



# ANXIETY DISORDERS !!!

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# FEATURES OF ANXIETY!



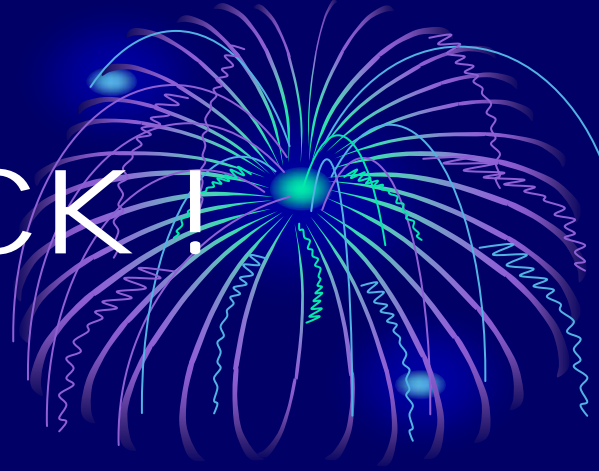
- Palpitations
- Chest pain/ discomfort
- Shortness of breath/ smothering
- Choking sensation
- Nausea, abdominal distress
- Sweating
- Trembling

- Dizzy, unsteady, faint
- Derealisation, depersonalisation
- Fear of losing control/  
'going crazy'
- Fear of 'dying'

- Pupillary dilatation
- Diarrhoea
- Urinary urgency etc...



# ! PANIC ATTACK!



- 4 or more of the above symptoms
- A discrete period of intense fear
- Develops suddenly
- Peaks within 10 minutes.

# ANXIETY DISORDERS



- A group of mental disorders
- Subjective and Physiologic manifestations of fear.
  - The source of 'fear/ danger' is usually not recognised.

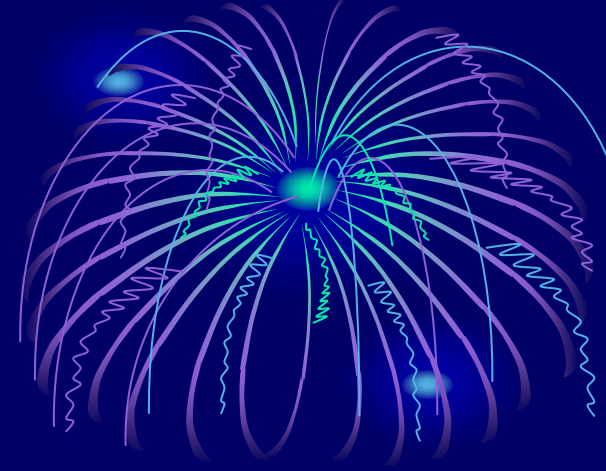
# 5 major disorders under DSM-IV:



- PANIC DISORDER
- PHOBIAS
  
- GENERALISED ANXIETY DISORDER
- POST-TRAUMATIC STRESS DISORDER
- OBSESSIVE-COMPULSIVE DISORDER

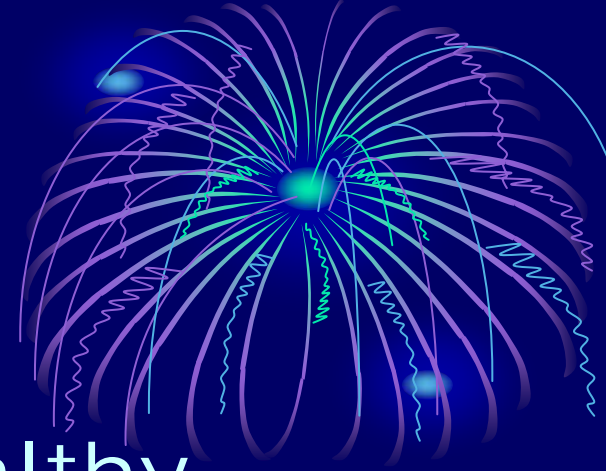
# PANIC DISORDER

- Recurrent
- Unexpected
- Panic attacks
  - At least 1 of the attacks is followed by 1 month (or more) of 1 (or more) of:
    - Persistent concern of having another attack
    - Worry about the implications of the attack
    - Significant change in behavior related to the attack
    - Not due to a substance/ general medical condition





# Case history



- 24 y-old apparently healthy woman rushes to A&E late at night.
- c/o chest pain, palpitation, hyperventilation, sweating, fainting, impending doom of having a 'heart attack'.

# What is Panic Disorder with (or without) Agoraphobia?



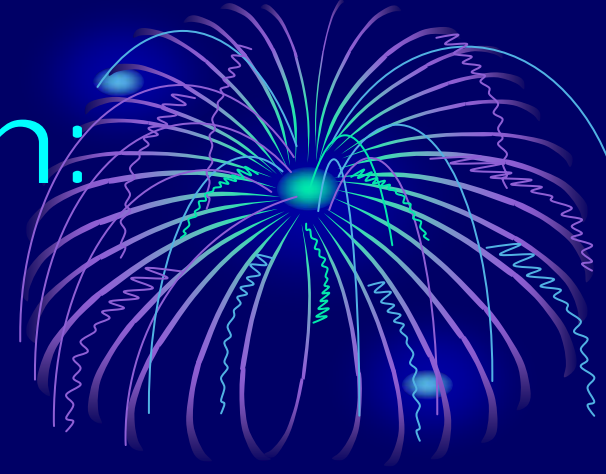
- Panic attacks +/- **Agoraphobia**
  - Anxiety of being in places/ situations where escape might be difficult or embarrassing, or where help is unavailable in the event of a panic attack.
  - Eg: crowded market, standing in line, in a lift, traveling in a car/bus.

# Differential diagnosis



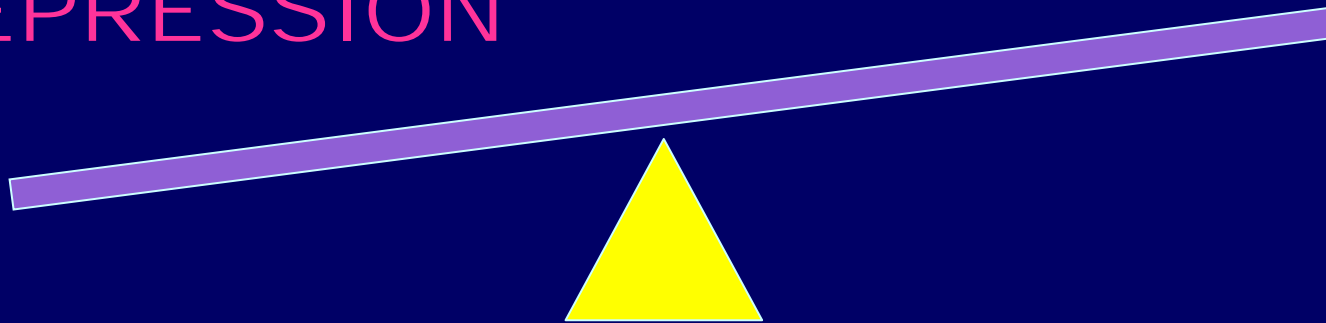
- General medical condition: myocardial infarction, hyperthyroidism.
- Phobias (specific, social)
- Generalised anxiety disorder
- Hypochondriasis
- Factitious disorder

Strong association:



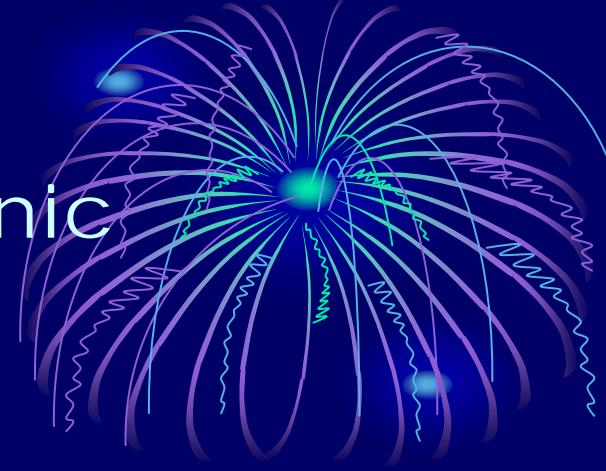
PANIC DISORDER

DEPRESSION

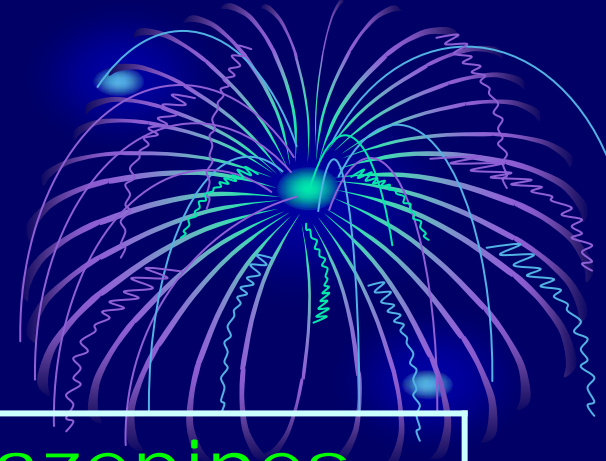




- Life time prevalence of panic disorder = 1.5 – 3.5%
- Commoner in females
- Mean age of onset = 25 y-old
- Biological basis: GABA, NE, serotonin
- Genetic basis
- Psychosocial: worrier, obsessive, losses in the past (divorce etc)

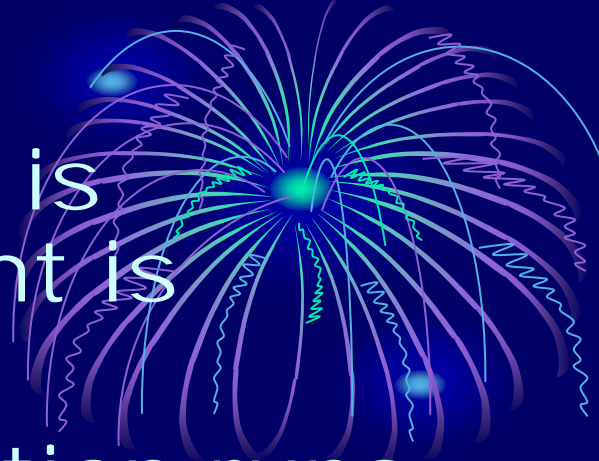


# Medication



Antidepressants	Benzodiazepines
SSRI: fluoxetine, sertraline	Alpraxolam
SNRI: venlafaxine	Diazepam
TRICYCLICS: imipramine	

- Usually the medication is tapered off when patient is symptom-free.
- Nevertheless the condition runs a chronic course with relapses.
- May use BZD on prn basis but maintain on antidepressant for a longer period.
- Psychotherapy: CBT, systematic desensitization, relaxation techniques.



# PHOBIAS

- Specific Phobia:
  - Marked and persistent fear that is excessive/ unreasonable– cued by the presence/ anticipation of a **specific object or situation**.
- Social Phobia:
  - Marked and persistent fear of **social/ performance situations** where the person is exposed to unfamiliar people/ possible scrutiny by others. The individual fears that he will act in a way that will be humiliating or embarrassing.





- Exposure to the feared object/ situation almost always provokes anxiety or panic attack.
- Recognise the fear as excessive or unreasonable.
- Best avoided, else endured with intense anxiety or distress.
- The avoidance, anxious anticipation or distress interferes significantly with the person's functioning level.



# Examples:

- Specific Phobias:

- Animals- spiders (arachnophobia)
- Nature- water (hydrophobia)
- Blood/injection/injury (erythrophobia)
- Situation- enclosure (claustrophobia)

- Social Phobia:

- Eg: anticipate meeting authoritative figures.



# Occurrence:

- Specific phobias:
  - Very common
  - 10% of women
  - 5% of men
- Social phobia:
  - About 3% of population.
  - No gender difference.



# Treatment:

- Medication + Psychotherapy
- Medication:
  - Antidepressants – SSRIs, MAOIs
  - Beta-blockers – Propranolol, Atenolol







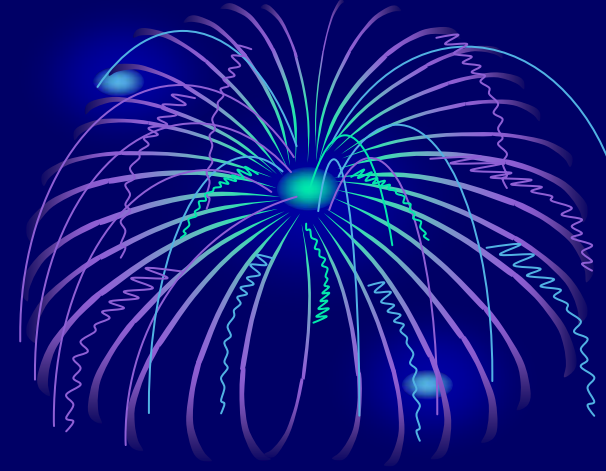
- **Psychotherapy:**
  - Relaxation technique
  - Assertive training (social phobia)
  - Systematic desensitization
  - CBT
  - Psychodynamic psychotherapy

# Prognosis:

- High association with other anxiety disorders and depression.
- Secondary morbidity:
  - School refusal/ drop-out
  - Failure to marry
  - Career impairment



# GAD: Generalized Anxiety Disorder



- Case History:
  - A 45 y–old housewife saw many GPs the past 6 months complaining of chronic diarrhoea and headache. She said she had always been nervous, ‘on–the–edge’ and forever worried about her husband and children if they came home slightly late.

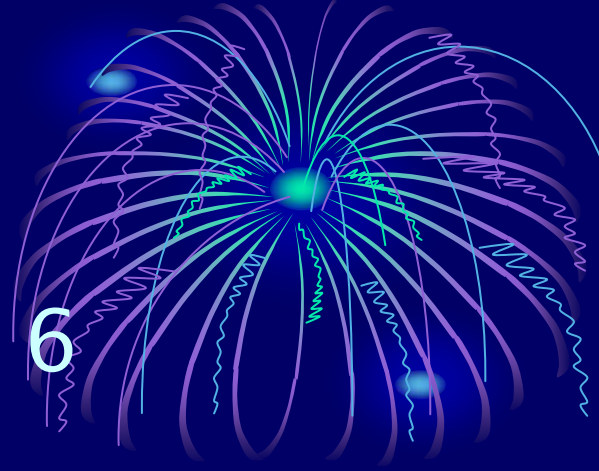
# When do you say it is a disorder?



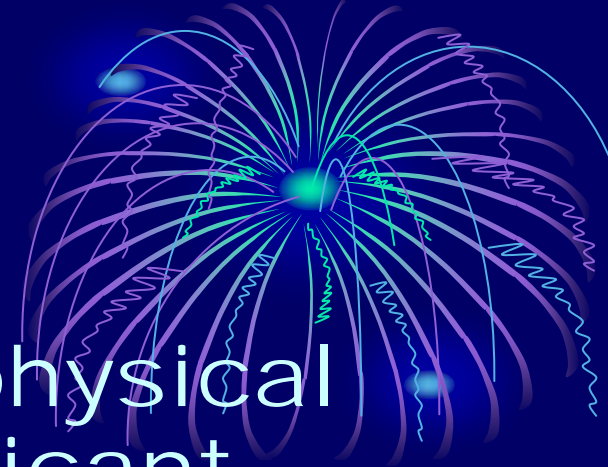
- Excessive anxiety/ worry
- Most days for 6 months or more
- About (everyday) events e.g. work, school performance
- Finds it 'difficult' to control the worry



- The anxiety and worry are associated with 3 of these symptoms:



- Restless, 'keyed-up', on-the-edge
- Easily tired
- Difficult to concentrate, 'mind goes blank'
- Irritable
- Muscle tension
- Sleep disturbance



- The anxiety, worry or physical symptoms cause significant impairment in important areas of functioning.
- Not due to other Axis I diagnosis, substance or a general medical condition.



- Highly associated with Major Depressive Disorder, Dysthymic disorder.
- More common in females > males  
60%:40%
- Commonly starts 21-30 y-old

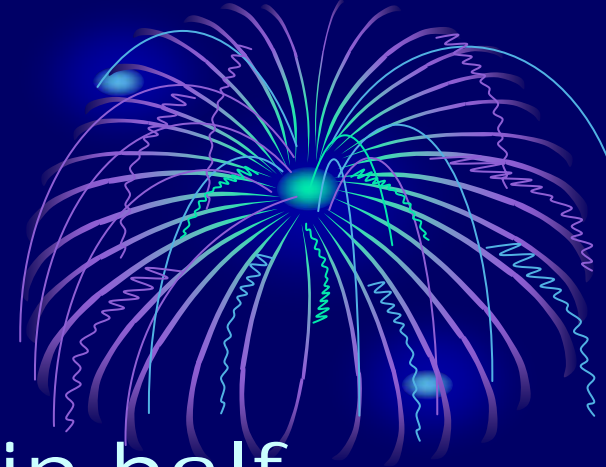
# Treatment:



Pharmacotherapy	Psychotherapy
<p data-bbox="159 405 763 476">Antidepressants:</p> <p data-bbox="159 511 578 582">Venlafaxine</p> <p data-bbox="159 616 344 688">SSRIs</p>	<p data-bbox="967 405 1728 674">Cognitive-behavioral therapy (CBT)</p>
<p data-bbox="159 728 788 799">Benzodiazepines:</p> <p data-bbox="159 833 554 905">Lorazepam</p> <p data-bbox="159 939 573 1011">Alpraxolam</p> <p data-bbox="159 1045 515 1116">Diazepam</p>	
<p data-bbox="159 1158 681 1229">Beta-blockers:</p> <p data-bbox="159 1263 573 1335">Propranolol</p>	

# Prognosis:

- Runs a chronic course in half the cases.
- In these, treatment may be indefinite.
- Others become asymptomatic after a few years.



# PTSD: Post Traumatic Stress Disorder



- Case History:

A 42 y-old factory worker survived an accident when her factory bus collided with a lorry. Her left thigh was pierced through by an iron rod and rescuers took 3 hours to free her. She was the sole survivor as all other 21 passengers was killed, including her best friend who bled to death next to her.



# When to say someone has PTSD?



- A) The person is exposed to a **TRAUMATIC EVENT** where:
  - The person experienced/ witnessed/ confronted with events involving actual/threatened **death, serious injury** or a threat to the **physical integrity** of self or others.
  - The response involved **intense fear, helplessness or horror**.

- B) The traumatic event is persistently **re-experienced** by:



- Recurrent, intrusive, distressing **recollections** of the event (images, thoughts, perceptions).
- Recurrent, distressing **dreams** of the event.
- **Acting/ feeling** as if the traumatic event were recurring (illusions, hallucinations, flashbacks).
- Intense **psychological distress** at exposure to cues that resemble an aspect of the traumatic event.
- **Physiological reactivity** on exposure to the

- C) Persistent **avoidance** of stimuli associated with the trauma and numbing of general responsiveness  
3 of the following:
  - Avoid thoughts, feelings, conversations about the trauma.
  - Avoid activities, places or people that arouse recollections of the trauma.
  - Inability to recall an important aspect of the trauma.
- Markedly reduced interest in significant activities.
- Feeling detached, estranged from others.
- Restricted range of affect.
- Sense of foreshortened future.



- D) Persistent symptoms of **increased arousal**, with 2 or more of the followings:

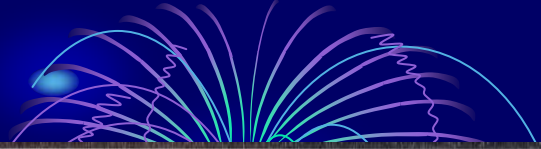
- Sleep disturbance
- Irritable
- Poor concentration
- Hypervigilance
- Exaggerated startle response





- E) Duration of symptoms > 1 m.
- F) Causing significant distress or impairment in functioning.







# Treatment:



Pharmacotherapy	Psychotherapy
Antidepressants: SSRIs Tricyclics	Group therapy
Mood stabilisers: Sodium valproate carbamazepine	Behavioral therapy (Systematic desensitization)
Beta-blockers	
Benzodiazepines	

# Prognosis:

- Complete recovery occurs within 3 months in 50% of cases.
- Many may have symptoms for years.



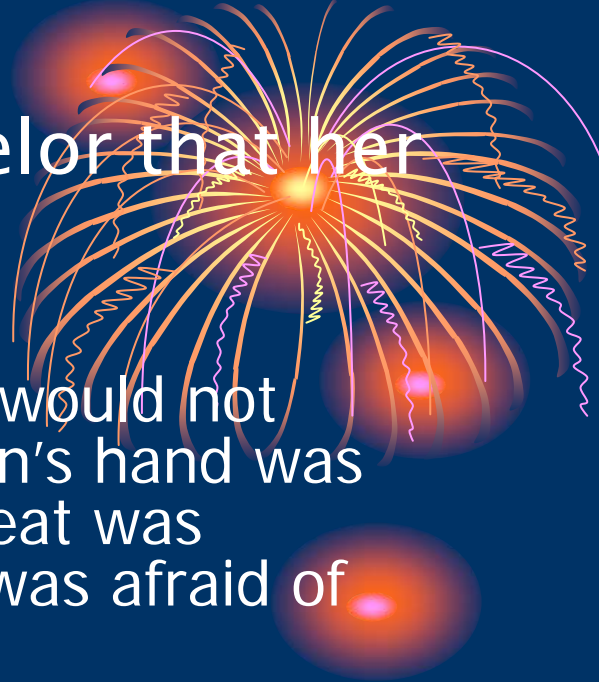
# OCD: Obsessive Compulsive Disorder



- Case History:

Mr. Ooi was a 38y-old accounts clerk having marital problems. His wife suggested they see a marital counselor. On the appointed day, they were 3 hours late as Mr. Ooi took nearly 2 hours to complete his bath and another hour to groom himself! The counselor was understanding and friendly, but was taken aback when Mr. Ooi refused to shake his hand and declined to sit on the leather chair. At this juncture, Mrs. Ooi exclaimed, "YOU SEE! YOU SEE! That's the problem with HIM! He is driving me crazy!"

- Then Mrs. Ooi told the counselor that her husband:
  - Was obsessed with cleanliness. He would not shake hand in case the other person's hand was dirty. He would not sit unless the seat was personally wiped and spotless. He was afraid of contamination with dirt and germs!
  - Therefore, he would ritually bathe himself at least 5 times a day. He even had elaborate steps of cleaning himself! Each bath took 2 hours to complete. Similarly he would repeatedly wash his hands with soap for 20-30 minutes whenever he touched oily material. He also had the habit of arranging all the can food in the kitchen according to shapes and sizes, he became excessively upset if someone else misplaced the cans.

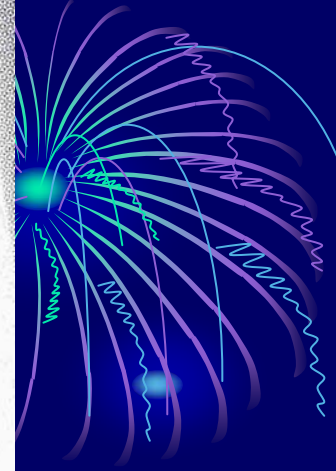


# DSM-IV Criteria for OCD:

- A) Either obsessions or compulsions:
  - Obsessions:
    - Recurrent, persistent thoughts/ impulses/ images – intrusive, inappropriate – marked anxiety or distress.
    - Not simply excessive worries about real-life problems.
    - The person attempts to ignore or neutralize them with other thought/ action.
    - The person recognizes the obsessional thoughts as product of his own mind.







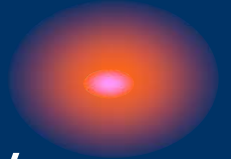




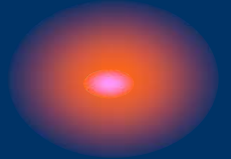
- Compulsions:

- Repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession, or according to rigid rules.
- The behaviors or mental acts are aimed at preventing/ reducing distress, though not connected in a realistic way, or clearly excessive.

- B) the person recognized the obsessions/ compulsions are excessive/ unreasonable.
- C) causing marked distress, time consuming, interfering with many areas of functioning.
- D) not due to the direct physiological effects of a substance or a general medical condition.



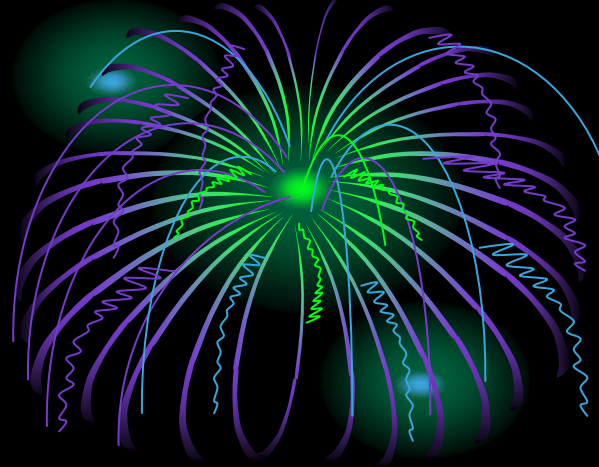
- OCD in 2 – 3% of population.
- Begins especially between 21-30 y-old.
- Strong genetic component, although 60% occurs after stressful life-events.
- Neurotransmitter implicated = serotonin
- Associated with major depressive disorder: 20-30%



# Treatment:



Medication	Psychotherapy
Clomipramine	Behavioral therapy
Fluoxetine (Prozac)	
Fluvoxamine (Luvox)	



THANK

YOU