

## Anxiety Disorders

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## Learning Objectives

- Be able to recognize pathological anxiety and understand how it is different from normal anxiety
- Be able to describe the physiologic mechanisms which occur during anxiety and/or fear states
- Be able to state the diagnostic criteria for the anxiety disorders as listed in the DSM-IV
- Be able to list at least 5 medical conditions, medications, and/or substances that can mimic anxiety disorders

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## Domains of anxiety

- Physical
- Affective
- Cognitive
- Behavioral

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## Physical domain

- > Anorexia
- > Butterflies in stomach
- > Chest pain/tightness
- > Diaphoresis
- > Dry mouth
- > Dyspnea
- > Faintness
- > Flushing
- > Hyperventilation
- > Light-headedness
- > Muscle tension
- > Nausea
- > Pallor
- > Palpitations
- > Paresthesias
- > Sexual dysfunction

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## Physical domain (continued)

- > Headache
- > Shortness of breath
- > Stomach pain
- > Tachycardia
- > Tremulousness
- > Urinary frequency
- > Vomiting

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## Affective domain

Ranges from edginess and unease to terror and panic.

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## Cognitive domain

- Worry
- Apprehension
- Thoughts concerned with emotional or bodily danger

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## Behavioral domain

Anxiety triggers many different responses concerned with diminishing or avoiding the distress.

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## Pathological vs. Normal Anxiety

- Autonomous
- Greater intensity
- Longer duration
- Behavior of individual significantly affected

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## Origin of anxiety

- Protective response
- Common underlying neurophysiology for both normal/protective anxiety/fear and pathological anxiety
- 2 categories of fear/anxiety

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## Acute fear state

- Response to life-threatening danger
- Terror, helplessness, sense of impending disaster/doom
- Urgency to flee or seek safety
- Sympathetic/Nor-adrenergic activation
- Located in locus ceruleus
- Corresponds to panic attacks

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## Regulation of locus ceruleus

- Alpha-noradrenergic auto receptors
- Serotonin receptors
- GABA-benzodiazepine receptors
- Opiate receptors

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## Alert state

- Heightened sense of vigilance to possible threats
- Less intense levels of inhibition, physical distress and behavioral impairment
- GABA mechanism
- Limbic structures: hippocampus/amygdala
- Corresponds to generalized/anticipatory anxiety

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## DSM-IV Anxiety Disorders

- Panic D/O With and Without Agoraphobia
- Agoraphobia Without History of Panic D/O
- Specific Phobia
- Social Phobia
- OCD
- Posttraumatic Stress D/O
- Acute Stress D/O
- Generalized Anxiety D/O
- Anxiety D/O Due to a General Medical Condition
- Substance-Induced Anxiety D/O
- Anxiety D/O, NOS

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## Case #1

Mr. A witnessed a friend die in a MVA six weeks ago and c/o frequent nightmares of the accident, poor sleep, fears of driving, anxiety around highways, anhedonia and decreased affection towards his girlfriend. His girlfriend also notes that he has been very irritable and startles easily since the accident.

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## Posttraumatic Stress Disorder

- Exposure to a traumatic event
- Response involving intense fear, helplessness or horror
- Re-experiencing of the traumatic event
- Avoidance of stimuli/psychological numbing
- Increased arousal
- Symptoms greater than 1 month

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## Case #2

Mrs. B c/o a long h/o episodes of anxiety, SOB, racing heart, sweating, CP, and fears that she is having a MI and will die. These last 30 minutes and are unexpected. She c/o anxiety while in malls and traveling alone to new places for fear of having another attack. Despite a negative medical w/u, she still worries about having a MI during an attack.

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## Panic Disorder With Agoraphobia

- Recurrent unexpected panic attacks: anxiety associated with at least four physical and/or cognitive symptoms
- At least 1 month of worry about having additional attacks or the consequences of an attack (losing control, having a heart attack, "going crazy").
- Agoraphobia

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## Agoraphobia

- Anxiety in situations where escape might be difficult (or embarrassing) or help might not be available in the event of having a panic attack or panic-like symptoms
- Situations are avoided or endured with marked distress

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## Case #3

Ms. D has a chief c/o “worrying about everything” for the last year. She also c/o frequent headaches, fatigue and insomnia secondary to the anxiety. These symptoms have worsened to the point where she has been distracted and making mistakes at work.

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## Generalized Anxiety Disorder

- Excessive anxiety and worry about a number of events or activities
- Difficulty controlling the worry
- At least 3 of the following symptoms: restlessness, fatigue, difficulty concentrating, irritability, muscle tension, or sleep disturbance
- Symptoms last greater than 6 months

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## Case #4

Dr. E has a history since childhood of fears of speaking in front of others. He worries that he will perform poorly and be humiliated, and so he has avoided giving talks to other medical professionals. He feels that this has significantly interfered with his ability to progress further in his academic career.

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## Social Phobia

- Marked, persistent fear of social or performance situations where a person is exposed to unfamiliar people or possible scrutiny by others. The individual fears acting in an embarrassing or humiliating way. Person recognizes fear as excessive.
- Exposure causes anxiety symptoms or panic
- Situations avoided or endured with anxiety

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## Specific Phobia

- Marked, persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation
- Exposure causes anxiety symptoms or panic
- Person recognizes fear is excessive or unreasonable
- Situations avoided or endured with anxiety

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## General medical conditions causing anxiety

- Endocrine conditions
- Cardiovascular conditions
- Respiratory conditions
- Metabolic conditions
- Neurological conditions

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## Substances that cause anxiety (intoxication)

- Alcohol
- Amphetamines
- Caffeine
- Cannabis
- Cocaine
- Hallucinogens
- Inhalants
- Phencyclidine

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## Substances that cause anxiety (withdrawal)

- Alcohol
- Cocaine
- Sedatives
- Hypnotics
- Anxiolytics

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## Medications that cause anxiety

- Anesthetics
- Analgesics
- Sympathomimetics
- Bronchodilators
- Anti-cholinergics
- Insulin
- Thyroid preparations
- Oral contraceptives
- Antihistamines
- Anti-parkinsonian medications
- Corticosteroids
- Antihypertensive/ cardiovascular medications
- Anticonvulsants

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## Medications that cause anxiety (continued)

- Lithium
- Antipsychotics
- Antidepressants
- Heavy metals
- Toxins (gasoline, paint, insecticides, nerve gases, carbon monoxide, carbon dioxide)

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