

# Anxiety Disorders

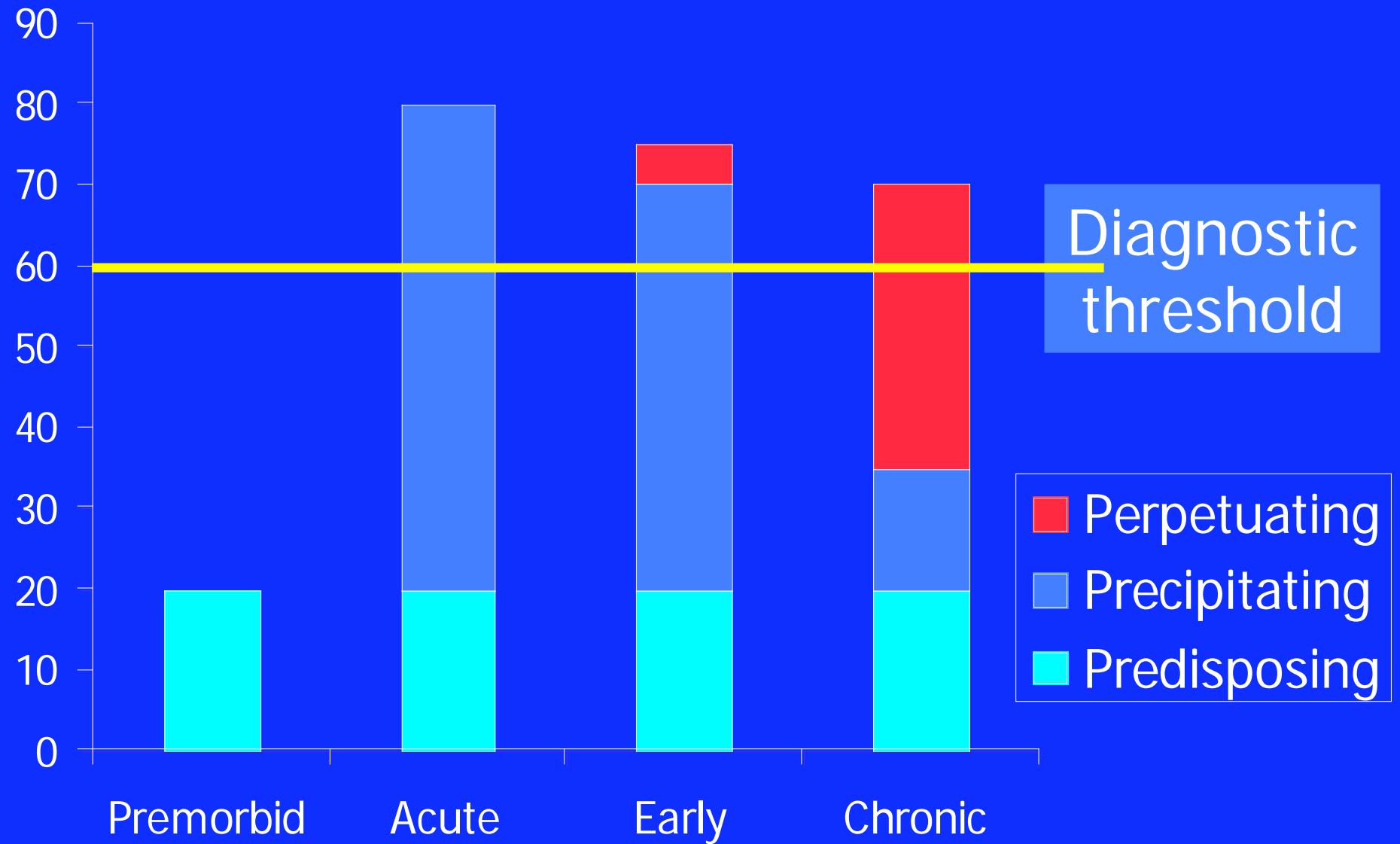
Vladan Starcevic

# Panic Disorder and Agoraphobia

# Model

- Aetiological/predisposing factors
- Triggering/precipitating factors
- Maintaining/perpetuating factors

# 3 “Ps” in Various Stages of Illness



# Aetiological/predisposing Factors

- Biological
  - Genetic predisposition
  - Abnormally sensitive anxiety-regulating mechanism, originating in the amygdala
- Psychological
  - High anxiety sensitivity (fear of anxiety and its physical symptoms because of beliefs that they are dangerous)
  - Heightened separation anxiety in childhood
- Psychosocial
  - Lower socioeconomic status?

# Triggering/precipitating Factors

- Biological
  - Alcohol withdrawal
  - Use of amphetamine or cannabis
  - Acute hyperventilation
- Psychological
  - Misinterpretation of physical sensations as a sign of an impending catastrophe
- Psychosocial
  - Sudden death of a family member or friend
  - Separation/divorce

# Maintaining/perpetuating Factors

- Biological
  - Use of alcohol to “self-medicate” anxiety
  - Chronic hyperventilation
- Psychological
  - Avoidance of physical activities maintains beliefs about the dangerousness of physical symptoms of anxiety
  - Hypervigilance about physical sensations makes their perception more likely
- Psychosocial
  - Sick role (attention/care received as a result of panic attacks)

# Key Clinical Features

- Panic attacks
- Anticipatory anxiety
- Phobic avoidance if agoraphobia accompanies panic disorder

# Probing Question: What Is a Panic Attack?

- Sudden occurrence of intense anxiety/fear
- Several physical symptoms present, e.g.:
  - Heart racing/pounding, chest discomfort/pain
  - Shortness of breath, choking feeling
  - Sweating, trembling, numbness and tingling sensations
  - Dizziness/fainting feeling
  - Nausea, upset stomach
- Experience of an impending catastrophe, with fears of:
  - Dying suddenly
  - Fainting/collapsing
  - Losing control, going mad
- Attack peaks within 10 minutes (usually quicker)

# Probing Question: What Is Anticipatory Anxiety?

- Fear of another panic attack
- Fear of/preoccupation with the symptoms of panic attacks and/or their anticipated consequences:
  - Physical/bodily consequences (e.g., dying)
  - Psychological consequences (e.g., loss of control)
  - Social consequences (e.g., embarrassment, shame)

# Probing Question: What Is Agoraphobia?

- Fear and avoidance of the characteristic cluster of situations; the purpose of avoidance is to “prevent” panic attacks
  - When alone and/or outside one’s own safety zone (e.g., travelling far away from home), where immediate medical or other help might not be available
  - Where it might be physically difficult or impossible to escape immediately (e.g., crowded places, public transport)
  - Where it might be awkward or embarrassing to escape immediately (e.g., standing in a queue)

# Key Aetiological Factors in Anxiety Disorders (1)

- Biological
  - Genetic predisposition
  - Inborn temperament
    - Behavioural inhibition to the unfamiliar (SAD)
  - Dysfunction in the neural circuits (excessive activity)
    - Connecting the amygdala with prefrontal cortex, hippocampus, thalamus, hypothalamus, locus coeruleus and other parts of the brain stem (PD)
    - Cortico-striatal-thalamic-cortical circuit (GAD, OCD)
    - Orbitofrontal (limbic)-basal ganglia circuits (OCD)
  - Hypersensitivity of the hypothalamic-pituitary-adrenal axis to stress (PTSD)

# Key Aetiological Factors in Anxiety Disorders (2)

- Psychological
  - Learning
    - Traumatic conditioning
    - Vicarious learning
    - Transmission of information
  - High levels of neuroticism or harm avoidance make some people more prone to threat-amplifying reasoning through:
    - Selective attention to harm-portending stimuli
    - Negative or catastrophic appraisals of their physical sensations, uncertainty, social environment, consequences of having certain thoughts, etc

# Learning Topics

- What is anxiety and what are its components?
- How can anxiety be distinguished from fear?
- Why are anxiety disorders important?
- What are the main characteristics of the key anxiety disorders?
- What is the optimal treatment of anxiety disorders in general?
- What are the main principles of cognitive-behaviour therapy in the treatment of anxiety disorders?
- What are the main principles of pharmacotherapy in the treatment of anxiety disorders?

# What Is Anxiety and What Are Its Components?

- Anxiety is a subjective response to threat
- Anxiety has three components:
  - Subjective experience
    - Feelings of threat, danger, fear, dread
    - Overwhelming feeling of an “impending doom”
    - Worry, anxious anticipation or apprehension
  - Physiological or bodily manifestations
    - Increased autonomic arousal
    - Increased muscle tension
  - Anxiety-related behaviours
    - Avoidance, escape
    - Reassurance-seeking

	<b>Anxiety</b> ("pathological" anxiety)	<b>Fear</b> ("normal" anxiety)
Nature and source of threat	Not apparent, elusive, internal, diffuse, non-specific, not immediate	Obvious, identifiable, external, circumscribed, specific, immediate
Response to threat	Vigilance	Emergency ("fight or flight")
Appropriateness of response	Generally out of proportion	Generally proportionate
Preoccupation with threat	Yes	No
Duration	Longer-lasting	Shorter-lasting
Quality of the experience	Puzzling, loss of control, overwhelming	Unpleasant, but rational and understandable
Effects and consequences	Long-standing, impairs functioning	Short-lasting, no functional impairment

# Why Are Anxiety Disorders Important?

- The most common group of psychiatric disorders; lifetime prevalence of 15-25%
- Often lead to complications such as substance misuse and depression
- Anxiety disorders are disabling, as they tend to be associated with high personal and social costs
- Some (especially panic disorder) associated with higher cardiovascular morbidity and mortality
- Because of their physical symptoms, many people with anxiety disorders present to general practitioners, various medical specialists and hospital emergency departments, but the underlying condition is often unrecognised or misdiagnosed

# What Are the Main Characteristics of the Key Anxiety Disorders? (1)

- Panic disorder with or without agoraphobia
- Generalised anxiety disorder
  - Pathological worry
  - Symptoms of tension
  - Various physical symptoms (less prominent than in panic disorder)
- Social anxiety disorder
  - Excessive fear of performance-type situations (e.g., speaking in public) and/or social interactional situations
  - Avoidance of social situations or their endurance with much anxiety/distress

# What Are the Main Characteristics of the Key Anxiety Disorders? (2)

- Obsessive-compulsive disorder
  - Obsessions and compulsions
- Posttraumatic stress disorder
  - Re-experiencing of the trauma (e.g., through nightmares, “flashbacks” and intrusive memories)
  - Avoidance of stimuli associated with the trauma (e.g., avoidance of activities or thoughts that arouse recollections of the trauma) + numbing of general responsiveness (e.g., markedly diminished interest, detachment from others)
  - Increased arousal (e.g., insomnia, hypervigilance, irritability)

# **What Is the Optimal Treatment of Anxiety Disorders in General?**

- Milder cases often respond well to CBT and/or symptom-control techniques (e.g., progressive muscle relaxation, breathing retraining)
- Moderate and severe cases usually require a combination of pharmacological treatment and CBT
- Combination treatment can work only if CBT and pharmacotherapy complement each other by amplifying their specific advantages (CBT produces longer-lasting treatment effects by improving coping with the anxiety and decreasing vulnerability, whereas medications show efficacy more quickly and may work better in people with highly distressing symptoms and co-occurring mental disorders)

# What Are the Main Principles of CBT in the Treatment of Anxiety Disorders?

- Cognitive therapy
  - Based on the A → B → C model
  - Goal: Changing anxiety-maintaining thinking patterns in order to decrease pathological anxiety
  - 2 steps: Identifying maladaptive thinking patterns (interpretations, assumptions, beliefs) + challenging their correctness
- Behaviour therapy (exposure-based techniques)
  - Based on learning theory: Every behaviour that decreases anxiety or discomfort will be reinforced
  - Goal: Eliminating anxiety-maintaining behaviours (e.g., avoidance, compulsions) in order to decrease pathological anxiety

# What Are the Main Principles of Pharmacotherapy in the Treatment of Anxiety Disorders? (1)

- Goal: Alleviation of the symptoms, anxiety, distress
- In order to achieve remission:
  - Use medication long enough (every day for at least 6 months, usually for 1-2 years)
  - Aim for the highest recommended dose, unless the remission is achieved at a lower dose
  - If an adequate trial fails, switch or augment
- Effective medications (for PD/PDA, GAD, SAD):
  - SSRIs, venlafaxine
  - Benzodiazepines
  - SSRIs or venlafaxine + benzodiazepines
  - Others (TCAs, MAOIs, buspirone, beta-blockers)

# **What Are the Main Principles of Pharmacotherapy in the Treatment of Anxiety Disorders? (2)**

- OCD and PTSD: Specific aspects of pharmacotherapy
- Choice of medication often depends on the speed of therapeutic response, tolerability, presence or history of substance abuse, presence of depression, and safety in overdose
- Medication can be ceased if the symptoms have been substantially alleviated, with return to normal functioning, for at least 6 months to 1 year
- Medication should never be ceased abruptly
- Relapse rates after cessation of pharmacotherapy are fairly high; patients are less likely to relapse if they have learned how to cope with the symptoms and anxiety (usually by means of CBT)