

ANXIETY DISORDERS

* **fear**: transient increase in sympathetic activity (fight & flight)

* **Anxiety**: apprehension regarding possibility of negative future event

* **anxiety disorder**: excessive fear or anxiety

- Criteria: Clinically significant distress or impairment in social & occupational functioning
- Genetic, biological, environmental, psychosocial factors
- 1° anxiety → Not due to substance use, medication, medical condition
- Major neurotransmitters: NE, Serotonin (5HT), GABA
- MC psychopathology, MC in ♀ (2:1)

* **Signs & Symptoms**:

- ① Constitutional → fatigue, diaphoresis, shivering
- ② Cardiac → chest pain, palpitations, tachy, HTA
- ③ pulm. → SOB, hyperventilation
- ④ Neuromuscular → vertigo, lightheadness, paraesthesia, tremor, insomnia, MTENSION
- ⑤ GI → abd discomfort, anorexia, N&V, diarrhea, constipation

* late onset + no family history → mostly 2° anxiety (substance use or medical condition effect)

* **Substances cause anxiety**

① **intoxication anxiety**

Cannabis, hallucinogens (PCP, LSD, MDMA)

② **withdrawal anxiety**

Sedatives, hypnotics, anxiolytics, opioids

③ **both withdrawal or intoxication can be caused by:**

alcohol, caffeine, tobacco, stimulants (amphetamine, cocaine)

* medical conditions cause anxiety:

- ① neuro → epilepsy, migraine, tumor, MS, huntington
- ② endo → hyperthyroid, hypoglycemia, pheochromocytoma, Carcinoid Syndrome.
- ③ meta → B12 def., electrolyte abnormality, porphyria
- ④ resp. → asthma, COPD, PE, pneumothorax, pneumonia, hypoxia
- ⑤ cardio → CHF, angina, arrhythmia, MI

* treatment:

- based on severity:
 - mild → psychotherapy
 - mod. - severe → psycho + pharmacotherapy
- goal: symptomatic relief, must use med. for 6 mo. before attempting to titrate off.

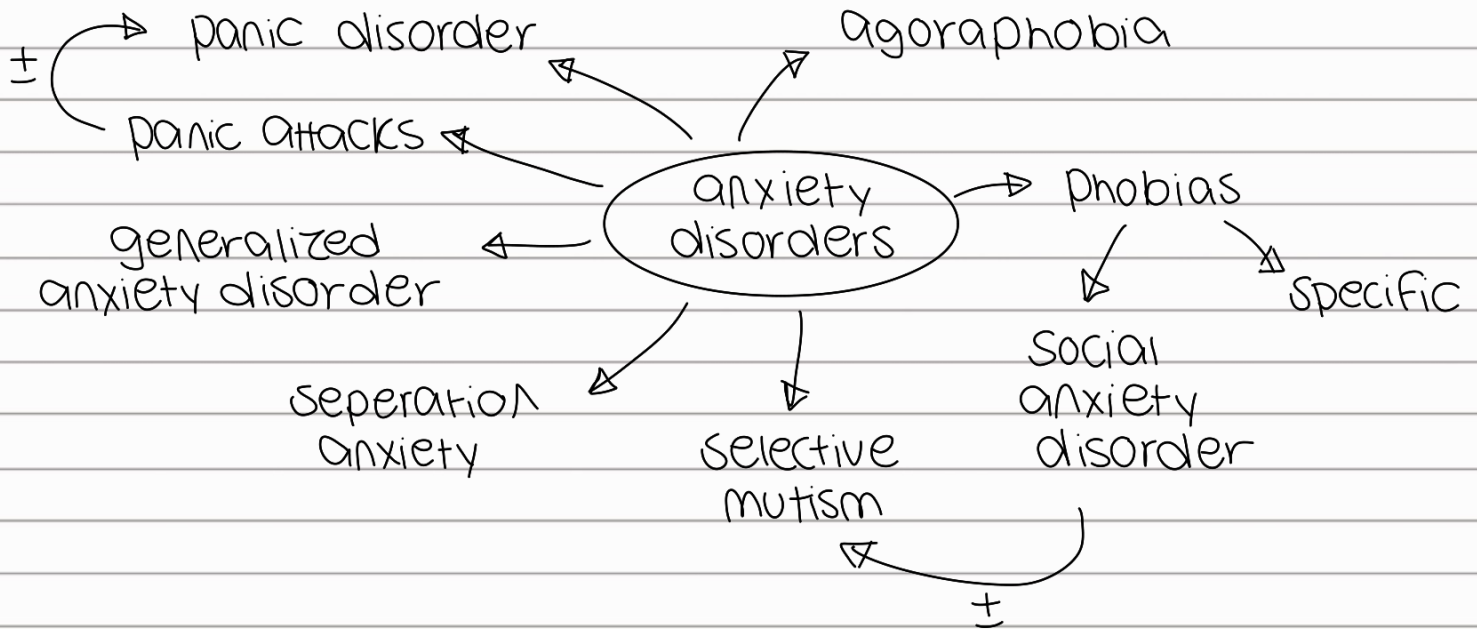
* pharmacotherapy:

- ① 1st line: SSRIs (sertraline), SNRIs (venlafaxine)
- ② benzodiazepines
 - adjunctive short acting, used for acute reduction till long term medication become effective.
 - avoid in:
 - anxiety + depression → worsen depression
 - anxiety + substance use (alcohol) → dependence risk
 - enhance activity of GABA on GABA-A receptor
- ③ gabapentin & antihistamines w/ anxiolytic properties (diphenhydramine or hydroxyzine) for pts w/ substance use (non addictive)
- ④ buspirone (augmentation) → anxiolytic, partial agonist at 5HT_{1A} receptor
- ⑤ β blocker propranolol → panic attack, performance anxiety
- ⑥ TCAs, MAOIs → if 1st line not effective, dangerous (CUS effects)

* psychotherapy

- ① CBT (cognitive behavioral therapy) → examine relation bet. anxiety driven cognitions, emotions, behavior
- ② psychodynamic psychotherapy → giving insight about symptoms → adaptive coping styles

- meds → ↓ symptoms → pt can participate & learn skills → maintenance & prevent relapse



PANIC ATTACK

- sudden fear response to a trigger or spontaneously
- mins - $\frac{1}{2}$ hr then normal anxiety
- ± psychiatric disorders or medical conditions

Da PANICS

dizziness, disconnectedness, derealization, depersonalization
 palpitations, paresthesia

abd. distress

numbness, nausea

intense fear of dying or losing control

chills, chest pain

sweating, shaking, SOB

- treatment: β blockers
- Smoking is a risk factor

PANIC DISORDER

- Spontaneous recurrent attacks & fearful of recurring attacks "fear of fear"
- genetic factor, psychosocial factors (↑ stressors esp. in childhood like loss, physical or sexual abuse)
- Prevalence 4%, 2♀:1♂, median age 20-24
- Chronic, rare remission, relapses when meds discontinued
- 65% have major depression
- ± other anxiety disorders (agoraphobia), bipolar, alcohol use

DSM-5 Criteria

- ① recurrent, unexpected attacks w/out trigger
- ② ≥ 1 panic attacks (multiple times/day - few/month) followed by ≥ 1 mo. of worry (fear of fear) & avoidance of possible trigger
- ③ Not due to substance use or medical/neurological effect or other mental disorder

Treatment:

CBT, SSRI (1st line), SNRI, TCAs, benzo

AGORAPHOBIA

- Chronic, rare remission
- Etiology: genetic or by traumatic event
- ± panic disorders

DSM 5 Criteria

- ① concerns of difficulty escaping or obtaining help.
(Outside alone, open spaces, enclosed spaces, crowds)
- ② fear of potential danger, feels better w/ companion
(ex: IBS pts & seizure pts fear embarrassing situations)
- ③ cause social, occupational dysfxn
- ④ symptoms not explained by other mental disorders

Course:

- 1/2 pts start w/ panic attacks
- onset < 35
- ± other anxiety, depressive, substance use disorder

treatment

CBT, SSRI

SPECIFIC PHOBIAS

- irrational fear leads to avoidance or anxiety
- mc psychiatric disorder ♀, 2nd mc ♂ (2:1 ratio)
- prevalence 10%, age of onset 10

DSM-5 criteria

- ① persistent, excessive fear from specific situation or **object of no actual threat** (animals, environment, clustro, blood or injections) ^{→ vasovagal}
- ② exposure to trigger → immediate response
- ③ avoidance or anxiety
- ④ cause social, occupational dysfxn
- ⑤ > 6 mo.
- ⑥ not due to physiological effect of substance or medical condition

treatment

CBT + exposure

SOCIAL PHOBIA (social anxiety disorder)

- fear of scrutiny, **embarrassment, humiliation, rejection**
- develops in wake of negative or traumatic event
- **may be limited to public speaking, performance**
- onset 13, equal ratio ♀:♂
- **treatment:** ^{→ performance anxiety}
CBT, SSRI or SNRI, benzo, β blockers

SELECTIVE MUTISM

- rare, childhood onset, > 1 mo., usually + social anxiety
- **treatment:** CBT, family therapy, SSRI (if + social anxiety)

DSM-5 Criteria

- ① **failure to speak in specific situations w/ ability to speak in others** (complete silence, whisper, writing, gesturing)
- ② no language difficulty or communication disorder
- ③ cause academic, occupational, social dysfxn
- ④ > 1 mo.

SEPERATION ANXIETY

- Normally Seperation anxiety develops at age 1 year & peaks at 18 mo.
- abnormal in older age groups
- **treatment**: CBT, family therapy, SSRI

DSM-5 Criteria

Excessive Anxiety about Attachment figure regarding:

- ① Seperation
- ② loss or harm
- ③ events leading to Seperation
- ④ reluctance to leave home
- ⑤ reluctance to go to school or work
- ⑥ reluctance to be alone
- ⑦ reluctance to sleep away from home
- ⑧ Physical symptoms when Seperated
- ⑨ Nightmare about Seperation & refusal to sleep w/ out attachment fig.
- ⑩ > 4 wks (children) & ≥ 6 mo. (adults)
- ⑪ social, academic, occupational dysfxn
- ⑫ no other mental disorder

GENERALIZED ANXIETY DISORDERS

DSM-5 Criteria

- ① excessive worry about daily activities > 6 mo.
- ② difficulty controlling worries
- ③ ≥ 3 typical associated symp. (insomnia, fatigue, impaired concentration, muscle tension, restless)
- ④ not due to substance, medication, neurologic disorder
- ⑤ cause social, occupational dysfxn

- described as a worrier!
- Worry WARTS (wound up, worn out, absent minded, restless, tense, sleepless)
- 5-9% prevalence, 2♀:1♂, 1/3 have genetic factor
- begins at childhood, peak onset at 30
- ± other anxiety or depressive disorders
- **treatment**: (psycho + pharmaco) → CBT, SSRI or SNRI, short term benzo or augmentation + busiprone, TCAs & MAOIs