



# ANXIETY DISORDERS

# OVERVIEW

Anxiety disorders

Spectrum of anxiety disorders

For specific syndrome

- General description and definition
- Epidemiology and Etiopathology
- Diagnostic criteria and Clinical features
- Treatment

Common management principals

# ANXIETY



A normal human emotion.



Everybody experiences anxiety during their life.



A diffuse, unpleasant, vague sense of **apprehension**.



Often accompanied by autonomic symptoms.

# ANXIETY VERSUS FEAR



Fear is a response to a known, external, definite, or non-conflictual threat.



Anxiety is a response to a threat that is unknown, internal, vague, or conflictual.



The main psychological difference between the two is the suddenness of fear and the insidiousness of anxiety.

# IS ANXIETY ADAPTIVE?



Anxiety is a normal and adaptive response that has life saving qualities and warns of threat.



Prompts a person to take necessary steps to prevent threat or lessen its consequences.



Preparation is accompanied by increased somatic and autonomic activity controlled by interaction of sympathetic and parasympathetic nervous system.

# PATHOLOGICAL ANXIETY

Anxiety

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graph TD; A[Anxiety] --> B[Awareness of the physiological sensations]; A --> C[Awareness of being nervous or frightened];
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Awareness of  
the physiological  
sensations

Awareness of  
being nervous  
or frightened

# SYMPTOMS OF ANXIETY

## I. Physical Symptoms

A. Motoric Symptoms: Tremors; Restlessness; Muscle twitches; Fearful facial expression

B. Autonomic and Visceral Symptoms: Palpitations; Tachycardia; Sweating; Flashes; Dyspnoea; Hyperventilation; Constriction in the chest; Dry mouth; Frequency and hesitancy of micturition; Dizziness; Diarrhoea; Mydriasis



## 2. Psychological Symptoms

A. Cognitive Symptoms: Poor concentration; Distractibility; Hyperarousal; Vigilance or scanning; Negative automatic thoughts

B. Perceptual Symptoms: Derealisation; Depersonalisation

C. Affective Symptoms: Diffuse, unpleasant, and vague sense of apprehension; Fearfulness; Inability to relax; Irritability; Feeling of impending doom (when severe)

D. Other Symptoms: Insomnia (initial); Increased sensitivity to noise; Exaggerated startle response.





Anxiety affects thinking, perception and learning.



It tends to produce confusion and distortion of perception.



Results in lowering concentration, reducing recall, and impairing the ability to associate.

# EPIDEMIOLOGY

- Anxiety disorders constitute most common group of psychiatric disorders.
- In the NMHS 2016 survey, anxiety disorders had a prevalence of 3.5%.
- Globally account for around 10% disability caused by all mental, neurological and substance use disorders and are second only to depression.
- Women are more likely to have an anxiety disorder than are men.

# **ETIOPATHOLOGY**

- Psychological basis
- Neurobiological basis

# PSYCHOLOGICAL BASIS

- Psychoanalytic theory – anxiety is viewed as a result of psychic conflict between unconscious sexual/aggressive wishes and corresponding threats from superego.
- Behavioural theory – anxiety can be understood as a conditioned response developed over time, to a specific environmental stimulus.
- Existential theory – no specific identifiable stimulus exists for a chronically anxious feeling and persons experience feelings of living in a purposeless universe.

# BIOLOGICAL BASIS

## Fear & Anxiety

Cognitive element (Negative appraisal of situation, event)

Regulated through prefrontal cortex

Emotional element (Experience of fear & anxiety)

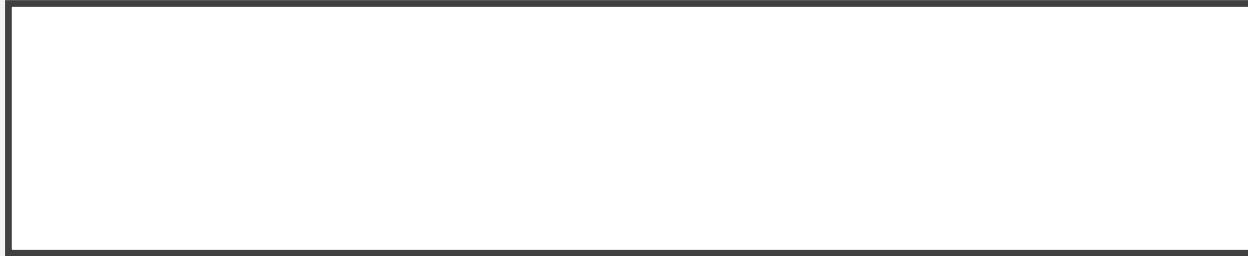
Regulated through amygdala and associated limbic cortex

Physical element (Experiencing palpitation, sweating, restlessness, tenseness in muscles)

Thalamus (activation of autonomic nervous system)

# **SPECTRUM OF ANXIETY DISORDERS**

- The DSM 5 classifies and codes anxiety disorders based on human development, with disorders sequenced according to their usual age of onset.
- Anxiety can be focused on a specified object or situation or can occur as paroxysmal and episodic attacks.



- Anxiety disorders include:
  1. Separation anxiety disorder
  2. Selective mutism
  3. Specific phobia
  4. Social anxiety disorder (social phobia)
  5. Panic disorder
  6. Agoraphobia
  7. Generalized anxiety disorder
  8. Obsessive compulsive disorder
  9. Substance/medication-induced anxiety disorder
  10. Anxiety disorder due to another medical condition

## SEPARATION ANXIETY DISORDER

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The presence of anxiety or distress from separation from significant attachment figures.

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In excess of a response appropriate for that developmental stage and age.

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Is often impairing and constitutes separation anxiety disorder.

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The prevalence of separation anxiety disorder lies between 1.3% to 4.7%.

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Most of children having separation anxiety disorder go on to become asymptomatic over their lifetimes.



# CLINICAL FEATURES

- Individuals who have separation anxiety disorder either refuse to go out by themselves or are reluctant to do so because of fear of separation.
- Clinical presentation of separation anxiety disorder varies with age groups.

# SELECTIVE MUTISM

- A child's inability to verbally express himself and communicate effectively in certain social settings.
- When these children feel comfortable, they are able to speak at ease.
- Prevalence is less than 1%.
- The onset usually occurs before five year age but may not be noticed until the child goes to attend school.

## CLINICAL FEATURES

- The settings where mutism is observed, the child is not refusing to speak by himself but is in fact unable to speak as if he is frozen.
- The child displays appropriate verbal interactive ability with at home or in the presence of the individuals around whom he feels at ease.
- The child may at times use non-verbal communication like pointing or writing as means of expression.
- Selective mutism is often disabling in the sense that it restricts from making friends and children with the disorder are often misunderstood as rude and shy.

# SPECIFIC PHOBIA

- Phobia refers to excessive fear of a specific object, circumstance or a situation.
- *Specific phobia* is a **strong persisting** fear of an object or situation.
- When exposed to the feared object, patient develops intense anxiety, even to the point of panic.
- Lifetime prevalence of specific phobia is about 10 percent.
- Specific phobia is most common mental disorder among women and second most common among men (second only to substance use).

- In DSM- 5, five general types of specific phobia are included, which are in relation to:
  - Animals
  - Aspects of the natural environment
  - Blood, injection, medical care, and injury
  - Situations (for example, airplanes, lifts, enclosed spaces).
  - Other provoking agents (for example, fears of choking or vomiting).
- Estimated one-third of patients with social phobia have major depressive disorder.

# CLINICAL FEATURES

- People with specific phobias experience unusual levels of anxiety when subjected to a specific situation or object.
- There is also presence of an anticipatory anxiety and the person tends to avoid the situation.

# **SOCIAL ANXIETY DISORDER (SOCIAL PHOBIA)**

- Involves the fear of social situations including situations involving scrutiny or contact with strangers.
- Persons with social phobia are fearful of embarrassing themselves in social gatherings.
- There is presence of an avoidance pattern for socially demanding situations.
- Social anxiety disorder can be contrasted with shyness in the sense that it causes significant distress and impairment to the person.

- Social anxiety disorder has a lifetime prevalence rate of around 12%.
- Social anxiety disorders are almost equally frequent among the men and women.
- Social anxiety disorder is associated with depression and alcoholism.



# CLINICAL FEATURES

- Some degree of social anxiety or self-consciousness is normal.
- If anxiety prevents an individual to participate in desired activities or causes marked distress during such activities, a diagnosis of social anxiety disorder is made.
- Individuals with social anxiety disorder experience marked distress in situations which they perceive themselves exposed to possible scrutiny or negative evaluation by others.
- Situations like opening a conversation, attending a party or delivering a speech in front of an audience.
- These persons often fear of embarrassing themselves in such situations and rejection.
- As with all phobias, avoidance is frequently present and the social anxiety causes significant distress and impairment.
- Obvious symptoms of anxiety, psychological as well as somatic may be experienced when persons with social anxiety disorder finds themselves in one of the dreaded situations.

# **PANIC DISORDER**

- An acute discrete episode of severe anxiety characterised by feelings of impending doom or anticipation of a catastrophic outcome is known as a panic attack.
- In panic disorder, these episodes can vary from having multiple attacks over a day to only a few attacks occurring in a year.

# EPIDEMIOLOGY

- Lifetime prevalence of panic disorder is 1 to 4 percent.
- Women are two to three times more likely to be affected than men.
- Mostly develops in the adulthood – mean age is about 25 years.

## CLINICAL FEATURES

- First attack is spontaneous, although panic attacks occasionally follow excitement, physical exertion, sexual activity or moderate emotional trauma.
- Attack often begins with a 10-minute period of rapidly increasing symptoms
- Mental symptoms are extreme fear and sense of impending death and doom and physical signs include tachycardia, palpitations, dyspnoea, and sweating
- Attack generally lasts 20 to 30 minutes and rarely more than an hour
- Between attacks, patients may experience anticipatory anxiety about having another attack

Every individual may not have all of these symptoms when experiencing a panic attack but the most characteristic features to consider are:

- the anxiety rises up quickly
- the symptoms are intense
- there is a feeling of impending doom or a catastrophic outcome

# DIFFERENTIAL DIAGNOSIS

- Agoraphobia
- Depression
- Generalized anxiety disorder
- Other organic conditions
  - Cardiovascular Diseases like angina, anaemia
  - Pulmonary diseases like asthma, hyperventilation
  - Neurological diseases like cerebrovascular disease, epilepsy
  - Endocrine diseases like carcinoid syndrome, Addison's disease; hyperthyroidism
  - Drug intoxications; drug withdrawal in alcohol, antihypertensives and various other metabolic conditions
- These panic attacks can be distinguished from those of a panic disorder by the absence of concern about having future attacks i.e. anticipatory anxiety.

# AGORAPHOBIA

- Fear of or anxiety regarding places from which escape is considered difficult.
- Derived from the Greek words *agora* and *phobos*, meaning fear of the marketplace.
- Agoraphobia is a broad term and is not limited only to fear of closed spaces (claustrophobia).

# EPIDEMIOLOGY

- Agoraphobia has a lifetime prevalence of 0.6%.
- The risk in women is two to three times higher than that of men.
- Agoraphobia frequently occurs with panic disorders.

## CLINICAL FEATURES

- Patients with agoraphobia tend to be anxious when they are in crowded places, or away from home or in situations which they perceive difficult to escape.
- They tend to avoid such situations.
- They feel anxious when they anticipate them, and experience symptoms of anxiety when eventually placed in such a situation.
- The symptoms of anxiety that are felt by patients of agoraphobia in these situations are same as those of other anxiety disorders but specifically involve; panic attacks, either in response to some environmental cue or spontaneously and thoughts about fainting and loss of control.



# **GENERALIZED ANXIETY DISORDER**

- So called free floating anxiety.
- Defined as excessive anxiety or worry about several events or activities for most days during at least 6-month period.
- The worry is difficult to control and associated with somatic symptoms such as muscle tension, irritability, difficulty sleeping and restlessness.

# COMORBIDITY

- Most often coexists with another mental disorder, usually social phobia, specific phobia, panic disorder or depressive disorder
- Other common disorders associated are dysthymic disorder and substance-related disorder

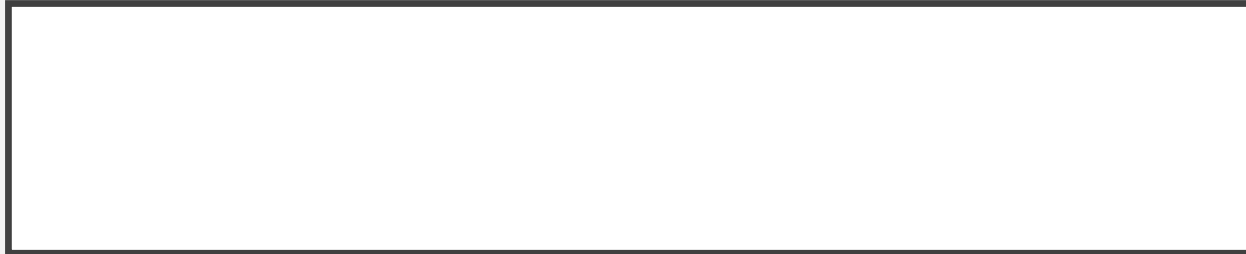
## CLINICAL FEATURES

- The worry is non-specific that means not focused on a special situation or object (i.e. on having a panic attack), social anxiety disorder (i.e. on being embarrassed), or OCD (i.e. on contamination).
- Psychological arousal is manifested as irritability, difficulty in concentration, and/ or sensitivity to noise.
- Patients with GAD often seek help for somatic symptoms.
- Autonomic over activity can cause palpitations, sweating, dry mouth, gastric disturbance, and dizziness.
- Muscle tension manifested as restlessness, trembling, difficulty in relaxation, headache, and shoulder and backache.
- Sleep disturbances may be present. Some patients wake suddenly feeling intense anxiety and may have night terrors.

# OBSESSIVE-COMPULSIVE DISORDER

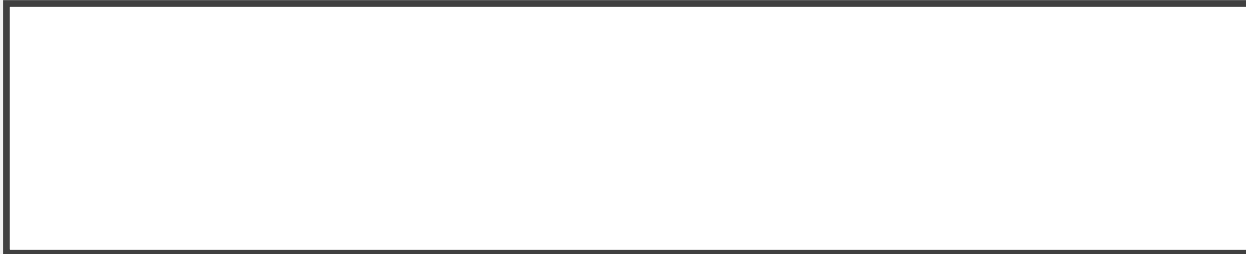
An ***obsession*** is defined as:

1. An idea, impulse or image which intrudes into the conscious awareness repeatedly.
2. It is recognised as one's own idea, impulse or image but is perceived as *ego-alien* (foreign to one's personality).
3. It is recognised as irrational and absurd (insight is present).
4. Patient tries to resist against it but is unable to.
5. Failure to resist, leads to marked distress.

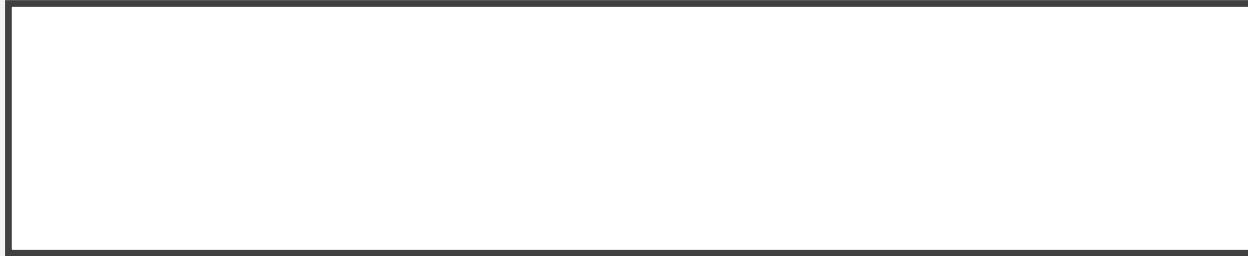


A ***compulsion*** is defined as:

1. A form of behaviour which usually follows obsessions.
2. It is aimed at either preventing or neutralising the distress or fear arising out of obsession.
3. The behaviour is not realistic and is either irrational or excessive.
4. Insight is present, so the patient realises the irrationality of compulsion.
5. The behaviour is performed with a sense of subjective compulsion (urge or impulse to act).



- ICD-10 classifies OCD into three clinical sub types:
  1. Predominantly obsessive thoughts or ruminations,
  2. Predominantly compulsive acts (compulsive rituals),and
  3. Mixed obsessional thoughts and acts.
- *Depression* is very commonly associated with obsessive compulsive disorder.



- Common obsessions include obsessions of contamination , pathological doubt, aggressive obsessions, sexual obsessions, hoarding obsessions, religious/scrupulous obsessions, obsession with need for symmetry or exactness
- Common compulsions include cleaning/washing compulsions, checking compulsions, repeating rituals, counting compulsions, ordering/arranging compulsions

# **SUBSTANCE/MEDICATION-INDUCED ANXIETY DISORDER**

- Development of anxiety during use of a certain medication or substance, which are already known to produce anxiety.
- Most of these episodes of anxiety are panic attacks.
- The symptoms disappear after the causative agent is withdrawn.



# ANXIETY DISORDER DUE TO ANOTHER MEDICAL CONDITION

- This category includes anxiety when present as a consequence of known medical condition.
- Anxiety due to another medical condition is considered as a diagnosis when a particular medical condition is known to cause anxiety and its onset has preceded the onset of the anxiety.
- Endocrine diseases e.g., pheochromocytoma, hyperthyroidism.
- Cardiovascular disorders e.g., arrhythmia, congestive heart failure.
- Respiratory illness e.g., COPD, asthma.
- Metabolic disturbances e.g., porphyrias.
- Neurological illness e.g., vestibular dysfunction, seizure disorders, neoplasms.

# MANAGEMENT OF ANXIETY DISORDERS (COMMON POINTS)

## PHARMACOLOGICAL

- The use of benzodiazepines for reduction of anxiety should be less than 4 weeks to avoid the risk of benzodiazepine dependence.
- The risk of dependence is more with short-acting benzodiazepines like – Alprazolam.
- SSRIs may cause a rebound increase in anxiety in some patients, after initiation of therapy; hence it needs to be started in a lower dose with gradual increment in the dose.
- Among the SSRIs, escitalopram and sertraline have minimum drug-drug-interaction and side effects.

# PSYCHOTHERAPY

- Psychotherapies that are mostly targeting the maladaptive behaviors of patients with anxiety disorders are known as behavior therapy.
- The psychotherapies that target the erratic thinking pattern are called as cognitive therapy.
- The psychotherapy technique that mostly targets the negative physical sensations (mostly due to autonomic hyperactivity) are relaxation techniques, which helps in producing relaxation response.



thank  
you

*“I’VE HAD A LOT OF WORRIES IN MY LIFE, MOST OF WHICH NEVER HAPPENED”.*

**-MARK TWAIN**