An introduction to anxiety disorders:

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Aims of this session

This session will enable students to:
- List characteristic symptoms and signs associated with generalised anxiety, panic disorder, phobias and obsessive-compulsive disorder.

Anxiety disorders: symptoms of clinical importance when -
- Autonomy – “life of its own”
- Abnormally severe
- Abnormally prolonged
- Functional impairment
- Behavioural change
- Health seeking

Anxiety disorders:
- Panic disorder
- Social anxiety disorder
- PTSD
- GAD
- Specific phobia
- OCD
Baseline anxiety

Anticipatory anxiety

FBP A

Development of Panic disorder

Stress

Phobic avoidance

Anticipatory anxiety

NICE Guidance Panic Disorder

- Offer one of the following, taking into account pt preference
  - CBT - trained supervised staff; Weekly, 4 months, 7-14 hours
  - Licensed SSRI - initial low dose; Regular review
  - Self-help CBT based bibliotherapy, support groups, exercise. Regular review
  - Use questionnaires to monitor. If 2 interventions fail, refer to mental health services

- Meta-analysis of 106 studies (n=5011), suggests that combination of antidepressants + in-vivo exposure is most effective rx for PD with agoraphobia (Van Balkom et al, 1997)

Social anxiety disorder:

- Disorder often begins in early teens. Intense anxiety [often FBPA] in social situations
- Fear and/or avoidance of -
  - Being the focus of attention
  - Behaving in embarrassing or humiliating way

Social anxiety disorder - feared situations

- Being introduced
- Meeting people in authority
- Using the telephone
- Receiving visitors
- Being watched doing something
- Writing in front of others
- Speaking in public

Post-Traumatic Stress Disorder:

- Exposure to traumatic event
- ‘Re-experiencing’ symptoms
- Persistent avoidance and numbing
- Increased arousal
Generalised Anxiety Disorder:
- ‘free-floating’ anxiety
- excessive worrying
- prominent physical symptoms
- need for reassurance

Obsessive Compulsive Disorder:
- Subjective compulsion despite conscious resistance
- Ruminations – cf tune in head – often sex/death/accidents/violence. Recognised as own
- Rituals – repetitive/time consuming/distressing

Specific phobia:
- Persistent, inappropriate fear of a circumscribed external event, leading to avoidance
- Start in childhood (statistically normal)
- Usually clear or mild
- 10% population have clinically significant, but most do not need/seek help
- Incapacity depends on likelihood of encountering

Examples of compulsions include:
Washing, checking, counting, touching, hoarding, repeating

Specific phobia treatments:
- Graded in vivo exposure usually efficacious
- 75% improvement after few sessions
- Blood injury phobics may develop hypotension/bradycardia – may need additional tension exercises
- Paroxetine effective in resistant cases

Differentiating anxiety disorders:

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<thead>
<tr>
<th></th>
<th>Panic attacks</th>
<th>Spontaneous or cued</th>
<th>Other</th>
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<tbody>
<tr>
<td>PD</td>
<td>Y</td>
<td></td>
<td>Yes</td>
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<tr>
<td>GAD</td>
<td>N</td>
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<td>Social international 2nd decade</td>
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<td>PTSD</td>
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<td>OCD</td>
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**Some questions to ask:**
- Where is the most distressing place in a supermarket for someone with S.An.D?
- Where will someone with panic disorder sit in cinema/café?

**Co-morbidity**
- Anxiety disorders often co-morbid
- Self medication with alcohol/illicits common
- Always ask re anxiety in pt presenting with substance misuse and vice versa

**Efficacy of SSRIs across the spectrum of depression and anxiety disorders**

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<thead>
<tr>
<th>Disorder</th>
<th>Paroxetine</th>
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<th>Sertraline</th>
<th>Citalopram</th>
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<tr>
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**Survey**

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<td>2.4</td>
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**Fig 1: Process whereby anxiety can lead to self-medication with alcohol and consequent dependency.**

**Summary:**
- Anxiety disorders common
- Diagnosis is relatively easy (if often overlooked)
- Beware secondary morbidity
- Treatment effective