

Anxiety Disorders

Recognition and Treatment



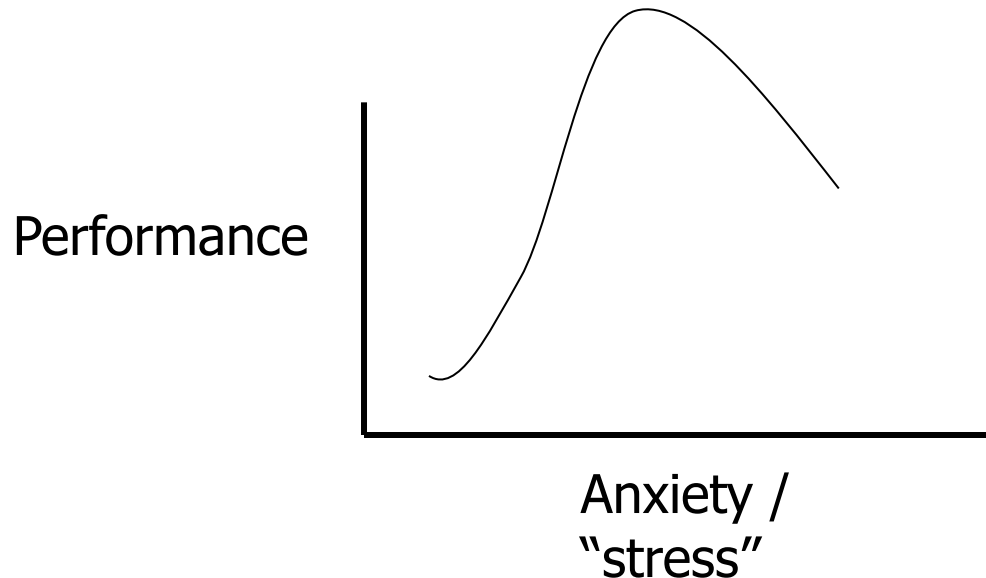


Plan for this morning

- General introduction.
- Different anxiety disorders currently recognised.
- Video clip demonstrations.
- Brief info treatments.
- Discussion.

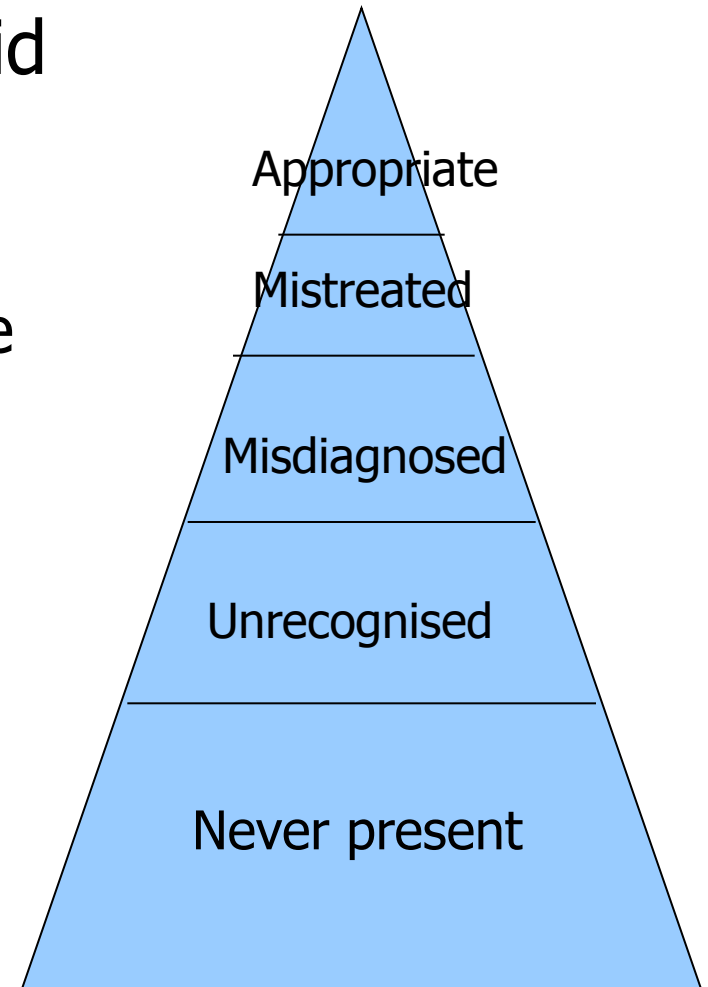
Thinking about anxiety

- What is normal anxiety?
- Role of anxiety?



Recognition of anxiety disorders

- Very commonly co-morbid
 - Other anxiety disorders
 - Depressive disorders
 - Alcohol and substance use
 - Personality disorders.
 - Somatoform disorders.



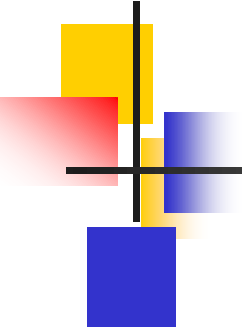


Screening questions:

- Open ended questions helpful to begin with.

Suggestions?

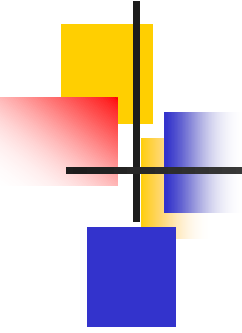
- Then close down
 - Range of sx
 - Rule in/out other diagnoses

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- What are barriers to the recognition of anxiety disorders?



Epidemiology.

- Lifetime prevalence 15-30%
- Te Rau Hinengaro (2006): 28.8% lifetime risk.
- Most common group of psychiatric disorders
 - > mood > substance use
 - Specific phobia > social phobia > PTSD > GAD > Panic d/o > OCD

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- Other factors increase risk
 - Women (30% vs 19%)
 - Not married
 - Unemployed, low socioeconomics
 - Negative life events
 - Maori & Pacific Islanders



DSM IV-TR

- Panic Disorder +/- Agoraphobia
- Social Phobia
- Specific Phobia
- OCD
- GAD
- PTSD / Acute Stress Disorder

- Anxiety due to GMC
- Substance Induced
- Anxiety disorder NOS (not otherwise specified)

- DSM V due May 2013. Probably fairly similar (see www.dsm5.org)



Panic Disorder



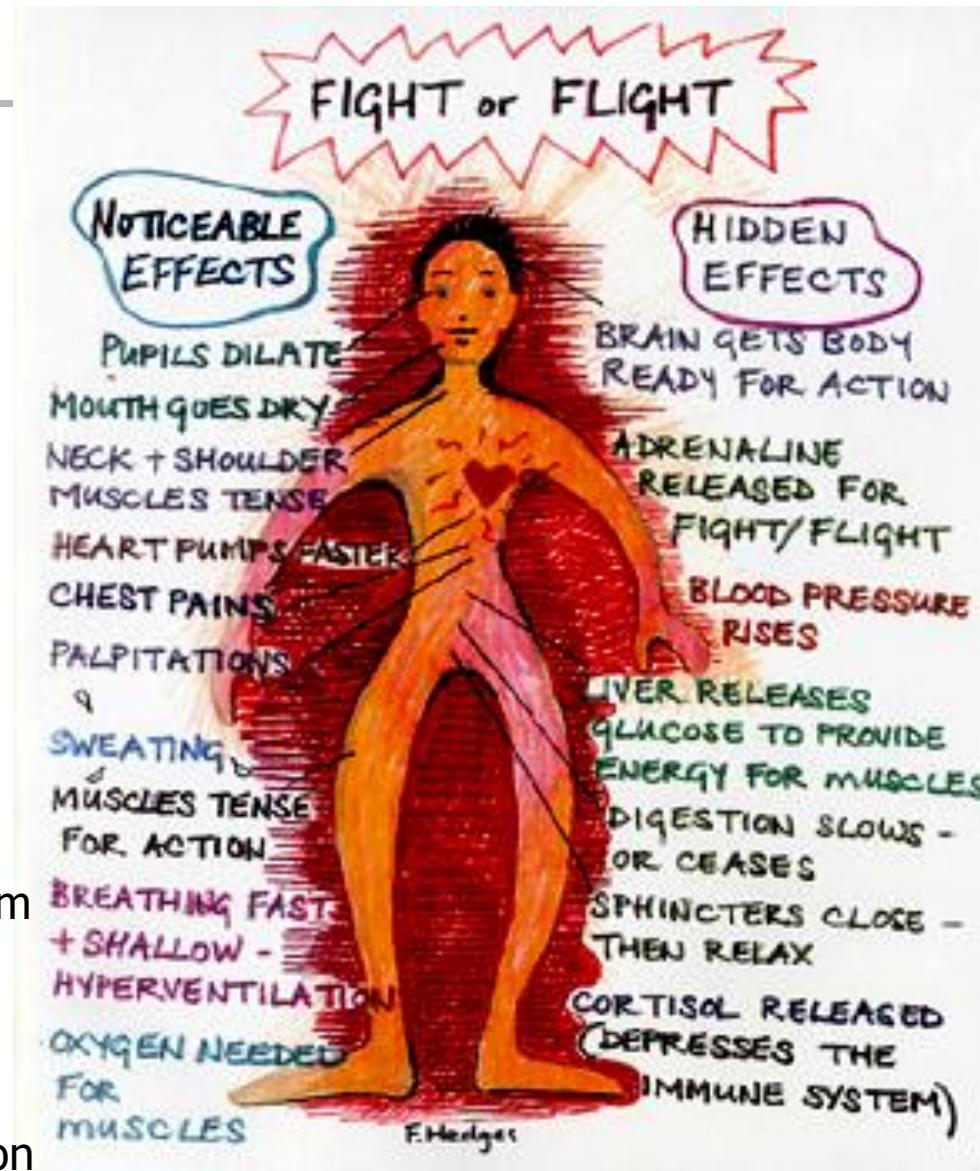


Panic Disorder

- Recurrent and unexpected panic attacks which are followed by
 - persistent concern about having another attack or
 - concern about the implications of the panic attacks

Panic Attack

- Dizzy / lightheaded
- Raised HR and BP, palpitation
- Raised Resp rate, SOB
- Chest discomfort
- Dry mouth / Choking
- Sweaty / Shaky / Hot / Cold
- Tingling in peripheries
- Nausea / GI sx
- Fear of dying, losing control or going mad
- Derealisation (unreality)/
Depersonalisation (detached from oneself)
- Racing thoughts
- Jumpy / Restless / Muscle tension
- Urinary sx



Panic Disorder

- Panic attacks occur in instances where there is no real danger
- Unpredictable, random at first

Can lead to having agoraphobia - fear of situations where escape may be difficult (panic disorder with agoraphobia)





Panic Disorder

- Differential Diagnosis
 - Organic/ medical condition
 - Hyperthyroidism, phaeochromocytoma
 - Acute cardiac or respiratory
 - Social phobia, specific phobia, other anxiety d/o
 - Mood disorder
 - Substance induced/withdrawal



Panic Disorder

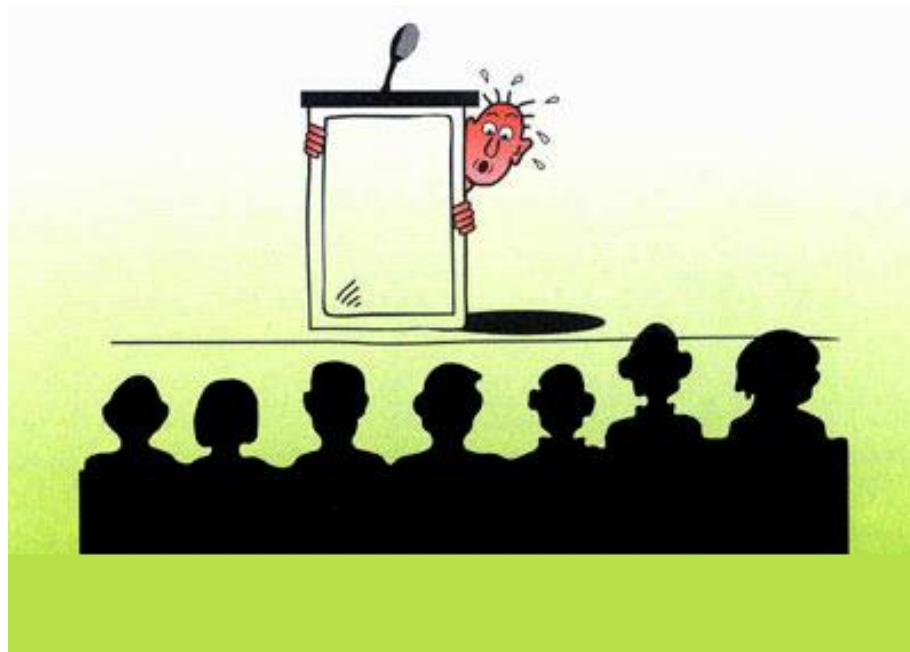
- Management Plan

- Psychoeducation, listening, lifestyle
- CBT tailored for panic disorder
 - Anxiety management skills
 - slow breathing
 - progressive muscular relaxation
 - Desensitisation to “feared” places
 - Cognitive reframing
- Medications
 - SSRIs, also venlafaxine, buspirone
 - Benzodiazepines (short term)

Video



Social Phobia



Social Phobia

- Fear of being scrutinised or being evaluated negatively by other people
- Commonly feared situations
 - Eating or drinking in public
 - Speaking in public
 - Writing in the presence of others
 - Using public toilets
 - Being in social situations in which the individual may say or do foolish things





Social Phobia

- Exposure to feared situation creates an immediate anxiety response
- May be similar to panic
- Symptoms cause further embarrassment
- Results in avoidance of feared situation



Social Phobia

- Differential Diagnosis
 - “Normal” social anxiety or avoidance
 - Avoidant personality
 - Agoraphobia
 - Specific phobia
 - Depression
 - Schizophrenia
 - Delusional disorder



Social Phobia

- Management

- Psychoeducation, listening, lifestyle
- Managing co-morbid substance abuse
- CBT
 - Controlling panic symptoms, slow breathing, relaxation
 - Cognitive reframing
 - Graded exposure to feared situations
 - Relearning basic social skills and conversational skills
- Medications
 - SSRIs, other antidepressants
 - Benzodiazepines (short term)
 - (B-blockers)

Video





Specific Phobia



Specific Phobia

- Persistent and irrational fear and avoidance of a particular object or situation
 - Heights & falling, suffocation, drowning – situations where these are possible
 - Potentially harmful objects – spiders, insects, snakes, carnivorous animals





Specific Phobia

- During exposure to feared situation
 - Accelerated heart rate/ pounding
 - Trembling
 - Faintness, light headedness
 - Difficulty breathing
 - Sweating
- Avoidance of feared situation
- Distressing, affects life and functioning
- Most common anxiety d/o



Specific Phobia

- Differential Diagnosis
 - Panic disorder
 - Social phobia
 - Agoraphobia
 - Obsessive compulsive disorder
 - Post traumatic stress disorder



Specific Phobia

- Management Plan

- Education about the anxiety condition
- Self-help
- CBT
 - Anxiety management
 - slow breathing
 - progressive muscular relaxation
 - Graded exposure
 - E.g. Imagine -> picture -> in vivo
- Minimal role for pharmacotherapy



OCD





Obsessive Compulsive Disorder

- Obsessions – mental event
 - Thoughts, images or impulses which are persistent, intrusive, unwanted
- Compulsions – behaviour
 - Actions or ritual, behaviours which are persistent and uncontrollable usually associated with the obsession
 - Serve to decrease anxiety



OCD

- Obsessions

- Contamination, blasphemy, disasters, violence, sex, symmetry, harm to self/others
- Recognised as coming from own mind
- Recognised as irrational
- Not typically “real-life problems”
- Very distressing



OCD

- Compulsions

- Washing, cleaning
- Arranging, doing things in specific order
- Counting, checking
- Praying

- Usually to prevent something bad happening
- Spend significant amount of time each day
- Distressing, affects functioning



OCD

- Differential diagnosis
 - Social phobia, GAD
 - Depressive disorders
 - Delusional / psychotic disorders

- Tic disorders, eating d/o, BDD, Trichotillomania



OCD

- Management Plan

- Psychoeducation
- Small sx reduction → large QOL improvement
- CBT
 - Anxiety management
 - Cognitive therapy
 - Graded exposure and response prevention
- Medications
 - High dose SSRIs
 - Clomipramine, MAOIs

 - Other medications sometimes use with treatment resistance eg. Antipsychotics.

Video



Generalised Anxiety Disorder



Generalized Anxiety Disorder

- More than six months of
- Persistent, generalised and excessive feelings of anxiety
- Difficult to control, unable to relax
- Free floating worry
- Wide range of themes
 - Health
 - Financial
 - Work
 - Relationships
 - Social performance





GAD

- Other symptoms

- Psychological

- Poor concentration, irritability, depressed mood
- Hypervigilance, nervousness

- Physical

- Restlessness, trembling
- Insomnia
- Palpitations, shortness of breath
- Muscular tension, headaches
- Constant fatigue
- Light headedness



GAD

- Differential Diagnosis
 - Rule out organic/medical disease
 - Hyperthyroidism, phaeochromocytoma
 - Other anxiety d/o – OCD, social phobia
 - Mood disorder – high co-morbidity
 - Substance abuse/dependence



GAD

- Management

- Psychoeducation, listening, lifestyle
- Meditation, mindfulness, yoga
- CBT
 - Anxiety management
 - Problem solving
 - Cognitions
- Avoiding/ managing alcohol and substance
- Medications
 - Benzos – but try to avoid
 - SSRIs, venlafaxine, TCAs, B-blockers, buspirone

Video





PTSD



Post Traumatic Stress Disorder

- Long lasting anxiety response following a traumatic or catastrophic event
 - Violent assault, torture, being a hostage, severe accidents, witnessing unexpected death or injury





PTSD

- Symptoms, for >1mo after trauma
 - Re-experiencing phenomena
 - Images, nightmares, flashbacks
 - Hypervigilance/hyperarousal
 - Easily startled, intense arousal and anxiety on exposure to trauma cues, diffic. concentrating, irritability/anger
 - Withdrawal and avoiding
 - Social withdrawal, numbing, avoid things that remind of event



PTSD

- Differential Diagnosis
 - Acute stress disorder (within 4 weeks of event)
 - Adjustment disorder
 - Malingering/ factitious disorders.



PTSD

- Management

- ?Critical incident debrief may increase rates of PTSD.

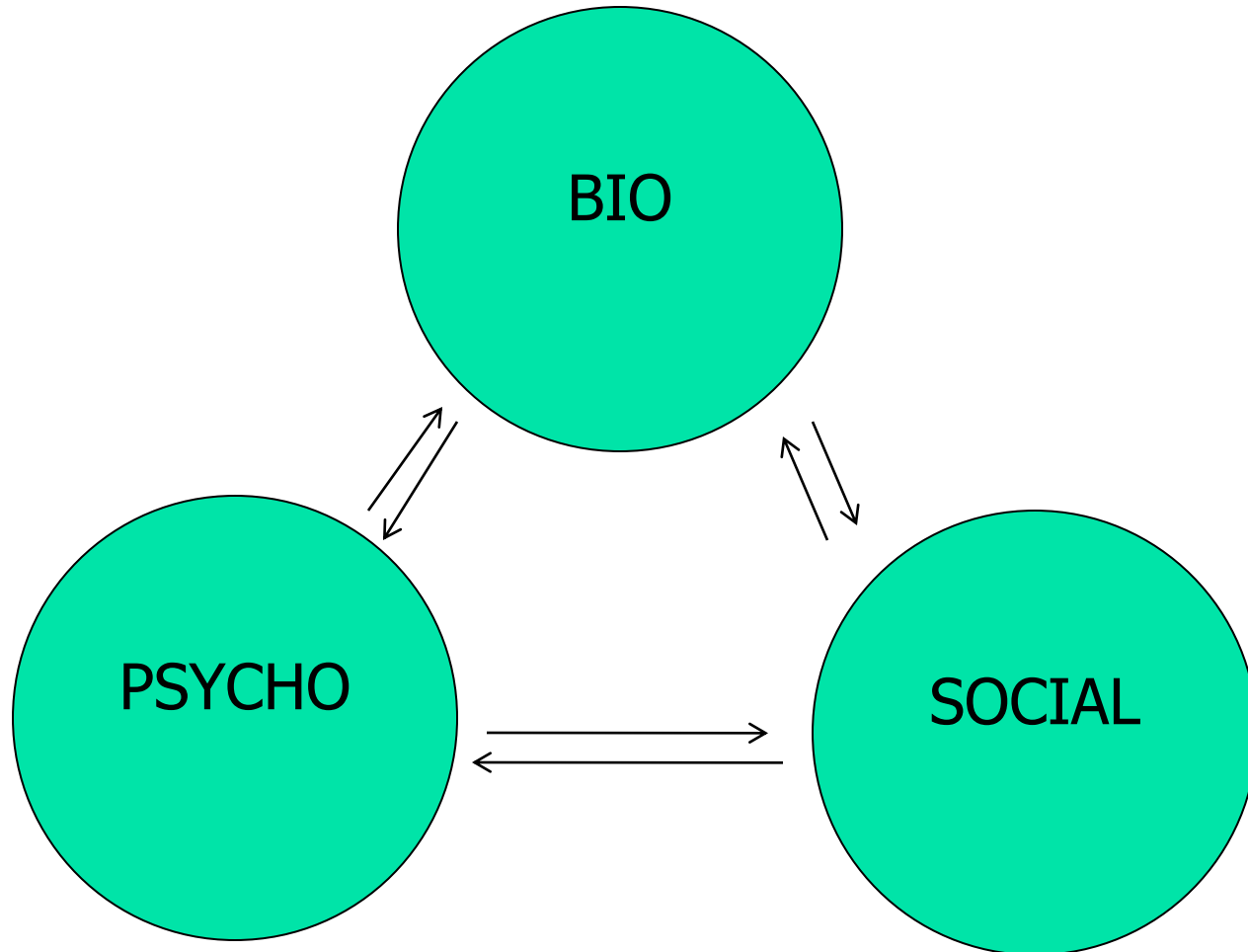
Established PTSD:

- Psychoeducation
- CBT (trauma focused), relaxation, coping, guilt issues.
- Graded exposure.
- Medications – antidepressants.

Video



Aetiology of Anxiety Disorders



Biology of Anxiety

- Brain

- Function

- GABA, serotonin, NA

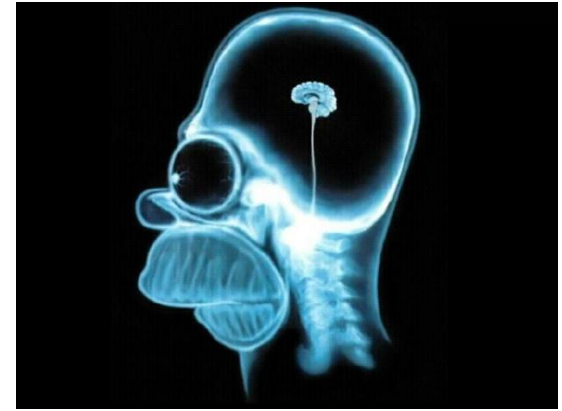
- Structure

- Caudate nucleus in OCD

- Genetics

- Autonomic nervous system

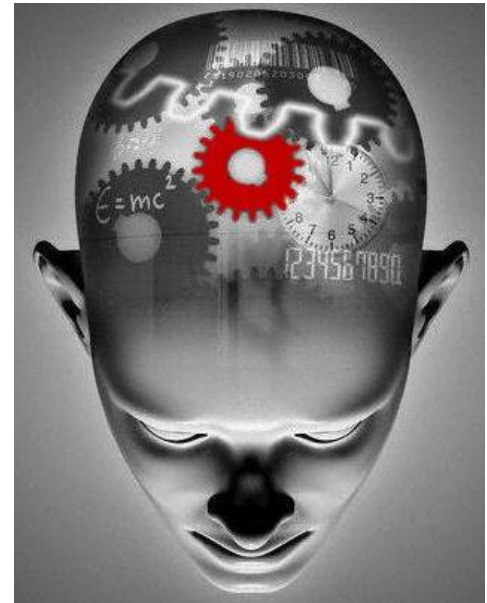
- Role of the amygdala and the fear pathway



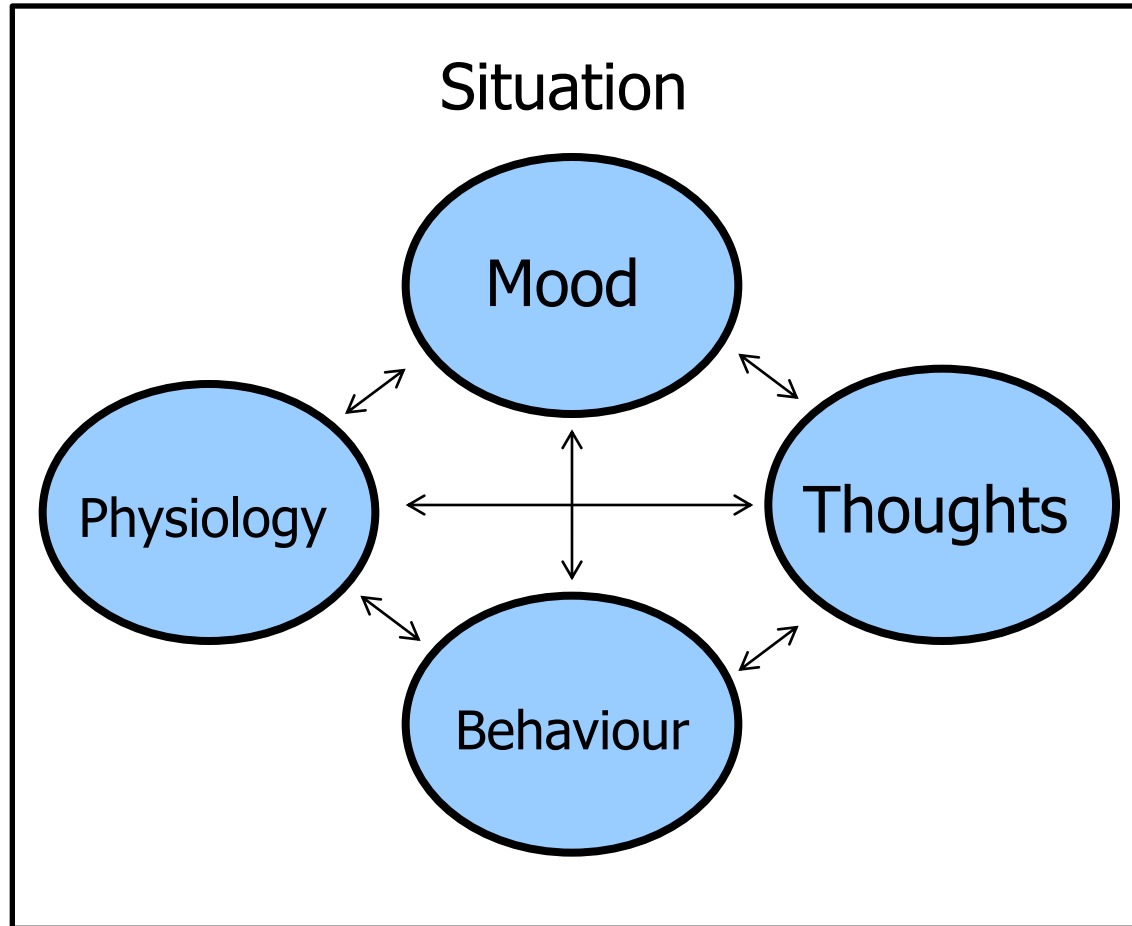
Psychology of Anxiety

Range of historical perspectives.

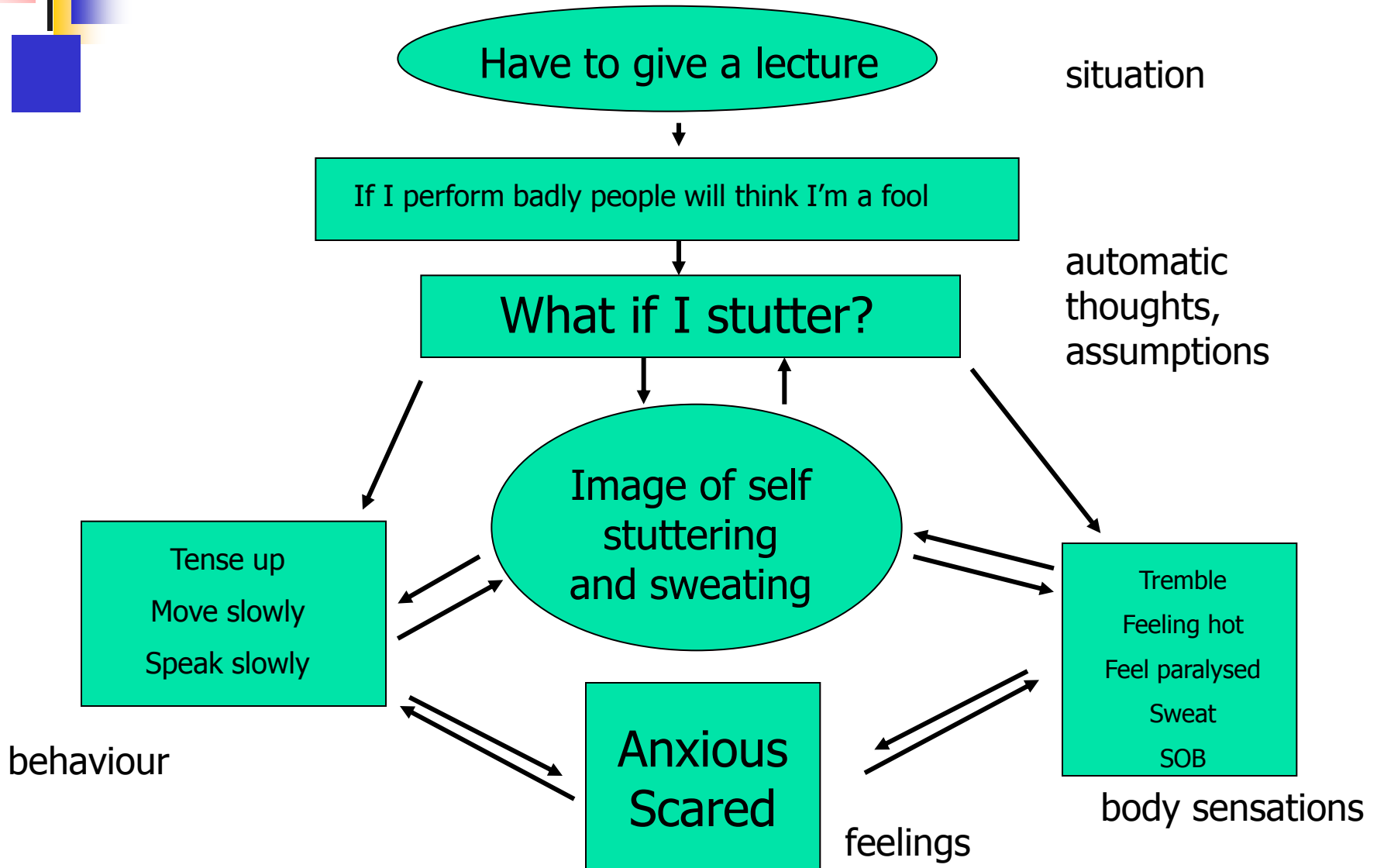
- Cognitive-behavioural
- Psychodynamic.
- Adjustment theories.
- Diathesis stress models
- Life traumas



Ways of modelling anxiety.



An example





Social aspects

- Variation from “the norm.”
- Predisposing factors? Employment. SES/ deprivation.
- Support vs isolation.
- Stigma. Barriers to supports.
- Cultural aspects

- Resilience.

One Last Video

Breathing techniques,
Cognitive Restructuring &
Exposure & Response Prevention





Discussion...
