to primary care providers to treat patients with anxiety disorders Collaborative Care

Treatment of anxious patients can be professionally rewarding for the primary care physician: many patients with anxiety disorders show remarkable improvement with treatment. For those patients who prove to be more difficult to treat, referral to a mental health professional should be initiated, with the primary care physician maintaining an active awareness of how

treatment is progressing and how concurrent treatment of ongoing medical illness may impact overall patient functioning

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