

Theme 4:

Anxiety Disorders

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Introduction

- Case
- Hx
- MSE
- Types of Anxiety



Anxiety Disorders

1. Panic Disorder
2. Agoraphobia
3. Specific Phobia
4. Social Phobia (Social Anx Dis).
5. Obsessive Compulsive Disorder (OCD)
6. Post Traumatic Stress Disorder (PTSD),
Acute Stress Disorder
7. Generalized Anxiety Disorder (GAD)



Case Vignette:


- Layla is 31 year old female. She came to your clinic complaining of fearfulness, palpitations, shortness of breath and impaired concentration. She is afraid that she will die. These symptoms come suddenly in episodes for the last two months.

Case Vignette:

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Features of Anxiety

Psychological	Physical
Excessive worries + anticipation	Neuro:
Fear	ENT:
Apprehension + hypervigilance	CVS & CHEST:
Difficulty concentrating	GI:
Feeling of restlessness	Genito-urin.:
Sensitivity to noise	SKIN:
Sleep disturbance	MSS:

A close-up photograph of a middle-aged man with a mustache, wearing a blue collared shirt. He has a wide-eyed, open-mouthed expression of shock or surprise. The background is a plain, light blue wall.

***Oh no! What's
happening
with me??***

Imagine!!

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Panic Disorder

Panic attack :

- ❑ a symptom not a disorder.
- ❑ Episodic sudden intense fear (of dying, going mad, or losing self-control).
- ❑ Can be part of many disorders: panic disorder, GAD, phobias, sub. Abuse, acute & PTSD.

2 types:

- 1- unexpected.
- 2- situationally bound.

Panic Disorder:

Disorder with specific criteria:

1- unexpected recurrent panic attacks

(+/- situationally bound).

2- one month period (or more) of persistent concerns about another attack or implications of the attack or changes in behavior.

3- Not due to other disorders

Panic Attacks

```
graph TD; A[Panic Attacks] --> B[Unexpected]; A --> C[Situationally bound]; B --> D["Spontaneous.  
Essential to  
diagnose  
Panic Disorder"]; C --> E["- Anticipation Or immediately on  
exposure to the trigger  
e.g. specific phobia.  
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```

Unexpected

***Spontaneous.
Essential to
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Panic Disorder***

***Situationally
bound***

***- Anticipation Or immediately on
exposure to the trigger
e.g. specific phobia.
- can be ass./with
panic disorder***

Epidemiology

Women > men

Prevalence : 1– 3 %

Age at onset :

20 --- 35 years

Etiology

- ☐ **Genetic predisposition**

- ☐ **Disturbance of neurotransmitters**

NE & 5 HT

**in the locus ceruleus
(alarm system
in the brain)**

- ☐ **Behavioral conditioning**

- ☐ **Mitral valve prolapse**
2x ?..% not increased in
Echo. MVP

Course & Prognosis

- ☐ With treatment : good
- ☐ Some pts recover within weeks even with no treatment.
- ☐ Others have chronic fluctuating course.

Management

- ☐ Rule out physical causes.
- ☐ Support & reassurance
- ☐ Relaxation & CBT
- ☐ Medications:
 - BNZ
 - SSRIs
 - TCA_s

Any Qs So far?

PHOBIA s

Case Development 1:

- Layla started to be fearful whenever she leaves her home and ask for company all the time. She anticipated these episodes.
- 10 years ago, when she was in the university, she developed same episodes only in social situations like parties and presentations.
- She also has irrational fear from injections and she has the same episodes when she is exposed to them.

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Phobia

```
graph TD; Phobia[Phobia] --> FEAR[FEAR]; Phobia --> Avoidance[Avoidance]; FEAR --> Panic["± panic attack"]; Avoidance --> Discomfort["endured with + ++ discomfort"]
```

FEAR

± panic
attack

Avoidance

endured with +
++ discomfort

Phobic Disorders

Irrational excessive fear ± panic attack on exposure + avoidance or endured with +++ discomfort

Specific	Social	Agoraphobia
Objects or situations: blood ex. dental clinic hospital airplane (height) animals insects thunder storms closed spaces/lifts darkness clowns		

VIDEO

Summary

- Def. of Phobia
- Types
 - Specific Phobia
 - Social Phobia
 - Agoraphobia

Case Development 2:

Family History:

- One of Layla's sisters has recurrent intrusive silly doubts regarding ablutions and praying that she cannot resist. This makes her repeat ablution and praying frequently.
- Also, her brother Saad, has the same symptoms of Layla whenever he is exposed to cues that remind him with the car accident that he had 2 years ago. Saad had serious injuries in that accident and he was in coma for 3 weeks. His friend died in the same accident. He also has flashbacks related to that accident. Also, he refuses to talk about the accident and avoids drive in the street where the accident happened.
- Her aunt is anxious for the last 8 years. She has excessive worries about daily events mainly toward safety of her kids.

Family History:

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OCD

Obsessions

Own: thoughts,
Impulses, images

Intrusive, Insisting,
Unwanted

Repetitive

Irrational

uncontrollable

e.g. contaminated
hands

Compulsions

Irresistible,
Compelling Actions
or mental acts

Done in response to
obsessions or
according to rules

to reduce anxiety or
prevent dreaded
events or situations

e.g. washing hands
repeatedly

Disorder

Time consuming
at least 1 hr/d

Functioning imp.



Obsessive-Compulsive Disorder To Do List

video

- Video 1
- Video 2

Main themes of OCD

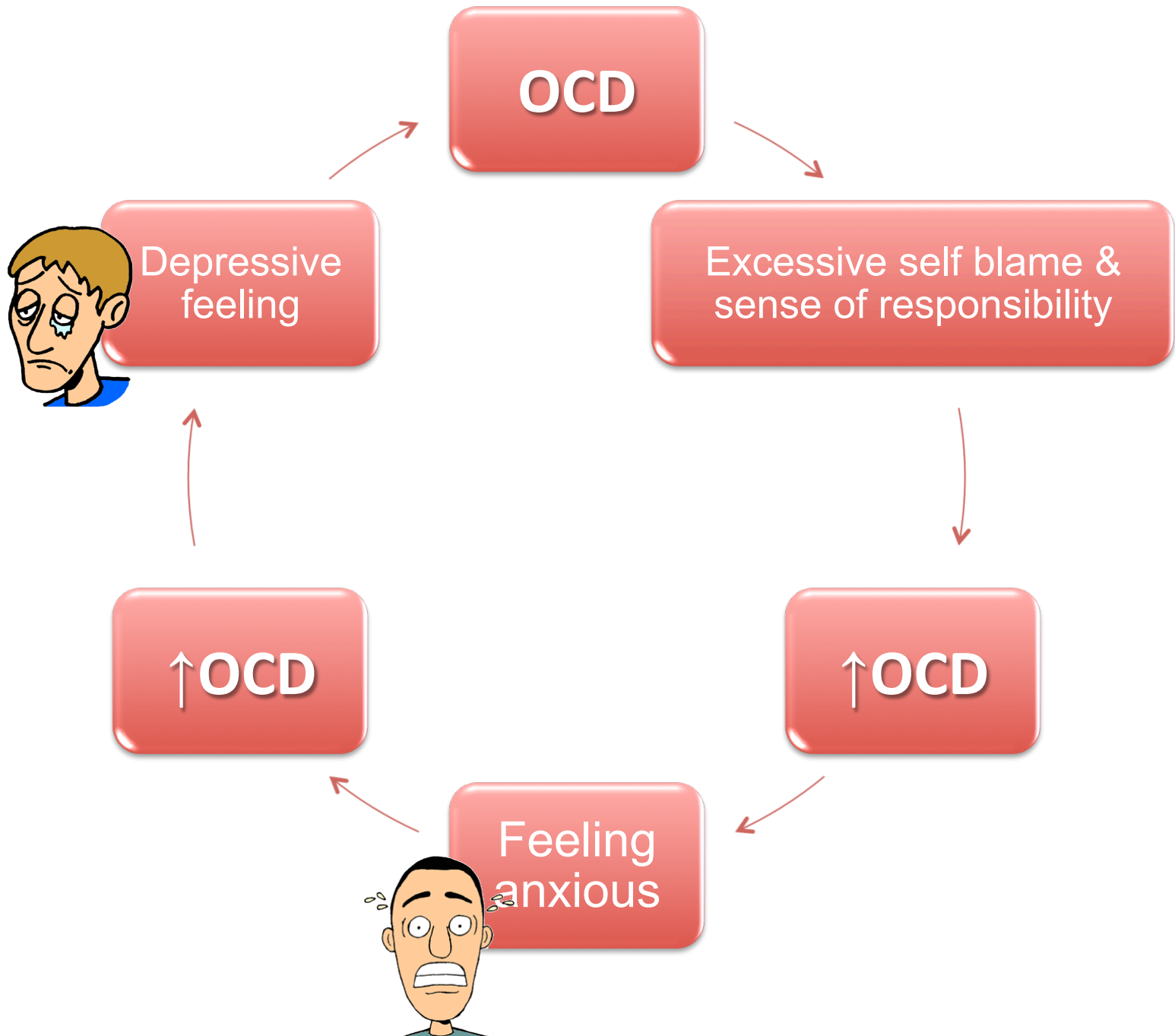
**** sense of danger and/or responsibility.



- ☐ Contamination → washing.
- ☐ Religious, e.g. repeating Ablution, prayers, divorce, Blasphemous.
- ☐ Sexual
- ☐ Aggression
- ☐ Symmetry → slowness
- ☐ Hoarding

video

- Hoarding video



Course

- Gradual > acute
- Chronic
- Waxing & waning

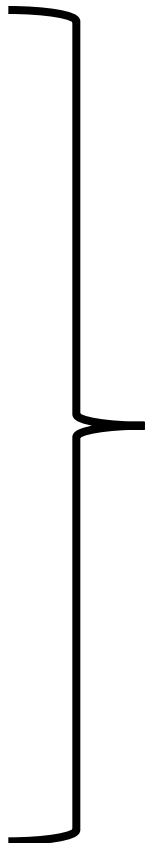
did you see that tv
program on OCD the
other night?

see it? i taped it and
replayed it 367 times!



Prognosis

- Non – severe
- No OCPD
- Depressed / anxious mood
- Compliance with Tx
- Family support



Good p. Factors

video

Video: What is it like to be OCD

Case development

- Also, her brother Saad, has the same symptoms of Layla whenever he is exposed to cues that remind him with the car accident that he had 2 years ago. Saad had serious injuries in that accident and he was in coma for 3 weeks. His friend died in the same accident. He also has flashbacks related to that accident. Also, he refuses to talk about the accident and avoids drive in the street where the accident happened.

- Also, her brother Saad, has the **same symptoms** of Layla whenever he is exposed to cues that remind him with the car accident that he had 2 years ago. Saad had **serious** injuries in that accident and he was in coma for 3 weeks. His friend **died** in the same accident. He also has **flashbacks** related to that accident. Also, he **refuses** to talk about the accident and **avoids** drive in the street where the accident happened.

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Re-experience

- Flash-backs
- Nightmares
- Hallucinations
- Cues →



Avoidance

- Place, People
- Conversations
- Amnesia
- Apathy
- Detached



Arousal

- Sleep
- Hypervigilance
- Irritability
- Anger

TRAUMA

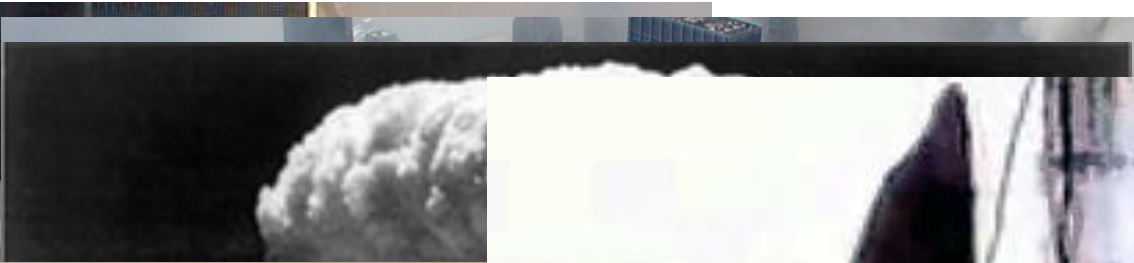
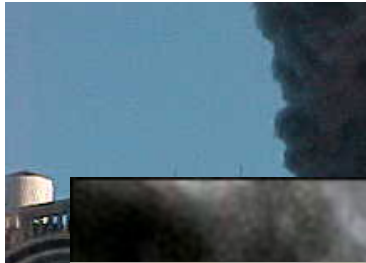
Acute stress disorder and PTSD

- After exposure to traumatic life events.
- Duration > a month after the event.
- Acute stress disorder: occurs earlier than PTSD (within 4 weeks of the event) and remits within 2 days to 4 weeks.
- Must significantly affect important areas of life (family and work)



Acute stress disorder and PTSD

- The stressors are sufficiently overwhelming to affect almost anyone.
- arise from experiences in war, torture, natural catastrophes, assault, rape, and serious accidents, for example, in cars and in burning buildings.



DSM-IV-TR Diagnostic Criteria for Posttraumatic Stress Disorder

A The person has been exposed to a **traumatic** event in which both of the following were present:

- the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- the person's response involved intense fear, helplessness, or horror.

Note: In children, this may be expressed instead by disorganized or agitated behavior.

DSM-IV-TR Diagnostic Criteria for Posttraumatic Stress Disorder

B The traumatic event is persistently **re-experienced** in one (or more) of the following ways:

- **recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.** **Note:** In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
- **recurrent distressing dreams of the event.** **Note:** In children, there may be frightening dreams without recognizable content.
- **acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative **flashback episodes**, including those that occur on awakening or when intoxicated).** **Note:** In young children, trauma-specific reenactment may occur.
- **intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event**
- physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

DSM-IV-TR Diagnostic Criteria for Posttraumatic Stress Disorder

C Persistent **avoidance** of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

- efforts to avoid thoughts, feelings, or conversations associated with the trauma
- efforts to avoid activities, places, or people that arouse recollections of the trauma
- inability to recall an important aspect of the trauma
- markedly diminished interest or participation in significant activities
- feeling of detachment or estrangement from others
- restricted range of affect (e.g., unable to have loving feelings)
- sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

DSM-IV-TR Diagnostic Criteria for Posttraumatic Stress Disorder

- D** Persistent symptoms of **increased arousal** (not present before the trauma), as indicated by two (or more) of the following:
- difficulty falling or staying asleep
 - irritability or outbursts of anger
 - difficulty concentrating
 - hypervigilance
 - exaggerated startle response
- E** Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.
- F** The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

DSM-IV-TR Diagnostic Criteria for Acute Stress Disorder

- The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event.
- The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition, is not better accounted for by brief psychotic disorder, and is not merely an exacerbation of a preexisting Axis I or Axis II disorder.

PTSD epidemiology

- The lifetime prevalence:
 - 8 % of the general population.
 - up to 75 % in high-risk groups who experienced traumatic events.
 - 5 to 15 % may experience subclinical forms of the disorder.
- The most important risk factors are the severity, duration, and proximity of a person's exposure to the actual trauma.
- Risk Factors: single, divorced, widowed, socially withdrawn, or of low socioeconomic level.

Comorbidity

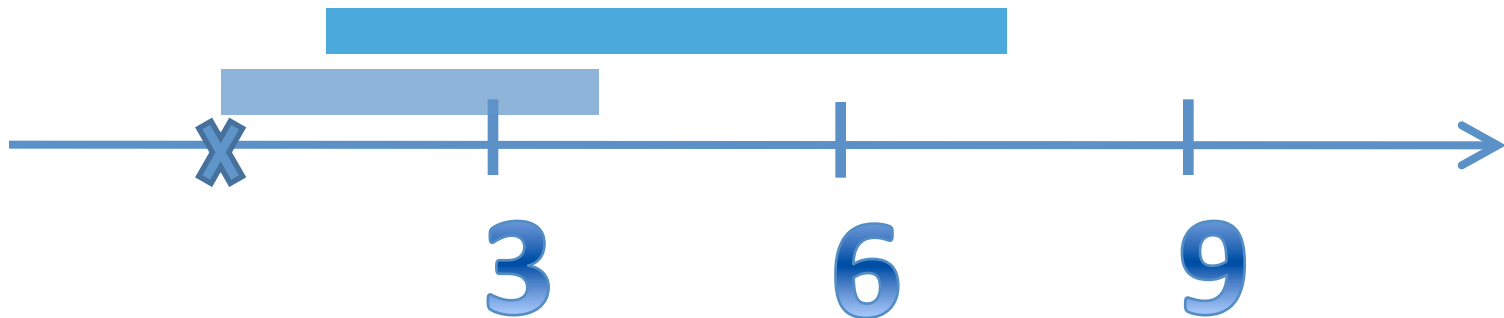
- high rates
- two thirds (66%) having at least two other disorders.
- Common:
 - depressive disorders
 - substance-related disorders
 - other anxiety disorders
 - bipolar disorders.

Prognosis

- Fluctuate over time and may be most intense during periods of stress.
- Untreated,
 - about 30 percent of patients recover completely,
 - 40 percent continue to have mild symptoms,
 - 20 percent continue to have moderate symptoms,
 - 10 percent remain unchanged or become worse.
- After 1 year, about 50 percent of patients will recover.
- A good prognosis
 - rapid onset of the symptoms,
 - short duration of the symptoms (less than 6 months),
 - good pre-morbid functioning,
 - strong social supports
 - absence of other psychiatric, medical, or substance-related disorders or other risk factors.

Adjustment Disorders

- The adjustment disorders: emotional response to a stressful event.
- The stressor involves financial issues, a medical illness, or a relationship problem.
- The symptoms must begin within 3 months of the stressor and must remit within 6 months of removal of the stressor.



DSM-IV-TR Diagnostic Criteria for Adjustment Disorders

Adjustment disorders are coded based on the subtype, which is selected according to the predominant symptoms. The specific stressor(s) can be specified on Axis IV.

With depressed mood

With anxiety

With mixed anxiety and depressed mood

With disturbance of conduct

With mixed disturbance of emotions and conduct

Unspecified

Course and Prognosis

- With appropriate treatment, the overall prognosis of an adjustment disorder is generally favorable.
- Most patients return to their previous level of functioning within 3 months.
- Some persons (particularly adolescents) who receive a diagnosis of an adjustment disorder later have mood disorders or substance-related disorders. Adolescents usually require a longer time to recover than adults.

Bereavement, Grief, and Mourning

- Psychological reactions of those who survive a significant loss.
- Mourning is the process by which grief is resolved.
- Bereavement literally means the state of being deprived of someone by death and refers to being in the state of mourning.

Normal Bereavement Reactions

- Stage 1: Shock and Denial
- Stage 2: Anger
- Stage 3: Bargaining
- Stage 4: Depression
- Stage 5: Acceptance

SUMMARY:

Bereavement or depression ?

- **In bereavement :**

- **NO** morbid feelings of guilt and worthlessness, suicidal ideation, or psychomotor retardation.
- Dysphoria often triggered by thoughts or reminders of the deceased.
- Onset is within the first 2 months of bereavement.
- Duration of depressive symptoms is less than 2 months.
- Functional impairment is transient and mild.
- No family or personal history of major depression.

Case Development

- Her aunt is anxious for the last 8 years. She has excessive worries about daily events mainly toward safety of her kids.

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Generalized Anxiety Disorder

Criteria:

- ❑ **Excessive worries** about many events :
(routine themes “everyday events”, Difficult to control or relax, not productive).
- ❑ **Multiple physical & psychological features.**
- ❑ **Significant impairment in function.**
- ❑ **Not due to GMC , substance abuse or other axis I psychiatric disorder.**
- ❑ **6 months duration** – most of the time

Generalized Anxiety Disorder

Associated features:

- ☐ panic attacks (episodes of short severe anxiety).
- ☐ Sadness +/- weeping
- ☐ Overconcerned about body functions (heart, brain,...)

MSE :

- ☐ Tense posture, excessive movement
e.g. hands (tremor) & head, excessive blinking
- ☐ Sweating.
- ☐ Difficulty in inhalation.

Please God, don't Please God,
don't let the ceiling fall down
on my head tonight!



Generalized Anxiety Disorder

Course & Prognosis

If not properly treated :

- ☐ chronic, fluctuating & worsens with stress.
- ☐ Secondary depression .
- ☐ Possible physical complications: e.g. HTN,DM,IHD

Poor Prognostic Factors:

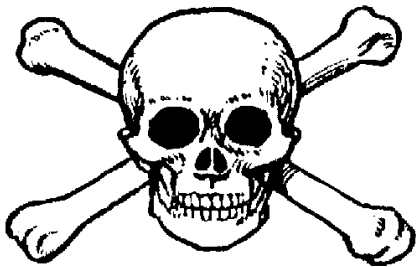
- ☐ Very severe symptoms
- ☐ Personality problems
- ☐ Uncooperative patient.
- ☐ Derealization

ANXIETY .. IN GENERAL

	<i>NORMAL ANXIETY</i>	<i>ABNORMAL ANXIETY</i>
<i>1-Apprehension</i>	Proportional to the trigger (time & severity).	Out of proportion
<i>2- Attention</i>	External trigger > body responses.	body responses > External trigger
<i>3- Features</i>	few - not severe - not prolonged & minimal effect on life .	Many – severe – prolonged & interfere with life.
<i>4- Types</i>	Trait (character) State (situational)	GAD-Panic-Phobias Acute &PTSD- ...etc

Anxiety Disorders

DANGER



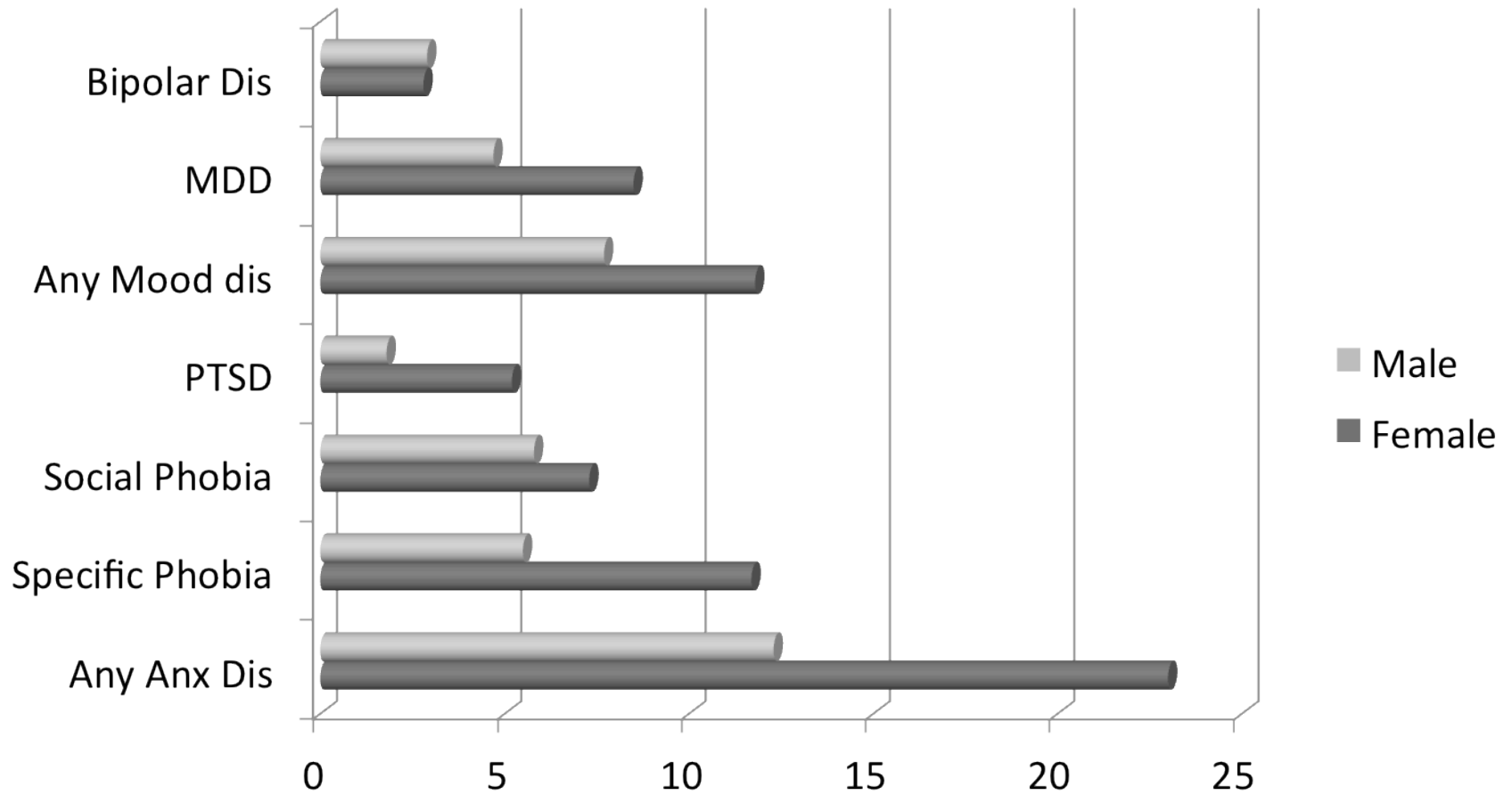
COPING



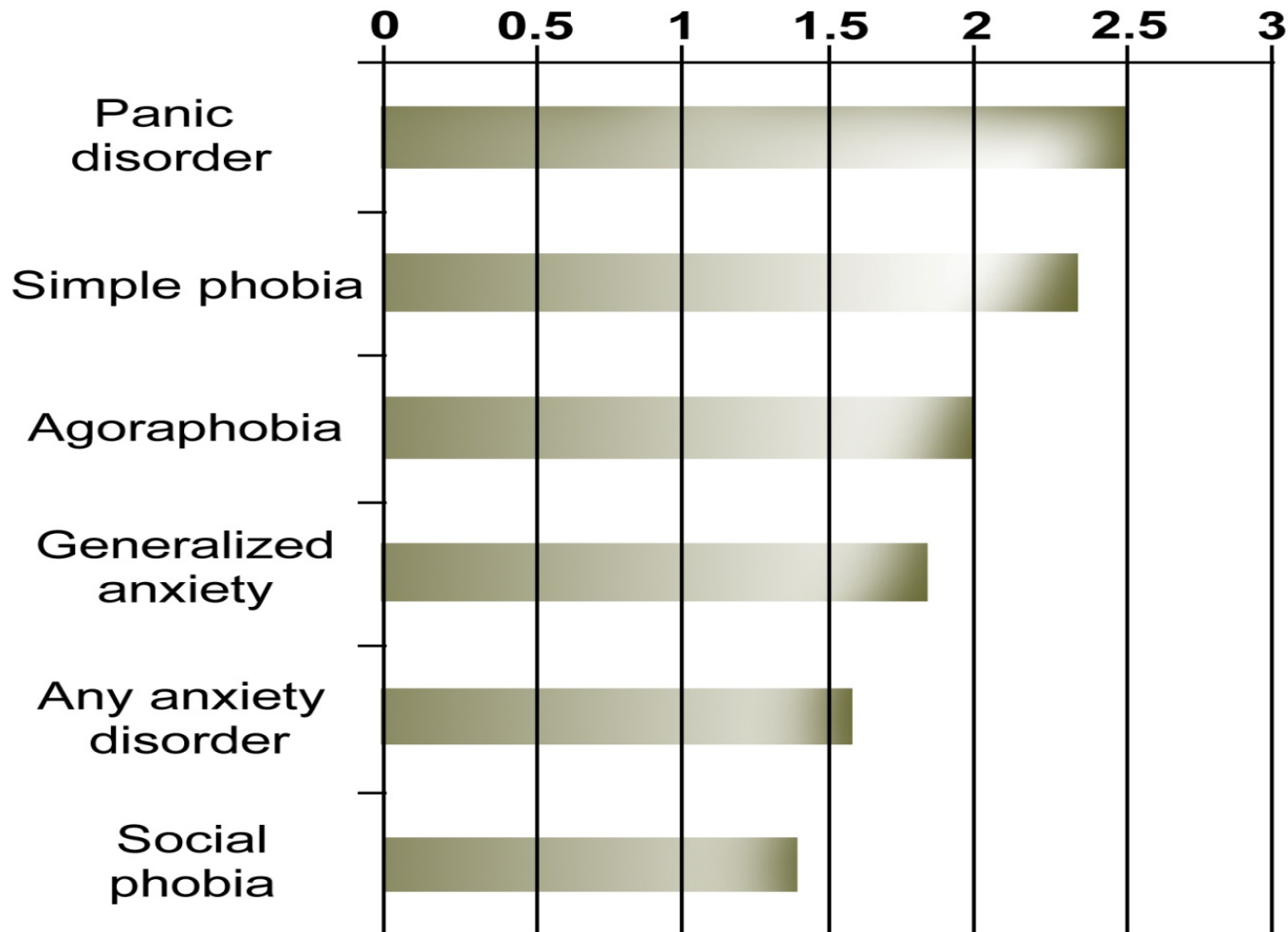
Vicious cycle of panic attack



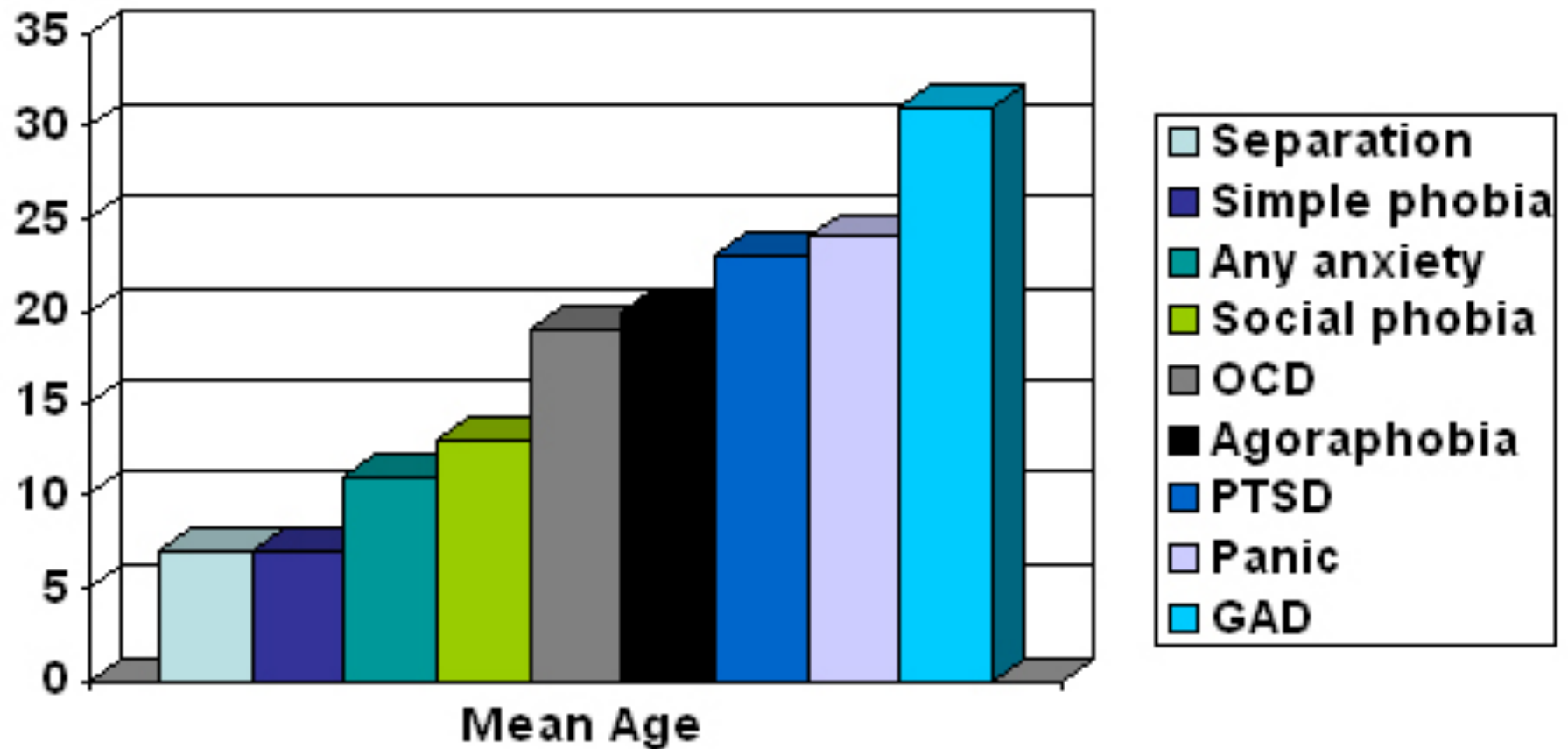
Mental Disorders among Adults (18 and older), in the past year (2001)



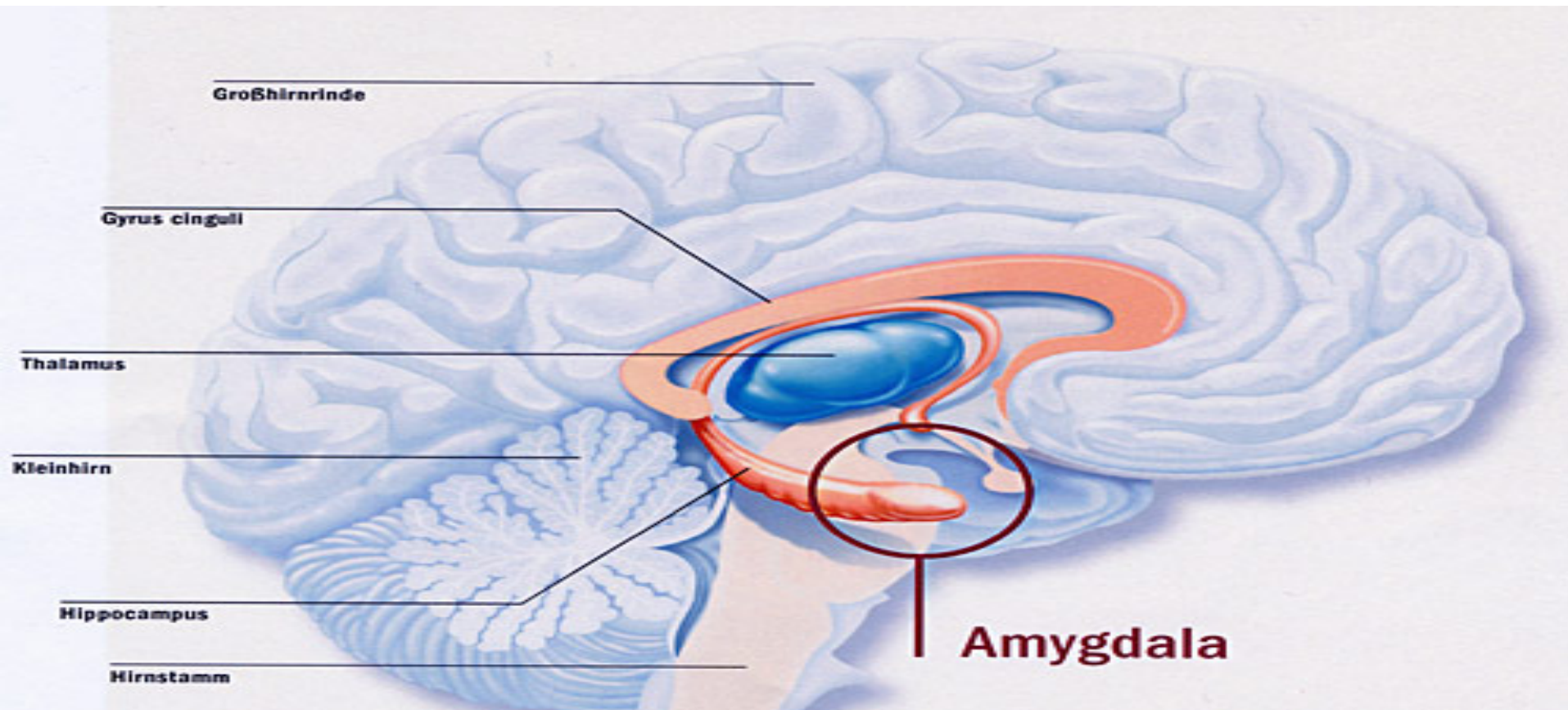
Female to male gender ratio for anxiety disorders



Mean Age of Onset



Fear network



Fear network centered in the **Amygdala** which has interaction with :

- Hippocampus, hypothalamic and brainstem sites (observed signs of fear responses)

Prognosis

- Depends on:
 - Dx (Psychosis → Mood → Anxiety)
 - Severity
 - Duration
 - Support
 - Compliance

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