

ANXIETY DISORDERS

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Definition

- Anxiety is an alerting signal.
- It warns of impending danger and enables the person to take measures to deal with a threat.

Normal Anxiety

Normal anxiety is commonly experienced by virtually all humans e.g.

- An infant who is threatened by separation from parents
- For children on their first day in school
- For adolescents on their first date

Cont'd

- For adults when they contemplate old age and death
- For anyone who is faced with illness
- Anxiety is a normal accompaniment of growth, of change, of experiencing something new and untried and of finding one's own identity and meaning in life

Pathological Anxiety

- Pathological anxiety by contrast is an inappropriate response to a given stimulus by virtue of either its intensity or its duration.

Anxiety

The feeling of anxiety is characterized by a diffuse, unpleasant, vague sense of apprehension, often accompanied by autonomic symptoms such as: -

- Headache
- Perspiration
- Palpitations

Cont'd

- Tightness in the chest
- Stomach discomfort
- restlessness

DSM V Classification of Anxiety Disorders

1. Separation anxiety disorder
2. Selective mutism
3. Panic disorder
4. Agoraphobia

Cont'd

4. Specific phobia
5. Social anxiety disorder (social phobia)
6. Generalized anxiety disorder
7. Substance/ medication- induced anxiety disorder

Anxiety disorders

8. Anxiety disorder due to another medical condition

9. Other specified anxiety disorder

10. Unspecified anxiety disorder

Separation anxiety disorders

- Developmentally inappropriate and excessive fear or anxiety concerning separation from those to whom the individual is attached
- Refusal to go to school or away from home or separate from attached figures
- may not go to bed alone
- Physical symptoms may occur at separation time
- May happen in children, adolescents or adult.

Selective mutism

- Consistent failure to speak in specific social situations e.g school
- This affects social academic or occupational performance
- Failure to talk is not associated to lack of knowledge, discomfort of used language
- Person has no prior communication disorder

Social anxiety disorder

- Presents with fear of one or more social situation where one exposed to scrutiny
- Fear of acting in a way that is humiliating
- Social situations provokes fear or anxiety
- They avoid such situation
- The source of fear is out of proportion
- This affects their functioning (social, occupational)

Generalized Anxiety Disorder

- Generalized anxiety disorder is defined as excessive and pervasive worry,
- accompanied by a variety of somatic symptoms that cause significant impairment in social or occupational functioning or marked distress in the patient

Epidemiology

- Prevalence is 3-8%
- Ratio of women to men is 2:1 – in general population
- ratio of women to men in in-patients treatment is 1:1

Cont'd

- The age of onset:
- is difficult to specify since most patients report that they have been anxious for as long as they can remember.
- Patients usually come to a clinician attention in their 20's.

- Only 1/3 of patients with generalized anxiety disorder seek psychiatric treatment.
- 2/3 of patients go to general practitioners and other specialists seeking treatment for the somatic component of the disorder.

Clinical features

This can be divided into 4: -

- Anxiety
- Motor tension
- Autonomic hyperactivity
- Cognitive vigilance

Cont'd

- The anxiety is excessive and interferes with other aspects of the patients' life.
- The motor tension is most commonly manifested as:
 - ↳ Shakiness
 - ↳ Restlessness
 - ↳ Headache

Cont'd

The autonomic hyperactivity is commonly manifested by: -

- ↓ Shortness of breath
- ↓ Excessive sweating
- ↓ Palpitations/tachycardia
- ↓ Various gastrointestinal symptoms (diarrhoea, upset stomach [butterflies])

Cont'd

- ↳ Urinary frequency, hesitancy, urgency
- ↳ Dizziness, sweating
- The cognitive vigilance is evidenced by the patients
- ↳ Irritability
- ↳ Ease with which the patient is startled

Cont'd

- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension
- Sleep disturbance

Differential diagnosis

- Medical disorders causing anxiety
- Caffeine intoxication
- Stimulant abuse
- Alcohol withdrawal
- Sedative, hypnotic or anxiolytic withdrawal
- Other anxiety disorders - panic disorders,
- Major depression

Course and Prognosis

- There is high incidence of comorbid mental disorders
- This makes the clinical course and the prognosis of the disorder difficult to predict.
- The occurrence of negative life events greatly increase the likelihood that generalized anxiety disorder will occur

Panic disorder

- Persistent apprehension
- Anticipatory anxiety, regarding the possibility of another attack
- Half of patients develop agoraphobia. Hot and cold flushes
- Tremors
- Difficulties breathing
- It lasts for maximum of 30 minutes

Panic disorder

- Rapid heart beat
- Dizziness or faintness
- Chest discomfort
- Nausea or abdominal distress
- Paresthesias (tingling sensations)

Agoraphobia

- Fear of the marketplace” or, more generally, of open spaces
- Fear possibility of suddenly becoming ill or no escape with no immediate help.
- A complication of panic disorder.
- Two to four times more common in females than males.

Agoraphobia

- Riding across bridges or through tunnels
- Riding in airplanes or trains
- Going on a trip anywhere
- Being in elevators or on escalators
- Riding in a two-door car in the back seat

Specific phobia

- Extreme anxiety when approaching something that for others arouses little or no apprehension.
- Irrational fear
- One avoids contact with the feared object.

Specific phobia

- Snakes
- Spiders
- Air travel
- Train travel
- Being in closed spaces
- Heights,
- Darkness
- And storms.

Substance / medication – induced anxiety disorder

- Patient has panic attacks or anxiety
- The above is secondary to substance intoxication or withdrawal or after exposure to a medication
- The disturbance does not occur exclusively during the course of illness

Anxiety disorder due to another medication conditions

The disorder may be secondary to

- Hyperthyroidism
- Pheochromocytoma
- Hypoglycemia
- Hyper adreno-cortisol disorders
- Cardiovascular disorders
- Metabolic dysfunctions(vitamin B 12 deficiency)

Conclusion

- Anxiety disorders include disorders that share features of excessive fear and related behavioral disturbance.

ALCOHOL AND SUBASTANCE USE DISORDERS

DELIRIUM TREMENS

symptoms

- ✓ Autonomic hyperactivity
- ✓ Perceptual distortions
- ✓ Hallucinations- visual tactile
- ✓ Fluctuating levels of psychomotor activity
- ✓ Beware of unexpected DTs in patients admitted for other reasons

Treatment of DTs

- Prevent by giving
 - ✓ A benzodiazepine e.g diazepam
 - ✓ Vitamin B& C(Pabrinex 1&2
 - ✓ rehydration
 - ✓ Diet supplementation

Alcohol induced persisting dementia

- ✓ reduction of brain of cortex in persons who have been taking alcohol for a long time.
- ✓ Patient losses memory and has deterioration of the personality

Alcohol induced persisting amnesic behaviour

- Loss of memory resulting from prolonged alcohol use. it is rare in those <35years of age

There are 2 forms

- ✓ Wernickes syndrome (acute syndrome. Also called alcoholic encephalopathy. It is reversible

- ✓ Korsakoff syndrome(chronic condition.
Only 20 % of the patients recover
- ✓ Early Treatment of wernickes
encephalopathy with thiamine may prevent
korsakoff syndrome

Substance use disorder

The following disorders are related to substance use for every substance of abuse

Substance related disorders

- substance use disorder
- substance dependence
- substance intoxication
- substance withdrawal delirium
- substance induced persisting dementia

Substance related disorders

- substance induced amnesic disorder
- substance induced;
 - Psychotic disorder
 - Mood
 - anxiety disorder
 - Sexual disorders
 - Sleep disorders
 - substance related disorder not otherwise specified

Substance related disorders

- Identifying the substance that is causing the disorder is important in management