

Anxiety disorder

Supervised by: Dr. Amer Al-Rawajfeh

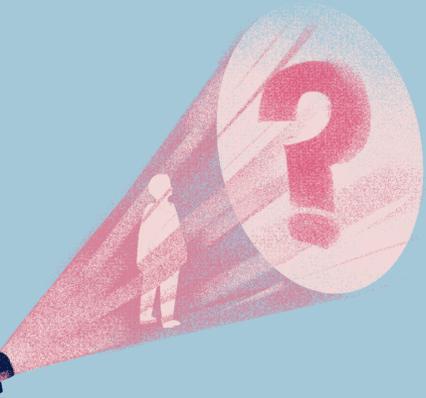
Teeba Al_Bustanji
Raghad Abuawd

what is anxiety disorder?

is a normal reaction to stress. Mild levels of anxiety can be beneficial in some situations. It can alert us to dangers and help us prepare and pay attention.

Anxiety disorders differ from normal feelings of nervousness or anxiousness and involve excessive fear or anxiety.

Anxiety disorders are the **most common of mental disorders**. They affect nearly 30% of adults at some point in their lives. However, anxiety disorders are treatable with a number of psychotherapeutic treatments. Treatment helps most people lead normal productive lives.



Anxiety refers to anticipation of a future concern and is more associated with muscle tension and avoidance behavior.

Fear is an emotional response to an immediate threat and is more associated with a fight or flight reaction- either staying to fight or leaving to escape danger.

Fear versus Anxiety

FEAR	ANXIETY
Basic emotion	Generalized mood state
Noncognitive or elementary/automatic cognitions	Cognitive and complex cognitions
Brief/discrete	Long/chronic
Dependent on the moment	Dependent on the learning experiences
Distinct physiology	Diffuse physiology
Instantaneous response necessary for survival	Plan and prepare for challenge and threat
Response to imminent threat	Response to future threat
Intense autonomic arousal	Less autonomic arousal
Visual processing/imagery	Verbal processing/worry





Anxiety becomes **pathological** when:

- fear is greatly out of proportion to risk of threat.
- response continues beyond existence of threat
- social or occupational functioning is impaired

TABLE 5-1. Signs and Symptoms of Anxiety

Constitutional	Fatigue, diaphoresis, shivering
Cardiac	Chest pain, palpitations, tachycardia, hypertension
Pulmonary	Shortness of breath, hyperventilation
Neurologic/ musculoskeletal	Vertigo, light-headedness, paresthesias, tremors, insomnia, muscle tension
Gastrointestinal	Abdominal discomfort, anorexia, nausea, emesis, diarrhea, constipation

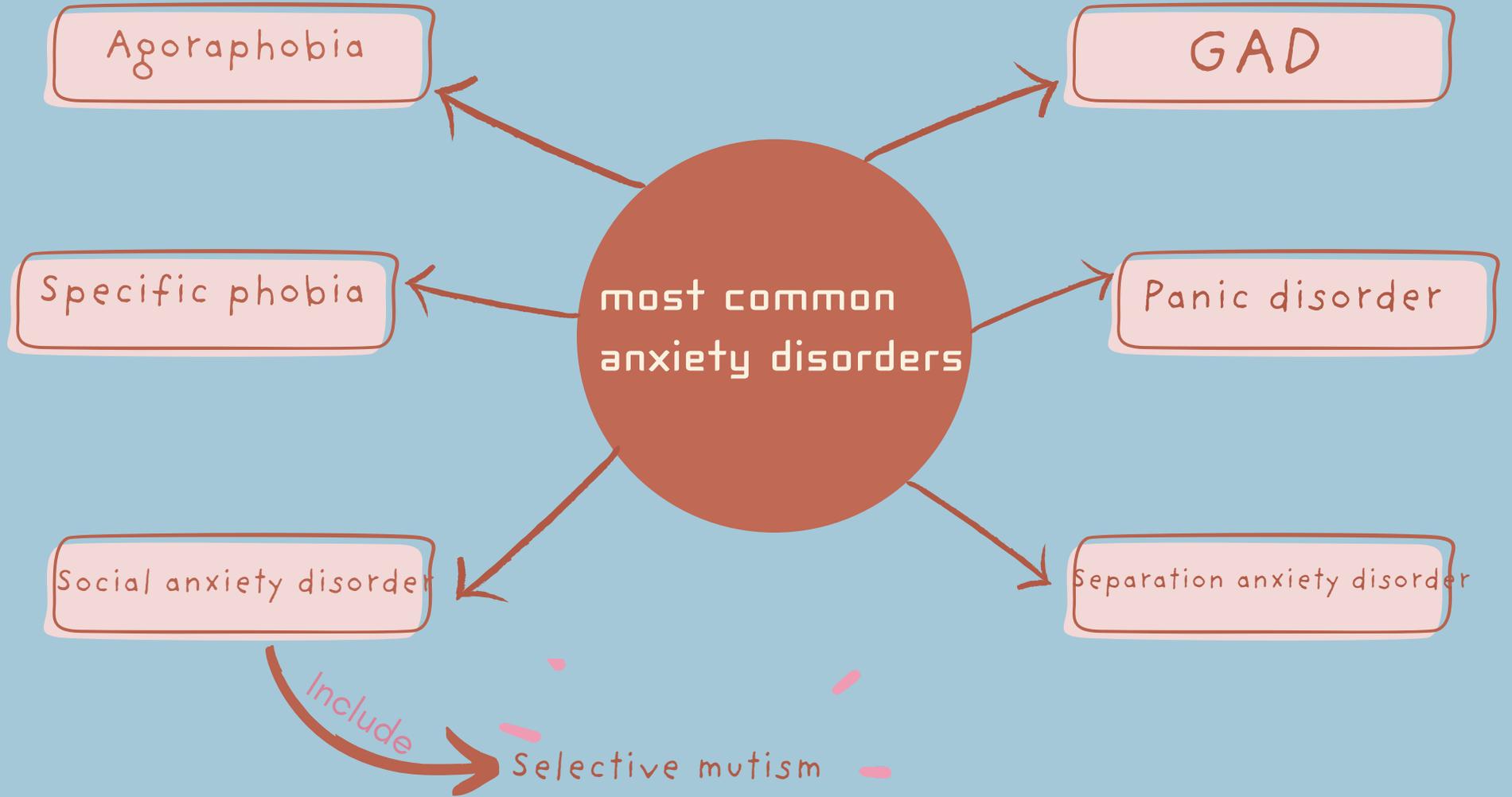
It's the most common form of psychopathology.

Lifetime prevalence : females 30% - males 19%.

More frequently seen in women compared to men (2:1)

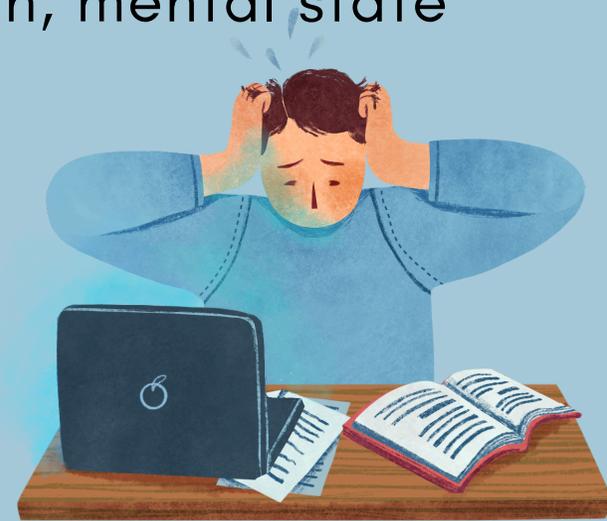
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generalized anxiety disorder (GAD)

Generalized anxiety is the **most common** studied subtype and commonly described as a **sensation of persistent worry and apprehension about common day problems and events**, associated with symptoms involving the chest / abdomen, mental state symptoms.





Autonomic arousal symptoms :

- Palpitation/HR.
- Sweating.
- Trembling
- Shaking.
- Dry mouth.

Mental symptoms:

- Giddiness / fainting.
- Derealisation or depersonalisation.
- Fear of losing control.
- Fear of dying or "going crazy".

Symptoms involving chest/ abdomen:

- Difficulty breathing.
- Choking sensation.
- Chest pain.
- Nausea/ stomach churning.

Symptoms of tension:

- Muscle tension or aches and pains.
- Restlessness and inability to relax.
- Feeling keyed up, or on edge, or of mental tension.
- A sensation of a lump in the throat, or difficulty with swallowing.

General symptoms:

- Hot flushes/cold chills.
- Numbness /tingling.
- Muscle tension/ aches.
- Restlessness.
- Feelings of keyed up, on the edge.
- Lump in the throat.

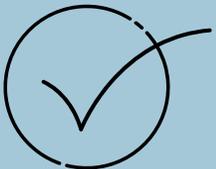
Other symptoms:

- Exaggerated responses to minor surprises.
- Easily being startled
- Persistent irritability.
- Poor sleep (initial insomnia, night terrors, waking and feeling unrefreshed).
- Poor concentration.
- Mind goes blank.



DSM-5 CRITERIA:

- *Excessive, anxiety/worry about various daily events/activities > 6 months so at least 90 or more days out of 180 .
- *Difficulty controlling the worry.
- *Associated > 3 symptoms: restlessness, fatigue, impaired concentration, irritability, muscle tension, insomnia.
- *Symptoms are not caused by the direct effects of a substance, or another mental disorder or medical condition .
- *Symptoms cause significant social or occupational dysfunction



Epidemiology:

Life time prevalence :5-9%. Female: male ratio 2:1.

1/3 of risk for developing GAD is genetic.

Course and prognosis :

- *Comorbidity* : concurrent panic disorder (25%) and depression(80%).
- *Prognosis*: 70% of patients have mild or no impairment and 9% have severe impairment.

**Poor prognostic factors include* : severe anxiety symptoms, frequent syncope, and derealisation and suicide attempts.

Treatment :

The most effective treatment approach **combines psychotherapy and pharmacotherapy:**

- 1.CBT.
- 2.SSRIs (e.g., sertraline, citalopram) or SNRIs (e.g., venlafaxine).
- 3.Can also consider a short-term course of benzodiazepines or augmentation with buspirone.
- 4.Much less commonly used medications are TCAs and MAOIs.

Panic attacks

Panic attacks are a type of fear response involving an abrupt episode of intense anxiety which may be triggered or occur spontaneously. It peaks within minutes and usually resolves within half an hour.



THE **DSM-5** CHARACTERIZED PANIC ATTACK AS THE **SUDDEN**
ONSET OF AT
LEAST **FOUR** OF THE FOLLOWING **THIRTEEN** SYMPTOMS:

Physical symptoms:

1. Palpitations
2. Sweating
3. Tremors
4. Difficulties breathing
5. Choking sensations
6. Chest pain or discomfort
7. Abdominal discomfort
8. Dizziness
9. Feeling hot or cold

Mental Symptoms:

10. Derealization
11. Depersonalization
12. Feeling of losing control and going crazy
13. Feelings of death

Because the symptoms can be quite severe, some people who experience a panic attack may believe they are having a heart attack or some other life-threatening illness. They may go to a hospital emergency department.

While approaching a panic attack in the hospital **rule out** :

- 1.Red flags symptoms in dyspnea & chest pain
- 2.Thyroid storm

However panic attack usually self resolved within 30 mins of onset & may not require acute intervention

Feature	Panic Attack	Panic Disorder
Definition	A sudden episode of intense fear or discomfort accompanied by physical symptoms (e.g., palpitations, shortness of breath, dizziness, fear of dying).	A mental disorder characterized by recurrent, unexpected panic attacks and persistent concern or worry about having more attacks.
Cause/Trigger	May be expected (triggered) or unexpected (out of the blue) . • Example: Fear of flying → expected attack. • Occurs suddenly without a clear trigger → unexpected.	Attacks are mostly unexpected (out of the blue), followed by ongoing fear or behavioral changes to avoid future attacks.
Duration	Usually lasts 10–30 minutes and resolves on its own.	A chronic condition with repeated attacks over weeks or months.
Impact	Can happen once to anyone, even without a mental disorder.	Causes significant distress or impairment and may lead to avoidance behaviors.
Key Difference	A single episode of panic.	Recurrent, unexpected attacks + persistent worry about recurrence.

panic disorder

spontaneous, recurrent panic attacks, which are not secondary to substance misuse, medical conditions, or another psychiatric disorder.

These attacks occur suddenly, "out of the blue."

The frequency of attacks ranges from multiple times per day to a few monthly

Usually a persistent worry about having another attack or consequences of the attack (which may lead to ; Agoraphobia)

Note: 50% of patients experience a panic attack prior to developing agoraphobia.

Etiology

#Genetic factors:

Greater risk of panic disorder if a first-degree relative is affected.

#Psychosocial factors:

Increased incidence of stressors (especially loss) prior to onset of disorder; history of childhood physical or sexual abuse.



Epidemiology:

Life time prevalence :4%

Median age of onset is 20-24 years old.

Female:male ratio is 2:1

Course and prognosis:

It has a chronic course, relapses are common with discontinuation of medication, Only a minority of patients has full remission of symptoms .

Up to 65% of patients have major depression .



DSM-5 CRITERIA:

#Recurrent, unexpected panic attacks without an identifiable trigger.

#One or more of panic attacks followed by >1month of continuous worry about experiencing subsequent attacks or their consequences, and/or a maladaptive change in behaviors (e.g., avoidance of possible triggers) .

#Not caused by the direct effects of a substance, another mental disorder, or another medical condition

Treatment

Combination of CBT and Pharmacotherapy = most effective.

*First-line: **SSRIs** (e.g., sertraline, citalopram, escitalopram).

* SNRIs (e.g., venlafaxine, desvenlafaxine, duloxetine) are also efficacious.

*If the above options are not effective, can consider **TCA**s (e.g., clomipramine, imipramine).

*Can use **benzodiazepines** (e.g., clonazepam, lorazepam) as scheduled or PRN, until other medications reach therapeutic efficacy.



selective mutism:

Is a **rare** condition characterized by failure to speak in specific situations for **at least 1 month**, despite the **intact** ability to comprehend and use language.

Onset typically starts during **childhood**.

The **majority** of them suffer particularly from **social anxiety**.

They may remain completely silent , whisper, or use non-verbal communication (writing- gesturing).



DSM-5 criteria:



- Consistent **failure to speak** in select social situations (e.g., school) despite speech ability in other scenarios.
- Mutism is **not due to a language** difficulty or a communication disorder.
- Symptoms cause **significant impairment** in academic, occupational, or social functioning
- Symptoms last **>1 month** (extending beyond **First month** of school).

Treatment:

Psychotherapy: CBT, family therapy.

Medications: SSRIs (especially with comorbid social anxiety disorder).

separation anxiety disorder:

Separation anxiety typically emerges by 1 year old and peaks by 18 months.

It is considered pathological when it become extreme or developmentally inappropriate .

It may be preceded by a stressful life event.

It may lead to complaints of somatic symptoms to avoid school or work.



Note

Separation anxiety disorder VS. dependent personality disorder

1)Sad:Strong attachment to specific figures (e.g., parent, partner); fear of separation

✦ يعني التعلق عنده محدد بشخص معين
صعب يستبدله

2)Dpd:Pervasive emotional dependence on any caregiver/authority; seeks replacement if one is lost

✦ يعني التعلق مش محدد بشخص معين
(لا محدد بخدمة معينه يحصل عليها)

DSM-5 Criteria:



Excessive and developmentally inappropriate fear/anxiety regarding separation from attachment figures, **with at least three** of the following:

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- -**Separation** from attachment figures **leads to extreme distress**.
- -**Excessive worry** about **loss of or harm** to attachment figures .
- -**Excessive worry** about **experiencing** an event that leads to separation from attachment figures.
- -Reluctance to **leave home**, or **attend school or work**.
- -Reluctance to be **alone**.
- -Reluctance to **sleep alone** or **away from home**

Cont...

- Complaints of **physical symptoms** when separated from major attachment figures.
- Nightmares** of separation and **refusal to sleep without proximity** to attachment figure.
- Lasts for ≥ 4 **weeks** in children/adolescents and ≥ 6 **months** in adults.
- Symptoms cause **significant** social, academic, or occupational **dysfunction**.
- Symptoms **not** due to **another mental disorder**

Treatment

Psychotherapy: CBT, family therapy.

Medications: **SSRIs** can be effective as an adjunct to therapy.



Overview of the most important anxiety disorders

Characteristics	Generalized anxiety disorder (GAD)	Panic disorder	Social anxiety disorder	Specific phobias	Agoraphobia
Clinical features	<ul style="list-style-type: none"> Excessive and persistent anxiety and/or fear 	<ul style="list-style-type: none"> Recurrent unexpected <u>panic attacks</u> 	<ul style="list-style-type: none"> Pronounced fear and/or anxiety of social situations that involve scrutiny from others 	<ul style="list-style-type: none"> Persistent and intense fears of particular situations or objects 	<ul style="list-style-type: none"> Pronounced <u>fear</u> or anxiety of situations that are perceived as difficult to escape from
Triggers	<ul style="list-style-type: none"> No definitive trigger or source 	<ul style="list-style-type: none"> May not have an obvious trigger  	<ul style="list-style-type: none"> Social interaction and/or performance of any actions in public 	<ul style="list-style-type: none"> One or more specific situations or objects 	<ul style="list-style-type: none"> Being in enclosed spaces or open public spaces Crowds Being alone
Duration of symptoms required for diagnosis	<ul style="list-style-type: none"> ≥ 6 months 	<ul style="list-style-type: none"> <u>Panic attacks</u>: several minutes Fear of subsequent attacks: ≥ 1 month 	<ul style="list-style-type: none"> ≥ 6 months 	<ul style="list-style-type: none"> ≥ 6 months 	<ul style="list-style-type: none"> ≥ 6 months in ≥ 2 different situations
Treatment of anxiety disorders	<ul style="list-style-type: none"> First line: <u>SSRIs</u> or <u>SNRIs</u> and/or <u>CBT</u> Alternatives: <u>buspirone</u>, applied relaxation therapy, <u>biofeedback</u> 	<ul style="list-style-type: none"> Acute <u>panic attack</u>: short-acting <u>benzodiazepines</u> (e.g. <u>alprazolam</u>) Long-term management: <u>SSRIs</u> or <u>SNRIs</u> and/or <u>CBT</u> 	<ul style="list-style-type: none"> <u>SSRIs</u> or <u>SNRIs</u> and/or <u>CBT</u> Performance-only social anxiety disorder: <u>CBT</u> and/or <u>propranolol</u> or <u>clonazepam</u> 	<ul style="list-style-type: none"> <u>CBT</u> (desensitization therapy) <u>Benzodiazepine</u> or <u>SSRIs</u> 	<ul style="list-style-type: none"> <u>CBT</u> <u>SSRIs</u>

Thank you!

