

Types of Anxiety Disorder.

* Generalised Anxiety Disorder.

- The kind of anxiety that has no known specific source and may be experienced by people with GAD, in which excessive anxiety and worries occur more days than not for at least 6 months.
- People with this disorder may also experience anxiety about a number of events or activities, these feelings of anxiety have no particular source that can be pinpointed, nor can the person control the feeling even if an effort is made to do so.
- People with this disorder are just plain worriers. They worry excessively about money, their children, their lives, their friends, the dog as well as things no one else would see as a reason to worry. GAD is often found occurring with other anxiety disorders and depression. They feel tense, edgy, get tired easily, and may have trouble concentrating.

Symptoms of GAD.

The symptoms are described below:

→ Worry and apprehensive feelings about the future.

People with GAD worry about what the future holds for them, for people close to them, or for their valued possessions.

→ Hypervigilance.

People who suffer with GAD adopt a sentry-like stance in their approach to life. They constantly scan the environment for dangers, although often they cannot specify what the danger might be. This excessive vigilance is related to their hyperaroused state. Because they are always related to their hyperaroused state. Because they are always alert to potential threats, they are easily distracted from tasks on which they are working. Their hypervigilance also contributes to difficulty in falling asleep.

Motor tension Individuals with this symptom are unable to relax; they are keyed up and visibly shaking and tense. Strained facial expressions

are common, as are furrowed brows and deep signs. Such people are easily startled.

→ Automatic Reactivity In individuals with this symptoms the sympathetic and parasympathetic nervous systems seem to be working overtime. There is some combination of sweating, dizziness, pounding or racing heart, hot or cold spells, cold and clammy hands, upset stomach, lightheadness, frequent urination or defecation, lump in the throat and high pulse and respiration rates.

★ About 3% of the population have a GAD in any given year. It is more common among women than men. The course of generalised anxiety disorder for both men and women is usually protracted, with duration of as long as 20 years being common. The disorder tends to become evident between the late teens and early 20's.

Causes of GAD.

- Hereditary

Studies has shown that first degree relative of someone with GAD are more likely to develop mood and anxiety disorders in general with a specific risk of developing GAD. First degree relative include siblings parents or your child.

- learned behaviours

learned from caregiver who demonstrates anxious behaviours. Conditioned through classical conditioning to experience anxiety. Disordered behaviour is learned through negative and positive reinforcement.

- Psychoanalytical explanations points to suppressed urges and desires that are trying to come into conscious, creating anxiety that is controlled by the abnormal behaviour.

- Cognitive factors - believes that excessive anxiety comes from illogical irrational thought processes.

Other Factors

- excessive use of caffeine or tobacco worse anxiety, childhood abuse, prolonged exposure to stressful situations, including personal or family illnesses.

Treatment of GAD.

- Biological and Medical Technique

- Antidepressants including medications in the selective serotonin reuptake inhibitor (SSRI) and Serotonin and norepinephrine reuptake inhibitor (SNRI) are first line medication treatments.

Example:- Duloxetine and paroxetine

- Anti-anxiety medication called buspirone.

- Benzodiazepine for relief of anxiety symptoms. These are generally used for relieving acute anxiety on a short-term basis.

Cognitive Behavioural Therapy.

A talk therapy focused on modifying negative thoughts, behaviours and emotional responses.

Relaxation Therapy. Techniques
Deep breathing, Meditation and
Yoga.

* Panic Disorder.

= Pan, the Greek god of woods and fields, was blamed for the inexplicable dread sometimes felt by travelers in lonely places. His name has been given to a disorder identified by sudden overwhelming, apparently senseless terror.

- Panic attack may come with no warning, and is a chronic and debilitating condition. The indicators of panic disorder are similar to those of generalised anxiety disorder, except that they are greatly magnified and usually have a sudden onset.

To a great extent, panic disorders seems to run in families. About 1.7% of the population have panic disorder.

- The term panic attack denotes - abrupt surge of intense anxiety rising to a peak, which is ended by either the presence of, or thoughts about, particular stimuli, or that occurs without obvious cues and is spontaneous and unpredictable. In the former case, persons experiencing panic often have phobic fears that the

stimuli evoke. People who have panic attacks when the evoking stimuli are not present typically do not also have phobias.

- DSM IV TR defines panic disorder as including recurrent, unexpected panic attacks and at least 1 month of persistent concern over having them again. Worry over the implications and consequences of having panic attacks is a key aspect of this disorder.

- Panic disorder affects women than men and younger age group than elderly. Panic attacks range in length from a few seconds to many hours and even days. They also differ in severity and in the degree of incapacitation involved.

Symptoms of Panic Disorder

- Shortness of breath or the feeling of being smothered
- Dizziness, unsteadiness, or faintness
- Trembling, shaking and sweating
- Heart palpitations or racing heart rate
- Choking, nausea, or stomach pain

- Numbness, tingling, flushing or chills
- Chest pain or discomfort
- feeling of being detached from the surroundings
- Fear of going crazy, losing control or dying.

Causes of Panic Disorder.

- Biological Causes:

Family members developed panic disorder before age of 20, first degree biological relatives are up to 20 more likely to have panic attacks

- Traumatic event:

Experiencing traumatic event like victim of physical and sexual abuse. A person suffering with panic disorder have risk of developing agoraphobia.

- Psychological Factors: Depression, GAD, Specific phobia.

Treatment of Panic Disorders

Anti depressants } alprazolam
Anti anxiety drugs }

*

Phobias

- Phobos was the Greek god of fear - his likeness was painted on masks and shields to frighten enemies in battle. The word phobia, derived from his name, came to mean fear, panic, dread or flight.
- Unlike people who have GAD, people who have phobic disorders know exactly what they are afraid of. Except for their fears of specific objects, people, or situations, phobic individuals usually do not engage in gross distortion of reality. Nothing physical seems to be wrong with them. However, their fears are out of proportion with reality, seem inexplicable, and are beyond their voluntary control.
- One of the most interesting aspects of phobias is that the stimuli that evoke them are not random. The most common fear-arousing stimuli tends to be animals, objects or events that presented real dangers in earlier stages of human evolution.

Some researchers believe that human beings are instinctively predisposed to like or dislike, and fear or not fear, certain stimuli. Presumably fears for which we are prepared are products of millions of years of evolution.

Phobic individuals do not need the actual presence of the discomfort feared object or situation to experience intense tension and discomfort.

Phobias may begin with a generalised anxiety attack, but the anxiety then becomes crystallized around a particular object or situation. As long as the feared object or situation can be avoided, the anxiety does not reach disturbing proportions.

Phobias tend to grow progressively broader. ~~Eventually the phobia developed until she would have to get off the train at each local stop, wait until her anxiety~~ Phobic individuals usually develop ways of reducing their fears.

Phobias, like other forms of maladaptive behaviours do not occur in isolation.

Because they are usually intertwined with a host of other problems, it is difficult to estimate their frequency accurately.

- Rates of phobic disorder are about twice as high for females as males.

- Phobias typically have their onset in childhood or young adulthood and there is a sharp decline in new cases with age.

The mean duration of phobia varies from 24 to 31 years - in other words, the condition tends to be chronic.

- Phobias do not require hospitalisation; instead, if professional treatment is given, it is usually carried out on an outpatient basis.

Symptoms of Phobias

- Loss of control
- Sweating
- Shivering
- Shortening of breath
- Numbness

fainting

Increasing in heart rate

Specific Phobia

Acrophobia - heights

Claustrophobia - confined places

Hemophobia - blood

Hydrophobia - water

Nyctophobia - night or darkness

Gynophobia - women

Zoophobia - animals

Pathophobia - diseases

Agoraphobia - open places

Xenophobia - strangers

Ceraunophobia - lightning

Mysoophobia - germs, dirt

Pyrophobia - Fire

Agoraphobia:

- Relation in panic attack

- Escape might be difficult

- Women majority, 20-30 age

- Treatment - Small group, self help group

Social Phobia:

Social phobias are less common than specific phobias - they occur only about one-fourth as often as specific phobias but they can attack with no less force.

- Social phobias are characterized by fear and embarrassment in dealing with others. Shyness is often mistaken for social phobia. Shy people however, don't experience the terror felt by those with social anxiety.

The personal lives of those who have social phobia is typically bleak. They often have no friends.

- The DSM IV TR criteria for social phobia includes marked and persistent fear of one or more social or performance situations.

These situations usually involve unfamiliar people or scrutiny or evaluation by others, and the phobic reaction includes intense concern over being humiliated or embarrassed. The person recognizes that the fear is excessive and unreasonable.

- Examples of situations

- Meeting someone for the first time
- Attending social gathering
- Making eye contact with unfamiliar people
- Dealing with people in authority

Performance situations

- Speaking in Public
- Performing in Public
- Eating in Public
- Urinating in a public bathroom
- Writing in Public

Concerns stimulated by phobia arousing situations.

- Making a poor impression or being negatively evaluated
- Saying foolish things
- Doing or saying something embarrassing or humiliating
- Blushing or showing other signs of anxiety that will be noticeable to others
- Mind going blank when speaking to others

Treatment of Social phobia

Medication - SSRIS

Anti depressants

Sedative

Social skill training

Role playing

Rehearse new behaviours

Causus of Phobia

- Classical conditioning
(Association of 2 things)

We acquire phobia when event happen close enough in time or of one after the other.

Modelling

It is learning through observations or imitation of a model.

Prepared learning

Trymatis and humans over the course of evolution had rapidly acquired fears of certain object or situation that cause real dangers to our ancestors.

Treatments:

Exposure therapy

Techniques that introduces the client to situations, under carefully controlled conditions, which are related to their anxiety or fear are called exposure therapy

Systematic desensitization
 3 step process which professionals guide their client.

① Client must learn to relax through deep muscle relaxation technique

② Next is the client and the therapist constructs a list beginning with the object or situation that causes least fear to the client, eventually working up to the object or situation produces great degree of fear

③ With the help of therapist he starts with the first item on the list and deals with the fear.

In-Vivo exposure

Where client is exposed to the actual anxiety related stimulus. Imaginal where the client imagines or visualizes the stimulus. And even 'virtually' uses virtual reality is used.

Flooding

If the exposure is rapid & intense it begins with the most feared it is flooding. It is used under a very controlled condition

Modelling
It is learning through observation
or imitation of a model

Obsessive Compulsive Disorder

- Obsessions is an idea or thought that is silly absent or apparently meaningless one that the obsessive person can't get rid of. — Kistner
- Obsessions are repetitive impulses and images that invade consciousness, are often abhorrent and are very difficult to dismiss or control.
- Obsessions are intrusive and recurring thoughts and images that come unbidden to mind and appear irrational and uncontrollable to the individual and experiences them.
- Compulsions are obsessions carried into ~~action~~ action people who suffered from compulsive repeats certain actions over and over again even they realize that they had no sense to it

— Compulsion is a repetitive behaviour that the person feels driven to perform in order to reduce distress or prevent to some calamity from occurring

— The most common features of OCD are the following:

- Obsession or compulsion intrudes insistently and persistently into the individual's awareness
- A feeling of anxious dread occurs if the thought or act is prevented for some reasons
- The obsessions or compulsion is experienced as foreign to oneself and it is unacceptable and uncontrollable
- The individual recognizes the absurdity and irrationality of the obsessions or compulsion.
- The individual feels a need to resist it.

- The variety of obsessive compulsive rituals and thoughts is practically unlimited, but investigators have identified our broad types of preoccupations

◦ Checking - checking doors, gas taps, water taps

◦ Cleaning - washing hands, avoid using public telephones, public washrooms.

Counting - Counting to a particular no. ^{again} standards

◦ Slowness - I am often late because I can't seem to get through everything on time.

◦ Doubting and conscientiousness - even doing things carefully but feel that it is not quite right

Dressing - clothes put in particular way

Causes of OCD

- Compulsions are learned behaviours which become repetitive and habitual when they are associated with relief and anxiety

- OCD is due to genetic and hereditary factors

- Chemical, structural and functional abnormalities in the brain.

- Distorted beliefs reinforce and maintain symptoms associated with OCD

- Traumatic or stressful life event before the OCD begins.

- Brain Injury or Surgery.

Treatment

- Cognitive Behavioural Therapy

- Thought Stopping.

- Selective Serotonin Reuptake Inhibitors and anti depressants

- Hypnosis