



# ANXIETY DISORDERS



# overview

- Definition
- Types
- Classification and Changes
- Management
- Recent advances

# discussion of a disorder

1.Introduction

2.Epidemiology

3.Etiopathogenesis-

4.Clinical Features

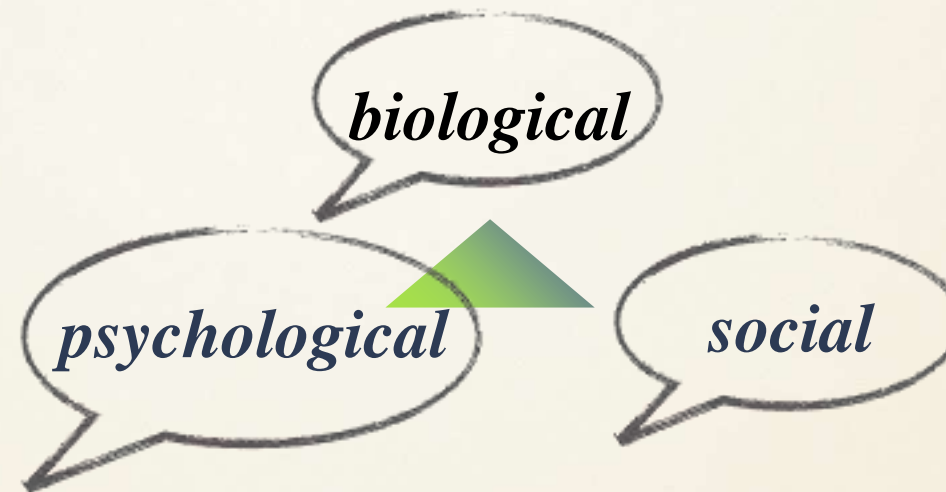
5.Classification and diagnosis

6.Organic causes/ Differential diagnosis

7.Comorbidities

8.Management- Pharmacological and non pharmacological

9.Course and Prognosis



**HELLO**

**my name is**

*Anxiety*

# overview

- **ANXIETY**-diffuse, unpleasant, vague sense of apprehension,
- often accompanied by autonomic symptoms; a response to a threat that is unknown, internal, vague, or conflictual;
- which is out of proportion to the context of the life situation.
- **FEAR**-response to a known, external, definite, or non conflictual threat
- **WORRY**- feel or cause to feel anxious or troubled about actual or potential problems.





FEAR IS A RESPONSE TO  
THREATS HERE AND NOW

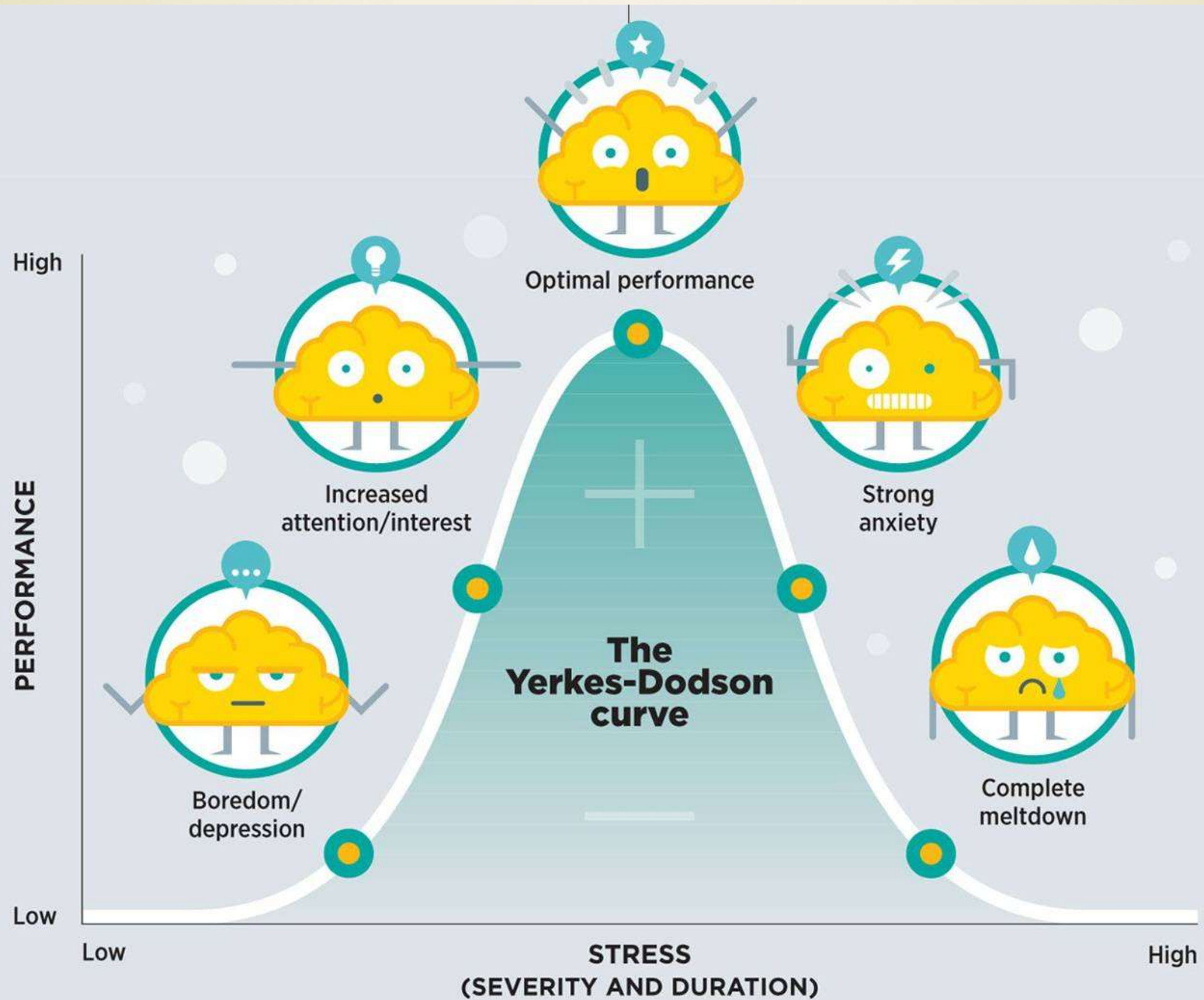


ANXIETY IS  
FUTURE-FOCUSED FEAR.

# Stress and Anxiety

Whether an event is perceived as stressful depends on the

- 1.nature of the event and
- 2.on the person's resources,
- 3.psychological defenses, and
- 4.coping mechanisms.





ANXIETY



# PERIPHERAL MANIFESTATIONS OF ANXIETY

- 1.Diarrhea
- 2.Dizziness, light-headedness
- 3.Hyperhidrosis
- 4.Hyperreflexia
- 5.Hypertension
- 6.Palpitations
- 7.Pupillary mydriasis
- 8.Restlessness (e.g., pacing)
- 9.Syncope
- 10.Tachycardia
- 11.Tingling in the extremities
- 12.Tremors
- 13.Upset stomach (butterflies in stomach)
- 14.Urinary frequency, hesitancy, urgency



# Organic Causes of Anxiety

## Cardiovascular Disorders

- Arrhythmias, especially paroxysmal atrial tachycardia ✓
- Angina pectoris ✓
- Mitral valve prolapse
- Orthostatic hypotension
- Myocardial infarction

## Respiratory Disorders

- Chronic obstructive respiratory disease
- Hypoxia from any cause
- Pulmonary embolism ✓
- Asthma ✓

## Endocrine Disorders

- Hyperthyroidism ✓
- Hypothyroidism
- Pheochromocytoma
- Hypoglycemia ✓
- Carcinoid syndrome
- Hypoparathyroidism
- Insulinoma
- Cushing's syndrome
- Acute intermittent porphyria ✓

## Neurological Disorders

- Aura of migraine ✓
- Early dementia
- Cerebral neoplasia
- Delirium ✓
- Partial complex seizures ✓
- Demyelinating disease
- Vestibular disturbance
- Postconcussive syndrome
- Withdrawal from sedative-hypnotics, caffeine, or nicotine

# CLASSIFICATION

1.PANIC DISORDERS

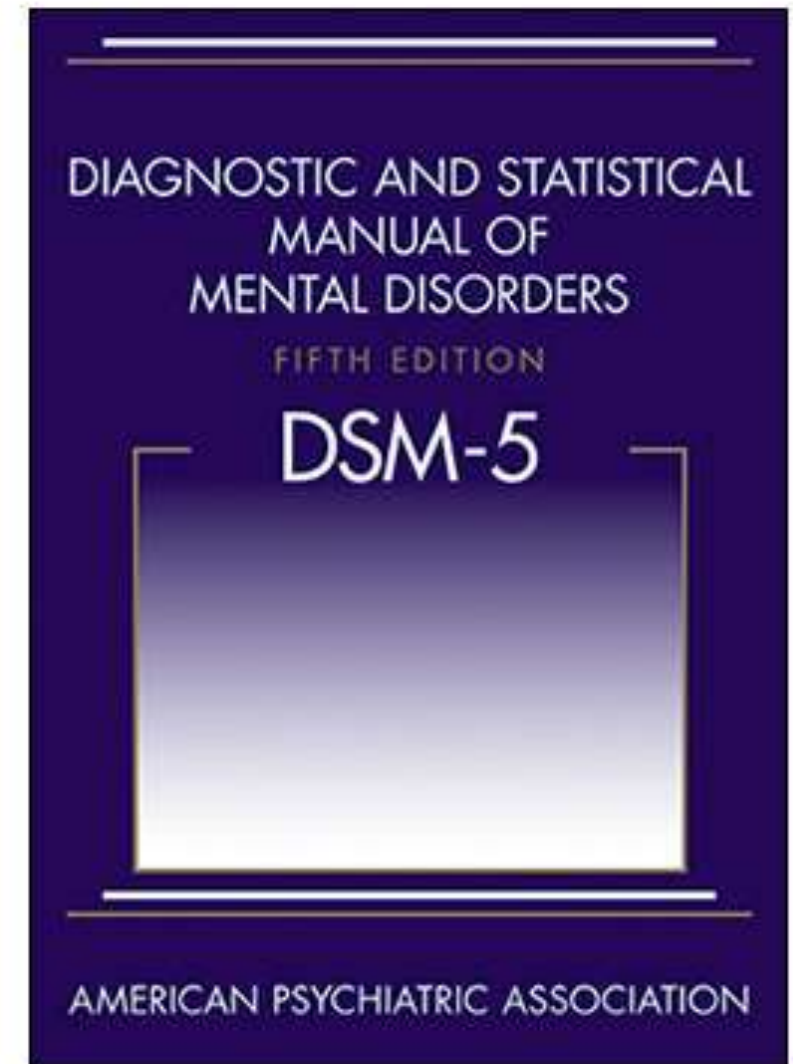
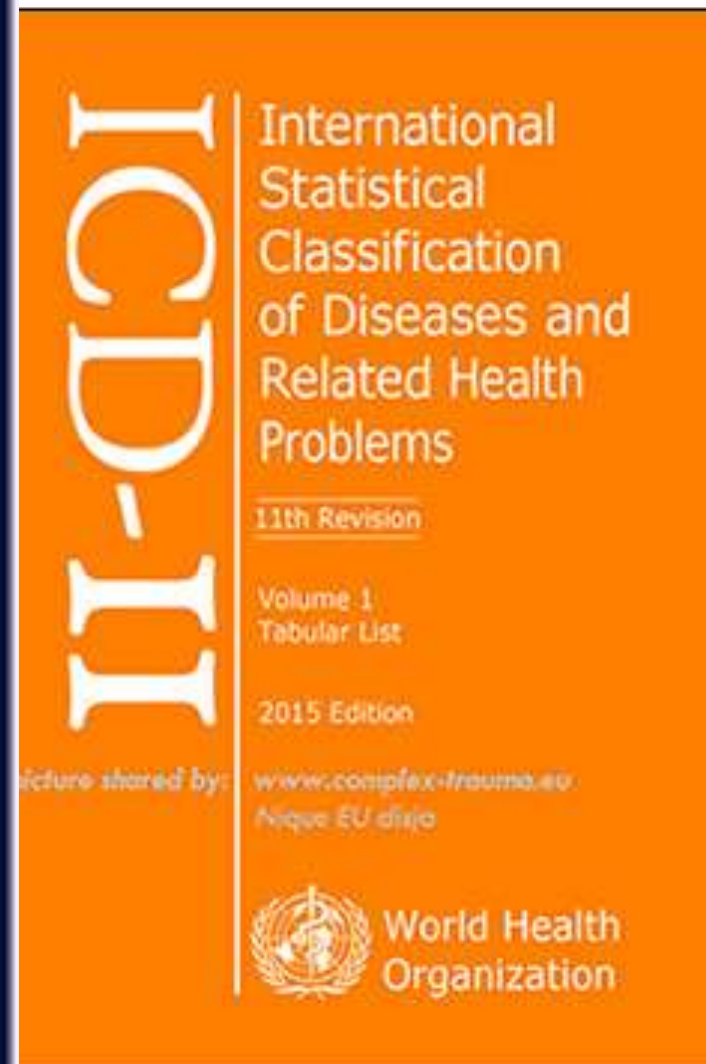
2.SPECIFIC PHOBIA

3.SOCIAL PHOBIA

4.GENERALISED ANXIETY DOSORDER



# How Are Diseases Classified?



The **DSM-5** and **ICD-11** are two of the most respected medical manuals in the world for classifying diseases & disorders



## F40 – F48

### Neurotic, stress-related and somatoform disorders

#### F40 Phobic anxiety disorders

- F40.0 Agoraphobia
  - .00 Without panic disorder
  - .01 With panic disorder
- F40.1 Social phobias
- F40.2 Specific (isolated) phobias
- F40.8 Other phobic anxiety disorders
- F40.9 Phobic anxiety disorder, unspecified

#### F41 Other anxiety disorders

- F41.0 Panic disorder [episodic paroxysmal anxiety]
- F41.1 Generalized anxiety disorder
- F41.2 Mixed anxiety and depressive disorder
- F41.3 Other mixed anxiety disorders
- F41.8 Other specified anxiety disorders
- F41.9 Anxiety disorder, unspecified

#### F42 Obsessive – compulsive disorder

- F42.0 Predominantly obsessional thoughts or ruminations
- F42.1 Predominantly compulsive acts [obsessional rituals]
- F42.2 Mixed obsessional thoughts and acts
- F42.8 Other obsessive – compulsive disorders
- F42.9 Obsessive – compulsive disorder, unspecified

#### F43 Reaction to severe stress, and adjustment disorders

- F43.0 Acute stress reaction
- F43.1 Post-traumatic stress disorder
- F43.2 Adjustment disorders
  - .20 Brief depressive reaction
  - .21 Prolonged depressive reaction
  - .22 Mixed anxiety and depressive reaction
  - .23 With predominant disturbance of other emotions
  - .24 With predominant disturbance of conduct
  - .25 With mixed disturbance of emotions and conduct
  - .28 With other specified predominant symptoms
- F43.8 Other reactions to severe stress
- F43.9 Reaction to severe stress, unspecified

## TABLE 1: *DSM-5* ANXIETY DISORDERS

Separation anxiety disorder

Selective mutism

Specific phobia

Social anxiety disorder

Panic disorder

Panic attack

Agoraphobia

Generalized anxiety disorder

Substance/medication-induced anxiety disorder

Anxiety disorder due to another medical condition

Other specified anxiety disorder

Unspecified anxiety disorder

Adapted from references 1 and 2.



ICD 11

Anxiety and fear-  
related disorders

**Generalised anxiety  
disorder**

Panic disorder

Agoraphobia

Specific phobia

**Social anxiety  
disorder**

**Separation anxiety  
disorder**

**Selective mutism**




## *Panic disorders*



An acute intense attack of anxiety accompanied by feelings of impending



# DSM 5 Criteria

## Panic Disorder

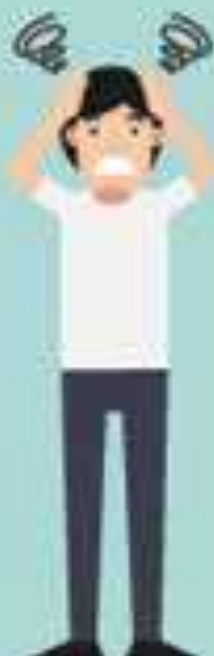
**A.** Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time ***four (or more)*** of the following symptoms occur:

- **Note:** The abrupt surge can occur from a calm state or an anxious state.
- 1) Palpitations, pounding heart, or accelerated heart rate
- 2) Sweating
- 3) Trembling or shaking
- 4) Sensations of shortness of breath or smothering
- 5) Feelings of choking
- 6) Chest pain or discomfort
- 7) Nausea or abdominal discomfort
- 8) Feeling dizzy, unsteady, light-headed, or faint
- 9) Chills or heat sensations
- 10) Paresthesias (numbness or tingling sensations)
- 11) Derealization (feelings of unreality) or depersonalization (being detached from oneself)
- 12) Fear of losing control or 'going crazy'
- 13) Fear of dying



#### SWEATING

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#### DIZZINESS

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#### ANGINA PECTORIS

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#### HEART ATTACK

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#### HOT AND COLD

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# PANIC DISORDER



#### UPSET STOMACH AND NAUSEA

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#### HAND/ARM/LEG VIBRATION

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#### SHALLOW BREATHING

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#### FEAR OF DEATH

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# PANIC DISORDER

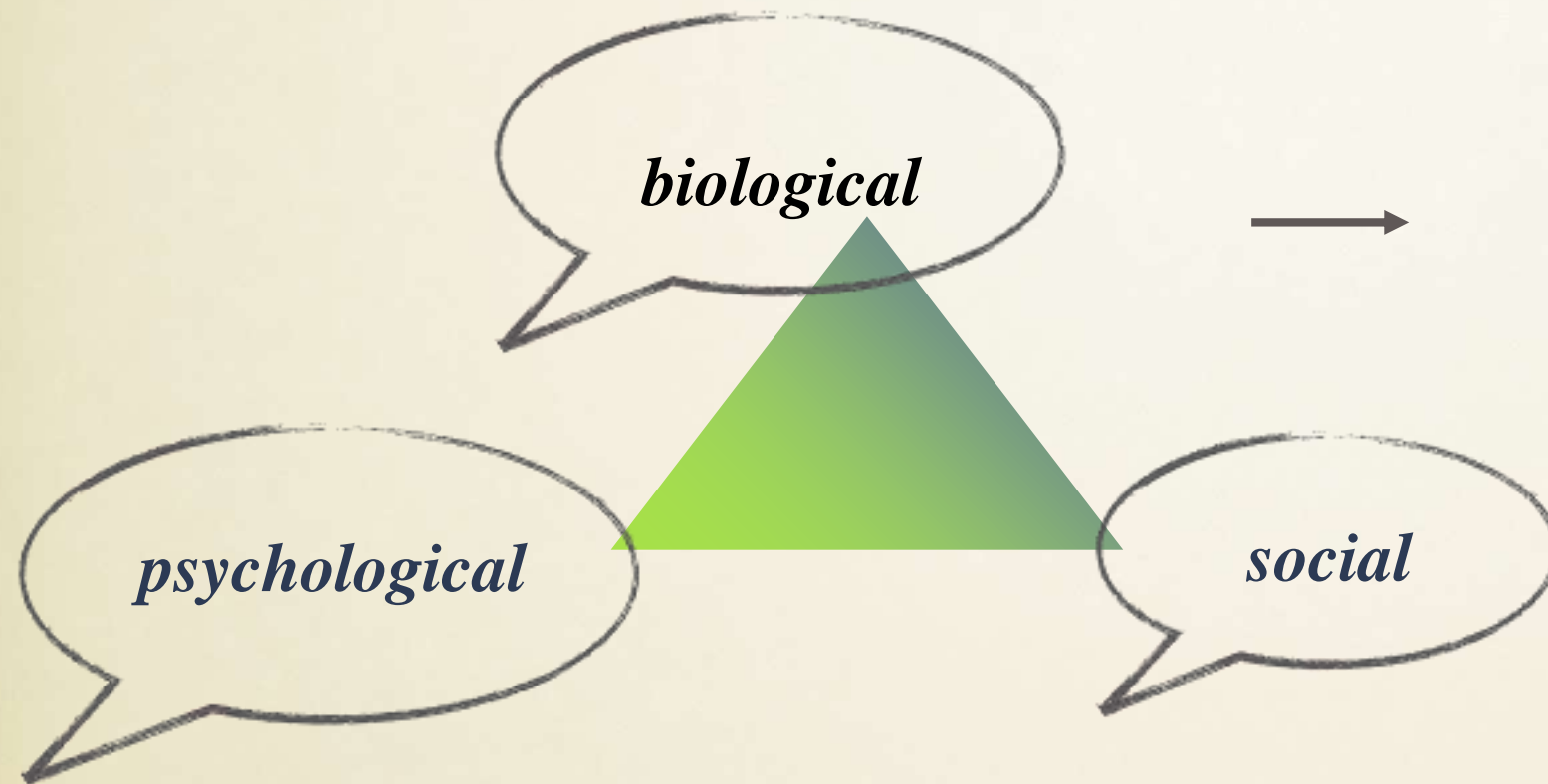
- ❖ Panic disorder defined as the occurrence of unexpected panic attacks.
- ❖ **Panic disorder with agoraphobia** characterized by both recurrent unexpected panic attacks and agoraphobia.
- ❖ **Panic disorder without agoraphobia** characterized by recurrent unexpected panic attacks.
- ❖ **Symptoms:**
  1. persistent concern of having attack.
  2. Worry about the implications of attack.
  3. A significant change in behavior related to attack.

- PANICOGENS
- RESPIRATORY-carbon dioxide (5 to 35 percent mixtures), sodium lactate, and bicarbonate.
- NEUROCHEMICAL-yohimbine, m-chlorophenyl-piperazine (mCPP), m-Caroline; flumazenil;cholecystokinin; Isoproterenol and caffeine.
- BEDSIDE TEST



# etiopathogenesis

*Genetic*  
*Neurobiology*  
*Neurochemistry*  
*Neuroendocrine*  
*Brain imaging*



*Psychoanalytic*  
*Behavioural*

*Lack of Social support*  
*Stressful arelationship*  
*childhood adverse events*  
*Daily environmental stress*

# Differential diagnosis

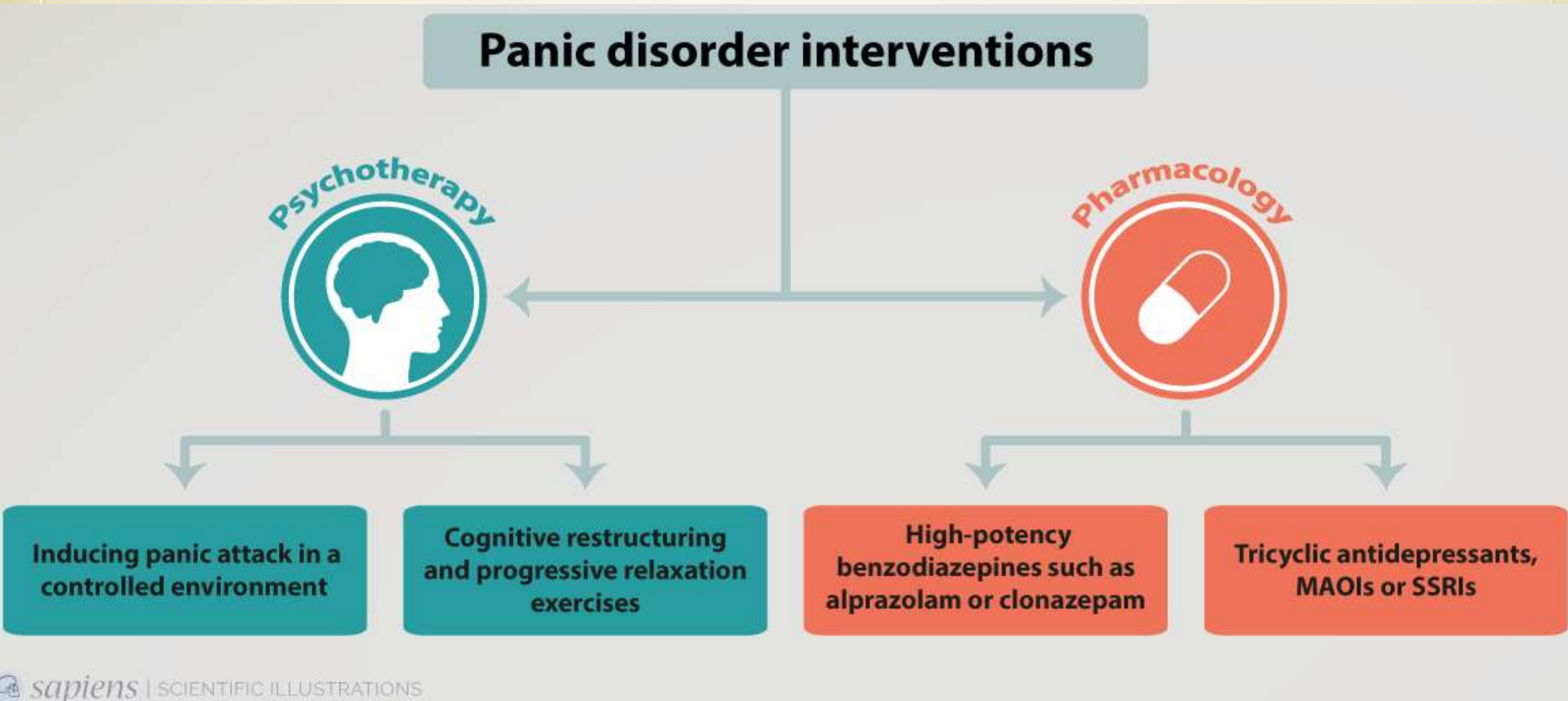
- Neurological
- Cardiovascular
- Endocrine
- Respiratory
- Infectious
- Systemic
- Substances and Drugs
- Psychiatric conditions



Clues that a medical etiology underlies panic-like symptoms:

- ☑ presence during panic attacks of atypical features
- ☑ such as ataxia, alterations in consciousness, or bladder dyscontrol;
- ☑ the onset of panic disorder relatively late in life;
- ☑ or physical signs or symptoms indicative of a medical disorder.

# management





# Prognosis

Long-term prognosis is usually good, with almost 65% of patients with panic disorder achieving remission, typically within 6 months.

The risk of coronary artery disease in patients with panic disorder is nearly doubled.

Appropriate pharmacologic therapy and cognitive-behavioral therapy, individually or in combination, are effective in more than 85% of cases



# SPECIFIC PHOBIAS

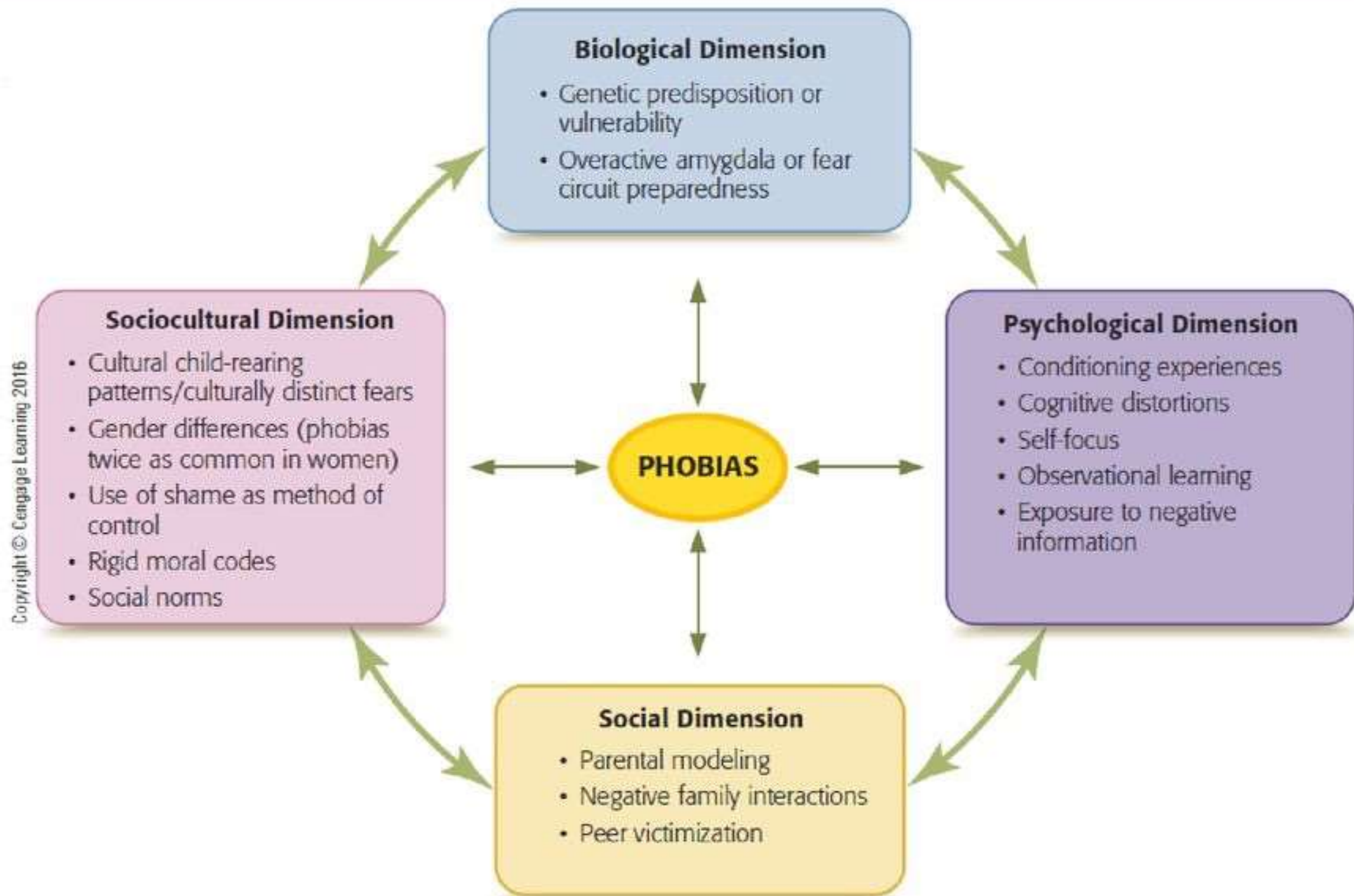


- ☼ Excessive fear of a specific object, circumstance, or situation
- The individual experiences a marked, persistent and excessive or unreasonable fear when in the presence of or when anticipating an encounter with a specific object or situation and when not confronted with the stimulus, individual is generally symptom free.
- The focus of the fear may be
  - Anticipated harm from some aspect of the object or situation
  - Concerns about losing control, panicking, somatic manifestations of anxiety and fear
- ☼ Subtypes- Agoraphobia; Specific Phobia; Social phobia

- Subtypes of specific phobia
  - Blood-injury-injection phobia – unusual vasovagal response
  - Situational phobia – trains, planes, automobiles, closed spaces
  - Natural environment phobia – natural events (e.g., heights, storms)
  - Animal phobia – animals and insects
  - Separation anxiety – seen in children



# Biopsychosocial Model of Phobias



# Psychological

*Psychological:*

- *Behavioural: Watson- Little Albert*  
*Freud - Little Hans*

Little Han's Dad Looked Like a Horse





# differential diagnosis

- **Medical causes**
- **Psychiatric causes-**
  - ★ **Panic disorder**
  - ★ **Social Phobia**
  - ★ **Generalised Anxiety disorder**
  - ★ **PTSD**
  - ★ **Delusional disorder**

quiz

Arachno-

Ailuro-

- Acro-

Cyano

- Claustro  
Entamo

hydro

- Hemato  
Triskeideko

Ornitho

Thanato

- Ophidio

Scoto

Myso

- Zoo

Xeno

- Pyro



# agoraphobia







- Fear of open places, being crowd



- Marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).
- Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situationally bound or situationally predisposed panic attack.
- The person recognizes that the fear is excessive or unreasonable.
- The phobic situation(s) is avoided or else is endured with intense anxiety or distress.

# management

## **Pharmacological**

Medications have not been shown to be effective.

## **Psychosocial**

### Exposure therapy

*1.Flooding* – Patient is exposed to the phobic stimulus and is made to remain there till the anxiety is dissipated.

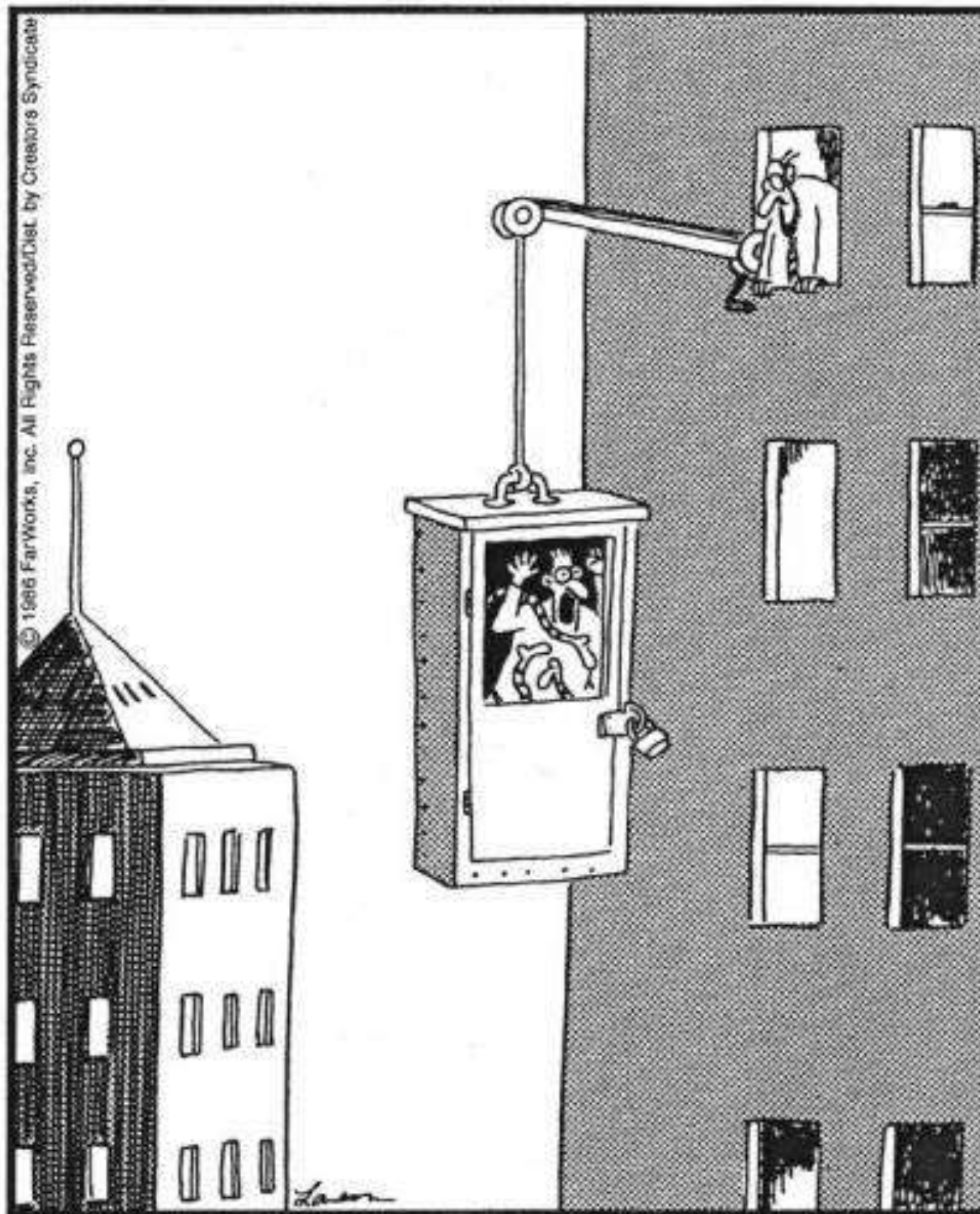
*2.In vivo exposure* – live exposure to the phobic object in graded fashion, beginning with situations that elicit minimum anxiety and moving along the hierarchy

- Modeling* – The therapist encourages to have contact with the phobic object by demonstrating to the patient
- Systematic desensitization* – Relies on progressive muscle relaxation to manage the anxiety elicited during imaginal exposure to phobic stimulus. Anxiety provoking images are imagined while maintaining an incongruent relaxed state.

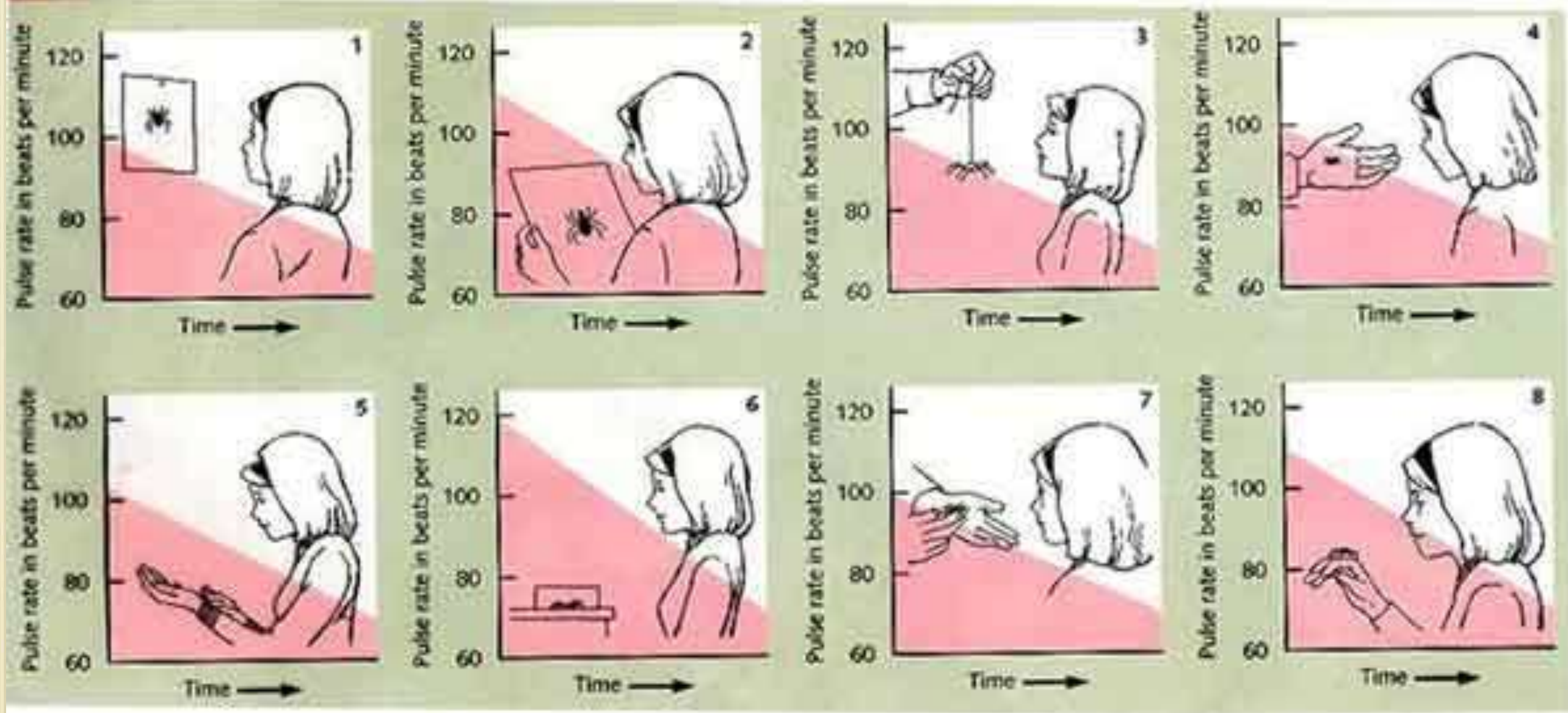
*Eye movement desensitization and reprocessing* – Same as systematic desensitization except that during relaxation horizontal eye movements are elicited from patient by hand movements of therapist.



# THE FAR SIDE® BY GARY LARSON



Professor Gallagher and his controversial technique of simultaneously confronting the fear of heights, snakes, and the dark.





# *SOCIAL ANXIETY DISORDER*



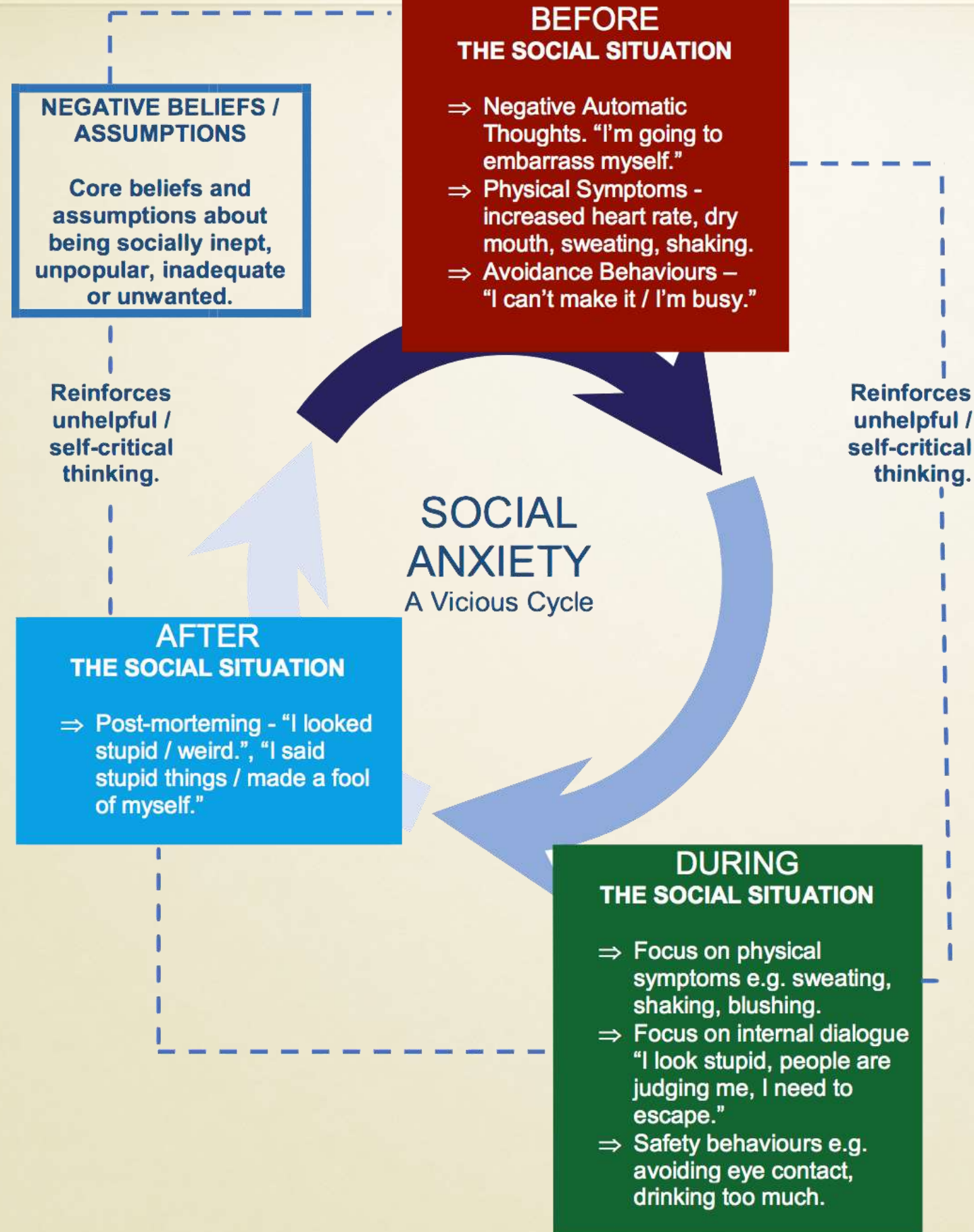
- A marked or persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing.
- Exposure to the feared social situation almost invariably provokes anxiety, which may take the form of a situationally bound or situationally predisposed Panic Attack.
- The person recognizes that the fear is excessive or unreasonable.



# Social Anxiety Disorder Symptoms

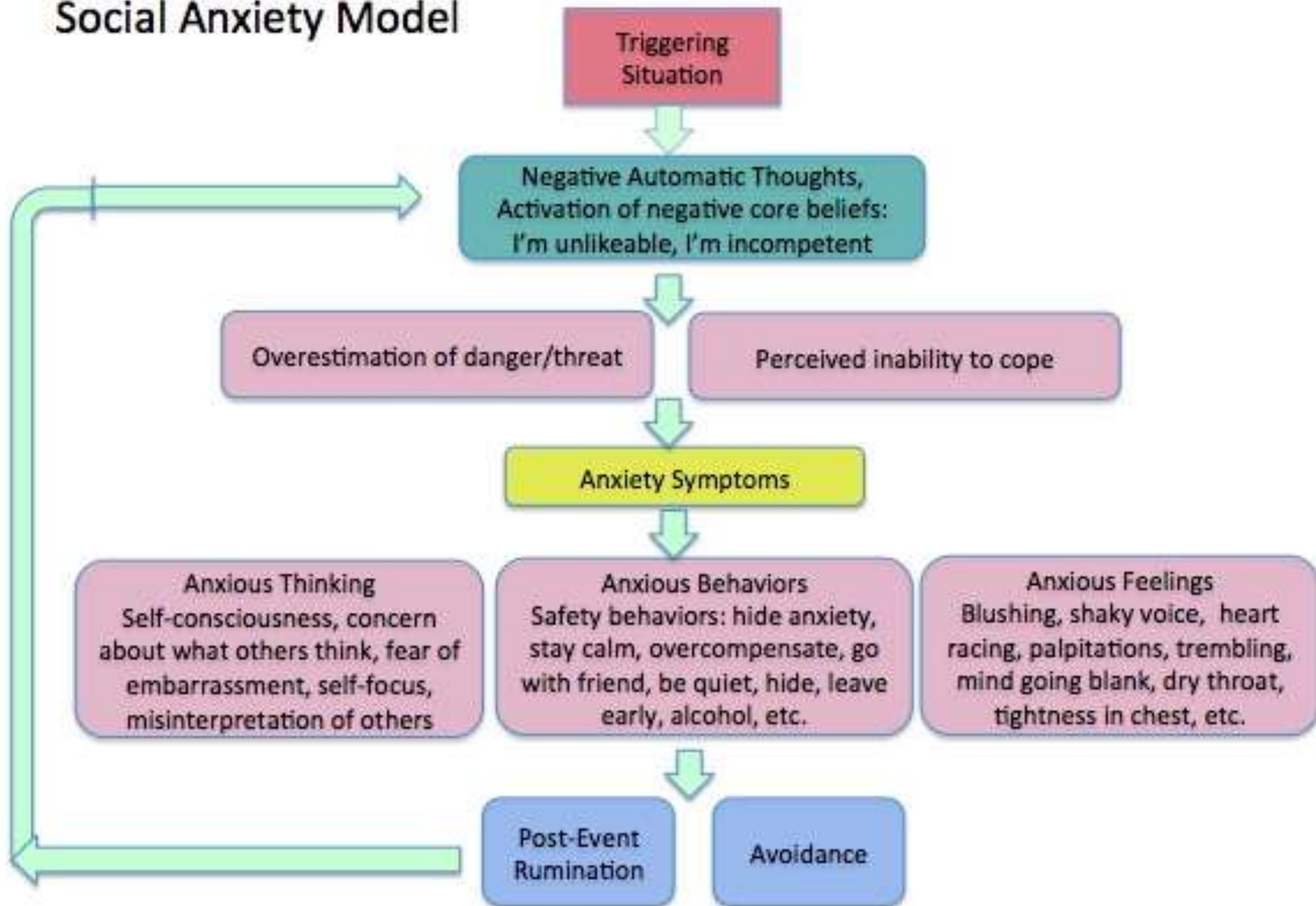








# Social Anxiety Model



# management

- PHARMACOLOGICAL
- NON PHARMACOLOGICAL



1. மனவியின் சேமித்தல் = அத்திசேகரம்  
என்ற பயம்
2. Anxiety disorder க்கான International  
பாதிதன் Handbook அத்திசேகரம்  
என்ற பயம்
3. நான் படித்தேன் செய்து ஒரு அம்சம் என்று  
எதற்கு உண்மை என்று அம்சம்
4. தீவிர மனவியின் காலம்
5. இது ஒரு மனவியின் காலம் உண்மை  
என்ற அத்திசேகரம்.
6. அம்சம் உண்மை மனவியின் காலம்  
கொண்ட அம்சம்
7. மனவியின் பாதிதன் எதற்கு அத்திசேகரம்  
என்ற பயம்
8. மனவியின் பாதிதன் எதற்கு அத்திசேகரம்  
உண்மை காலம் மனவியின் காலம்  
என்ற அம்சம், மனவியின், உண்மை.
9. தீவிர மனவியின் காலம் உண்மை  
கொண்ட அம்சம் மனவியின் காலம்  
கொண்ட அம்சம்
10. தீவிர மனவியின் காலம் மனவியின் காலம், உண்மை, அத்திசேகரம்  
கொண்ட அம்சம் மனவியின் காலம், அத்திசேகரம்  
கொண்ட அம்சம்

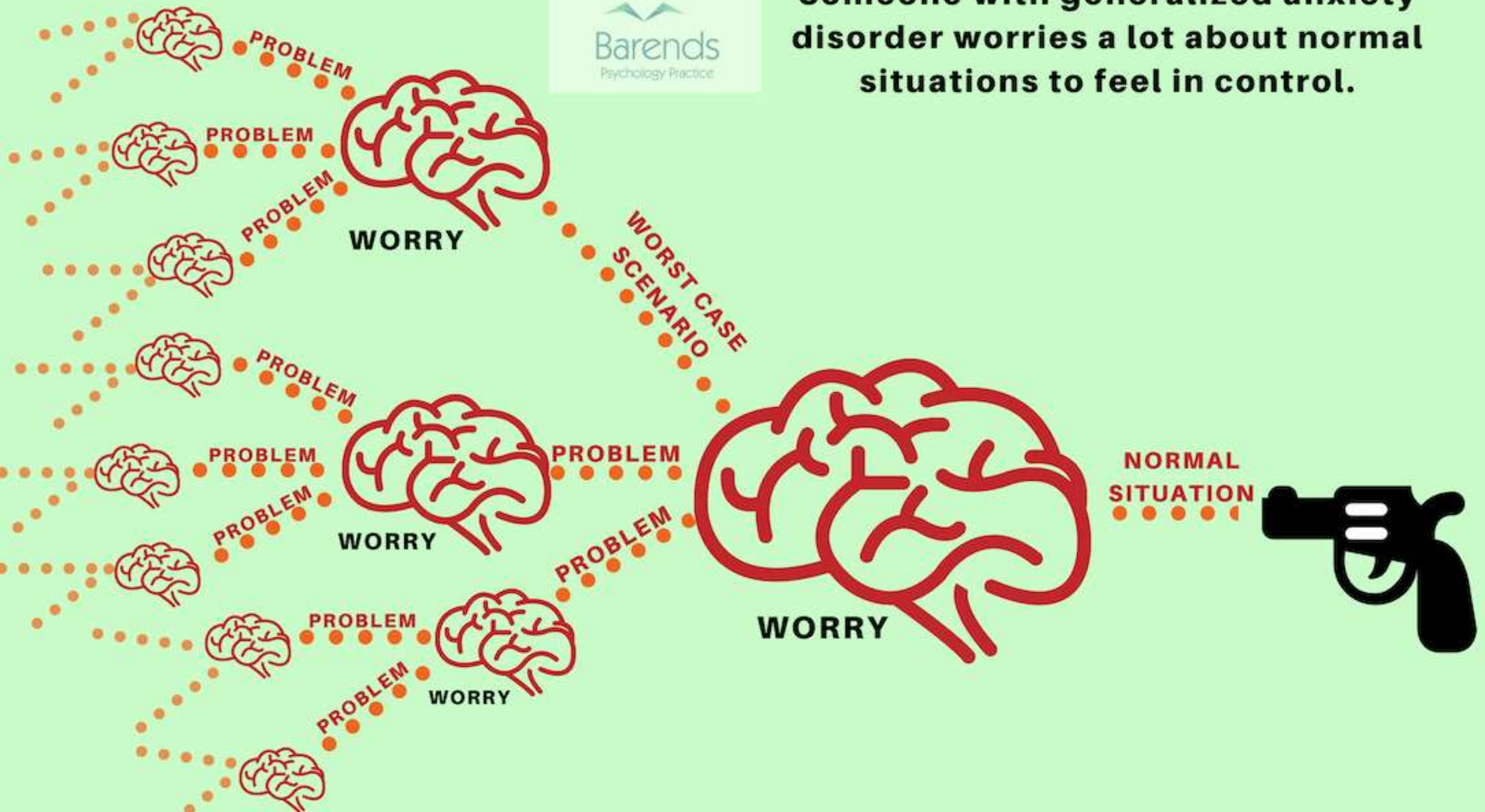
- Persons who seem to be anxious about almost everything are likely to be classified as having generalized anxiety disorder.
- DSM-IV-TR defines generalized anxiety disorder as excessive anxiety and worry about several events or activities for most days during at least a 6-month period.  
**frequent, persistent worry and anxiety** that is **out of proportion** to the impact of the event or circumstance that is the focus of the worry
- The worry is difficult to control and is associated with somatic symptoms, such as muscle tension, irritability, difficulty sleeping, and restlessness.
- The anxiety is difficult to control, is subjectively distressing, and produces impairment in important areas of a person's life.



# GENERALIZED ANXIETY DISORDER

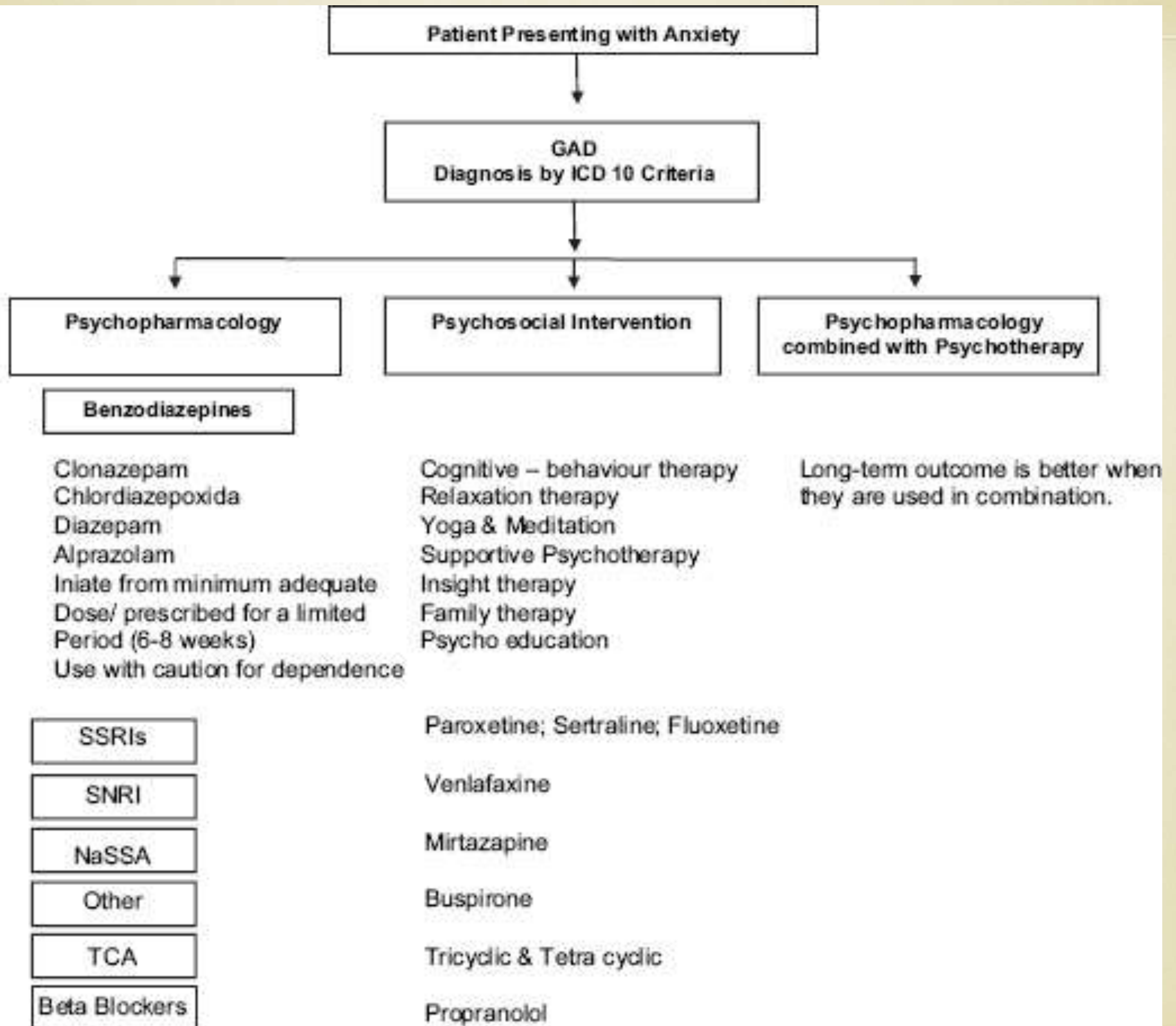


Someone with generalized anxiety disorder worries a lot about normal situations to feel in control.



- ETIOLOGY- BIO-PSYCHO- SOCIAL
- CLINICAL FEATURES- PHYSIOLOGICAL
- PSYCHOLOGICAL
- COURSE AND PROGNOSIS- DOCTOR SEEKING
- CHRONIC ILLNESS WITH LIFE LONG COURSE.





*“You are not going to master the rest  
of your life in one day.*

*Just relax*

*Master the day*

*Then just keep doing that every day.*