

ANXIETY DISORDERS

WHAT ARE ANXIETY DISORDERS?

Anxiety disorders are the most common psychiatric disorder. They affect 15-20% of the population, occurring more often in women than in men. Most anxiety disorders begin between childhood and early adulthood, although they can also occur at older age. Often anxiety disorders are accompanied by other mental disorders e.g. substance abuse, depression or by physical disorders.

Anxiety disorder is a compound name referring to a group of disorders, namely:

- Panic disorder
- Social anxiety disorder
- Obsessive-compulsive disorder (OCD)
- Generalized anxiety disorder (GAD)
- Post traumatic stress disorder (PTSD)
- Specific phobia
- Hypochondria

Although the different disorders have different expressions of symptoms, they all have in common an excessive, irrational fear. Many people will at some point in their lives experience a period of excessive irrational fear, but we only speak of an anxiety disorder when the symptoms are severe, last for a significant amount of time and interfere with a person's ability to lead a normal life.

In the following paragraphs will go through the different types of anxiety disorders.

TYPES OF ANXIETY DISORDERS

1. PANIC DISORDER

Having a panic attack is different from a panic disorder. People with a panic disorder suffer from sudden, repeated panic attacks. The attacks are unpredictable and unlinked to a specific situation (as in specific phobias). In between the attacks they are apprehensive and afraid for a next panic attack. It is often the case that patients develop a fear for going to (busy) public places, because they fear having a panic attack there and the possibility of having difficulty getting away. They tend to avoid these places and in the worst case avoid going outside at all. This fear for public places is called agoraphobia.

But what is a panic attack? We speak of a panic attack when there is a sudden and intense fear which reaches a peak within 10 minutes. The fear is characterized by a fear of losing control, going mad or a fear of something disastrous happening, even though there is no real danger. The attack is accompanied by physical symptoms e.g. a pounding or racing heart, sweating, shortness of breath or feeling you will suffocate, dizziness, feeling hot or chilly, tingling of the hands or numbness, trembling, pain in the chest or

stomach, ringing of the ears, etc. It in a lot of ways a panic attack resembles having a heart attack. It is therefore understandable that people often seek medical help when they have experienced such an attack. Several other anxiety disorders can result in having a panic attack, but in those cases the attack is triggered by a known stimulus like heights when suffering from a specific phobia for heights or social occasions when suffering from a social anxiety disorder.

2. SOCIAL ANXIETY DISORDER

Social anxiety disorder or social phobia can consist of a fear in one specific situation, like talking in public, but can also be more generalized and occur in different social situations. Mostly these are situations in which one is expected to function socially or to perform. Also situations in which one could be criticized by others or made fun of, resulting in looking silly due to visible anxiety.

There is an intense fear of shame or being humiliated. Confronted with the fearful situation they will experience intense fear which could lead to a panic attack. Symptoms may include blushing, shaking hands, nausea or the urgent need to go to the toilet. People suffering from this disorder are aware their fear is exaggerated and unreasonable, but will still avoid these situations as much as possible. The avoidance starts to be more and more profound, eventually interfering with daily life.

3. OBSESSIVE COMPULSIVE DISORDER (OCD)

With OCD recurrent obsessive thoughts and/or compulsions are the main problem. Obsessions are repetitive, persistent thoughts or images which cause anxiety. These thoughts or images are perceived to be involuntary, but still a product of one's own mind. The compulsions are repetitive and seemingly useful actions, which are executed according to specific rules and in a stereotypical manner. The effect of these actions is to neutralize tension or to prevent seemingly threatening situations or events from happening. The patient suffers from these symptoms as they can take up a considerable part of the day, or lead to significant dysfunction.

4. GENERALIZED ANXIETY DISORDER (GAD)

People with a GAD are always nervous and tensed. They worry excessively about multiple small, insignificant daily occurrences and have difficulty controlling their worries. Due to this they experience several of the following symptoms: difficulty concentrating or remembering, symptoms related to high muscular tension, irritability, restlessness, sleeping problems, fatigue, etc. The extent of these symptoms leads to problems functioning on a social or profession level.

5. POST TRAUMATIC STRESS DISORDER (PTSD)

PTSD is a consequence of experiencing a traumatic event in which a person has been faced with death, severe injury, or in which ones physical integrity has been threatened. The experience was accompanied by an intense fear, helplessness or horror. Examples are robberies with violence, rape, abuse, natural disasters, war, witnessing an accident or shooting, etc. Symptoms that occur are re-experiencing the event in the form of terrifying dreams or reoccurring memories and flashbacks. There is a tendency to avoid things or places that are related to the event. In some instances there is numbing of one's response concerning related topics. When subjected to circumstances resembling the trauma or aspects of the trauma there is intense mental suffering. Symptoms of increased tension e.g. agitation, loss of temper, frightfulness, problems concentrating, problems sleeping, vigilance, etc. tend to linger for a long period of time. There is often a feeling of detachment or being estranged from others, difficulty showing affection and negative expectations concerning the future.

6. SPECIFIC PHOBIA

When there is an irrational fear for an object or specific situation we consider that a specific phobia. This relates to fear for certain animals, heights, seeing blood, injections, flying, confined spaces etc. Exposure to the frightening stimulant results in, an increased physical arousal and sometimes to a full blown panic attack. With the blood phobia, the physical arousal is quickly followed by a decrease of heart beat and blood pressure, which can lead to fainting. It is important to know this to avoid accidents.

In most cases people are very much aware of their phobia and avoid situations or objects they are afraid of. But in some cases avoiding the stimulant interferes with their functioning at work, school or in their social life.

7. HYPOCHONDRIA

People suffering from hypochondriasis, interpret harmless physical sensations as possible signs of a serious disease. They are preoccupied with the fear or the conviction of having this disease and the preoccupation remains present after adequate medical evaluation and reassurance. The preoccupation is so extensive that they are unable to focus on work, school or have a normal social life.

CAUSES OF ANXIETY DISORDERS

Like other mental and physical disorders, anxiety disorders seem to be a result of genetical, developmental and environmental factors. These factors influence the brain and how it functions. Genetical factors determine how the brain is built. But, more and more we are finding out that the brain and it's functioning is influenced by the way we are brought up (e.g. how you were raised to react in fearful situations) and our environment, the things we experience (e.g. trauma's). In anxiety disorders the main parts of the brain that seem to play a key role are the amygdala and the hippocampus. The amygdala plays a role in processing fear signals and triggering a fear response and it uses memory stored in the hippocampus to do this. Unraveling why the amygdala triggers fear signals, even when there is no real fear and how to influence this is still very much a subject of ongoing research.

DIAGNOSIS OF ANXIETY DISORDERS

People who experience anxiety often have symptoms that fit into more than one category of anxiety disorder and as mentioned earlier, they could have other coinciding mental or physical disorders. When diagnosing an anxiety disorder it is important to explore these possibilities. That means a broad and thorough assessment of symptoms, not only mental symptoms, but physical symptoms as well. It is important you inform your doctor of all your symptoms even if it seems unrelated, previous conditions and any medication you are taking. Through the assessment the doctor will be able to diagnose if you have an anxiety disorder and which type. In some cases a questionnaire could be used. There are several standardized questionnaires available for the different anxiety disorders. Some questionnaires are available online. Not all online questionnaires have been tested and approved for properly diagnosing the different disorders. A doctor experienced in treating anxiety disorders, could advise you on which tests to take.

TREATMENT OF ANXIETY DISORDER

There are two main options for treating anxiety disorders: psychotherapy, medication or a combination of both.

The form of psychotherapy used for anxiety disorders is cognitive behavioral therapy (CBT). The therapy uses cognitive methods (discovering errors in thought, generating rational thoughts, etc) and behavioral methods (relaxation techniques, exposure, and rehearsal) to reduce anxiety and one's reaction to it. Clinical trials show that CBT is as effective, if not more effective as medication in treating anxiety. The relapse rate is lower once the treatment has ended and there are no side effects as experienced with medication. The down side of CBT is that commitment to the therapy is essential, which means a significant investment of time and effort and it takes longer for the patient to experience a decrease in anxiety.

Medication is mostly used when the anxiety disorder is so severe that the patient is unable to benefit fully from psychotherapy or when the anxiety disorder is accompanied by a depression. In those cases the patient will be prescribed medication first, but would still be advised, when doing better, to follow psychotherapy.

The main groups of medication used are the antidepressants, anti-anxiety drugs and beta-blockers.

Anti-depressants were developed for depression but, as more research was done, were found to also be effective for anxiety disorders. The selective serotonin re-uptake inhibitors (SSRI's) are the most prescribed anti-depressants for anxiety disorders. For some anxiety disorders several tricyclic anti-depressants (TCA's) have also been proven to be effective. A third group of anti-depressants used for anxiety disorders are the monoamine oxidase inhibitors (MAOI's). The common factor all these anti-depressants have is that they take several weeks to reach their full effect.

The other group of medication used in anxiety disorders is the anti-anxiety drugs. These are benzodiazepines e.g. clonazepam, lorazepam, alprazolam. These drugs target the anxiety and work quickly unlike the anti-depressants. They are generally only prescribed for short periods of time as their effect reduces. A patient will need higher and higher doses to get the same effect, this is called tolerance. Tolerance can lead to an addiction when the patient starts to feel that they are unable to do without the medication and start finding excuses to keep taking the medication.

Finally, the beta-blockers also used for high blood pressure and heart conditions, can be used to prevent physical symptoms of anxiety. It is mainly only prescribed for social phobia that occurs in specific predictable conditions, like performing or giving a speech.

In the case of alcohol abuse or other substance abuse and anxiety symptoms, treatment needs to be focused on resolving the abuse first, as the symptoms of abuse may mimic an anxiety disorder. It is also known that substance abuse disorders increase the risk of developing an anxiety disorder.

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