

## ANXIETY DISORDERS

- DEFINITION:
  - Anxiety is a state associated with intense feelings of dread accompanied by somatic complaints that indicate a hyperactive autonomic nervous system (e.g. palpitations and sweating)
    - Differentiated from fear, which is an appropriate response to a **known** threat, anxiety is a response to a threat that is **unknown**
- CLASSIFICATION:
  - **Panic disorder with and without agoraphobia:**
    - Spontaneous panic attacks, occurring alone or in combination with agoraphobia (fear of being in open spaces)
    - Discrete period of intense fear or discomfort
    - Symptoms include:
      - Palpitations
      - Sweating
      - Trembling or shaking
      - Sensations of SOB
      - Feelings of choking
      - Chest pain
      - Nausea/abdominal distress
      - Dizziness or light-headedness
      - Fear of dying
    - Can lead to alcohol or drug abuse, depression and occupational and social restrictions
  - **Generalised anxiety disorder:**
    - Excessive worry about everyday life
    - Anxiety is difficult to control and is subjectively distressing
    - Lifetime prevalence of 45%
    - Characterised also by worry (expectant apprehension)
  - **Specific phobia:**
    - Irrational fear of an object
    - The person experiences massive anxiety when exposed to the feared object and tries to avoid it at all costs
  - **Social phobia:**
    - Irrational fear of public situations (e.g. public speaking, using public bathrooms etc)
    - May be associated with panic attacks
  - **Obsessive-compulsive disorder:**
    - Recurrent intrusive ideas, images, ruminations, thoughts (**obsessions**)
    - Repetitive patterns of behaviour or actions (**compulsions**)
    - Person recognises that obsessions are a product of their own mind
    - Compulsions can be repetitive behaviour or mental acts that the person feels driven to perform in response to an obsession
      - The behaviour/acts are aimed at alleviating distress

- The obsessions and compulsions cause marked distress and are time consuming
- **Posttraumatic and acute stress disorders:**
  - Anxiety is produced by an extraordinarily stressful event
  - The event is relived in dreams and waking thoughts (flashbacks)
  - In **PTSD**, the symptoms of **repeated experience**, **avoidance** and **hyperarousal** last for more than one month
    - If less than one month, then the appropriate diagnosis is acute stress disorder
  - Both are associated with substance abuse and depression
- **Anxiety disorder due to a general medical condition:**
  - Neurological disorders:
    - Neoplasm
    - Trauma
    - CVD
    - Subarachnoid haemorrhage
    - Migraine
    - Encephalitis
    - MS
  - Systemic conditions:
    - Hypoxia
    - CV disease
    - Pulmonary insufficiency
    - Anaemia
  - Endocrine disturbances:
    - Pituitary
    - Thyroid
    - Parathyroid
    - Adrenal
    - Pheochromocytoma
  - Inflammatory disorders
  - Miscellaneous conditions:
    - Hypoglycaemia
    - Carcinoid syndrome
    - PMS
    - Febrile illness
    - Uraemia
  - Toxic conditions:
    - Alcohol and drug withdrawal
    - Vasopressor agents
    - Penicillin
    - Sulphonamides
    - Mercury/arsenic
- **Substance-induced anxiety disorder:**
  - Either through intoxication or withdrawal

- **Intoxication:**
      - Amphetamines
      - Sympathomimetics
      - Amyl nitrate
      - Anticholinergics
      - Caffeine
      - Cannabis
      - Sedatives/hypnotics
      - Cocaine
      - Hallucinogens
    - **Withdrawal:**
      - Alcohol
      - Antihypertensives
      - Caffeine
      - Opioids
- **EPIDEMIOLOGY:**
  - The anxiety disorders make up the most common group of psychiatric disorders
  - Women are more likely than men to have the disorder
- **AETIOLOGY:**
  - **Biological:**
    - Anxiety involves an excessive autonomic reaction with increased sympathetic tone
      - Associated decrease in REM latency and stage IV sleep
    - Increased levels of catecholamines and metabolites
    - Associated lower levels of GABA lead to CNS hyperactivity
    - Locus coeruleus is hyperactive in anxiety states
  - **Psychoanalytic theories:**
    - Anxiety is related developmentally to childhood fears of disintegration that derive from the fear of an actual or imagined loss
    - According to Freud, unconscious impulses threaten to burst through into consciousness and produce anxiety
  - **Learning theory:**
    - Anxiety is produced by continued or severe frustration or stress
      - The anxiety then becomes a conditioned response to other situations that are less severely frustrating or stressful
    - It may be learned through identification and imitation of anxiety patterns in parents (social learning theory)
  - **Genetic studies:**
    - Half of patients with panic disorder have one affected relative
    - About 5% of persons with high levels of anxiety have a polymorphic variant of the gene associated with serotonin transporter metabolism
- **DIFFERENTIAL DIAGNOSIS:**

- **Depressive disorders:**
  - 50-70% of depressed patients exhibit anxiety or obsessive brooding
  - 20-30% of primarily anxious patients exhibit depressive features
- **Schizophrenia**
  - These patients may be very anxious or have obsessive ruminations in addition to or preceding hallucinations or delusions
- **Bipolar I disorder:**
  - Particularly in manic phase
- **Medical and neurological conditions**
- **Substance related disorders**
- **TREATMENT:**
  - The treatment of anxiety disorders involves both a psychopharmacological approach as well as psychotherapy
  - **Pharmacological methods:**
    - **Benzodiazepines:**
      - In panic disorder, they decrease both the number and intensity of attacks
      - Beware of problems of dependence and withdrawal syndromes
    - **SSRIs:**
      - Particularly:
        - Citalopram (**celexa**)
        - Escitalopram (**lexapro**)
        - Paroxetine (**paxil**)
        - Sertraline (**Zoloft**)
        - Venlafaxine (**effexor**)
      - Beware of paradoxical increase in anxiety in early stages of taking these agents
        - Can be controlled with benzodiazepines until full SSRI effect has taken place
    - **Tricyclic antidepressants:**
      - Especially effective in OCD states
      - Not first-line agents due to side-effect profile
    - **MAO-I:**
      - Effective for the treatment of panic and other anxiety disorders
      - NOT FIRST LINE BECAUSE OF MAJOR ADVERSE SIDE EFFECT:
        - Hypertensive crises secondary to ingestion of foods containing tyramine
    - **Adjunctive agents:**
      - **Beta blockers:**
        - Suppress somatic signs of anxiety
        - Not useful in chronic anxiety, unless it is caused by a hypersensitive adrenergic state

- **Psychological methods:**
  - **Supportive psychotherapy:**
    - Adaptive defences are encouraged and strengthened and maladaptive ones are discouraged
  - **Insight-oriented therapy:**
    - Increase the patient's development of insight into psychological conflicts that, if unresolved, can manifest as symptomatic behaviour
  - **Behaviour therapy:**
    - Positive and negative reinforcement
    - Systematic desensitisation
    - Graded exposure
- **MOST CURRENT STRATEGIES FOR THE TREATMENT OF ANXIETY DISORDERS INCLUDE A COMBINATION OF PHARMACOLOGICAL AND BEHAVIOURAL INTERVENTIONS**