

# ANXIETY & RELATED DISORDERS

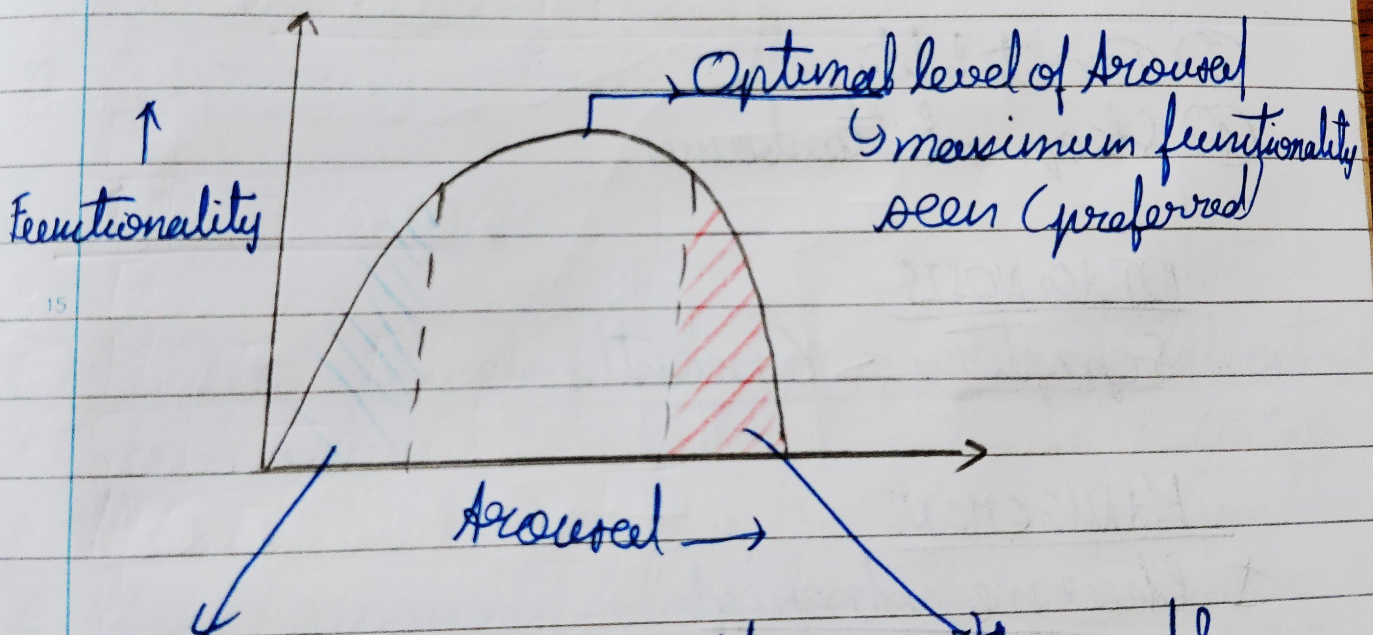
Date: \_\_\_\_\_

A healthy amount of anxiety improves performance.

Anxiety is abnormal if:

- ① Persists beyond normally expected duration
- ② Causes significant distress
- ③ Causes significant dysfunctionality

## Yerkes Dodson Curve



↓ arousal & ↓ functionality

- ① Depression
- ② Fatigue

↑ arousal & ↓ functionality  
• Anxiety disorders

## Generalised Anxiety Disorder (GAD)

- MC anxiety disorder
- Females (♀) > Males (♂)

### Symptoms

- ① Free floating anxiety → Diffuse, non-specific & persistent worry
- ② Motor tension / restlessness  
↳ Inability to relax
- ③ Irritability
- ④ Sleep disturbances

### DIAGNOSIS

- Symptoms > 6 months

### MANAGEMENT

#### ± Pharmacological

#### ① Anti-depressants

- \* SSRI (Paroxetine, Escitalopran, Sertraline)
- \* SNRI (Venlafaxine, Duloxetine)

#### ② pregabalin → specific for GAD

③ SHT<sub>1A</sub> partial agonist → Buspirone (MCO)

- Anxiolytic
- Ache

\* No sedation, addition or anti-seizure effect  
(as it has no action on GABA receptors)

### Onset

2-3 weeks to be effective.

4. Benzodiazepines

• For acute attack only

## II PSYCHOLOGICAL

① JPMR (Jacobson's Progressive Muscle Relaxation)

Technique → involves systematically TENSING  
& RELEASING Specific Muscle Groups to achieve Relaxation

② Diaphragmatic / Deep breathing techniques

• ↑ Vagal / Parasympathetic Tone



↓ Arousal

③ Guided Imagery Technique → use vocal cues to visualise scenes to aid relaxation

④ MBSRT (Mindfulness based Stress Relaxation Technique)

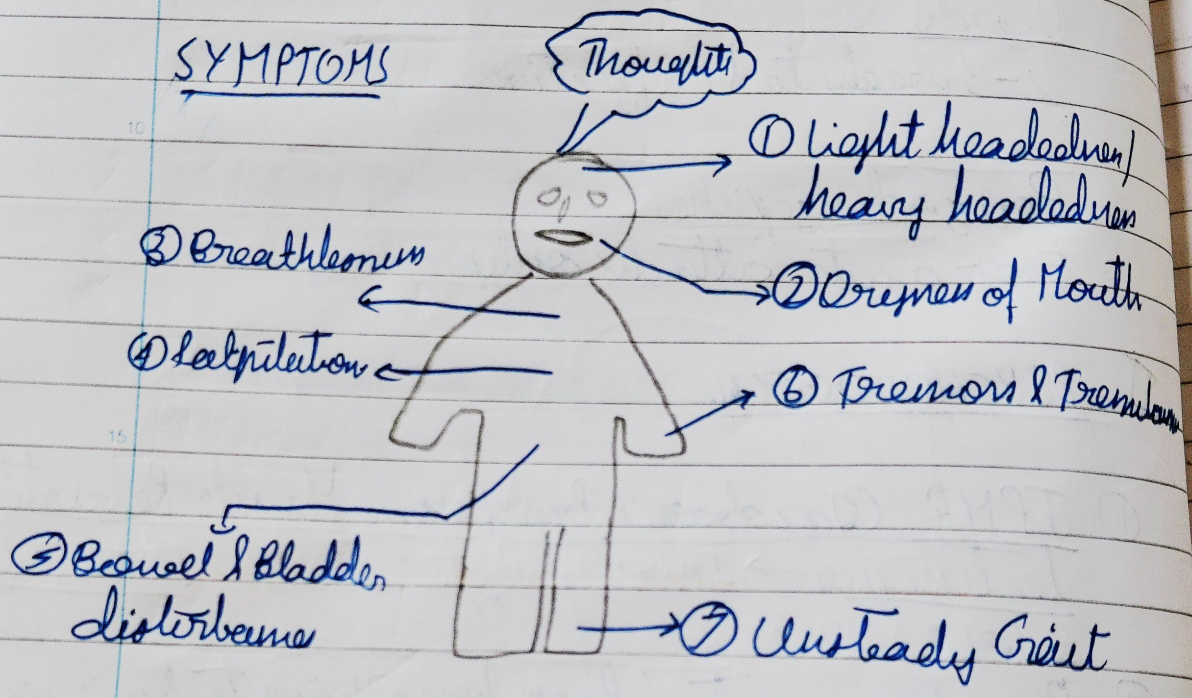
- Being present in the moment
- Being non-judgemental

### ③ Cognitive Behaviour Therapy [CBT] → Specific

#### PANIC ATTACK

Brief & intense episode of anxiety that lasts upto 5-15 minutes (can last upto 45 minutes)

#### SYMPTOMS



- ① Light headedness / Heavy headedness
- ② Dizziness of mouth
- ③ Breathlessness / Breathing difficulty
- ④ Palpitation
- ⑤ Bowel / Bladder disturbances
- ⑥ Tremors / Tremulousness
- ⑦ Thoughts
  - a) Feelings of impending doom
  - b) Feel they may go crazy
  - c) Feel they may die or have an MI.

PANIC ATTACKS CAN BE INDUCED BY

- Caffeine
- Nicotine
- Cannabis
- Cocaine
- Cholecystokinin
- ↑ CO<sub>2</sub>
- ↑ Lactate
- Antibiotics
- Theophylline
- Yohimbine
- Flumazenil

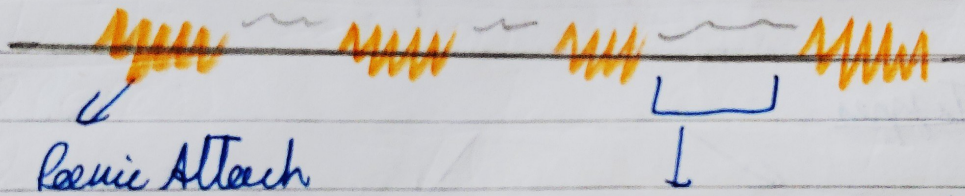
DIAGNOSIS

① Panic Attack

- an episode with  $\geq 4$  of the symptoms

② Panic Disorder

- Recurrent & de novo panic attacks  $\geq 1$  month (w/o a stressor).



ANTICIPATORY ANXIETY (in between attacks)

Constant fear of next attack

AGORAPHOBIA

Anxiety in unfamiliar environments where they have little or no control.

Secluded & Home-bound

Date: \_\_\_\_\_  
Management

1. Acute Attacks

Benzodiazepines

- use temporarily
- risk of habit formation & addiction

- use with Propranolol to decrease physical agitation.

MOST ADDICTIVE → NIETRAZEPAM

2. SSRIs

3. SNRIs

4. Relaxation techniques

15 PHOBIA

Irrational & excessive fear

Types

Generalised

Specific

Generalised Phobia

AKA Social Phobia / Social Anxiety Disorder

Constant fear of:

- a) Negative scrutiny / evaluation by others
- b) Negative outcomes
- c) Embarrassment

LEADS TO

- a) ↓ (low) Self Esteem
- b) Depression
- c) Alcohol & Substance Use Disorders

Rx

1. SSRIs
2. Acute

Specific

Types

- ① Bliss
- ② Anim
- ③ Nest
- ④ situ
- ⑤ oth

15 Men

I Pha

① Spe

\* B-

\* B2

II Pha

① E

②

- R
1. SSRIs
  2. Acute attacks → BZOs in bouts of extreme anxiety

## Specific Phobias

Types: **BANJO**

- ① Blood Injection (Blood, Surgeries)
- ② Animals
- ③ Natural (Water, Heights)
- ④ Situational (Elevator, Flights)
- ⑤ Others (Miscellaneous)

## Management

### I Pharmacological

- ① Specific Phobias
- \* B-blocker (Propranolol) → for physical agitation
- \* BZOs (eg: Clonazepam) → for mental agitation

### II Psychological (Behavioural) Techniques

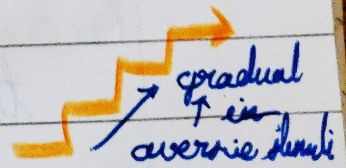
#### ① Flooding

- Sudden exposure to aversive stimuli
  - Used if indication is immediate as it's ~~not~~
- ONE-SHOT EXPOSURE

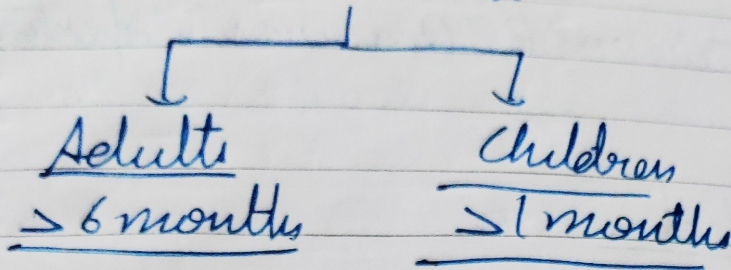
#### ② Systematic Desensitization Technique

- list & grade aversive stimuli

↳ Gradual Exposure + Relaxation Techniques



Date \_\_\_\_\_  
Separation Anxiety Disorders  
Occurs in



usually d/t separation from 1<sup>o</sup> caregiver

Features

Failure to develop object constancy  
at 2-3 years

↓  
Childhood: Anxiety of Separation from  
primary caregiver  
(Insecurity, hesitancy to attend school)

↓  
Adulthood: Chippy, insecure & suffocating  
relationships

Treatment

1. SSRIs
2. Psychotherapy

• Cognitive Behaviour Therapy (CBT)

↓  
to help develop healthy relationships

# SELECTIVE MUTISM

- Inability to speak in specific situations or to specific people, persisting > 1 month

Age of Onset: 3-5 years

Cause: Social Anxiety

## Management

1. Play Therapy
2. Psychotherapy