

ANXIETY DISORDER

DR. BURHAN HADI

Anxiety is a vague feeling of dread or apprehension; it is a response to external or internal stimuli that can have behavioral, emotional, cognitive, and physical symptoms.

Anxiety disorders comprise a group of conditions that share a key feature of excessive anxiety with ensuing behavioral, emotional, cognitive, and physiological responses.

Anxiety is **distinguished** from fear, which is feeling afraid or threatened by a clearly identifiable external stimulus that represents danger to the person.

Stress is the wear and tear that life causes on the body (Selye, 1956). It occurs when a person has difficulty dealing with life situations, problems, and goals.

Anxiety as a Response to Stress

In **the alarm reaction stage**, stress stimulates the body to send messages from the hypothalamus to the glands (such as the adrenal gland, to send out adrenaline and norepinephrine for fuel) and organs (such as the liver, to reconvert glycogen stores to glucose for food) to prepare for potential defense needs.

In the resistance stage, the digestive system reduces function to shunt blood to areas needed for defense. The lungs take in more air, and the heart beats faster and harder so that it can circulate this highly oxygenated and highly nourished blood to the muscles to defend the body by fight, flight, or freeze behaviors. If the person adapts to the stress, the body responses relax, and the gland, organ, and systemic responses abate.

The exhaustion stage occurs when the person has responded negatively to anxiety and stress; body stores are depleted or the emotional components are not resolved, resulting in continual arousal of the physiological responses and little reserve capacity.

Levels of anxiety

Levels of anxiety were described by Hildegard Peplau ,Anxiety has both healthy and harmful aspects, depending on its degree and duration as well as on how well the person copes with it. Anxiety has four levels: mild, moderate, severe, and panic . Each level causes both physiological and emotional changes in the person.

Mild anxiety

Psychological Responses

- Wide perceptual field
- Sharpened senses
- Increased motivation
- Effective problem-solving
- Increased learning ability
- Irritability

physiological Response

- Restlessness
- Fidgeting
- Irritability
- GI “butterflies”
- Difficulty sleeping
- Hypersensitivity to noise

Moderate anxiety

- Perceptual field narrowed to immediate task
- Selectively attentive
- Cannot connect thoughts or events independently
- Increased use of automatisms
- Muscle tension
- Diaphoresis
- Pounding pulse
- Headache
- Dry mouth
- High voice pitch
- Faster rate of speech
- GI upset
- Frequent urination

severe anxiety

- Perceptual field reduced to one detail or scattered details
- Cannot complete tasks
- Cannot solve problems or learn effectively
Behavior geared toward anxiety relief and is usually ineffective
- Doesn't respond to redirection Feels awe, dread, or horror Cries
- Ritualistic behavior
- Severe headache
- Nausea, vomiting, and diarrhea
- Trembling
- Rigid stance
- Vertigo
- Pale
- Tachycardia
- Chest pain

Panic

- Perceptual field reduced to focus on self
- Cannot process any environmental stimuli
- Distorted perceptions
- Loss of rational thought
- Doesn't recognize potential danger
- Can't communicate verbally
- Possible delusions and hallucination
- May be suicidal
- May bolt and run or totally immobile and mute
- Dilated pupils
- Increased blood pressure and pulse
- Flight, fight, or freeze

OVERVIEW OF ANXIETY DISORDERS

disorders include the following:

- Generalized anxiety disorder (GAD)
- Panic disorder
- Agoraphobia
- Specific phobia
- Social anxiety disorder (social phobia)

Cause

1. Genetic Theories Panic disorder, social anxiety disorder, and specific phobias, including agoraphobia, have moderate heritability.

2. Cortisol (Stress Hormone)

- Produced by the adrenal glands in response to stress.
- High cortisol levels can cause excessive worry, nervousness, and physical symptoms like increased heart rate.
- Chronic stress keeps cortisol elevated, leading to long-term anxiety.

3. Adrenaline (Epinephrine) and Noradrenaline (Norepinephrine)

- Released during the "fight-or-flight" response.
- Triggers physical symptoms of anxiety such as rapid heartbeat, sweating, and restlessness.
- Continuous activation of this system can lead to anxiety disorders.
- **Brain Chemistry:** Imbalances in neurotransmitters like serotonin and dopamine can contribute to anxiety.

4. Intrapsychic/Psychoanalytic Theories

Interpersonal Theory

Harry Stack Sullivan (1952) viewed anxiety as being generated from problems in interpersonal relationships.

Hildegard Peplau (1952) understood that humans exist in interpersonal and physiological realms; thus, the nurse can better help the client achieve health by attending to both areas. She identified the four levels of anxiety and developed nursing interventions and interpersonal communication techniques based on Sullivan's interpersonal view of anxiety.

INCIDENCE

Anxiety disorders are more prevalent in women, people younger than 45 years of age, people who are divorced or separated, and people of lower socioeconomic status

Generalized Anxiety Disorder (GAD)

is a mental health condition in which a person feels excessive and constant worry about everyday life events. This worry is difficult to control and continues for a long time, even when there is no clear reason. A person with GAD worries excessively and feels highly anxious at least 50% of the time for 6 months or more. Unable to control this focus on worry.

GENERALIZED ANXIETY DISORDER A person with GAD worries excessively and feels highly anxious at least 50% of the time for 6 months or more. Unable to control this focus on worry, the person has three or more of the following symptoms: uneasiness, irritability, muscle tension, fatigue, difficulty thinking, and sleep alterations. More people with this chronic disorder are seen by family physicians than by psychiatrists. The quality of life is diminished greatly in older adults with GAD. Buspirone (BuSpar) and SSRI or serotonin–norepinephrine reuptake inhibitor antidepressants are the most effective treatments

Diagnosis criteria (DSM-5)

1. Excessive Worry

The person worries too much about many things (such as work, study, family, health, or money).

- The worry happens most days
- It lasts for at least 6 months

2. Difficulty Controlling Worry

The person cannot stop or control the worrying, even when they try.

3. Physical and Psychological Symptoms

The worry is accompanied by at least 3 of the following symptoms (for adults):

- Feeling restless or nervous
- Getting tired easily
- Difficulty concentrating
- Irritability

- Muscle tension
- Sleep problems (difficulty falling or staying asleep)
 - ◊ In children, only one symptom is needed.

4. Effects on Daily Life

The anxiety interferes with daily activities, such as:

- Studying
- Work performance
- Social relationships
- Family life

5. Not Caused by Other Conditions

The symptoms are:

- Not caused by drugs or medications
- Not due to a medical problem (e.g., thyroid disease)
- Not better explained by another mental disorder

How GAD Appears in Practice (Clinical View)

Patients with GAD often:

- Worry all the time about many small things
- Expect the worst outcomes
- Complain of headaches, muscle pain, stomach problems
- Have trouble sleeping and relaxing

Important Nursing Notes

- GAD is common and treatable
- Early identification helps prevent complications
- Nurses should observe both physical and emotional symptoms
- Good communication and reassurance are essential

Panic disorder is diagnosed when the person has recurrent, unexpected panic attacks followed by at least 1 month of persistent concern or worry about future attacks or their meaning or a significant behavioral change related to them. Slightly more than 75% of people with panic disorder have spontaneous initial attacks with no environmental trigger. Half of those with panic disorder have accompanying agoraphobia. Panic disorder is more common in people who have not graduated from college and are not married. There is an increased risk of suicidality in persons with panic disorder. Studies show suicidal ideation prevalent in 17% to 32% of those with panic disorder, while one-third had a history of suicide attempts

Panic disorder is composed of discrete episodes of panic attacks, that is, 15 to 30 minutes of rapid, intense, escalating anxiety in which the person experiences great emotional fear as well as physiological discomfort. During a panic attack, the person has overwhelmingly intense anxiety and displays four or more of the following symptoms: palpitations, sweating, tremors, shortness of breath, sense of suffocation, chest pain, nausea, abdominal distress, dizziness, paresthesias, chills, or hot flashes.

Clinical Course

The onset of panic disorder peaks in late adolescence and the mid-30s.

Although panic anxiety might be normal in someone experiencing a life-threatening situation, a person with panic disorder experiences these emotional and physiological responses without this stimulus. The memory of the panic attack, coupled with the fear of having more, can lead to avoidance behavior.

Treatment Panic disorder is treated with CBTs, deep breathing and relaxation, and medications such as benzodiazepines, SSRI antidepressants, tricyclic antidepressants, and antihypertensives such as clonidine (Catapres) and propranolol (Inderal).

Nursing interventions for panic

- Provide a safe environment and ensure the client's privacy during a panic attack.
- Remain with the client during a panic attack.
- Help the client focus on deep breathing.
- Talk to the client in a calm, reassuring voice.
- Teach the client to use relaxation techniques.

- Help the client use cognitive restructuring techniques.
- Engage the client to explore how to decrease stressors and anxiety provoking situations.

Client and family education For Panic Disorder

- Review breathing control and relaxation techniques.
- Discuss positive coping strategies.
- Encourage regular exercise.
- Emphasize the importance of maintaining prescribed medication regimen and regular follow-up.
- Describe time management techniques such as creating “to do” lists with realistic estimated deadlines for each activity, crossing off completed items for a sense of accomplishment, and saying “no.”
- Stress the importance of maintaining contact with community and participating in supportive organizations.

A phobia is an illogical, intense, and persistent fear of a specific object or a social situation that causes extreme distress and interferes with normal functioning. Phobias usually do not result from past negative experiences. In fact, the person may never have had contact with the object of the phobia.

Agoraphobia In some cases, the person becomes homebound or stays in a limited area near home, such as on the block or within town limits. This behavior is known as agoraphobia (“fear of the marketplace” or fear of being outside). Some people with agoraphobia fear stepping outside the front door because a panic attack may occur as soon as they leave the house. Others can leave the house but feel safe from the anticipatory fear of having a panic attack only within a limited area. Agoraphobia can also occur alone without panic attacks.

The behavior patterns of people with agoraphobia clearly demonstrate the concepts of primary and secondary gain associated with many anxiety disorders. **Primary gain** is the relief of anxiety achieved by performing the specific anxiety-driven behavior, such as staying in the house to avoid the anxiety of leaving a safe place. **Secondary gain** is the attention received from others as a result of these behaviors.

Specific phobia, which is an irrational fear of a particular object or a situation,

- **Natural environmental phobias:** fear of storms, water, heights, or other natural phenomena
- **Blood–injection phobias:** fear of seeing one’s own or others’ blood, traumatic injury, or an invasive medical procedure such as an injection
- **Situational phobias:** fear of being in a specific situation such as on a bridge or in a tunnel, elevator, small room, hospital, or airplane

- **Animal phobia:** fear of animals or insects (usually a specific type; often, this fear develops in childhood and can continue through adulthood in both men and women; cats and dogs are the most common phobic objects)
- **Other types of specific phobias:** for example, fear of getting lost while driving if not able to make all right (and no left) turns to get to one's destination.

Social anxiety or phobia, which is anxiety provoked by certain social or performance situations, the person becomes severely anxious to the point of panic or incapacitation when confronting situations involving people. Examples include making a speech, attending a social engagement alone, interacting with the opposite sex or with strangers,

Onset and Clinical Course

Specific phobias usually occur in childhood or adolescence .

The peak age of onset for social phobia is middle adolescence

RELATED DISORDERS

Selective mutism is diagnosed in children when they fail to speak in social situations even though they are able to speak. They may speak freely at home with parents but fail to interact at school or with extended family. Lack of speech interferes with social communication and school performance. There is a high level of social anxiety in these situations.

Anxiety disorder due to another medical condition is diagnosed when the prominent symptoms of anxiety are judged to result directly from a physiological condition. The person may have panic attacks, generalized anxiety, or obsessions or compulsions. Medical conditions causing this disorder can include endocrine dysfunction, chronic obstructive pulmonary disease, congestive heart failure, and neurologic conditions.

Substance/medication-induced anxiety disorder is anxiety directly caused by drug abuse, a medication, or exposure to a toxin. Symptoms include prominent anxiety, panic attacks, phobias, obsessions, or compulsions.

Separation anxiety disorder is excessive anxiety concerning separation from home or from persons, parents, or caregivers to whom the client is attached. It occurs when it is no longer developmentally appropriate and before 18 years of age.

prominent anxiety, panic attacks, phobias, obsessions, or compulsions. Treating anxiety disorder with medication is only part of the needed approach. It is essential to teach people anxiety management techniques as well as to make appropriate referrals for therapy. This approach is far more effective than medication alone but takes time and work to yield desired results.

TREATMENT

Treatment for anxiety disorders usually involves medication and therapy. This combination produces better results than either one alone (Huppert & Foa,2017). Drugs used to treat anxiety disorders are listed in Table 14.3. p524, p 533. chapter

Cognitive–behavioral therapy (CBT) is used successfully to treat anxiety disorders.

Positive reframing means turning negative messages into positive messages. The therapist teaches the client to create positive messages for use during panic episodes.

Decatastrophizing involves the therapist's use of questions to more realistically appraise the situation. The therapist may ask, "What is the worst thing that could happen? Is that likely? Could you survive that? Is that as bad as you imagine?" The client uses thought-stopping and distraction techniques to jolt him or herself from focusing on negative thoughts. Splashing the face with cold water, snapping a rubber band worn on the wrist, or shouting are all techniques that can break the cycle of negative thoughts.

Assertiveness training helps the person take more control over life situations. These techniques help the person negotiate interpersonal situations and foster self-assurance. They involve using “I” statements to identify feelings and to communicate concerns or needs to others.

systematic (serial) desensitization, in which the therapist progressively exposes the client to the threatening object in a safe setting until the client's anxiety decreases. During each exposure, the complexity and intensity of exposure gradually increase, but the client's anxiety decreases. The reduced anxiety serves as a positive reinforcement until the anxiety is ultimately eliminated. For example, for the client who fears flying, the therapist would encourage the client to hold a small model airplane while talking about his or her experiences; later, the client would hold a larger model airplane and talk about flying. Even later, exposures might include walking past an airport, sitting in a parked airplane, and, finally, taking a short ride in a plane. Each session's challenge is based on the success achieved in previous sessions

Flooding is a form of rapid desensitization in which a behavioral therapist confronts the client with the phobic object (either a picture or the actual object) until it no longer produces anxiety. Because the client's worst fear has been realized and the client did not die, there is little reason to fear the situation anymore. The goal is to rid the client of the phobia in one or two sessions. This method is highly anxiety producing and should be conducted only by a trained psychotherapist under controlled circumstances and with the client's consent.

Nursing intervention

- Remain with the client at all times when levels of anxiety are high (severe or panic).
- Move the client to a quiet area with minimal or decreased stimuli such as a small room or seclusion area.
- Remain calm in your approach to the client.
- Use short, simple, and clear statements

- Avoid asking or forcing the client to make choices.
- Be aware of your own feelings and level of discomfort.
- Encourage the client's participation in relaxation exercises such as deep breathing, progressive muscle relaxation, meditation, and imagining being in a quiet, peaceful place.
- Teach the client to use relaxation techniques independently.
- Help the client see that mild anxiety can be a positive catalyst for change and does not need to be avoided.
- Encourage the client to identify and pursue relationships, personal interests, hobbies, or recreational activities that may appeal to the client
- Encourage the client to identify supportive resources in the community or on the internet

Mental Health Promotion

Tips for managing stress include the following:

- Keep a positive attitude and believe in yourself.
- Accept there are events you cannot control.
- Communicate assertively with others: Talk about your feelings to others, and express your feelings through laughing, crying, and so forth.
- Learn to relax.
- Limit intake of caffeine and alcohol.
- Get enough rest and sleep.
- Set realistic goals and expectations, and find an activity that is personally meaningful.
- Learn stress management techniques, such as relaxation, guided imagery, and meditation; practice them as part of your daily routine.
- Exercise regularly.
- Eat well-balanced meals.

