Basics of Mental Health and Clinical Psychiatry
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Lecture 17
Anxiety Disorders - I

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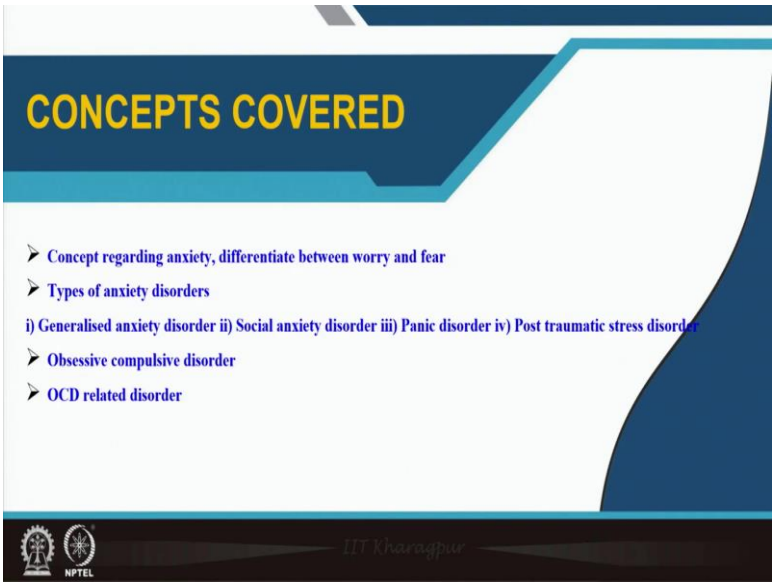

Hello everyone, let us start lecture number 17 Anxiety Disorders Part 1. So, the topics which we will be covering is concept regarding anxiety, how to differentiate worry and fear, types of anxiety disorders, generalized anxiety, panic disorder, specific phobia, post-traumatic stress disorder, obsessive compulsive disorder and OCD related the obsessive compulsive disorders related disorders.

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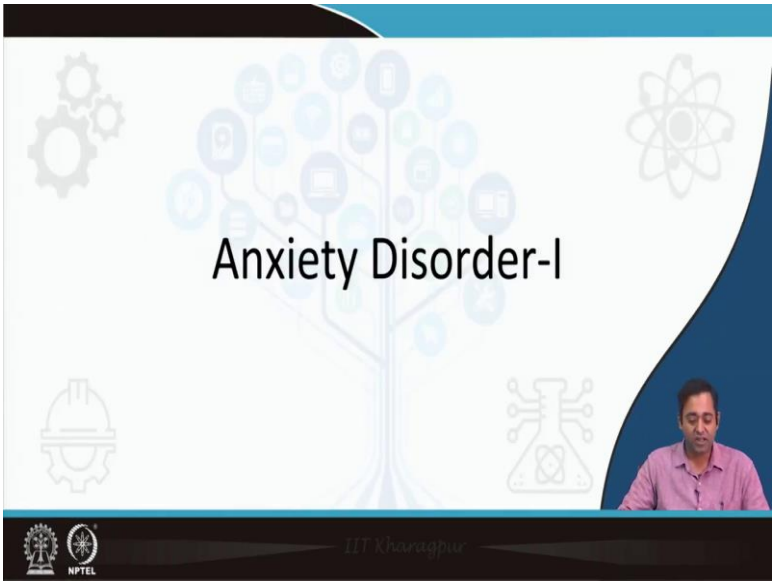

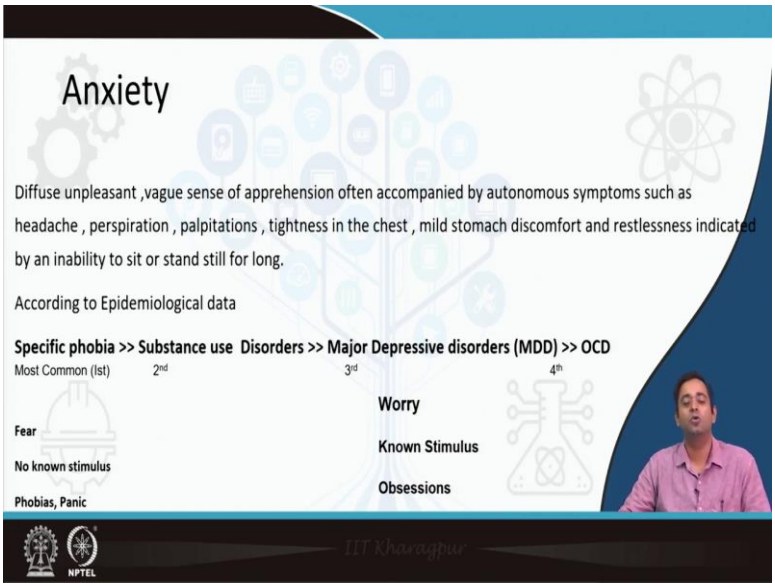

Now, we have actually experienced anxiety, every one of us. And there are some subtle differences, what we actually come across is that anxiety is been perceived our being blurred the word has been blurred by the normal people. So, this anxiety is resulting from two specific word that is fear and worry, they are resulting into like manifesting into anxiety. Now, what is fear and what is worry?

Now, fear is something when there is no known consequences but actually you actually know idea of what is going to happen and worry is when you have actually experienced something in the past and you do not want that thing to happen again. So, there you have no known stimulus and here you have a known stimulus which is present.

So, anxiety as defined is a diffuse unpleasant vague sense of apprehension often accompanied by autonomic symptoms such as headache, perspiration, that is sweating, palpitations, tightness in the chest, mild stomach distress and discomfort, restlessness and indicating by an inability to sit or stand straight for a long time.

Now, there are some epidemiological data is available that anxiety disorders that is why since anxiety is most commonly prevalent psychiatric illness around that is why we tend to get to see those cases more often. In terms of anxiety disorders, the specific phobias are the ones which are most commonly seen. The second most commonly seen illness is a substance related use disorder. Third is depression, major depressive episodes. And the last is that is fourth most common is for OCDs.

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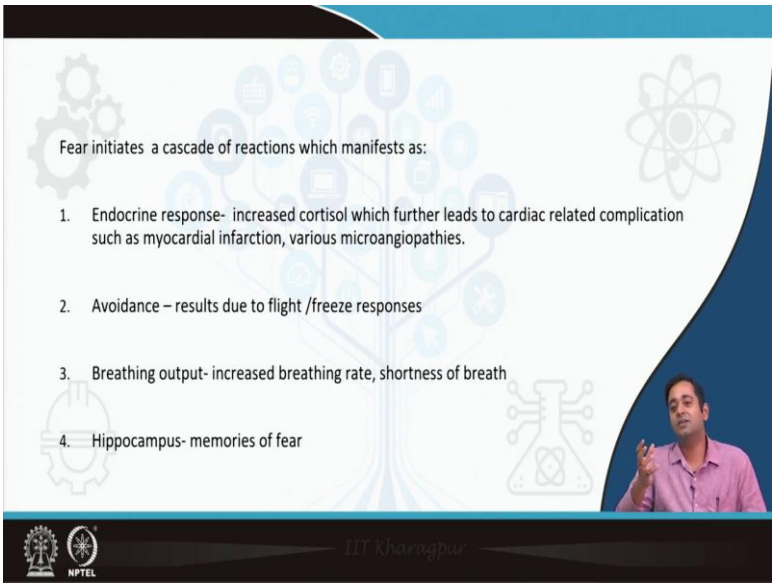

Now, what actually happens when there is a fear, a fear cascades, it initiates a vicious cycle, a cascade of reactions. In terms of endocrinal responses, it will give rise to increased cortisol from the corticot-releasing hormone from hypothalamus from pituitary gland, which further complicates and gives rise to situations as myocardial infarction or ischemic heart diseases or various microangiopathies.

So, that is why there is when you consider fear and worry, the fear is when you have no known consequences and worry is when you actually know that is why you tend to avoid, so avoidance it results into flight and freeze responses. How are they like, what is the other related phenomena which is manifested when you are actually fearful?

There is decreased breathing rate, you tend to, there is increased breathing rate you tend to become you are having shortness of breath. So, when you are associated with fearfulness. So, how this, how is the memory of fear is being stored? It is stored in the hippocampus of your brain.

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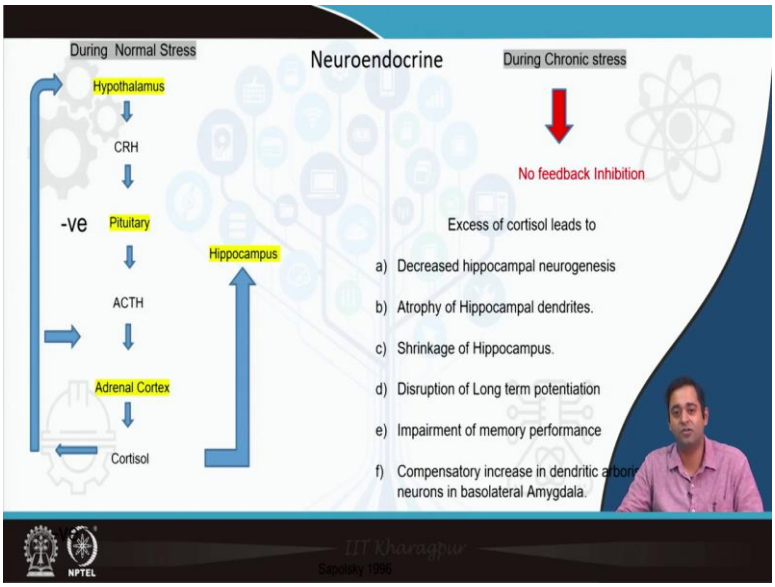

Now, what happens how is fear manifested, during normal stress hypothalamus, it gives impulses to corticot-release hormone. And it gives further impulses to pituitary gland to secrete ACTH that is adrenocorticotrophic hormone and it give rise to adrenal cortex. It gives signals to adrenal cortex whereby it secretes cortisol in response to stress. And there is a negative feedback mechanism which actually stops the secretion of cortisol by giving signals to hippocampus again that now the patient is having like a is count, the person is able to counteract those condition with the help of this feedback loop. And so, cortisol levels are decreased or give rise or comes to a normal level.

But when there is chronic stress, this feedback mechanism is actually aborted is stopped. So, this leads to hippocampal neurogenesis, atrophy of hippocampal dendrites, shrinkage of hippocampus, disruption of long-term potentiation, impaired memory performance and compensatory increase in dendritic arborization of neurons in amygdala.

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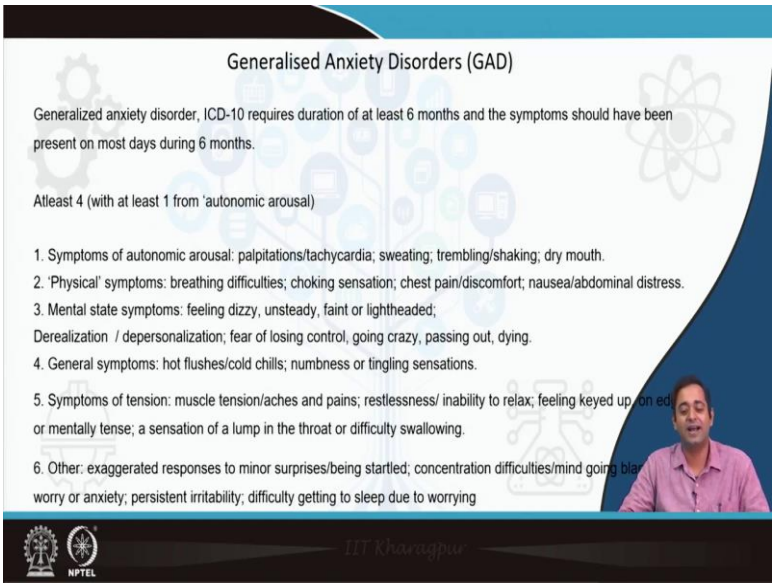

Now, what is generalized anxiety disorder? Now, generalized anxiety disorders are ones in which you have preferentially autonomic symptoms in the form of tachycardia or giddiness, sweating. You have mental state symptoms like dizziness, unsteadiness, gait, lightheadedness. General symptoms in the form of hot flashes, numbness, tingling sensations, some muscle tension is their aches and pains, restlessness in your ability to relax. Now, there is pervasive free-floating anxiety present in the patient. So, there is no specific link to the situation, this anxiety is present whole day and it is present for most days during the last 6 months.

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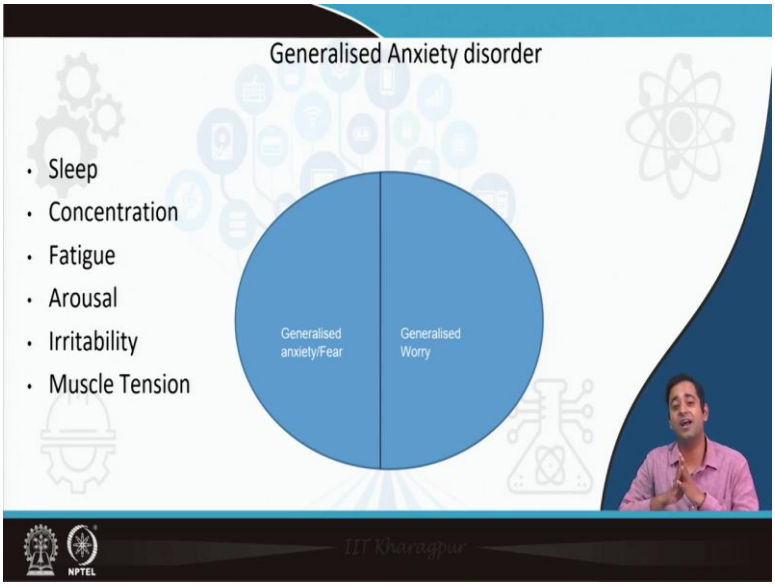

So, this particular generalized anxiety disorder is having two basic domains. Now, you have generalized fear, anxiety and as well as generalized worry. So, both things work in tandem, once you have like these are the disorders in which the patient actually has both the things like they have actually suffered in the past and they have those fear of what will happen in the future. So, that is why there is free floating anxiety. And associated with problems of sleep wake cycle, they are not able to concentrate, there is the person becomes weak, their appetite decreases, there is irritability, muscle tension, and all.

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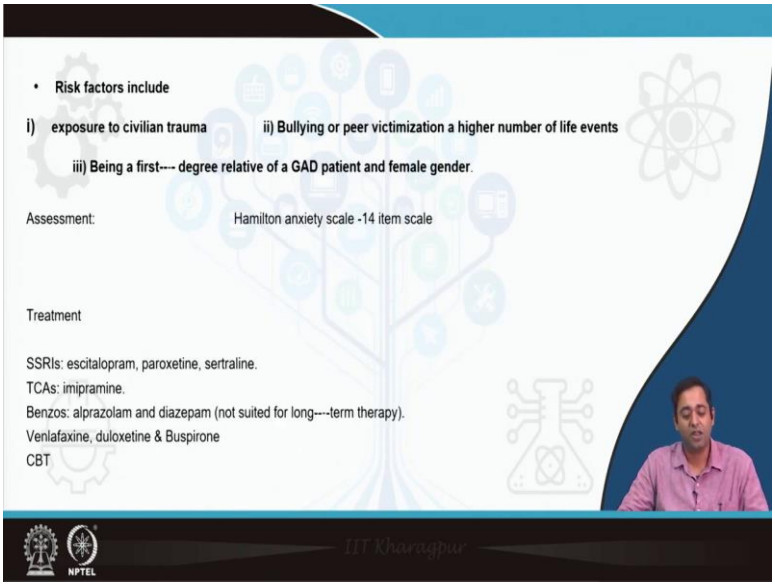

Risk factors. In like, in the early ages, there can be bullying or peer victimization by hand or related life events like they can be divorced, you are going for a new job, you are attending school for the first time, you are going for a marriage, you are having childbirth, like these all kinds of life events, they also can give rise to GAD.

First, degree relative that is your son might suffer from this if the father was suffering, your brother might suffer from this if the daughter was suffering, your mother might suffer from this if your son if the previous generation they were having this kind of symptoms. So, this anxiety is actually assessed in the form of scales.

Since, we do not have any investigation, blood investigations or (())(07:31) investigations which can approve that this particular person is suffering from GAD. It is assessed in the form of, the assessment is done in the form of quantification of the illness, (())(07:43) psychiatric illness, this is by Hamilton anxiety scale. What are the treatment?

Treatment is basically by selective serotonin reuptake inhibitors escitalopram, serotonin, paroxetine, and TCS also that is tricyclic anti-depressants. At times benzodiazepines are given in order to counteract the agitation and anxiety which is free floating which is present for most of the day. So, for that, the benzodiazepines are given. But the duration which is being prescribed is not for too long. And the last is with the help of CBT is like cognitive behavioral therapies.

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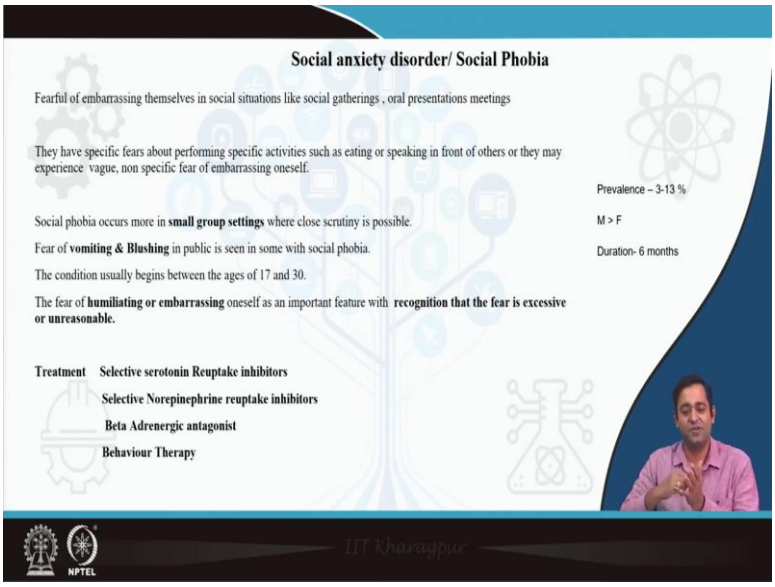

And what is social phobia? Social phobia is the fear that the person might not be able to perform in the dice, in front of a group of people. So, this actually differentiates sometimes people might get confused with social phobia and specific phobias, social phobia is when you are in that very situation and specific phobia is when you are fearing from the situation. Now, what are those situations?

Fear from water, fear from heights, fear from dogs, fear from cats, from dirts and germs, fear from closed spaces. So, you need to differentiate specific phobia and social phobia from these two entities has to differentiate it. So, one is fear in the situation and one is fear of the situation. Now, basically, anxiety disorders, the broad if you speak broadly, the treatment is basically SSRIs, TCS and behavior therapy.

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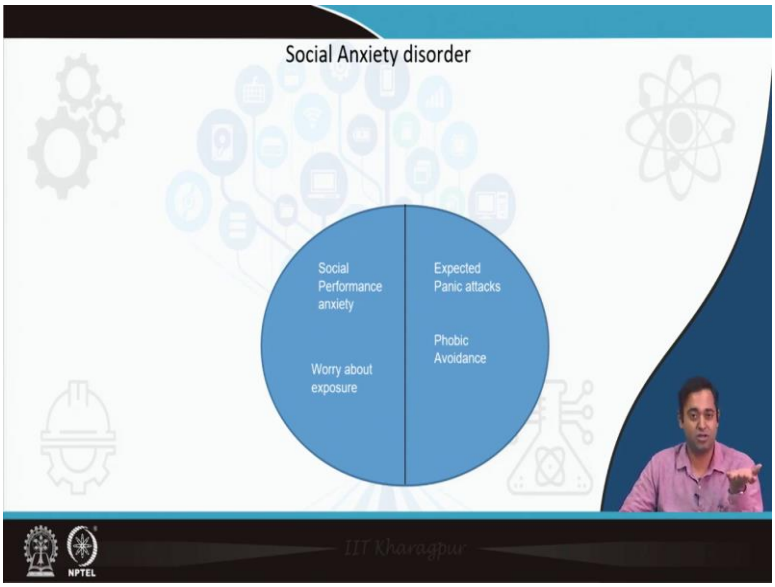

In social anxiety disorder, as I told you, since there is a fear, so there has to be avoidance, you do not want yourself to get exposed to that situation, that circumstances. That is why you tend to avoid, you tend to, you tend to stop from going in those particular situations. There is there is avoidance, you do not want to experience the single kind of symptoms which you had experienced in the past. That is why the patient actually avoid those kinds of symptoms.

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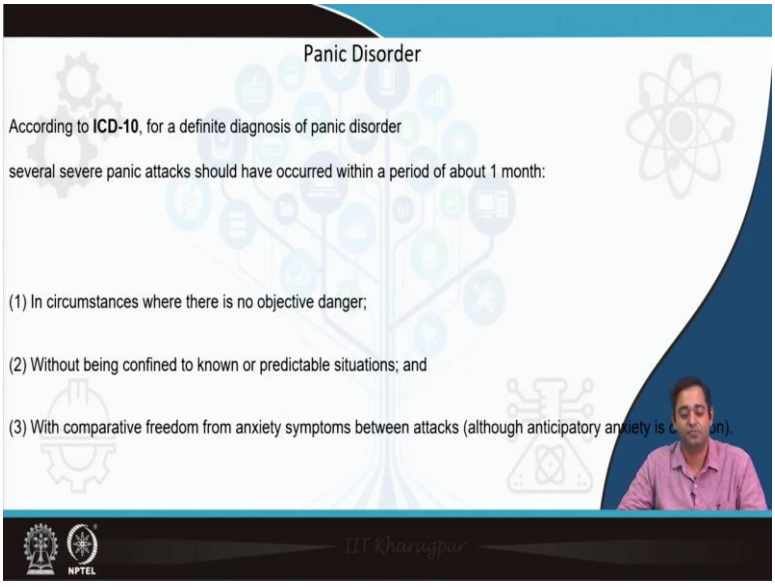

Now, what is panic disorder? Panic disorder, is when you have several episodes of panic attacks. Now, there is a difference between panic attack and panic disorder. Panic disorder is where you have several panic attacks should have occurred within a period of 1 month. In circumstances when there is no objective danger like for normal people, this is not a problem,

but for persons who is suffering from panic disorder, they might feel this is a very big problem for them.

And without being confined to an old or predictable situations. So, like, if you are like walking on the streets, for normal persons, there is no fear as such, but for a person who is suffering from panic disorder, they might feel a car can come from back side and hit them or bus or a truck can come from front and they can hit them. So, they are always in that panicky kind of, they are always stressed up.

And with competitive freedom from anxiety symptoms between appetite. So, there is anticipatory anxiety. Now, what is anticipatory anxiety? That those symptoms, those kinds of experiences, which actually the patient had suffered in the past, they anticipate that this might again happen. So, that is why there is anticipated anxiety.

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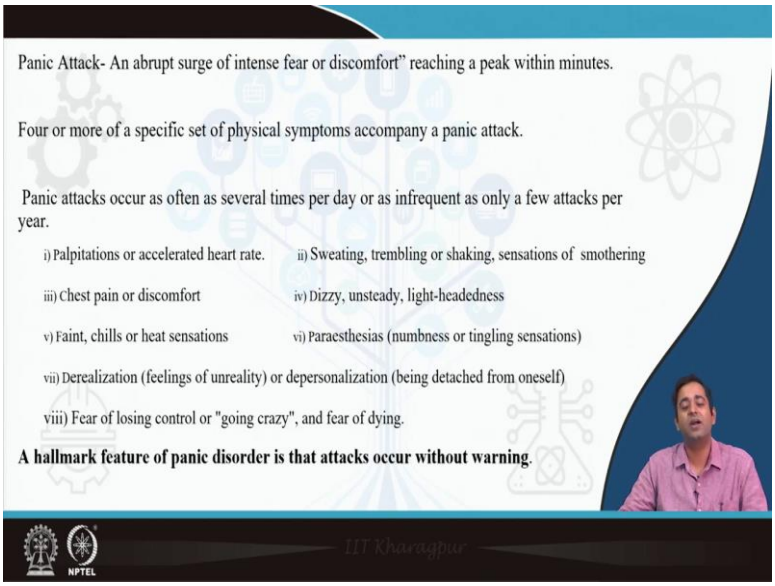

And as I was telling you, in panic disorder, you have several episodes of panic attacks. Panic attacks is an abrupt sense of fear or discomfort reaching a peak within minutes four or more of a specific criteria that for physical symptoms accompany a panic attack. These are palpitations that is increased heart rate, chest pain discomfort, faint, chills, heat sensations, feeling of derealization that what is the like, at this very moment whatever I am perceiving whatever I am feeling is not real, or depersonalization or derealization detach from oneself, I am not aware where am I sitting? I am not aware, where am I going?

So, you are being secluded from the environment. And the hallmark feature of this panic disorder is that attacks they occur without warning. That is why they tend to have those kinds of fear.

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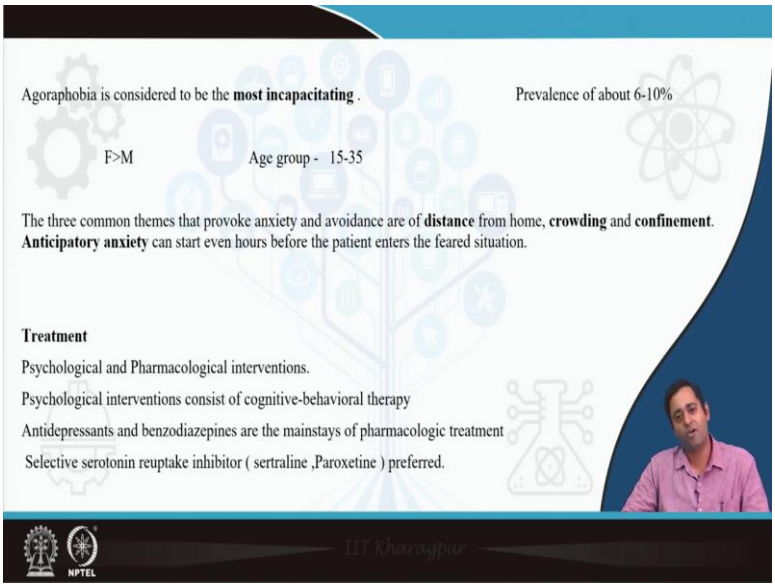

Now, associated with panic attacks, you have, panic order, you have agoraphobia. Agoraphobia is called fear of marketplaces, open spaces when you are traveling in bus, when you are traveling tram, stations, platforms, all those kinds of, when the escape from those situation is not possible, they feel that they might die, they might choke out or there can be respiratory arrest.

So, there is no one who can help them out. That is why they fear of this phobia. There is this phobia which is called agoraphobia. Now, the treatment is with the help as I told you, all anxiety disorders, all these kinds of things, they have a broad treatment now. They are treatment with SSRIs and low dose benzodiazepines also. Psychological interventions are with the help of cognitive behavioral therapy.

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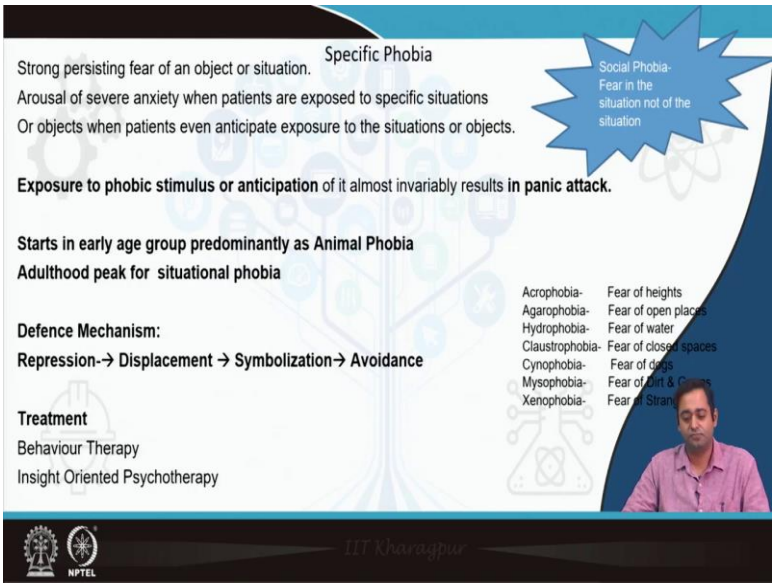

Now, what is specific phobia? Specific phobia was how you differentiate with social phobia. Specific phobia is when you are having fear of the situational. Arousal of civil anxiety when patients are exposed to specific situations or objects. When patients even anticipate exposure to the situations or objects. Exposure to phobic stimulus or anticipation of it almost invariably results in panic attack. It starts in early age group predominantly has animal phobia and an adult it leads to situation phobia. The treatment is behavior therapy and insight-oriented therapy.

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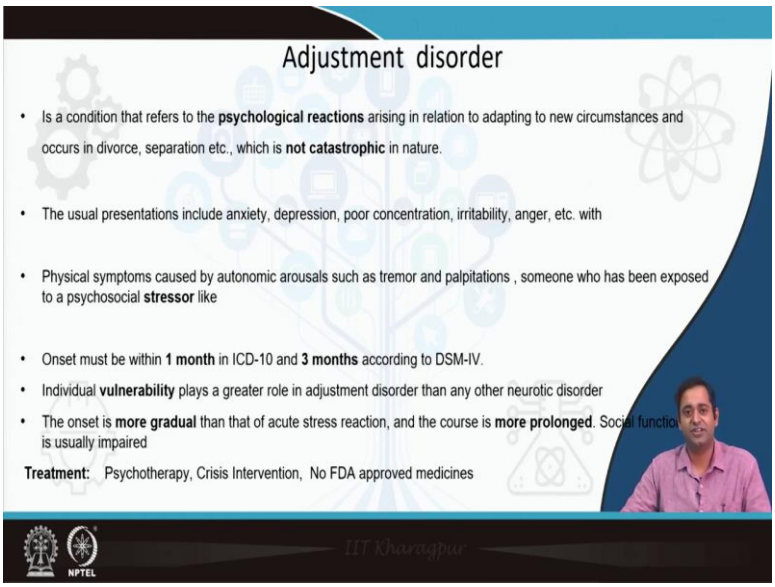

What is an adjustment disorder? It is actually refers to a psychological conditions when they can arise due to circumstances when you are near and loved ones there is death of those near

and dear loved ones you are going and going for a new job when you have new sort of association a new sort of environment you are not accustomed with, so you might face problems of adjustment.

This adjustment disorder can also happen when you have life events coming around, like you are going for a new place of job or you are going for marriage or there is a childbirth. So, the person does not, the patient is, the person is not able to adjust with the changing life changing events. They present in the form of anxiety, depression, poor concentration, irritability, anger. Physical symptoms are associated with autonomic arousal like tachycardia and postural giddiness that is decrease blood pressure tremors.

So, onset must be within one month all those symptoms with the patient is presenting should be within one month and within three months if like both the diagnostic criteria is given by both the classification systems they differ in terms of duration, three months by DSM and one month by ICD. Individual vulnerability plays a greater role in adjustment disorder than any other neurotic disorder. The onset is more gradual than that of acute stress reaction and the course is more prolonged. Treatment is psychotherapy, crisis intervention, and there is no FDA approved medicines as of now, for this condition.

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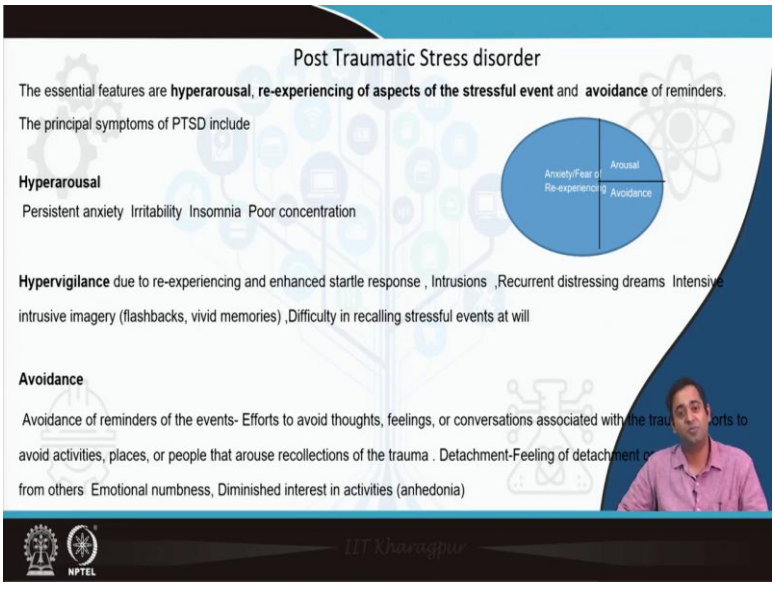

What is post-traumatic stress disorder? Post-traumatic stress disorder basically has three features which is most commonly seen. First is hyper arousal, second is re-experiencing of those events in the past which the patient has suffered from an avoidance of those reminders. Now, what are these, how is the hyper arousal symptoms being manifested as persistent,

anxiousness, apprehensiveness of the situations or of the events with the person might have experienced. There is sleep related issues and poor concentration.

They become hyper vigilant due to re-experiencing and giving a sense of startle, they become surprised. Recurrent distressing kind of dreams and intrusive imagery, you can have visual images of those painful experiences which the person might have suffered or experienced in the past. And there is difficulty recalling those stressful events. This is actually a defense mechanism also, patient represses those events, those memories, which the person actually faces because of those painful memories with the person was suffering from.

And lastly, there is avoidance, avoidance of the reminders of the events, efforts to avoid those thoughts, those feelings, those conversations associated with the trauma and efforts to avoid those activities, places or people that give rise to recollections of the trauma. So, there can be situations you can take an example of a person who, a female, a 25-year-old female who had a near drowning experiences some 5 years back when she was 20 years old, along with her family members, so 30, 5 to 10 years after that, she does not want to go out for swimming.

Because of those PTSD, those avoidance those intrusive visual images, those hyper arousal states with the female who was re-experiencing from last 5 to 7 years, she does not want to go out for swim, because whenever she sees the blue water or green water, or a lake nearby or a river, those memories those painful memories of being with the parent even though being with the parent, your supportive role, she was not able to save herself, she was, she actually had a near drowning experience.

So, just by seeing the water or just by hearing the word water, those memories they are being revisited. So, she tries to ignore the conversations were the conversations of river or diving or swimming, wherever the people are talking about she tries to avoid those common conversations.

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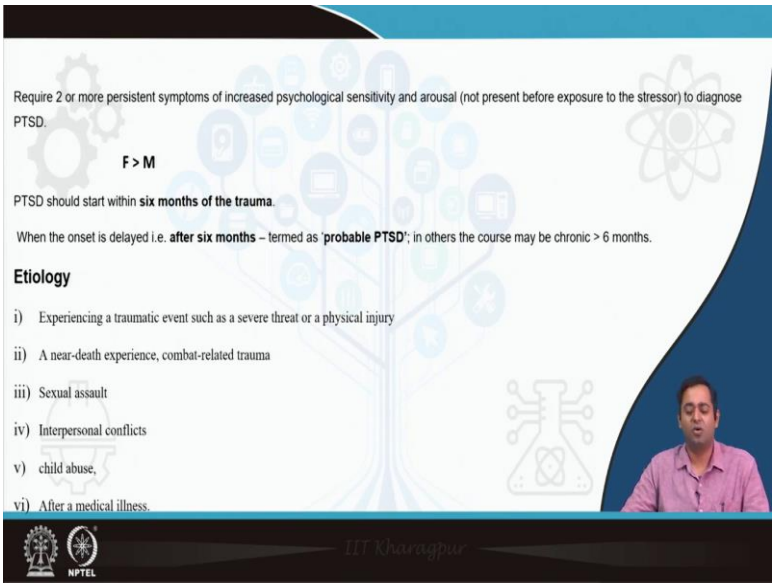

Now, require two or more persistent symptoms of increased psychological sensitive arousal. Now, these are not present before exposure to the stressor to diagnose PTSD. Females are commonly seen to have these kinds of psychiatric illnesses. And PTSD should start within 6 months of the identified stressor of the trauma. What can be the etiologist? A traumatic event, a catastrophic event, near death experiences, sexual assault, interpersonal conflicts, child abuse, or after a medical illness also.

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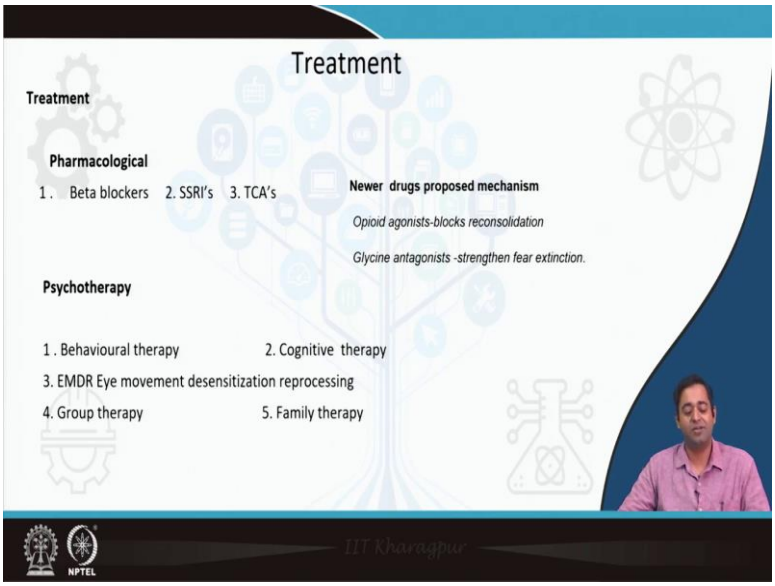

What are the treatment modalities available? Pharmacological treatments are beta blockers, SSRIs, that is selective serotonin reuptake inhibitors, and tricyclic antidepressants. Newer drug mechanisms are being proposed nowadays like over agonist they tend to block

reconsolidation of the memories that is why there are drugs which proposes or belief to have those effect in reducing the painful memories which the patient might be experiencing.

And there can be substances which strengthen the fear extension. In order to forget those painful experiences, there are also available drugs, like glycine antagonists, which have been recently developed on the trial phases as of now. In terms of psychotherapy, you have behavior therapy, cognitive therapy, eye movement desensitization reprocessing, group therapy and family therapy.

Now, in EMDR, that is eye movement desensitization reprocessing, the patient is asked to maintain eye contact and the therapist tries to move the fingers in front of the person who is suffering from PTSD and at the same time ask to remember those past painful experiences which the patient might have suffered from. So, this is where they try to avoid those painful experiences and counteract those painful experiences associated with relaxation.

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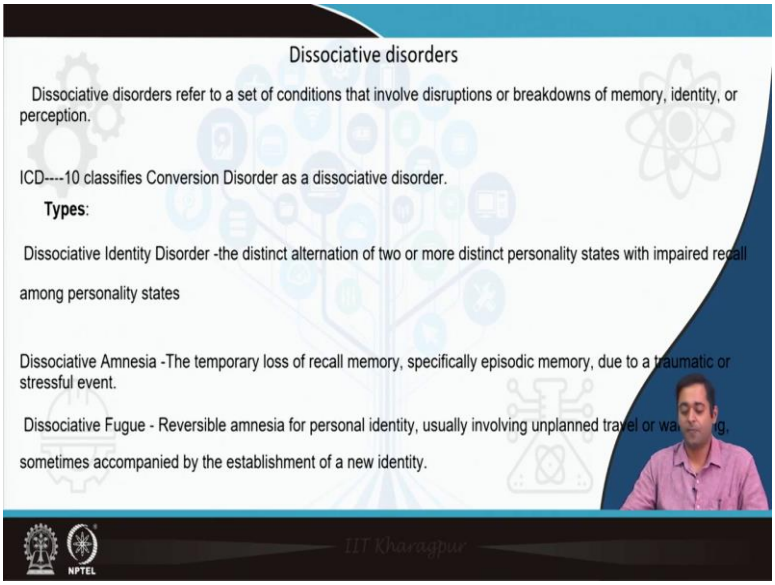

What are dissociative disorders? Dissociative disorders refer to set of conditions that involve disruptions or breakdowns of memory, identity or perception. Now, as the word tells dissociation, now, this dissociation means there is segregation of your human psyche from your soul.

Now, this is being manifested in a form of dissociative memory, where you tend to forget your name, where you are, where you belong from, which class you are in reading, where do you work, then there can be dissociative identity you forget to, you tend to forget your whole identity, which race you belong from which family you belong from, which place you belong

from, where do you work or the form of dissociative pseudo seizures, where you tend to like lose consciousness and fall down or you have usually movement disorders, where you have involuntary movement of your hands, limbs, necks.

So, all of these they happen whenever there is this incapacitation of your brain to find a solution to a problem which the person is facing.

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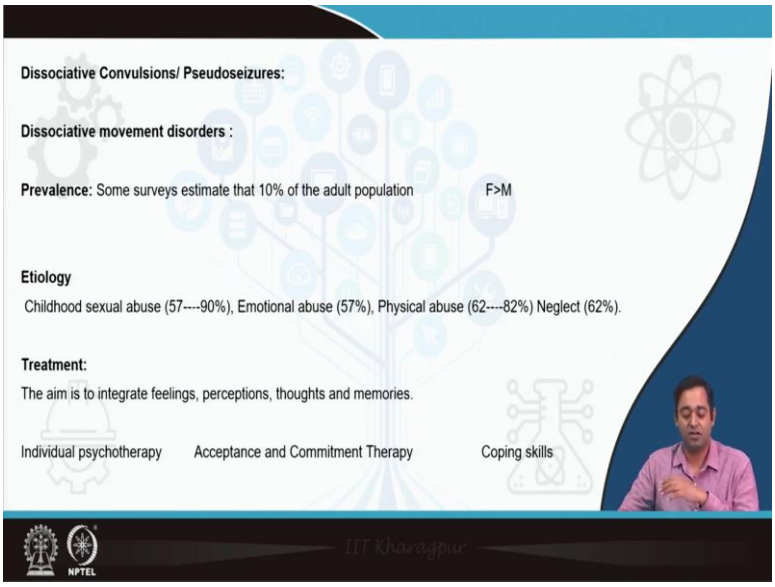

Now, this is a ego defense mechanism which the patient utilizes in order to tackle the situation. Prevalence is 10 percent of general population and females are most commonly seen with these dissociative disorders. Etiology can be previous early childhood, as sexual abuse experiences, emotional abuse, physical abuse and neglect. The aim is to integrate the feelings, perceptions, thoughts and memories.

It is treated by acceptance and commitment therapy, coping skills by trying to cope up with this present situation and individual psychotherapy. Now, how it is actually happening is that suppose for in order to exemplify the situation, let us consider a child who is suffering from dissociative disorder also dissociative pseudo seizures, where let us consider a child who is studying in class 6, and he does not want to go to school.

For the parent it is that they should somehow take the child to school but the child fabricates a story enters at me, I am having stomach ache from last night and I am having severe abdominal pain following which I will not be able to go to school. And so, what happens there are some gains primary, secondary and tertiary gains which the patient actually capitalizes on. Now, what are these primary, secondary and tertiary gains?

While the patient is having those pseudo seizures, while he is losing consciousness, this happens when the person the child does not know how to act according to the problematic situation. Now, for him, he does not want to go to school, how can that happen, he cannot tell a lie to his parents because his parents stays with him, he knows he can bluff them he can tell a lie. So, he, in order to like not, he does not want to go to school.

So, in order to channelize his thought in order to execute his plan, he dissociates. So, how the dissociate happens because there is no solution in front of the child that what to do in order to not to go to school. So, your brain gets the child's brain gets incapacitated to find a solution to the problem. So, that is how he dissociates and loses consciousness and there is seizures, that pseudo seizures, which is not a true seizure.

So, which leads to involvement of your parents, your teachers as well, this particular child cannot attend school because he is having so and so problems. So, the primary gain for the child is that he does not have to think of the solution to escape from the problem he dissociate. So, that is the primary game for the child. The secondary gain is the school he is not being pressurized to attend school.

Now, what is the third, the tertiary again, the parent’s affection and the teacher’s cooperation that okay, yes, this particular child had suffered from a particular kind of disorder or medical illness or psychiatric illness, for which he should not be pressurized to go to school. So, how is this being corrected? This will be corrected by the help of psychotherapy. Now, the patient is being advised to attend counseling, where he is being instilled the coping skills in order to counter those problems, how to enact how to act in those problematic situations rationally.

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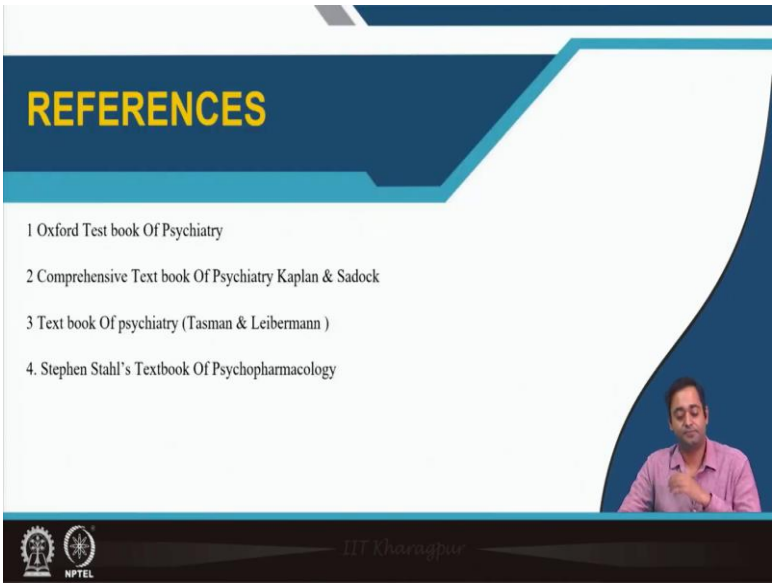

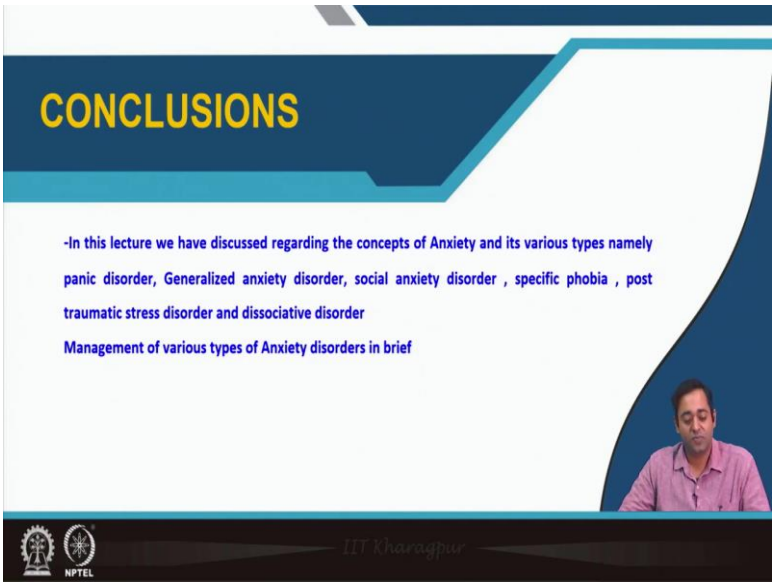

Now, in this lecture we have discussed regarding the concepts of anxiety, its various types, namely panic disorder, generalized anxiety disorder, specific phobia, post-traumatic stress disorder, its various management also.

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Thank you.