433 Teams

PSYCHIATRY

Lecture (3)

Anxiety

This work is based on Dr.Alhadi notes and what he is focused on and what are the important points that he wants us to know .we suggest that you read the manual for more details .

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Definitions :

Anxiety : subjective feeling of worry , fear , apprehension and autonomic symptoms (palpitation, sweeting, muscle) caused by anticipation of danger.

Free-floating anxiety : Unfocused anxiety , not related to specific danger.

Fear: anxiety caused by realistic consciously recognized danger.

Panic : Acute, Self-limiting, episodic, intense attack of anxiety associated with dread and autonomic symptoms.

Phobia : Irrational exaggerated fear and avoidance of specific object, situation or activity.

Anticipation of danger : ترقب خطر قادم (مثلاً : أحس إني بسوي حادث اليوم!)
note: we cannot say (disorder) in psychiatry till we have Functional Impairment.
to Have Functional Impairment , we can divide the usual day to 3 parts.
8 hours : occupational or academic life.
8 hours : Family and Social life.
8 hours : sleep period.
impairment in any of these 3 parts will cause functional impairments hence we can say disorder.

Features of anxiety:

- psychological : - excessive worries, fearful anticipation, Hypervigilance, irritability, difficulty concentration, sensitive to noise, insomnia.
(Types of insomnia: 1-initial insomnia.(with anxiety.) 2- early morning awakening insomnia. 3- interrupted sleep insomnia.)
- physical : -CVS. –CNS. –GI. –Skin. –musculoskeletal. And others.

Panic Attack : Sudden, intense, Fear, feeling of doom.
panic attack is a symptoms not a diagnosis.!!!

Could be
1- unexpected panic attack: not associated with trigger. (essential for panic disorder diagnosis)

2- situationally bound (expected) panic attack.(occur when exposure to situational trigger)

Panic disorders:

A- Recurrent, Sudden, Unexpected, panic attack. (if it is expected we can not diagnose it as panic disorder.)
B- one month period of at least 1 of the following:
1-persistent concern about having another attack.
2-worry about consequences of the attack (Death?)
3- significant change in behavior.
C- not due to medical diseases, substance abuse (always exclude medical conditions and drugs in any psychiatric disorders)

Management = assessment + treatment.
Assessment = Hx, PE, MSE, investigation.
in treatment: Bio-psych-social approach.
Explanation, support, reassurance, The mortality in panic disorder is 0% worldwide! No one dies because of panic disorders.

cognitive behavior therapy (CBT) :correction of wrong thoughts.

medications :

(all Anxiety disorders treated by Antidepressant medications except Specific phobia.)

start with SSRIs , the drug will start working after 4 weeks and the panic attack will increase with SSRIs first 2 weeks so combined in first 2 weeks with Benzodiazepine then taper it down slowly. To decrease the panic attacks till the SSRIs start working. (so, why we don't use benzo as a first choice? Because it cause dependence)

Phobic disorders:

1- irrational excessive fear + or – panic attack.

2- Avoidance or endured with +++discomfort !

1- Agoraphobia :

fear and avoidance of crowded places (market, mall, streets and others) while escaping is difficult.

- diagnostic criteria :

A- anxiety about being in place while escaping is difficult.

B- the situation either avoidance or endured with severe distress.

C- symptoms cannot explained by another medical condition.

D- functional impairment.

2- Social phobia :

afraid of make mistakes or being embarrassed by others. Desire to escape or avoidance. CBT is the treatment of choice.

3- specific phobia :

persistent irrational fear of specific object or situations ((blood, elevators, dark places, clown! , and others))

- the only anxiety disorders not treated by Antidepressants.

treatment : 1- desensitization (gradual exposure to specific situation, for example fear of airport and airplane, you ask pt to go to airport street only, then next time just go to the airport gate stop there for a while, then you ask him to enter the airport for next time, and stay in waiting area for a while, then you ask him to have a ticket and enter for boarding area, then ask him to travel after the fear disappear)

2- Flooding : sudden exposure to a specific place (like enter with him to elevator and stay there for 30 mins at least.)

- beta-blocker to and benzo to relief symptoms not to treat. Before the exposure. (someone has airplane phobia , and his airplane next week and no time for manage him (desensitization and flooding need 6-9 months) he should take benzo before the flight to be relaxed, but someone has an exam and want to be relaxed should take Beta-blocker because it doesn't affect the cognitive while benzo affect cognition) this is not treatment just to relive the symptoms **temporally**.

Generalized Anxiety Disorder (GAD) :

concern of everyday matter (health, money, usual activity) not to specific situation.

(قلق من كل شيء طبيعي بدون سبب)

Diagnostic criteria :

A- >= 6 months history of excessive anxiety.
B- difficult to control.
C- associated with 3 or more of :
1- restlessness, on edge.
2- easily fatigued .
3- difficulty concertation.
4- irritability.
5- muscle tension.
6- sleep disturbance.
D- the focus of anxiety is not confined to features of an axis I disorders.
E- functional impairments.
F- not due to medical condition, substance and psychological .
- more than 50% of GAD has coexisting mental disorder.

Comorbidity:

More than 50% of patients with GAD have a coexisting mental disorder: especially anxiety disorders (social or specific phobia, or panic disorder) and major depression.

DDx

1. Anxiety disorder due to medical conditions /medications : e.g. anemia/hyperthyroidism.

2. Other anxiety disorders.

3. Mood disorders(depression/mania).

4. Adjustment disorders (with anxious mood).

5. Substance abuse.

management :

1- rule out medical and substance causes.
2- CBT.
3- medications :
A- Antidepressants: SSRIs or SNRIs.
B- Buspirone : to reduce the symptoms of cognitive not somatic symptoms

C- Benzo.

Obsessive compulsive disorder :

Recurrent, obsession or compulsion, sever enough to be time consuming (>1 hr\day), cause marked distress or significant impairment. Excessive and unreasonable. Not better explained by medical condition and substance or drugs.

compulsion: mostly religious in Saudi Arabia , (repetitive ablution).

DDx:

OCD should be differentiated from other mental disorders in which some obsessional symptoms may occur, like: Depressive disorders. Anxiety, panic and phobia disorders. Hypochondriasis. Schizophrenia: some schizophrenic patients have obsessional thoughts, these are usually odd with peculiar content (e.g. sexual or blasphemous). The degree of resistance is doubtful. Organic disorders: some organic mental disorders are associated with obsessions e.g. encephalitis, head injury, epilepsy, dementia. Obsessive Compulsive Personality Disorder (OCPD).

Course and Prognosis:

usually Gradual in onset , waxing and waning, Prognosis of OCD is worse when the patient has OCPD. Good prognosis: presence of mood component (depression/anxiety), compliance with treatment, and family support.

management : Bio-phyco-social

depression treatment if existing, reduce the gulit feeling, then medication.
The best choice in treating OCD is **Clomipramine** (tricyclic antidepressant)
Behavior therapy : Exposure and response prevention (if patient has obsession regarding touching the door and he want to wash his hand after every touch, in **exposure and response prevent** you will make him touch the door and prevent him from washing his hand (same concept in Phobia)

Post-traumatic stress disorder **vs** acute stress disorder

Stress not a situation (misnamed), it means a distress or anxiety.

It has to be Life-threatening trauma.

diagnostic criteria : (for PTSD)

1- exposure to life –threatening event.

2- persistent re-experience of the event (Flashback, dreams)

3-presisntent avoidance of reminder (places, persons)

4- increase arousal (irritable, sleep disturbance)

5- >=1 month , If it is during the first month after the distress will call it Acute stress disorder.

- PSTD usually combined with depression, then substance abuse.

Treatment : psychological approach mainly : support, reassurance, explanation education.

DDx:

1. **Acute stress disorder**: similar features to PTSD but a-onset is within 1 month after exposure to a stressor (If symptoms appeared after one month consider post-traumatic stress disorder(PTSD).
   b- duration: a minimum of 2 days and a maximum of 4 weeks(If symptoms continued more than one month consider PTSD). Treatment: same as for PTSD.

2. Other anxiety disorders(GAD, Panic d., & phobias).
3. Adjustment disorders (stressor is not life-threatening, no dissociative features, mental flash backs or horror).
4. Head injury sequence (if the traumatic event has included injury to the head, e.g. road accident). Neurological examination should be carried out to exclude a subdural hematoma or other forms of cerebral injury.
5. Substance abuse (intoxication or withdrawal).

Treatment:

Psychological (the major approach):

Support – reassurance – explanation – education. Encourage discussing stressful events and overcome patient's denial. In vivo (imaginary) exposure with relaxation and cognitive techniques.

Eye movement desensitization and reprocessing (EMDR): while maintaining a mental image of the trauma the patient focuses on, and follow the rapid lateral movement of the therapist's finger so that the traumatic mental experience is distorted and the associated intense emotions are eliminated.

Group therapy: (for group of people who were involved in a disaster e.g. flooding, fire).

Pharmacological: Symptomatic treatment; anxiolytics (e.g. alprazolam) and serotonin-selective reuptake inhibitors (e.g. sertraline) or tricyclics (e.g. imipramine).

Adjustment disorder:

Not life threatening stressor (divorce, fail in exams) resulting in functional impairment,
most begin within 3 months of stressor , most remit within 6 months after removal of the stressor.

Adjustment disorder can be:

Acute: if the disturbance lasts less than 6 months.
Or
Chronic: if the disturbance lasts for 6 months or longer (when the stressors or consequences continue).

DDx:

1.**Normal psychological reaction** e.g. bereavement.

2.**PTSD/ASD** (life threatening stressor followed by extreme fear, horror, avoidance and flashbacks).

3.**Anxiety disorders** (GAD or panic disorders). 4.**Major depressive disorder**.

5.**Personality disorders**: these are common co-existing problems e.g. histrionic, obsessive compulsive, avoidant, paranoid or borderline personality disorders.

6.**Dissociative Disorders** (dissociative symptoms).

7.**Brief reactive psychosis** (hallucinations/delusions).

Management :

A. **Psychological (treatment of choice)** :

Empathy, understanding, support, & ventilation. Psychosocial Education: explanation & exploration (explore the meaning of the stressor to the patient).

 # Crisis Intervention: (Several sessions over 4 – 8 weeks) :

The patient, during crisis, is passing through emotional turmoil that impairs problem-solving abilities. Build good relationship with the patient. Review the steps that have led to the crisis (stresses, defense mechanisms).

Identify and understand the maladaptive reactions. Manipulate the environment to reduce distress (e.g. hospitalization).

Give small doses of drugs (e.g. anxiolytics) to reduce symptoms. Encourage and support the patient until he goes through the problem.

Transform that into learning a more adaptive ways of coping strategies (for the future, to prevent such maladjustment reactions). After successful therapy the patient usually emerges stronger.

B. **Medication** :
Short course of benzodiazepines in case of adjustment disorder with anxious mood. Small doses of antidepressants might be beneficial for adjustment disorder with depressed mood.

Grief:

- **Normal grief reaction** : It is a continuous psychological process of three stages:

	1. SHOCK	2. DISORGANIZATION	3. REORGANIZATION
Duration	Few hours-several days	A week - 6 months	Weeks to months
Features	• Numbness (lack of emotional response) • Denial (disbelief or incomplete acceptance and feeling of unreality • Searching for the lost person • Anger • Yearning	• Despair ,sadness, weeping • Poor sleep & appetite • Guilt toward deceased. • Experience of presence of the dead person with illusions and pseudo hallucinations. • Social withdrawal • Somatic complaints with anxious mood.	• Symptoms subside and resolve gradually. • Acceptance of the loss with new adjustment. • Memories of good times. • Often there is a temporary return of symptoms on the anniversary of the death.

- **Pathological grief**: There are four types of abnormal grief:

1.Abnormally intense grief	2.Prolonged grief	3.Delayed grief	4.Distorted grief
Symptoms are severe enough to meet criteria for *major depression*: • Severe low mood. • Death wishes with suicidal ideas. • Psychomotor retardation. • Global loss of self-esteem. • Self-blame is global. • Does not respond to reassurance.	Grief lasting for ≥ 6months. Symptoms of the first and second stages persist. May be associated with depression. * Duration of normal grief varies with culture (average 6-12 months).	The first stage of grief does not appear until ≥ *2 weeks* after the death. More frequent after sudden, traumatic or unexpected death.	Features that are unusual e.g. : -marked overactivity. -marked hostility. -psychomotor features.

Management :

Anxiolytic for few days are helpful.

Medications : (Anxiolytics) :

Anti-anxiety Medications (Anxiolytics)

Benzodiazepines

They act on specific receptor sites (benzodiazepine receptors) linked with gamma aminobutyric acid (GABA) receptors in the C.N.S. They enhance GABA action which has an inhibitory effect.

- They have several actions:
  - Sedative & hypnotic action.
  - Anxiolytic action.
  - Anticonvulsant action.
  - Muscle relaxant action.
- They differ in potency and half-life:
  Relatively short acting e.g. alprazolam (xanax), lorazepam (ativan) & Long acting (more than 24 hours) e.g. diazepam (valium) and clonazepam (rivotril).

- **Side effects:**
  - Dizziness and drowsiness (patient should be warned about these side effects which may impair functions e.g. operation of dangerous machinery, driving).
  - Release of aggression due to reducing inhibition.
  - Dependence and withdrawal:
    - If given for several weeks.
    - Short acting drugs have more risk of dependence.
- **Withdrawal Syndrome:**
  - It generally begins 2 – 3 days after cessation of short acting, and 7 days after cessation of long acting benzodiazepines and then diminishes in another 3 – 10 days.
  - **Features:**
    - Anxiety, irritability, apprehension
    - Nausea
    - Tremor and muscle twitching
    - Heightened sensitivity to stimuli
    - Headache
    - Sweating
    - palpitation
    - Muscle pain
    - Withdrawal fit may occur when the dose of benzodiazepine taken has been high.
  - Withdrawal is treated with a long acting benzodiazepine (e.g. diazepam) in equivalent doses before withdrawal then the dose is reduced gradually by about 10 – 20 % every 10 days.

Buspirone (Buspar)

It has anxiolytic activity comparable to that of benzodiazepines. However, it is pharmacologically unrelated to benzodiazepines.

It stimulates 5HT – 1A receptors and reduces 5 HT (serotonin) transmission.

It's onset of action is gradual (several days – weeks) therefore, it is not effective on PRN basis.

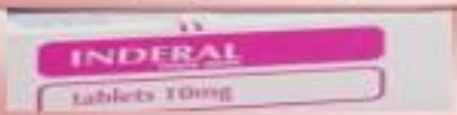
It does not cause functional impairment, sedation nor interaction with CNS depressants.

It does not appear to lead to dependence.

Adverse effects:

- Headache.
- Irritability.
- Nervousness.
- Light-headedness.

Adrenergic Receptor Antagonists



Beta Blockers (e.g. propranolol; inderal) are frequently used to control tremor and palpitation in performance anxiety (social phobia) 10 to 40 mg of propranolol 30-60 minutes before the anxiety-provoking situation).

Other uses in psychiatry:

1- **other anxiety disorders (e.g. GAD).**
2- **neuroleptic-induced akathisia**
3- **lithium-induced postural tremor.**
4- **control of aggressive behavior.**

Caution in patients with asthma, insulin-dependent diabetes, & cardiac diseases(CCF, IHD).

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