Anxiety Disorders

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Anxiety Disorders are…

- Common
- Often have an early onset
  - teens or early twenties
- Show 2:1 female predominance
- Have a waxing and waning course over lifetime

Normal vs. Pathologic Anxiety

- Normal anxiety is adaptive. It is an inborn response to threat or to the absence of people or objects that signify safety.
  - cognitive (worry)
  - somatic (racing heart, sweating, shaking, freezing, etc.)
- Pathologic anxiety is anxiety that is excessive, impairs function.

Primary vs. Secondary Anxiety

- Anxiety may be due to a primary psychiatric disorder, OR
- Secondary to
  - Substance abuse
    - Substance-Induced Anxiety Disorder
  - A medical condition
    - Anxiety Disorder Due to a General Medical Condition
  - Another psychiatric condition
  - Psychosocial Stressors
    - Adjustment Disorder with Anxiety

Primary Anxiety Disorders

- Panic Disorder
- Specific Phobia
- Social Phobia
- Generalized Anxiety Disorder
- Obsessive-Compulsive Disorder
- Post-Traumatic Stress Disorder
- Acute Stress Disorder

Panic Attack

A discrete period of intense fear in which 4 of the following symptoms abruptly develop and peak within 10 minutes:

- Palpitations or rapid heart rate
- Feeling dizzy or faint
- Shortness of breath
- Chest pain or discomfort
- Sweating
- Chills or hot flushes
- Feeling of choking
- Nausea/GI distress
- Derealization or depersonalization
- Fear of loss of control or going crazy
- Fear of dying
- Paresthesias
- Trembling or shaking

Panic Disorder

- Recurrent unexpected panic attacks
- At least one month of:
  - Persistent worry about having additional attacks
  - Worry about the implications of the attacks
  - Significant change in behavior because of the attack

Panic Disorder Epidemiology

- 1.6-2.2% of general population
- 5-10% of primary care patients
- Onset in teens or early 20's
- Female:male 2-3:1

Panic Disorder Co-Morbidity

- 30-50% have agoraphobia
  - avoidance of situations where escape would be difficult
- 50-60% have lifetime major depression
  - one third with current depression
- 20-25% have history of substance dependence

Panic Disorder Etiology

- Drugs/alcohol
- Genetics
- Social learning
- Cognitive theories
- Neurobiology/conditioned fear
- Psychosocial stressors
  - prior separation anxiety

Panic Disorder Treatment

- Education, reassurance, elimination of caffeine, alcohol, drugs, OTC stimulants
- Cognitive-behavioral therapy
- Medications
  - SSRIs, venlafaxine, tricyclics, MAOIs, benzodiazepines, valproate, gabapentin
- Treatment response >70%

Generalized Anxiety Disorder

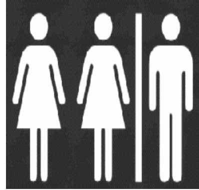
- Excessive worry
  - more days than not
  - for at least 6 months
  - about a number of events
  - difficult to control the worry.
- 3 or more of the following symptoms:

Easily fatigued,
difficulty concentrating,
sleep disturbance

Restlessness,
irritable,
muscle tension

Generalized Anxiety Disorder Epidemiology

- 5 % of general population
- Onset in childhood or adolescence
- Female:male
  - 2 to 1



Generalized Anxiety Disorder Co-Morbidity

- 90% have at least one other lifetime Axis I disorder
- 66% have another current Axis I disorder
- Worse prognosis over 5 years than panic disorder

Generalized Anxiety Disorder Treatment

- Medications
  - buspirone
  - benzodiazepines
  - antidepressants
    - SSRIs, venlafaxine, imipramine
- Cognitive-behavioral therapy

Obsessive-Compulsive Disorder Obsessions

- recurrent and persistent thoughts, impulses or images that are intrusive, inappropriate and cause marked anxiety
  - not simply excessive worries about real-life problems
  - attempts are made to ignore, suppress or neutralize
  - The person recognizes these thoughts or images are products of their own mind

Obsessive-Compulsive Disorder Compulsions

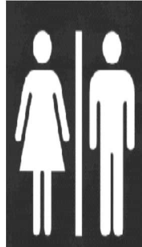
- Repetitive behaviors or mental acts
  - driven to perform in response to an obsession
  - according to rigidly applied rules
- The behaviors or acts are aimed at reducing distress or preventing some dreaded situation
  - acts or behaviors are not connected in a realistic way with what they are designed to neutralize or prevent.

Obsessive-Compulsive Disorder

- At some point the person has recognized that the obsessions or compulsions are excessive
- The obsessions or compulsions cause marked distress, take > 1 hour/day or interfere with the person's normal routine or function

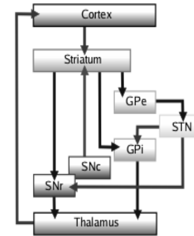
Obsessive-Compulsive Disorder Epidemiology

- 2-3% of general population
- Onset in childhood or teens in men, 20's in women
- Female:Male Ratio
  - One to one.



Obsessive-Compulsive Disorder Etiology

- Genetics
- Serotonergic dysfunction
- Cortico-striato-thalamo-cortical loop
- Autoimmune
  - PANDAS



Obsessive-Compulsive Disorder Treatment

- 40-60% treatment response
- Serotonergic antidepressants
- Behavior therapy
- Adjunctive antipsychotics
- IV clomipramine,
- Psychosurgery
- PANDAS
  - penicillin, plasmapharesis, IV immunoglobulin

Post-traumatic Stress Disorder

•Trauma Criteria

-The event involved actual or threatened death or serious injury to self or others.

-The person's response involved intense fear, helplessness or horror.

Post-traumatic Stress Disorder

- Reexperiencing (>1) recurrent recollections, nightmares, flashbacks, intense physiologic distress or physiological reactivity at exposure to cues.

- Increased arousal (>2) sleep difficulty, irritability or anger, difficulty concentrating, hypervigilance, exaggerated startle

- Avoidance (>3) thoughts about the trauma, activities, places or people that arouse recollections, inability to recall aspects of the trauma, diminished interest in activities, feeling of detachment from others, restricted range of affect and sense of foreshortened future

Post-traumatic Stress Disorder

- Duration of symptoms is >1 month
- Disturbance causes significant distress or impairment in functioning.

Post-traumatic Stress Disorder Epidemiology

- 9.2% of general population
- 60-80% of trauma victims
- 30% of combat veterans
- 50-80% of sexual assault victims
- Increased risk in women, younger people
- Risk increases with “dose” of trauma, lack of social support, pre-existing psychiatric disorder

Post-traumatic Stress Disorder Co-Morbidity

- Depression
- Other anxiety disorders
- Substance use disorders
- Somatization
- Dissociative disorders

Post-traumatic Stress Disorder Etiology

- Conditioned fear
- Genetic/familial vulnerability
- Stress-induced release
  - norepinephrine, CRF, cortisol
- Autonomic arousal immediately after trauma predicts PTSD

Post-traumatic Stress Disorder Treatment

- Debriefing immediately following trauma is NOT necessarily effective
- Cognitive-behavioral therapy, exposure
- Group therapy
- Medications
  - antidepressants, mood stabilizers, beta-blockers, clonidine, prazosin, gabapentin

Social Phobia

- Marked fear of one or more social or performance situations in which the person is exposed to the possible scrutiny of others and fears he will act in a way that will be humiliating
  - Exposure to the feared situation almost invariably provokes anxiety
  - The person recognizes the fear is excessive
  - The feared situation is avoided or endured with distress
  - The avoidance, fear or distress significantly interferes with their routine or function

Social Phobia

- Epidemiology
  - 2-13.3% of general population
  - Age of onset teens; more common in women
  - Causes significant disability
- Co-Morbidity
  - alcoholism
  - depression

Social Phobia
Etiology

- Initial remembered traumatic event in 58%
- Genetic/familial
  - heritability about 30%
- Behavioral inhibition in childhood
  - increased reactivity to novelty, shyness
- Cognitive factors

Social Phobia
Treatment

- Social skills training
- Behavior therapy
- Cognitive therapy
- Medication
  - SSRIs, venlafaxine, MAOIs, benzodiazepines, gabapentin

Specific Phobia

- Marked or persistent fear that is excessive or unreasonable cued by the presence or anticipation of a specific object or situation
  - The person recognizes the fear is excessive or unreasonable
  - It interferes significantly with the persons routine or function

Specific Phobia

- Epidemiology
  - -Up to 20% of general population
  - -Onset early in life
  - -Female:male=2-3:1
- Etiology
  - -Learning, contextual conditioning
- Treatment
  - -Systematic desensitization

Case I

- 26 yo male accountant with anxiety during a visit to the dentist.

Case II

- 34 yo female pharmaceutical sales representative with onset of anxiety.

Case III

- 33 yo computer programer with diagnosis of Generalized Anxiety Disorder.

Case IV

- 41 yo female hairdresser complains of panic attacks.