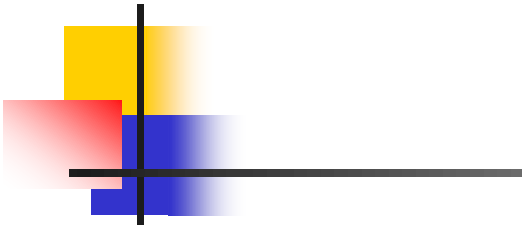


Anxiety Disorders

- panic, OCD, phopia, GAD

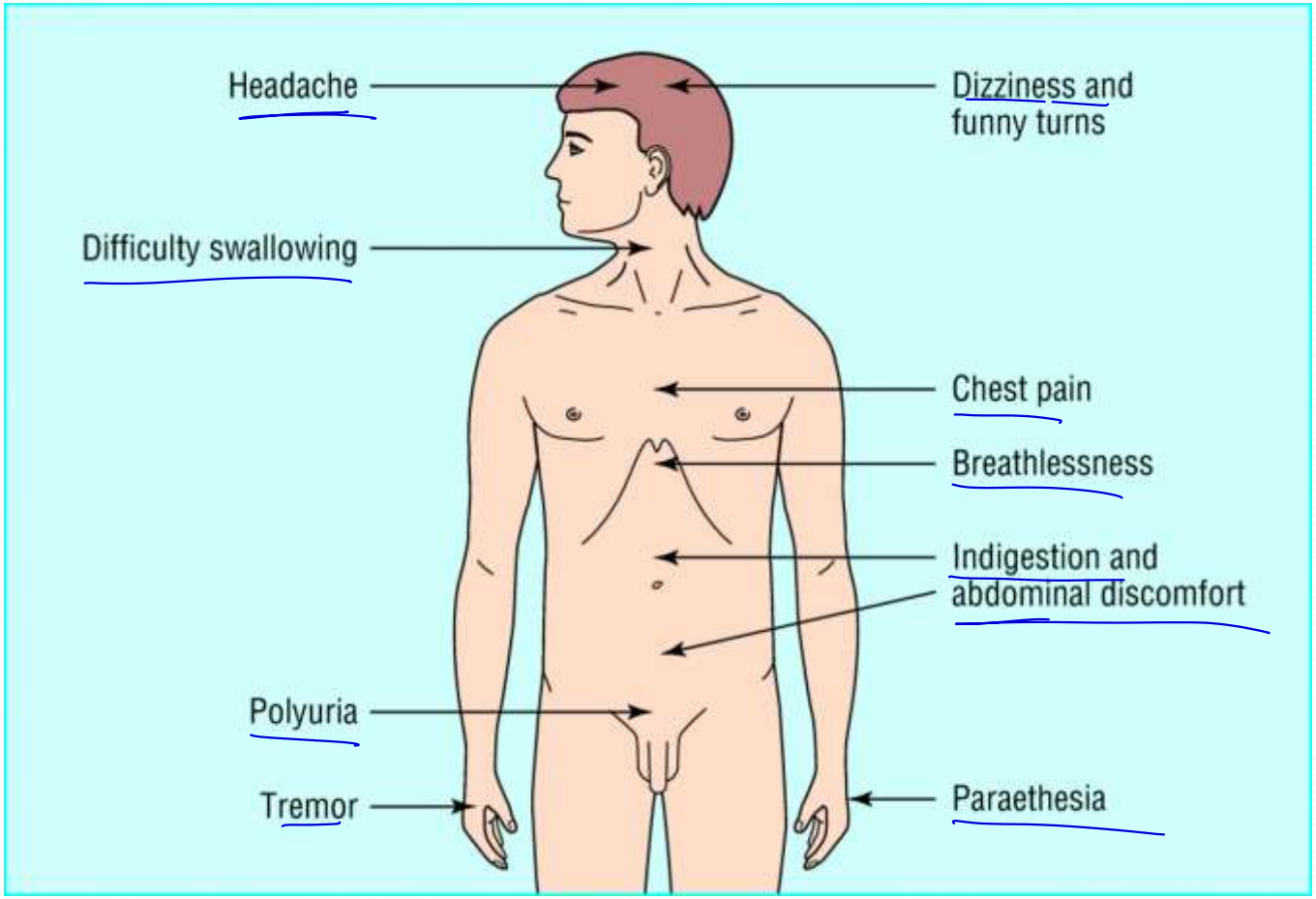
Anxiety

- Anxiety is the subjective experience of fear and its physical manifestations.
- Anxiety is a common, normal response to a perceived threat.

anxiety becomes pathological

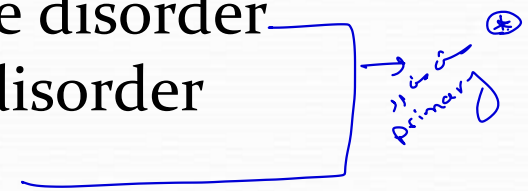
- fear is greatly out of proportion to risk/severity of threat
- response continues beyond existence of threat or becomes generalized to other similar or dissimilar situations
- social or occupational functioning is impaired

(Fight or Flight symptoms)



ANXIETY DISORDERS

- **Types of Anxiety Disorders**
- The primary anxiety disorders are:
- Panic disorder
- Agoraphobia
- Specific and social phobias
- Obsessive–compulsive disorder
- Posttraumatic stress disorder
- Acute stress disorder
- Generalized anxiety disorder
- Anxiety disorder secondary to general medical condition
- Substance-induced anxiety disorder

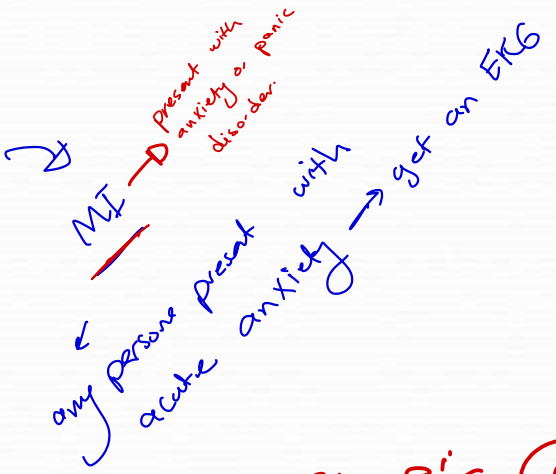


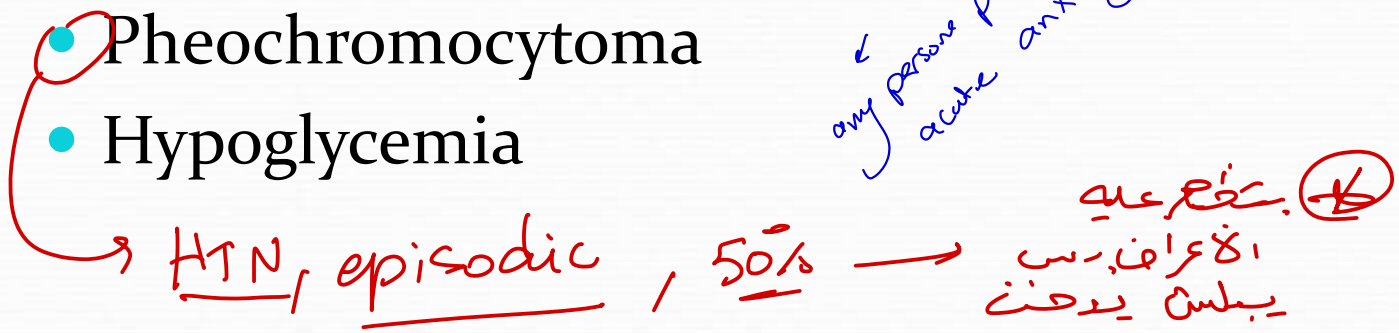
EPIDEMIOLOGY

- Women have a 30% lifetime prevalence rate,
- and men have a 19% lifetime prevalence rate.
- Anxiety disorders develop more frequently in higher socioeconomic groups.

Medical Causes of Anxiety Disorders

- Hyperthyroidism
- Vitamin B12 deficiency
- Hypoxia
- Neurological disorders (epilepsy, brain tumors, multiple sclerosis etc.)
- Cardiovascular disease
- Anemia
- Pheochromocytoma
- Hypoglycemia





Medication- or Substance-Induced Anxiety Disorders

- Caffeine intake and withdrawal
- Amphetamines
- Alcohol and sedative withdrawal
- Other illicit drug withdrawal
- Mercury or arsenic toxicity
- Organophosphate or benzene toxicity
- Penicillin
- Sympathomimetics
- Antidepressants

Panic Attack

- Panic attacks are discrete periods of heightened anxiety that classically occur in patients with panic disorder;
- Panic attacks often peak in several minutes and subside within 25 minutes.
- They rarely last > 1 hour.
- DIAGNOSIS AND DSM-IV CRITERIA
  - A panic attack is a discrete period of intense fear and discomfort that is accompanied
  - by at least four of the following:
    - Palpitations
    - Sweating
    - Shaking
    - Shortness of breath
    - Choking sensation
    - Chest pain
    - Nausea
    - Light-headedness
    - Depersonalization (feeling detached from oneself)
    - Fear of losing control or “going crazy”
    - Fear of dying
    - Numbness or tingling
    - Chills or hot flushes

Panic attack criteria:

- **PANIC**
- **P**alpitations
- **A**bdominal distress
- **N**umbness, nausea
- **I**ntense fear of death + Losing of control..
- **C**hoking, chills, chest pain,
- sweating, shaking,
- shortness of breath

What is the Panic attack criteria ?

QUESTION

panic attack is a discrete period of intense fear and discomfort that is accompanied by at least four of the following:

- [?] PANIC
- [?] Palpitations
- [?] Abdominal distress
- [?] Numbness, nausea
- [?] Intense fear of death + Losing the control
- [?] Choking, chills, chest pain,
- [?] sweating, shaking,
- [?] shortness of breath

Panic attacks often peak in several minutes and subside within 25 minutes.
- They rarely last > 1 hour.

ANSWER

Panic Disorder

- experience of panic attacks accompanied by persistent fear of having additional attacks.

DIAGNOSIS AND DSM-IV CRITERIA

- **1.** Spontaneous recurrent panic attacks (see above) with no obvious precipitant
- **2.** At least one of the attacks has been followed by a minimum of 1
- month of the following:
  - Persistent concern about having additional attacks
  - Worry about the implications of the attack ("Am I out of control?")
  - A significant change in behavior related to the attacks (avoid situations that may provoke attacks)
- **Two types of diagnoses:** Always specify panic disorder **with agoraphobia** or panic disorder **without agoraphobia**

[4 attacks during 4 weeks]
↳ panic disorder

What is DSM-IV CRITERIA of panic disorder?

QUESTION

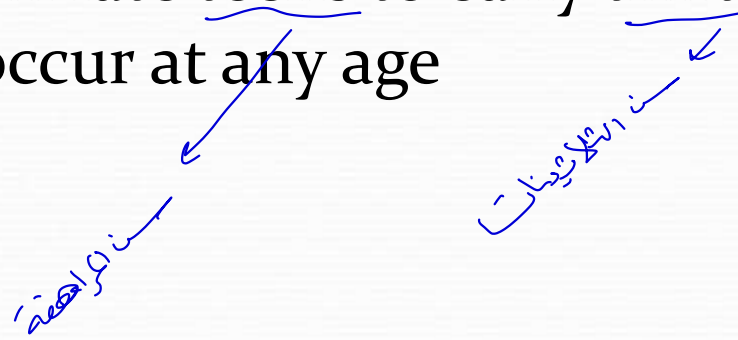
experience of panic attacks accompanied by persistent fear of having additional attacks.

1. Spontaneous recurrent panic attacks with no obvious precipitant .
2. At least one of the attacks has been followed by a minimum of 1 month of the following:
- Persistent concern about having additional attacks
- Worry about the implications of the attack (“Am I out of control?”)
- A significant change in behavior related to the attacks (avoid situations that may provoke attacks)

ANSWER

EPIDEMIOLOGY

- Lifetime prevalence: 2 to 5%
- Two to three times more common in females than males
- Strong genetic component: Four to eight times greater risk of panic disorder if first-degree relative is affected
- Onset usually from late teens to early thirties (average age 25), but may occur at any age



ASSOCIATED CONDITIONS

1. Major depression (depressive symptoms found in 40 to 80% of patients)
2. Substance dependence (found in 20 to 40% of patients)
3. Social and specific phobias
4. Obsessive–compulsive disorder

COURSE AND PROGNOSIS

- is often chronic. Relapses are common
- 10 to 20% of patients continue to have significant symptoms that interfere with daily functioning.
- 50% continue to have mild, infrequent symptoms.
- 30 to 40% remain free of symptoms after treatment

Q. panic disorder

TREATMENT(Pharmacological)

- *Acute Initial Treatment of Anxiety*
  - Benzodiazepines (only short course if necessary, as dependence may occur with long-term use); Dose should be tapered as treatment with selective serotonin reuptake inhibitors (SSRIs) is instituted.
- *Maintenance*
- SSRIs, especially paroxetine and sertraline, are the drugs of choice for long term treatment of panic disorder. These drugs typically take 2 to 4 weeks to become effective, and higher doses are required than for depression. Clomipramine, imipramine, or other antidepressants may also be used
- Treatment should continue for at least 8 to 12 months, as relapse is common after discontinuation of therapy.

Other Treatments

- Relaxation training
- Biofeedback
- Cognitive therapy
- Insight-oriented psychotherapy
- Family therapy

is a form of depth psychology, the primary focus of which is to reveal the unconscious content of a client's psyche in an effort to alleviate psychic tension

Agoraphobia

- fear of being alone in public places.
- 50 to 75% of patients have coexisting panic disorder.

DIAGNOSIS AND DSM-IV CRITERIA

- The following criteria must be met for diagnosis:
  - Anxiety about being in places or situations from which escape might be difficult, or in which help would not be readily available in the event of a panic attack
  - The situations are either avoided, endured with severe distress, or faced only with the presence of a companion.
  - These symptoms cannot be better explained by another mental disorder

agoraphobia

- TREATMENT
- Since agoraphobia is usually associated with panic disorder, SSRIs are also considered first-line treatment. Behavioral therapy may also be indicated. As coexisting panic disorder is treated, agoraphobia usually resolves. When ago-raphobia is not associated with panic disorder, it is usually chronic and debilitating.

What is DMS 4 criteria of Agoraphobia?

QUESTION

- Anxiety about being in places or situations from which escape might be difficult, or in which help would not be readily available in the event of a panic attack

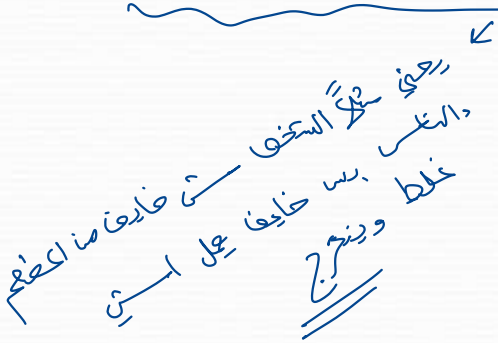
- The situations are either avoided, endured with severe distress, or faced only with the presence of a companion.

- These symptoms cannot be better explained by another mental disorder

ANSWER

Specific and Social Phobias

- A *phobia* is defined as an irrational fear that leads to avoidance of the feared object or situation.
  - A *specific phobia* is a strong, exaggerated fear of a specific object or situation;
  - a *social phobia* (also called **social anxiety disorder**) is a fear of social situations in which embarrassment can occur



DIAGNOSIS AND DSM-IV CRITERIA

- The diagnostic criteria for **specific phobias** is as follows:

1. Persistent excessive fear brought on by a specific situation or object
2. Exposure to the situation brings about an immediate anxiety response.
3. Patient recognizes that the fear is excessive.
4. The situation is avoided when possible or tolerated with intense anxiety.
5. If person is under age 18, duration must be at least 6 months.

What is DSM-IV CRITERIA for specific phobias ?

QUESTION

1. Persistent excessive fear brought on by a specific situation or object
2. Exposure to the situation brings about an immediate anxiety response.
3. Patient recognizes that the fear is excessive.
4. The situation is avoided when possible or tolerated with intense anxiety.
5. If person is under age 18, duration must be at least 6 months.

ANSWER

EPIDEMIOLOGY

- Phobias are **the most common mental disorders** in the United States. At
- least 5 to 10% of the population is afflicted with a phobic disorder, and is mid-teens.
- Women are two times as likely to have specific phobia as men; social phobia occurs equally in men and women.

ETIOLOGY

- The cause of phobias is most likely multifactorial, with the following components playing important parts:
- *Genetic:*
  - Fear of seeing blood often runs in families and may be associated with an inherited, exaggerated vasovagal response.
  - First-degree relatives of patients with social phobia are three times more likely to develop the disorder.
- *Behavioral:*
  - Phobias may develop through association with traumatic events. For example, people who were in a car accident may develop a specific phobia for driving.
- *Neurochemical:*
  - An overproduction of adrenergic neurotransmitters may contribute to anxiety symptoms. This has led to the successful treatment of some phobias. (Most notably, performance anxiety is often successfully treated with beta blockers).

TREATMENT

- **Specific Phobia**
  - Pharmacological treatment has not been found effective.
  - **Systemic desensitization** (with or without hypnosis) and supportive psychotherapy are often useful.
  - If necessary, a short course of benzodiazepines or beta blockers may be used during desensitization to help control autonomic symptoms.
  - **Systemic desensitization:** Gradually expose patient to feared object or situation while teaching relaxation and breathing techniques.
- **Social Phobia**
  - Paroxetine (Paxil), an SSRI, is FDA approved for the treatment of social anxiety disorder.
  - Beta blockers are frequently used to control symptoms of performance anxiety.
  - Cognitive and behavioral therapies are useful adjuncts.

cognitive behavioral therapy

pharmacotherapy effective

fortic colles

side effect

Obsessive–Compulsive Disorder (OCD)

OBSESSIONS AND COMPULSIONS

- **Obsession**—a recurrent and intrusive thought, feeling, or idea
- **Compulsion**—a conscious repetitive behavior linked to an obsession that, when performed, functions to relieves anxiety caused by the obsession

DIAGNOSIS AND DSM-IV CRITERIA

- **1.** Either obsessions or compulsions as defined below:
  - **Obsessions**
    - Recurrent and persistent intrusive thoughts or impulses that cause marked anxiety and are not simply excessive worries about real problems
    - Person attempts to suppress the thoughts.
    - Person realizes thoughts are product of his or her own mind.
  - **Compulsions**
    - Repetitive behaviors that the person feels driven to perform in response to an obsession
    - The behaviors are aimed at reducing distress, but there is no realistic link between the behavior and the distress.
- **2.** The person is aware that the obsessions and compulsions are unreasonable and excessive.
- **3.** The obsessions cause marked distress, are time consuming, or significantly interfere with daily functioning.

What's DMS-IV criteria of OCD ?

QUESTION

1.Eitherobsessionsorcompulsionsasdefinedbelow:
Obsession:
- Recurrent and persistent intrusive thoughts or impulses that cause marked anxiety and are not simply excessive worries about real problems
- Person attempts to suppress the thoughts.
- Person realizes thoughts are product of his or her own mind
Compulsions
- Repetitive behaviors that the person feels driven to perform in response to an obsession
- The behaviors are aimed at reducing distress, but there is no realistic link between the behavior and the distress.
2. The person is aware that the obsessions and compulsions are unreasonable and excessive.
3. The obsessions cause marked distress, are time consuming, or significantly interfere with daily functioning.

ANSWER

COMMON PATTERNS OF OBSESSIONS AND COMPULSIONS

- **1.** Obsessions about **contamination**
- **2.** Obsessions of **doubt**
- **3.** Obsessions about **symmetry**
- **4. Intrusive thoughts**

* Form of obsessions → thought, idea, feelings doubt
* compulsion → cleaning checking, counting dressing.

- obsessions of rumination
- obsessions of impulse → امساك البت
- obsessions of image
- obsessional phobia → فكرة امساك السكين وانتل حد وهو في المطبخ فبطل يدخل المطبخ.

EPIDEMIOLOGY

- Lifetime population prevalence: 2 to 3%
- Onset is usually in early adulthood, and men are equally likely to be affected as women.
- OCD is associated with major depressive disorder, eating disorders,
- other anxiety disorders, and obsessive–compulsive personality disorder.
- The rate of OCD is higher in patients with first-degree relatives who have *Tourette's disorder*.

ETIOLOGY

- *Neurochemical*: OCD is associated with abnormal regulation of serotonin.
- *Genetic*: Rates of OCD are higher in first-degree relatives and monozygotic twins than in the general population.
- *Psychosocial*: The onset of OCD is triggered by a stressful life event in approximately 60% of patients.

COURSE AND PROGNOSIS

- The course is variable but usually chronic,
- with only about 30% of patients showing significant improvement with treatment.
- 50% of patients have moderate improvement,
- and 20 to 40% remain significantly impaired or experience worsening of symptoms.

TREATMENT

- **Pharmacologic**
  - SSRIs are the first line of treatment, but higher-than-normal doses may be required to be effective.
  - Tricyclic antidepressants (TCAs) (clomipramine) are also effective.
- **Behavioral Treatment**
- Behavioral therapy is considered as effective as pharmacotherapy in the treatment of OCD; best outcomes are often achieved when both are used simultaneously.
- The technique, called *exposure and response prevention* (ERP), involves prolonged exposure to the ritual-eliciting stimulus and prevention of the relieving compulsion (e.g., the patient must touch the dirty floor without washing his or her hands). Relaxation techniques are employed to help the patient manage the anxiety that occurs when the compulsion is prevented.

#+Last Resort: In severe,treatment-resistantcases,electro convulsive therapy(ECT)or surgery (cingulotomy) may be effective.

Generalized Anxiety Disorder (GAD)

- Patients with GAD have persistent, excessive anxiety and hyperarousal for at least 6 months. They worry about general daily events, and their anxiety is difficult to control.

DIAGNOSIS AND DSM-IV CRITERIA

- Excessive anxiety and worry about daily events and activities for at least 6 months
- It is difficult to control the worry.
- Must be associated with at least three of the following:
  - Restlessness
  - Fatigue
  - Difficulty concentrating
  - Irritability
  - Muscle tension
  - Sleep disturbance

What’s criteria DMS-IV for GAD ?

QUESTION

- Excessive anxiety and worry about daily events and activities for at least 6 months

- It Is difficult to control the worry.

- Must be associated with at least three of the following:
- [?] Restlessness
- [?] Fatigue
- [?] Difficulty concentrating
- [?] Irritability
- [?] Muscle tension
- [?] Sleep disturbance

ANSWER

EPIDEMIOLOGY

- Lifetime prevalence: 45%
- GAD is very common in the general population.
- Women are two times as likely to have GAD as men.
- Onset is usually before the age of 20; many patients report lifetime of “feeling anxious.”

COMORBIDITIES

- Fifty to 90% of patients with GAD have a coexisting mental disorder, especially
- major depression, social or specific phobia, or panic disorder.

PROGNOSIS

- GAD is chronic, with lifelong, fluctuating symptoms in 50% of patients. The
- other half of patients will fully recover within several years of therapy.

TREATMENT

- The most effective treatment approach is a combination of psychotherapy and pharmacotherapy.
- **Pharmacological**
- Buspirone
- Benzodiazepines (usually clonazepam or diazepam)—should be tapered
- off as soon as possible because of risk of tolerance and dependence
- SSRIs
- Venlafaxine (extended release)
- **Other**
- Behavioral therapy
- Psychotherapy

Posttraumatic Stress Disorder (PTSD)

- TREATMENT
- Pharmacological

>>TCAs—imipramine and doxepin

>>SSRIs, MAOIs

>> Anticonvulsants (for flashbacks and nightmares)

- Other
- ☐ Psychotherapy
- ☐ Relaxation training
- ☐ Support groups, family therapy

Addictive substances (benzodiazepines, etc.) should be avoided (if possible) in the treatment of PTSD because of the high rate of substance abuse in these patients.