Anxiety Disorders

Phenomenology

- Mental Status Exam
  - General appearance
    - Physical symptoms of anxiety
  - Emotional symptoms
  - Thoughts
  - Cognitive symptoms
Phenomenology

- Anxiety as Warning Signal
  - What really sets it off?

Focus: Panic Disorder

Epidemiology

- Overall Anxiety: Most prevalent of psychiatric disorders.
- Panic: 1.5 to 3.5%
- Onset: mid 20’s
- Gender
Pathology/Physiology

- Focuses of research
  - Precipitators of panic
  - lactic acid, infusion, carbon dioxide inhalation
- Neurotransmitters
  - Catecholamines
  - GABA

Genetics

- Identical twins
  - 45%:15% mono:di
- Relatives
  - @20% (versus 2% control)

Psychological Theories

- Ex. Learning theory (conditioning)
DSM-IV Diagnosis

- Syndrome versus Diagnosis
  - Panic Attacks, Agoraphobia
  - Panic Disorder

DSM Syndromes

- Panic Attacks
  - multiple symptoms (4 or more):
    - starts abruptly, peaks in about 10 minutes

Panic

- Heart stuff
- Sweat
- Trembling
- SOB, smothering
- Choking sensation
- Chest pain
- Nausea

- Dizziness
- Derealization or depersonalization
- Fear of losing control/crazy
- Fear of dying
- Paresthesias
- Chills
Panic Attacks

- Sudden
  - +/- precipitant
- Peak: minutes
- Last 5-30 minutes
- Anticipatory/persistence

DSM Syndromes

- Agoraphobia
  - fear/avoidance of places/situations.
    - fear panic attack.

DSM Diagnosis

- Panic Disorder, with and without Agoraphobia
  - recurrent Panic Attacks
  - anticipatory anxiety
  - "Global Criteria".
  - Can be with or without Agoraphobia.
Differential Diagnosis

• Other medical disorders
  – endocrine
  – cardiopulmonary disorders
  – neurologic disorders

Differential

• Substance induced disorders
  – withdrawal syndromes
  – intoxication/therapeutic syndromes

Differential

– Other psychiatric syndromes
  • mood disorders
  • psychotic disorders
  • Personality
  • Adjustment disorders
Comorbid Disorders

- Mood disorder--depression
- Medical disorders
  - mitral valve prolapse and panic.
  - Ulcers
  - HTN
- Suicide

Course and Prognosis

- Onset: late teens-early adult
  - ? bimodal
- Course: chronic, waxing and waning
- Outcome
  - at 6-10 years follow-up:
    - 1/3 well
    - 1/2 « improved but symptomatic
    - 1/5-1/3: same or worse
- Relapse: high risk
- Agoraphobia

Other Diagnoses
Other Diagnoses

- All of The Disorders
  - Panic Disorder (w/ or w/o Agoraphobia)
  - Agoraphobia w/o Panic
  - Specific Phobia
  - Social Phobia
  - Obsessive-Compulsive Disorder
  - Posttraumatic Stress Disorder
  - Acute Stress Disorder
  - Generalized Anxiety Disorder
  - Anxiety Disorder Due to a General Medical Condition
  - Substance-Induced Anxiety Disorder

Agoraphobia without History of Panic Disorder

- Agoraphobia
- No panic disorder
- Not due to a medical/substance disorder

Specific Phobia

- XS fear of object/situation
- avoidance/anxious endurance of object/situation
- "Global Criteria"
- Specific Types
  - Animal Type
  - Natural Environment Type (heights, storms, water)
  - Blood-Injection-Injury Type
  - Situational Type
  - Other.
Social Phobia

- XS fear of a social situation (humiliation)
- Global Criteria
- Typical: talking, eating, bathroom stuff
- can be generalized.
- Diff: agoraphobia

Obsessive-Compulsive Disorder (OCD)

- either or both:
  - obsessions
  - compulsions
- Good insight
- "Global Criteria".

Posttraumatic Stress Disorder (PTSD)

- After trauma: 3 types of symptoms
  - re-experiencing trauma
  - Avoidance/numbing
  - Arousal
- Global Criteria.
- Timing
  - Acute (< 3 months) versus chronic.
  - requires more than 1 month of symptoms
Acute Stress Disorder

- Like PTSD, but less than 1 month.

Generalized Anxiety Disorder (GAD)

- "Always anxious."
- Excessive worry ≥ 6 months.
- Associated with (≥ 3)
  - restlessness
  - fatigueability
  - difficulty concentrating
  - irritability
  - muscle tension
  - insomnia
Anxiety Disorder Due to a General Medical Condition, and Substance-Induced Anxiety Disorder

- can be
  - GAD-like
  - panic attacks
  - OCD symptoms.
  - phobic symptoms