

Anxiety Disorders

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Objectives:

- List the diagnostic criteria for anxiety disorders according to DSM5.
- Discuss the prevalence and causes of Anxiety disorders.
- Discuss the treatment plan.



Introduction

- Case
- Hx
- MSE
- Types of Anxiety



Anxiety Disorders DSM-IV-TR

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)



Anxiety Disorders in DSM5

Anxiety Disorders

- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia
- Social Anxiety Disorder
- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder
- Substance/Medication-Induced Anxiety Disorder
- Anxiety Disorder Due to Another Medical Condition

Obsessive-Compulsive and Related Disorder

- Obsessive-Compulsive Disorder
- Body Dysmorphic Disorder
- Hoarding Disorder
- Trichotillomania (Hair-Pulling Disorder)
- Excoriation (Skin-Picking) Disorder
- Substance/Medication-Induced Obsessive-Compulsive and Related Disorder
- Obsessive-Compulsive and Related Disorder Due to Another Medical Condition

Trauma- and Stressor-Related Disorders

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorders

Case Vignette:

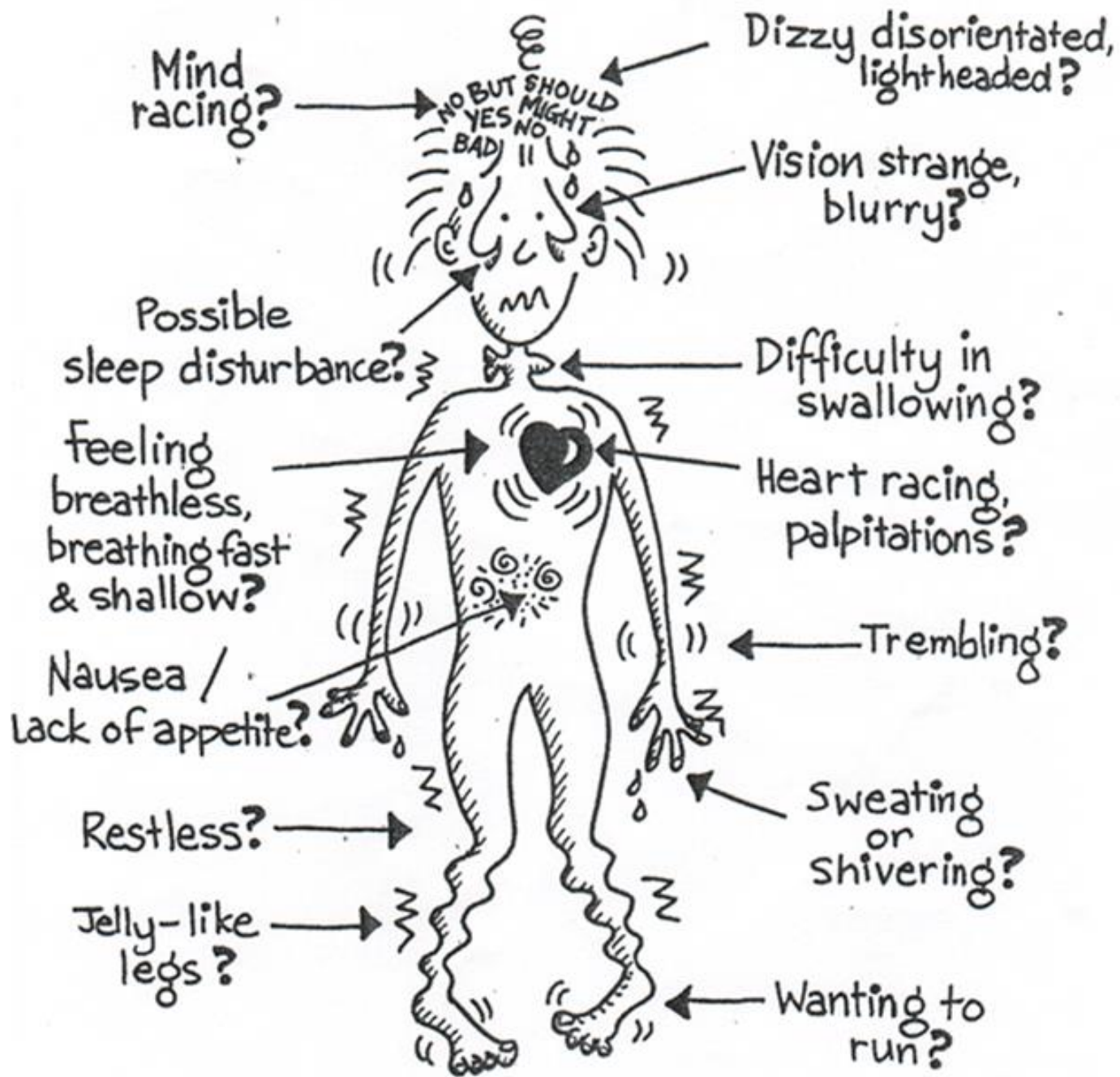
- Layla is 31 year old female. She came to your clinic complaining of fearfulness, palpitations, shortness of breath and impaired concentration. She is afraid that she will die. These symptoms come suddenly in episodes for the last two months.

Case Vignette:

- 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.

Features of Anxiety

Psychological	Physical
<p data-bbox="104 496 929 546">Excessive worries + anticipation</p> <p data-bbox="104 611 214 661">Fear</p> <p data-bbox="104 725 900 775">Apprehension + hypervigilance</p> <p data-bbox="104 839 701 889">Difficulty concentrating</p> <p data-bbox="104 953 697 1003">Feeling of restlessness</p> <p data-bbox="104 1068 591 1118">Sensitivity to noise</p> <p data-bbox="104 1168 566 1218">Sleep disturbance</p>	<p data-bbox="1097 454 1267 504">Neuro:</p> <p data-bbox="1097 568 1213 618">ENT:</p> <p data-bbox="1097 682 1470 732">CVS & CHEST:</p> <p data-bbox="1097 796 1170 846">GI:</p> <p data-bbox="1097 911 1418 961">Genito-urin.:</p> <p data-bbox="1097 1025 1242 1075">SKIN:</p> <p data-bbox="1097 1139 1228 1189">MSS:</p>





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

Imagine!!

Anxiety Disorders

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Acute Stress Disorder

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.  
- can be ass./with  
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```

Unexpected

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

***Situationally
bound***

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

Panic Disorder

Diagnostic Criteria 300.01 (F41.0)

A. Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur;

Note: The abrupt surge can occur from a calm state or an anxious state.

1. Palpitations, pounding heart, or accelerated heart rate.
2. Sweating.
3. Trembling or shaking.
4. Sensations of shortness of breath or smothering.
5. Feelings of choking.
6. Chest pain or discomfort.

Panic Disorder

Diagnostic Criteria 300.01 (F41.0)

7. Nausea or abdominal distress.
8. Feeling dizzy, unsteady, light-headed, or faint.
9. Chills or heat sensations.
10. Paresthesias (numbness or tingling sensations).
11. Derealization (feelings of unreality) or depersonalization (being detached from oneself).
12. Fear of losing control or “going crazy.”
13. Fear of dying.

Note: Culture-specific symptoms (e.g., tinnitus, neck soreness, headache, uncontrollable screaming or crying) may be seen. Such symptoms should not count as one of the four required symptoms.

Panic Disorder

Diagnostic Criteria 300.01 (F41.0)

- B. At least one of the attacks has been followed by 1 month (or more) of one or both of the following:
1. Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, “going crazy”).
 2. A significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations).

Panic Disorder

Diagnostic Criteria 300.01 (F41.0)

- C. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism, cardiopulmonary disorders).
- D. The disturbance is not better explained by another mental disorder (e.g., the panic attacks do not occur only in response to feared social situations, as in social anxiety disorder: in response to circumscribed phobic objects or situations, as in specific phobia: in response to obsessions, as in obsessive-compulsive disorder: in response to reminders of traumatic events, as in posttraumatic stress disorder: or in response to separation from attachment figures, as in separation anxiety 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**

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**
- ❑ **Bio-Psycho-Social**
- ❑ **Medications:**
 - SSRIs / SNRIs**
 - TCA_s**
 - BNZ**
- ❑ **CBT**
- ❑ **Social**

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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Acute Stress Disorder

Phobia

```
graph TD; Phobia[Phobia] --- FEAR[FEAR]; Phobia --- Avoidance[Avoidance]; FEAR --- FEAR_desc["± panic attack"]; Avoidance --- Avoidance_desc["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
<p>Objects or situations:</p> <ul style="list-style-type: none">blood ex.dental clinichospitalairplane (height)animalsinsectsthunderstormsclosed spaces/liftsdarknessclowns	<p>Embarrassment when observed performing badly <u>or</u> showing anxiety features.</p> <p>e.g. speaking in public, leading prayer serving guests</p> <p>*Functional impair.</p>	<p>where it is difficult or embarrassing to escape or get help.</p> <ol style="list-style-type: none">1) Away from home,2) Crowded places, or3) Confinement (in-closed spaces e.g. bridges or in-closed vehicles (e.g. bus) *. <p>*Anxiety about fainting and / or loss of control</p> <p>Functional impair.</p>

Specific Phobia DSM5

- A. Marked fear or anxiety about a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood). Note: In children, the fear or anxiety may be expressed by crying, tantrums, freezing, or clinging.
- B. The phobic object or situation almost always provokes immediate fear or anxiety.
- C. The phobic object or situation is actively avoided or endured with intense fear or anxiety.

Specific Phobia DSM5

- D. The fear or anxiety is out of proportion to the actual danger posed by the specific object or situation and to the sociocultural context.
- E. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.
- F. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- G. The disturbance is not better explained by the symptoms of another mental disorder, including fear, anxiety, and avoidance of situations associated with panic-like symptoms or other incapacitating symptoms (as in agoraphobia); objects or situations related to obsessions (as in obsessive-compulsive disorder); reminders of traumatic events (as in posttraumatic stress disorder); separation from home or attachment figures (as in separation anxiety disorder); or social situations (as in social anxiety disorder).

Social Anxiety Disorder

(Social Phobia) DSM5

- A. **Marked fear or anxiety** about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g., giving a speech). Note: In children, the anxiety must occur in peer settings and not just during interactions with adults.
- B. The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or **embarrassing**: will lead to rejection or offend others).

Social Anxiety Disorder

(Social Phobia) DSM5

- C. The social situations **almost always provoke fear or anxiety**.
Note: In children, the fear or anxiety may be expressed by crying, tantrums, freezing, clinging, shrinking, or failing to speak in social situations.
- D. The social situations are **avoided** or endured with intense fear or anxiety.
- E. The fear or anxiety **is out of proportion** to the actual threat posed by the social situation and to the sociocultural context.
- F. The fear, anxiety, or avoidance is **persistent**, typically lasting for **6 months** or more.

Social Anxiety Disorder

(Social Phobia) DSM5

- G. The fear, anxiety, or avoidance **causes clinically significant distress** or impairment in social, occupational, or other important areas of functioning.
 - H. The fear, anxiety, or avoidance is **not attributable to the physiological effects of a substance** (e.g., a drug of abuse, a medication) or another medical condition.
 - I. The fear, anxiety, or avoidance **is not better explained by the symptoms of another mental disorder**, such as panic disorder, body dysmorphic disorder, or autism spectrum disorder.
 - J. If another medical condition (e.g., Parkinson's disease, obesity, disfigurement from burns or injury) is present, the fear, anxiety, or avoidance **is clearly unrelated or is excessive**.
- Specify if: **Performance** only: If the fear is restricted to speaking or performing in public.

Agoraphobia

Diagnostic Criteria 300.22 (F40.00) A.

- A. Marked fear or anxiety about two (or more) of the following five situations:
1. Using public transportation (e.g., automobiles, buses, trains, ships, planes).
 2. Being in open spaces (e.g., parking lots, marketplaces, bridges).
 3. Being in enclosed places (e.g., shops, theaters, cinemas).
 4. Standing in line or being in a crowd.
 5. Being outside of the home alone.
- B. The individual fears or avoids these situations because of thoughts that escape might be difficult or help might not be available in the event of developing panic-like symptoms or other incapacitating or embarrassing symptoms (e.g., fear of falling in the elderly; fear of incontinence).

Agoraphobia

Diagnostic Criteria 300.22 (F40.00) A.

- C. The agoraphobic situations almost always provoke fear or anxiety.
- D. The agoraphobic situations are actively avoided, require the presence of a companion, or are endured with intense fear or anxiety.
- E. The fear or anxiety is out of proportion to the actual danger posed by the agoraphobic situations and to the sociocultural context.
- F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

Agoraphobia

Diagnostic Criteria 300.22 (F40.00) A.

- G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- H. If another medical condition (e.g., inflammatory bowel disease, Parkinson's disease) is present, the fear, anxiety, or avoidance is clearly excessive.
- I. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder—for example, the symptoms are not confined to specific phobia, situational type; do not involve only social situations (as in social anxiety disorder); and are not related exclusively to obsessions (as in obsessive-compulsive disorder), perceived defects or flaws in physical appearance (as in body dysmorphic disorder), reminders of traumatic events (as in posttraumatic stress disorder), or fear of separation (as in separation anxiety disorder). Note: Agoraphobia is diagnosed irrespective of the presence of panic disorder. If an individual's presentation meets criteria for panic disorder and agoraphobia, both diagnoses should be assigned.

VIDEO

Summary

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

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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Acute Stress Disorder

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

DSM5

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- B. The individual finds it difficult to control the worry.
- C. The anxiety and worry are associated with **three** (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months); Note: Only one item is required in children.
 1. Restlessness or feeling keyed up or on edge.
 2. Being easily fatigued.
 3. Difficulty concentrating or mind going blank.
 4. Irritability.
 5. Muscle tension.
 6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

Generalized Anxiety Disorder

DSM5

- D. The anxiety, worry, or physical symptoms cause **clinically significant distress or impairment** in social, occupational, or other important areas of functioning.
- E. The disturbance is **not** attributable to the physiological effects of a **substance** (e.g., a drug of abuse, a medication) or **another medical condition** (e.g., hyperthyroidism).
- F. The disturbance is **not** better explained by **another mental disorder** (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).


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.

A cartoon illustration of a man lying in bed, looking extremely worried. He is propped up on several red pillows. He is wearing a blue patterned shirt and orange pants. His hands are clasped together in prayer. A speech bubble above him contains the text: "Please God, don't Please God, don't let the ceiling fall down on my head tonight!". To the left, another person is sleeping peacefully in a bed, unaware of the man's predicament. The background is a simple white wall with a vertical line representing a door or window frame.

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:

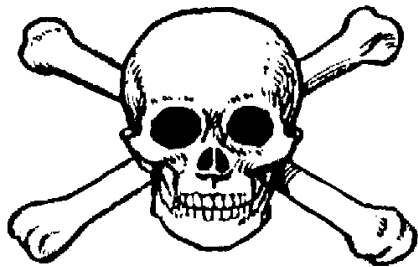
- Very severe symptoms
- Personality problems
- Uncooperative patient.
- Derealization

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



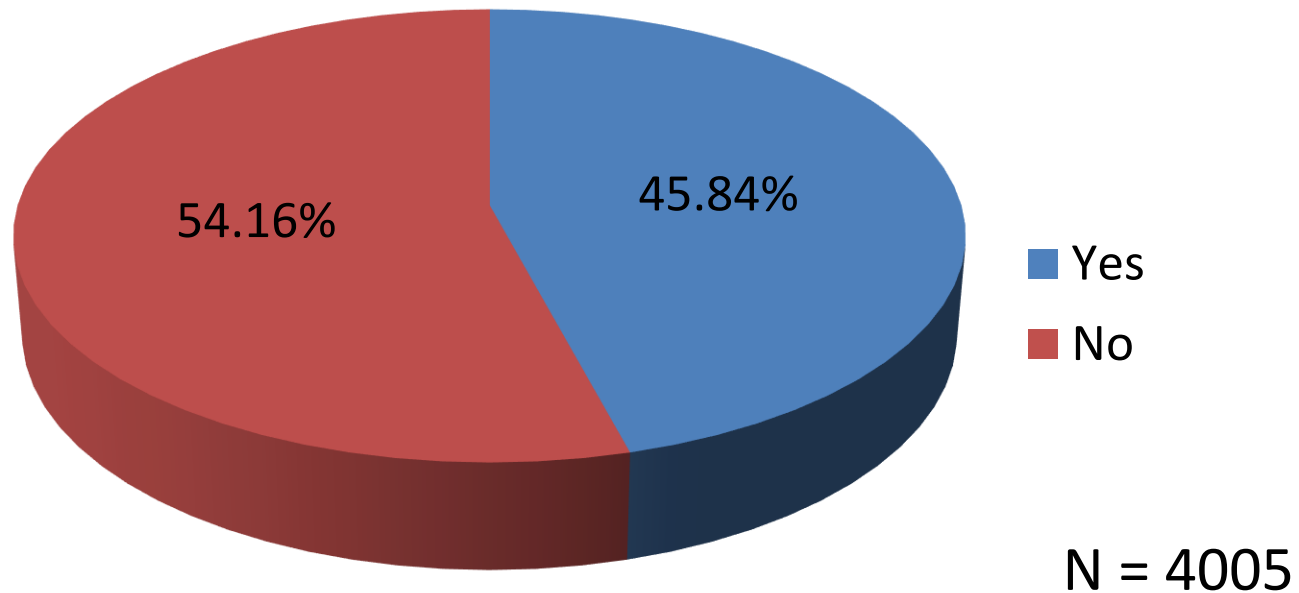
COPING



PREVALENCE IN SAUDI ARABIA

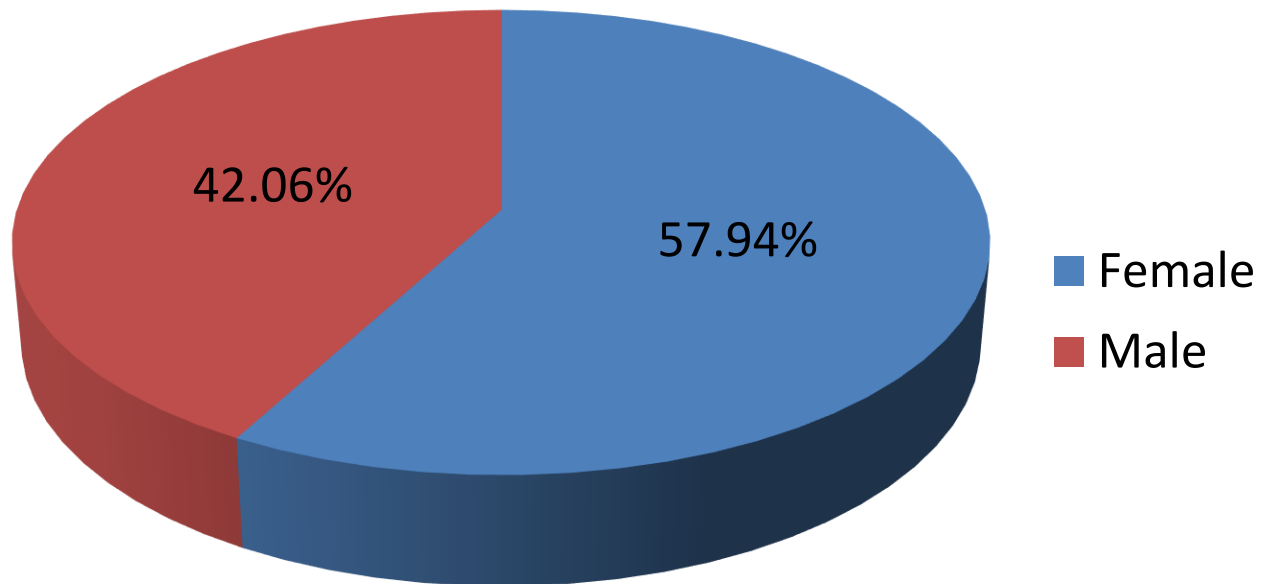
Preliminary Results: How many people qualify for a psychiatric diagnosis in the Saudi population?

Any Disorder



Preliminary Results: Prevalence of psychiatric disorders by gender

Gender



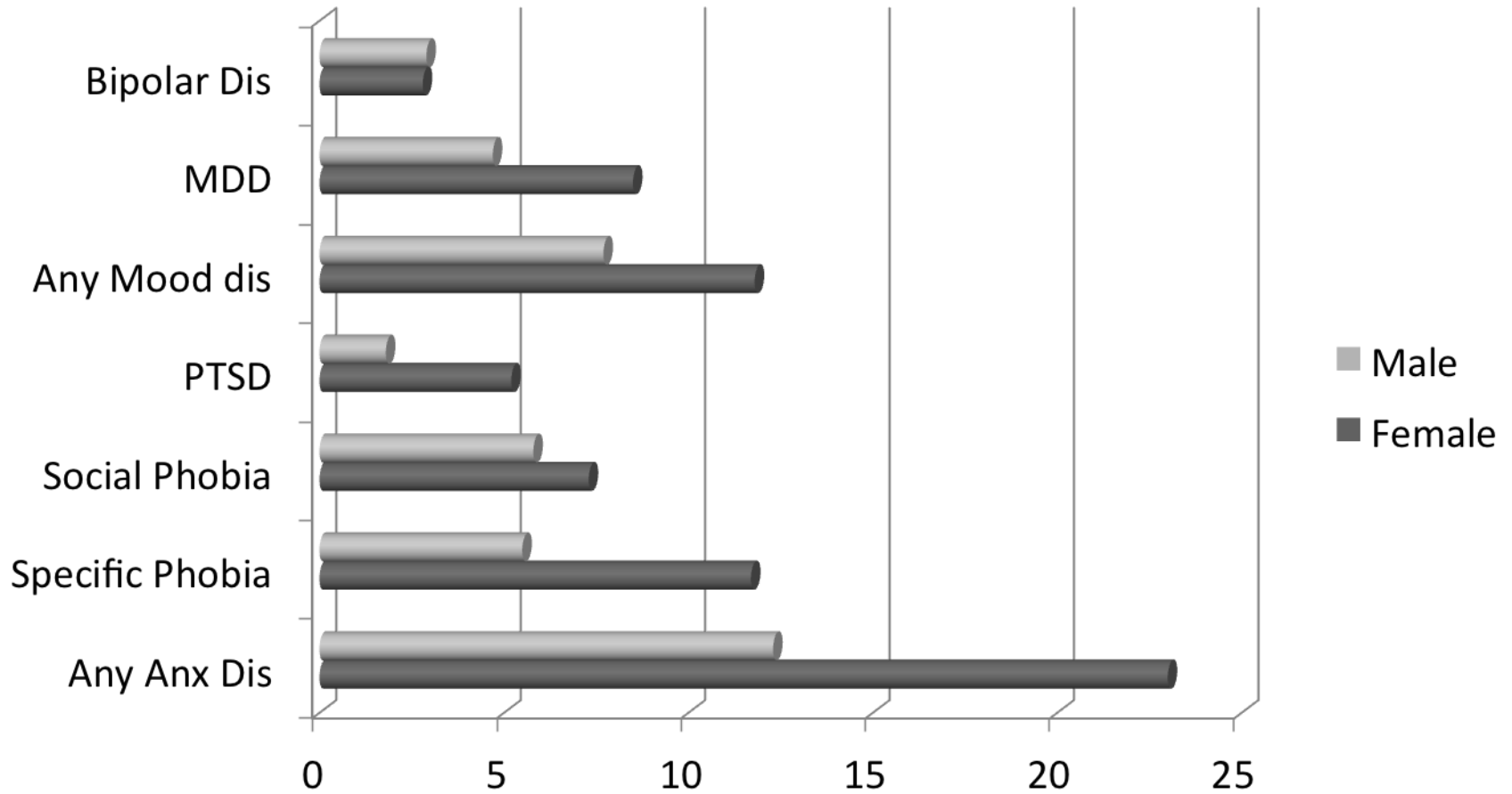
N = 4005

Preliminary Results: Lifetime prevalence estimates of the most prevalent and most common DSM-IV/CIDI disorders in the Saudi National Mental Health Survey, N = 4005

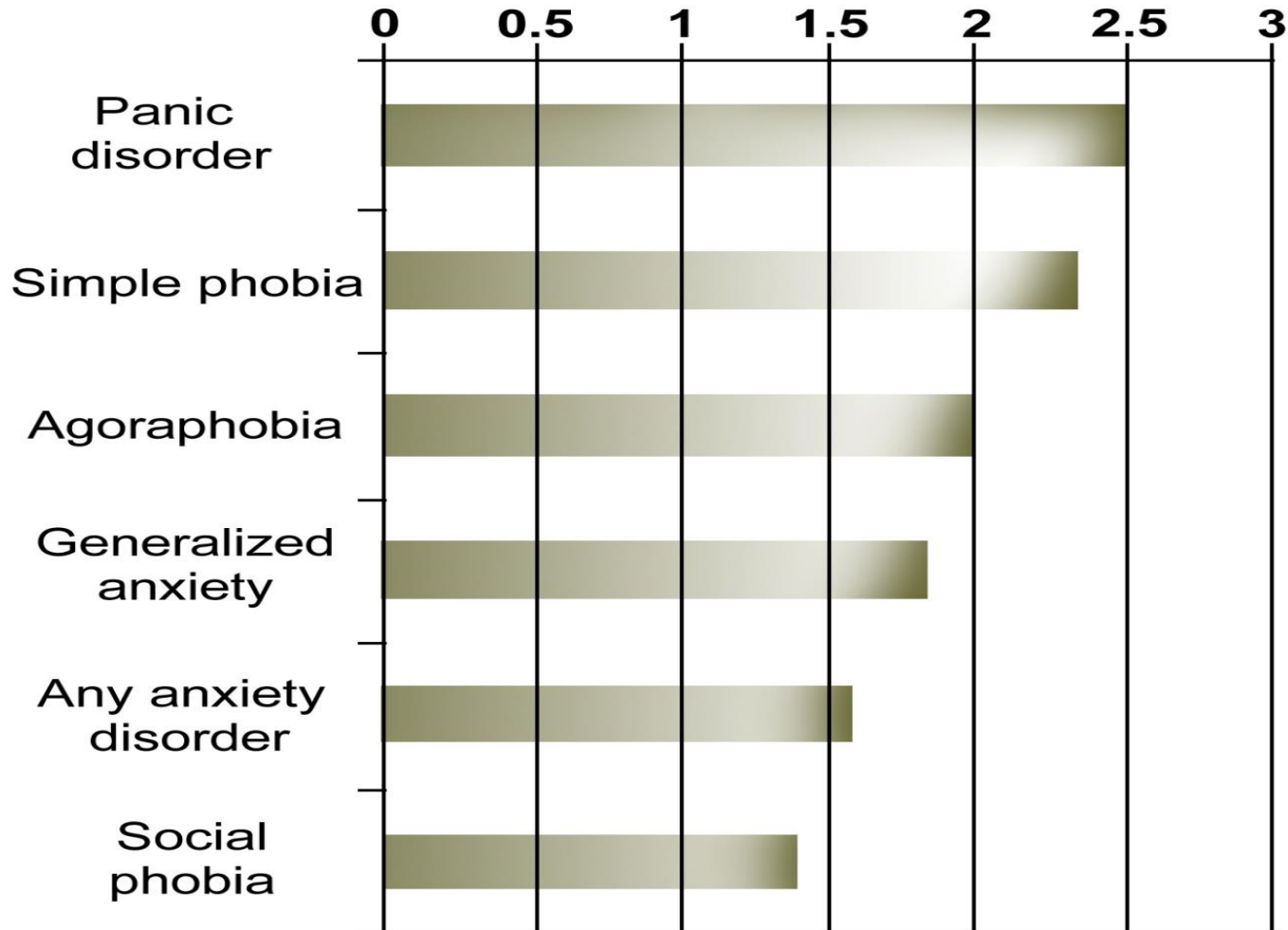
Disorders	Percent (%)	SE*
Panic Attack	22.66	1.2
Agoraphobia with/without Panic Disorder	19.41	1.3
Agoraphobia without Panic Disorder	15.62	1.2
Major Depressive Episode	11.98	1.1
Social Phobia	11.52	1.1
Obsessive Compulsive Disorder	8.02	0.9
Old Bipolar I Disorder	8.39	0.9
Posttraumatic Stress Disorder	2.97	0.4
Drug Abuse	3.13	0.7
Generalized Anxiety Disorder	2.31	0.5
Bulimia	2.79	0.5
Drug Dependence	0.79	0.2
Alcohol Dependence	0.52	0.2
Alcohol Abuse	0.48	0.2
Anorexia	0.22	0.1

*SE = Standard Error

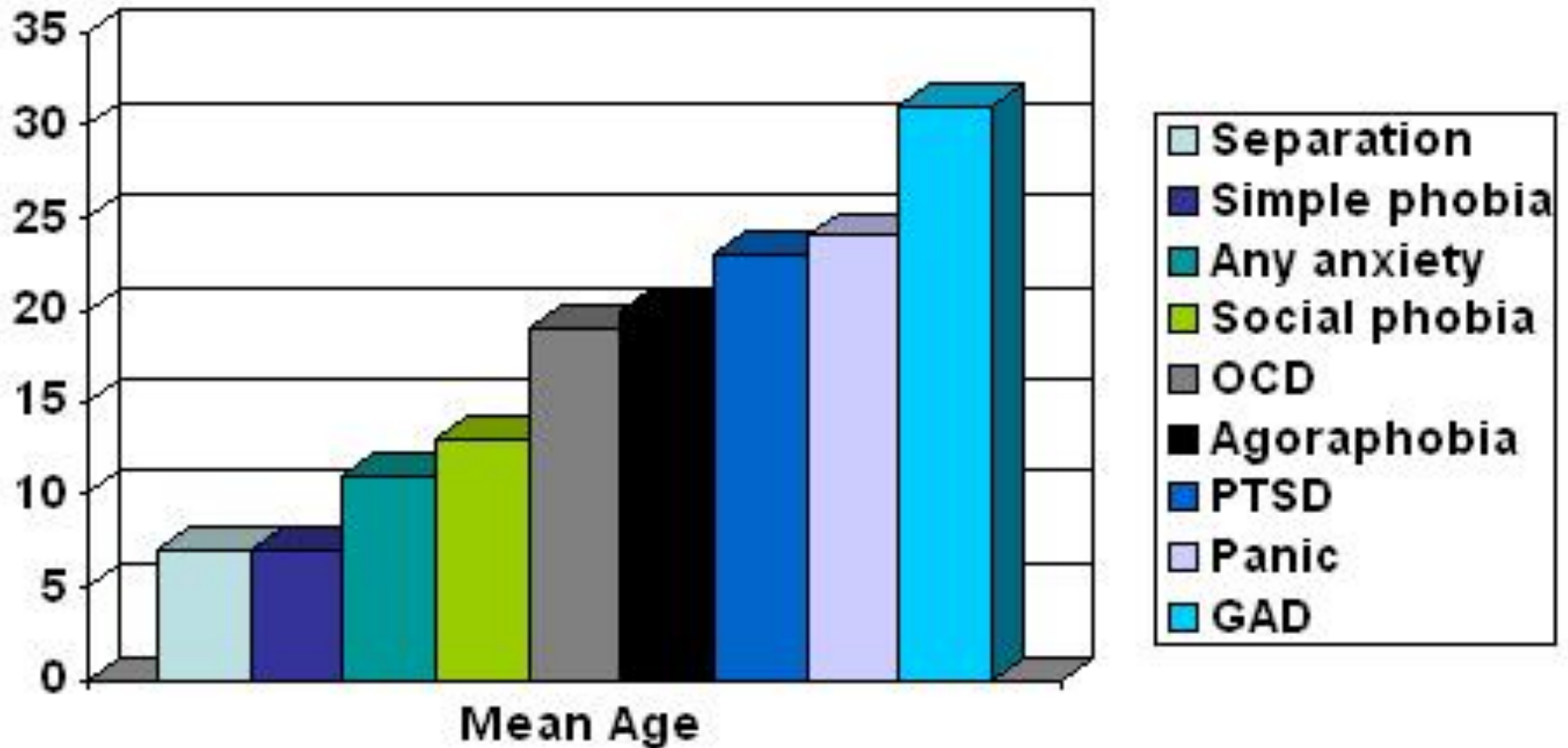
Mental Disorders among Adults (18 and older), in the past year (2001)



Female to male gender ratio for anxiety disorders



Mean Age of Onset



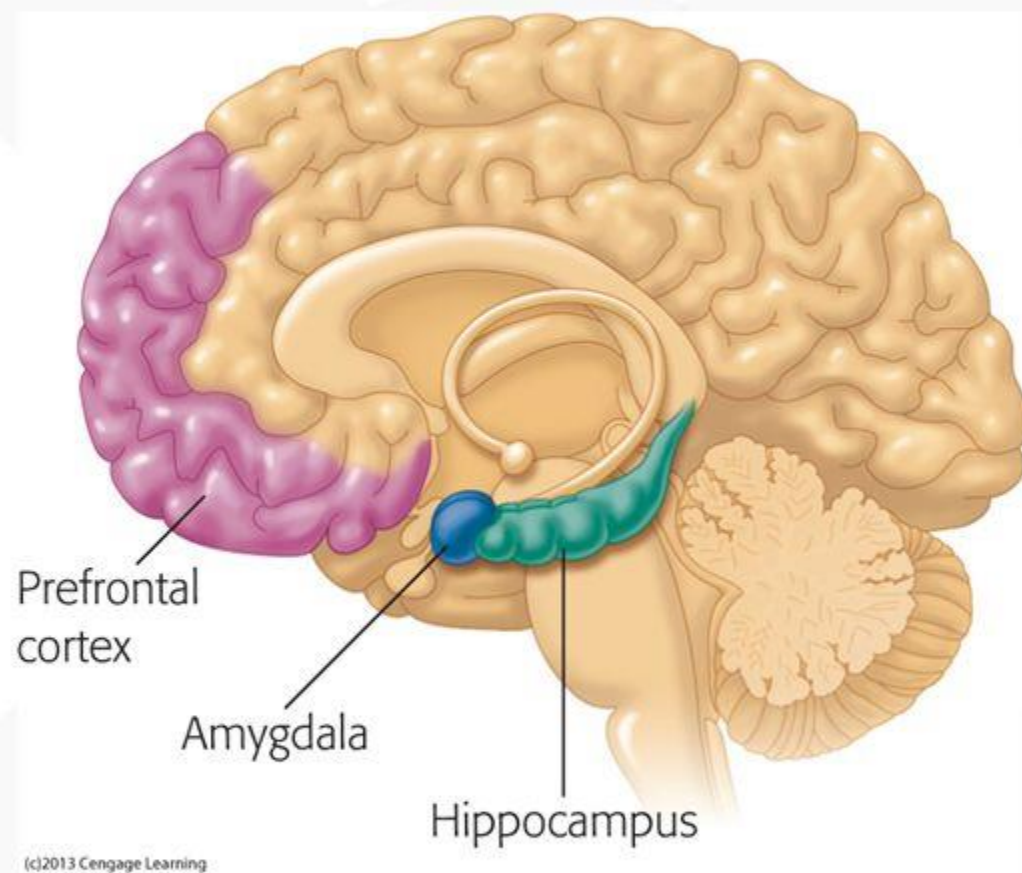


Figure 4-3 Neuroanatomical Basis for Panic and Other Anxiety Disorders The fear network in the brain is centered in the amygdala, which interacts with the hippocampus and areas of the prefrontal cortex. Antianxiety medications appear to desensitize the fear network. Some psychotherapies also affect brain functioning related to anxiety.

Prognosis

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

Summary

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- Hx
- MSE
- Types of Anxiety