Anxiety Disorders
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DSM 5: Organization of Anxiety Disorders

Anxiety disorders: fear based
Panic
Phobias, Agoraphobia, Social Phobia
Generalized Anxiety Disorder:
Obsessive-Compulsive Disorder:
Post Traumatic Stress Disorder:
PTSD:
Dissociative Disorders:
Performance Anxiety:

Panic Disorder: Prime MD

- During the past month have you had an anxiety attack?
- If yes, has it ever happened before?
- Does the attack sometimes come out of the blue?
- Have you worried about having another attack, or worried that there was something wrong with you

Panic Disorder: Prime MD slide 2

Have you had at least four of the following during your last bad panic attack:
- Were you short of breath
- Did you feel as if you were choking
- Did you have chest pain or pressure
- Did you sweat
- Did you have hot flashes or chills
- Did you have nausea or GI upset
- Did you feel dizzy or unsteady
- Did you tremble or shake
- Were you afraid you were dying

Panic Attack
- Intense fear
- >4 of 13 symptoms
- Peaks in 10 minutes

Panic Disorder
- Recurrent attacks
- + Worry about another attack or
- Concern about implications of attack

Panic Disorder

Reaction of person and staff to the panic period:
- Feels terrible
- You have to "do something"
- Concern about heart attack
Secondary anxiety: fear of another attack
Agoraphobia: afraid to go out
**Development of Panic Disorder**

- Initial panic attack or cluster of attacks
- Panic attacks increase in frequency
- Phobias develop
- Anticipatory anxiety develops
- Medical care-seeking increases for somatic complaints
- Agoraphobia develops
- Changes in family system
- Chronic somatization

Katon, 1992 NIMH

**Panic Disorder**

- Panic
  - SSRI antidepressants
  - Benzodiazepines
  - CBT
  - Agoraphobia: fear of going out, or being outside
  - Avoidance of places or situations because of fear of having a panic attack
  - Behavioral exposure

**Panic Disorder: Treatment**

- Education: over-reactive fear circuit in the brain
- CBT
  - Attention to belief, automatic thoughts
  - Exposure in graded hierarchy
- Medications
  - SSRIs and other antidepressants
    - Start low and go a bit slow
  - Benzodiazepines—but...

**How much anxiety is too much?**

- Ability to concentrate and problem solve
- Level of anxiety

**Phobias:**

- Unreasonable fear that is so severe and so generalized that it interferes with the person’s life
- Can focus on heights, closed spaces, spiders, or anything else
- Can include social phobia, fear of people (new people)
- Generally very treatable
  - Behavioral desensitization
  - Secondary role for medication

**Generalized Anxiety Disorder [GAD]**
**Obsessive Compulsive Disorder: OCD**

- Lifetime Incidence:
  - 3-5% of adults
  - Women > twice as frequent as > men
- • 65% of women unable to hold jobs
- • 75% say it interferes with family relationships
- • 13% attempt suicide
- Many cases never diagnosed or treated
- Patients often embarrassed

**Posttraumatic Stress Disorder (PTSD)**

A. The person has been exposed to a traumatic event

B. The traumatic event is persistently reexperienced

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness

D. Persistent symptoms of increased arousal
   - (1) Difficulty falling or staying asleep
   - (2) Irritability or outbursts of anger
   - (3) Difficulty concentrating
   - (4) Hypervigilance
   - (5) Exaggerated startle response

**Dissociative Disorder**

Dissociative disorders (DD) are conditions that involve disruptions or breakdowns of memory, awareness, identity or perception. People with dissociative disorders use dissociation, a defense mechanism, pathologically and involuntarily. Dissociative disorders are thought to primarily be caused by psychological trauma.
Performance Anxiety (stage fright and worse)

Anxiety Disorders and Alcoholism

Hospitalized alcoholics
- 17% agoraphobia
- 24% social phobia
- 37% other phobic symptoms

17-28% of patients being treated for anxiety disorder also had alcoholism
- Beier et al, Reich and Chaudry

New Generation Antidepressants

SSRI
- Prozac (fluoxetine)
- Luvox (fluvoxamine)
- Paxil (paroxetine)
- Zoloft (sertraline)
- Celexa (citalopram) and Lexapro (escitalopram)

Mixed NE + 5HT reuptake blocker
- Effexor (venlafaxine) and Effexor XR
- Cymbalta (duloxetine)

Dopamine reuptake blocker
- Welbutrin (buproprion)

Presynaptic effects on NE and 5HT
- Serzone (nefazodone)
- Remeron (mirtazapine)

Cognitive Behavioral Therapy

- Treat the negative thoughts as just another habit that can be changed
- Actively teach people to redirect their negative thoughts
  - Change the "bad" tape to a "good" tape
  - Stop automatic thoughts
- Encourage activity that is not connected to depression

Benzodiazepines (Valium type medications)

- All are addictive
- All are safer than alcohol
- Prescribing benzodiazepines to someone with alcoholism runs the risk of getting the person addicted to two drugs
- Prescribe benzodiazepines to substance abusers carefully, cautiously, rarely, with clear target symptoms and collateral ways to assess for ongoing substance use