



ANXIETY DISORDERS

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INTRODUCTION

This presentation explains the different types of anxiety disorders according to "The Diagnostic and Statistical Manual of Mental Disorders," 5th Edition (also known as the DSM-5).

The current presentation will cover

- Types of Anxiety Disorders
- Clinical features of anxiety disorder
- Treatment and Management of anxiety disorders



INTRODUCTION

FEAR

Fear is an emotional response to a real or perceived threat

ANXIETY

Anxiety is a subjective feeling of fear and uneasiness to an unknown threat or internal conflict.

Anxiety is body's natural response to stress that causes increased alertness, fear and physical signs



ANXIETY DISORDERS

Anxiety disorders include disorders that share features of excessive fear and anxiety and related behavioral disturbances.

Individuals with anxiety disorders usually overestimate - the danger in the situation.

Many of the anxiety disorders develop during childhood and tend to persist if not treated.



HOW MUCH IS TOO MUCH??

Anxiety is usually considered a normal reaction to a realistic threat or danger that dissipates when danger is no longer present.

Anxiety can be considered abnormal or pathological if:

- ❑ It is excessive or persisting beyond developmentally appropriate period.
- ❑ It is out of proportion to the situation creating it.
- ❑ It interferes with social, occupational or other important areas of functioning.



ICD-10 CLASSIFICATION

According to ICD-10 anxiety Disorders fall under the chapter F40 and F41

F40 Phobic anxiety Disorders

Agoraphobia, Social Phobia , Specific Phobias

F41 Other Anxiety Disorders

Panic disorder

Generalised anxiety disorder (GAD)

Mixed anxiety & depressive disorder

others (mixed & unspecified)



CLASSIFICATION OF ANXIETY DISORDERS (DSM-5)

- ❑ Separation anxiety disorder
- ❑ Selective mutism
- ❑ Specific phobias
- ❑ Social anxiety disorder
- ❑ Panic disorder
- ❑ Agoraphobia
- ❑ Generalized anxiety disorder
- ❑ Substance/medication induced anxiety disorder
- ❑ Anxiety disorder due to another medical condition
- ❑ Other specified anxiety disorder
- ❑ Unspecified anxiety disorder



ETIOLOGICAL THEORIES FOR ANXIETY DISORDERS

BIOLOGICAL THEORIES

Genetics:

- ❑ First degree relatives
- ❑ Monozygotic twins
- ❑ Family history

Neuroanatomical:

- ❑ Increased sympathetic activity
- ❑ Sympathetic nervous system adapts slowly to the repeated stimuli and response excessively to moderate stimuli



Psychoanalytic Theory:

- ❑ According to the Freud's psychoanalytic theory anxiety is the result of inability of the ego defence mechanism to resolve the conflict between ID and superego.
- ❑ Repression helps in dealing the anxiety producing situations without symptom formation.
- ❑ If repression is unsuccessful as a defence mechanism , other defence mechanisms (conversion, displacement, regression) are used. These defence mechanisms may cause symptoms that produce a picture of neurotic disorder.



Cognitive Behavior Theory:

- ❑ According to cognitive behaviour theory Anxiety is the result of faulty cognitions of an individual.
- ❑ Response to any anxiety producing situation depends on the cognitive appraisal of the situation by an individual.
- ❑ Patients suffering from anxiety disorder tend to overestimate the degree of danger in a given situation and underestimate their capacity to cope with that situation.



Behaviour Theory:

- This theory explains that anxiety is a conditioned or learned response to a specific environmental stimulus.
e.g A person not having food allergies, may get sick after eating contaminated food at restaurant. Through generalization the person can distrust all food prepared by others.
- The individual may also learn to have an internal response of anxiety , intimating the anxiety response of his parents or significant others (social learning)



PSYCHOSOCIAL FACTORS:

- ❑ Disturbed mother child relationship
- ❑ Object loss theory
- ❑ Stressful life events
- ❑ Certain temperament or personality traits
- ❑ Childhood maltreatment (abuse or neglect)
- ❑ Overprotective parents
- ❑ Family environment



SYMPTOMS OF ANXIETY

Physical Symptoms

- Dry mouth
- Difficulty in swallowing
- Palpitations
- Restlessness , tremor
- Gastrointestinal discomfort
- Headache
- Choking sensation
- Breathlessness 9. Dilated pupils
- Muscle tension
- Tightness of Chest
- Excessive thirst



PSYCHOLOGICAL SYMPTOMS OF ANXIETY

- Withdrawal
- Irritability
- Insomnia
- Lack of interest or apathy
- Feeling of worthlessness, apprehension or helplessness.
- Inability to concentrate
- Fear of losing control



TYPES OF ANXIETY DISORDERS



SEPARATION ANXIETY DISORDER

Separation anxiety disorder is a childhood onset disorder in which the child is having unusual fear and anxiety about separation from parents or attachment figures to a degree that is that is developmentally inappropriate.

The fear or separation cause great distress to the child and may interfere with the normal activities such as, going to school or playing with others.



Clinical features of Separation anxiety disorder

- ❑ Fear of losing or being separated from attachment figures.
- ❑ Nightmares.
- ❑ Physical symptoms of distress.
- ❑ Refusal to leave the attachment figures
- ❑ Repeated temper tantrums
- ❑ Unusual distress at the discussion of separation from attachment figures.
- ❑ Persistent worry of an unexpected event that could lead to separation.



SELECTIVE MUTISM

Selective mutism is a childhood disorder characterized by an inability or failure to speak in certain social situations where there is an expectation to speak (e.g. school) even though the individual speaks in other situations.



CLINICAL FEATURES OF SELECTIVE MUTISM

- ❑ Excessive shyness
- ❑ Social isolation
- ❑ Fear of embarrassment
- ❑ Clinging to caregivers
- ❑ Temper tantrums
- ❑ Lack of social communication.
- ❑ Interference in academic performance



PHOBIC ANXIETY DISORDER

Phobia is defined as a persistent (long lasting) fear of specific object, activity or situation that produces continuous avoidance of the feared object, activity or situation.

The fear is out of proportion to the situation and cannot be explained.

It is beyond voluntary control of the individual and leads to significant distress or disturbances in personal, occupational and social functioning.



TYPES OF PHOBIC ANXIETY DISORDERS

1. Social Phobia
2. Specific Phobia
3. Agoraphobia

SOCIAL PHOBIA (social anxiety disorder)

Social phobia is fear of social situations where the person may be examined closely, embarrassed or judged

The person is having negative ideation of being negatively evaluated by others, embarrassed, humiliated, rejected or insulted by others.

SOCIAL PHOBIA (SOCIAL ANXIETY DISORDER)

CLINICAL FEATURES

- ❑ strong persistent fear of an interpersonal situation.
- ❑ Fear of meeting unfamiliar peoples.
- ❑ Fear or avoidance of situations in which the person can be observed eating or drinking.
- ❑ Fear of being criticized.
- ❑ Fear of public speaking or public performance.



SPECIFIC PHOBIAS

Specific Phobias are characterised by unrealistic and unreasonable fear related to a specific object or situation.

Exposure to phobic stimulus provokes an immediate anxiety response which may take form of a panic attack.

Examples of Specific phobias are Acrophobia, Hematophobia, Claustrophobia, Zoophobia etc



AGORAPHOBIA

Agoraphobia can be defined as a fear of being at places or situations where rapid exit is not possible or it is difficult to obtain help.

The person has a fear of being trapped and helpless.

These may include:

- Enclosed spaces (movie theaters, elevators, stores)
- Open spaces (parking lots, bridges)
- Public transport(bus, aeroplane, train)



PANIC ANXIETY DISORDERS

Panic

A sudden uncontrolled fear or anxiety related to a perceived threat or danger usually accompanied by behavioral, cognitive and physiological signs

Panic anxiety disorder is characterised by recurring , unexpected , intense fear that brings on a panic attack.

Panic attacks begin abruptly , and reach a peak within about 10 minutes

These panic attacks are accompanied by somatic symptoms and are usually short lived (<1 hour)



CLINICAL FEATURES OF PANIC ANXIETY DISORDERS

Symptoms may include:

- Sweating
- Shortness of breath
- Chest pain
- Palpitations
- Trembling
- Sensation of choking or having a heart attack.
- Fear of dying
- Altered reality



GENERALIZED ANXIETY DISORDER (GAD)

Generalised anxiety disorder can be defined as a chronic, persistent, unrealistic and excessive worry or anxiety that interferes with daily activities.

People with GAD have persistent, excessive, unrealistic worry associated with muscle tension, impaired concentration and insomnia.

GAD is more common among women (widowed, divorced, unemployed or homemakers)



CLINICAL FEATURES OF GENERALIZED ANXIETY DISORDER (GAD)

- Muscle tension
- Restlessness and fatigue
- Insomnia
- Anxiety related to personal safety
- Trembling, sweating, palpitations
- difficulty controlling worry
- avoid activity and events that can bring negative outcomes
- Poor personal , social and occupational functioning



MEDICATION INDUCED ANXIETY DISORDER

Medication-induced anxiety disorder. Use of certain medications or illegal drugs, or withdrawal from certain drugs, can trigger some symptoms of anxiety disorder.



MEDICAL MANAGEMENT FOR ANXIETY DISORDERS

Antidepressants.

Modern antidepressants (SSRIs and SNRIs) are typically the **first line treatments for anxiety disorder.**

Examples of SSRIs are escitalopram (Lexapro) and fluoxetine (Prozac). SNRIs include duloxetine (Cymbalta) and venlafaxine (Effexor).

Bupropion. This is another type of antidepressant commonly used to treat chronic anxiety.



Second line Treatment

Benzodiazepines. Benzodiazepines are sedatives that can help relax your muscles and calm your mind. They work by increasing the effects of certain neurotransmitters.

Examples are alprazolam (Xanax) and clonazepam (Klonopin).

Buspirone (BuSpar). This anti-anxiety drug is used to treat both short term and chronic anxiety.

Beta-blockers. Treat physical symptoms of anxiety, such as a racing heart, severe palpitations, trembling, or shaking.

Anticonvulsants. Used to prevent seizures and also relieve certain anxiety disorder symptoms.

PSYCHOTHERAPY

Cognitive behavioral therapy (CBT):

Cognitive Behaviour therapy is focused on turning the negative, or panic-causing, thoughts and behaviors into positive ones.

The client is trained to carefully approach and manage fearful or worrisome situations without anxiety.

Behaviour Techniques

Biofeedback , Systematic Desensitisation (effective in Phobias),
Flooding,




RELAXATION TECHNIQUES

- Progressive muscle relaxation techniques
- Yoga
- Meditation
- Deep breathing Exercise



NURSING DIAGNOSIS

1. Panic anxiety related to real or perceived threat possibly evidenced by restlessness and poor impulse control
 2. Ineffective coping related to lack of coping resources possibly evidenced by Ritualistic behavior or Inability to meet basic needs
 3. Powerlessness related to fear of disapproval from others possibly evidenced by dependence on others and verbal expressions of having no control
 4. Social Isolation related to Panic level of anxiety, possibly evidenced by withdrawn behavior and Insecurity in public
 5. Deficient Knowledge related to unfamiliarity with medications used and potential adverse effects, possibly evidenced by Verbalizes a deficiency in knowledge or skill or requests information.
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Too reduce Panic anxiety

- ❑ Stay with the patient and offer reassurance of safety and security.
- ❑ Maintain a calm and non-threatening approach.
- ❑ Use simple words and brief messages, speak calmly and clearly to explain hospital experiences.
- ❑ Keep immediate surrounding low in stimuli
- ❑ Provide reassurance and comfort measures.
- ❑ Encourage the client's participation in relaxation exercises such as deep breathing, progressive muscle relaxation, guided imagery, and meditation



To improve the coping abilities of client

- ❑ Talk with the patient about his/her anxious behavior and explore possible reasons for occurrence.
- ❑ Help the patient to recognize signs and symptoms of increasing anxiety and ways to interrupt its progression (i.e. relaxation techniques).
- ❑ Teach the client a step by step approach to solve problems, i.e. identifying problems, exploring alternatives, evaluating consequences of each alternative and making a decision
- ❑ Encourage the patient to evaluate the success of choosing alternative and help the patient to choose alternatives, if initial choice is not successful.
- ❑ Give patient a positive feedback as patient learns to express emotions and problem solving.



To improve decision making abilities and problem solving skills

- ❑ Allow the patient to take as much responsibility as possible for self care practices.
- ❑ Allow the patient to establish own schedule for self care activities.
- ❑ Provide patient with privacy as needed.
- ❑ Provide positive feedback for decisions made.
- ❑ Help the patient to identify areas of life situation that patient can control.
- ❑ Help the patient to verbalize his/her feelings.





THANK YOU