

**Human Behavior Course  
2004**

**Anxiety Disorders One**

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**HUMAN BEHAVIOR COURSE 2004**  
**ANXIETY DISORDERS ONE - SLIDES**

**LEARNING OBJECTIVES AND STUDY QUESTIONS FOR DISCUSSION.**

1. Know the meaning of the terms and concepts listed in slide one and two below.
2. What are the differences between normal anxiety and the pathological anxiety that characterizes the anxiety disorders?
3. Name the different anxiety disorders and whether they are very common (point prevalence > 5%), common (1-5%) or uncommon (<1%) in the general population.
4. Know whether each anxiety disorder is more common in men, more common in women, or occurs in a similar proportion of men and women.
5. What are the diagnostic features of generalized anxiety disorder?
6. What are the diagnostic features of panic disorder?
7. What is the difference between a panic attack and panic disorder?
8. What is a phobia? Which of the anxiety disorders specifically involve phobias?
9. What are the diagnostic features of agoraphobia? How does it this disorder relate panic disorder?
10. What are the diagnostic features of social phobia? What is the difference between agoraphobia and social phobia?
11. What are the diagnostic features of obsessive-compulsive disorder?
12. Name the different types of anxiety.
13. Describe the key behavioral consequences of anxiety.
14. Describe what is known about the psychosocial pathogenesis of anxiety and the various anxiety disorders.
15. What general type of psychotherapy works best for phobias and phobic disorders? Name some of the techniques used and give an example of how each might be used to treat a phobia.
16. What role does cognitive therapy play in the treatment of anxiety disorders? Given an example of a cognitive therapeutic technique for one of the anxiety disorders.
17. What role do psychodynamic therapies play in the treatment of anxiety disorders?

## Terms & Concepts

- ★ Disorder due to GMC
- ★ Substance induced disorder
- ★ Generalized Anxiety disorder
- ★ Panic disorder
- ★ Obsessive-compulsive disorder
- ★ Agoraphobia
- ★ Social phobia
- ★ Specific phobia
- ★ Comorbidity
- ★ Somatization disorder
- ★ Hypochondriasis
- ★ Avoidant personality disorder
- ★ Obsessive-compulsive personality disorder
- ★ Tourette's disorder
- ★ Complex partial seizures
- ★ PANDAS
- ★ Obsessive-compulsive spectrum
- ★ Stress thermostat
- ★ Phobia
- ★ Panic attack
- ★ Worry
- ★ Free-floating
- ★ Obsessions
- ★ Compulsions
- ★ Cued versus uncued
- ★ Autonomic symptoms
- ★ Cognitive symptoms
- ★ Motor symptoms
- ★ Somatic symptoms
- ★ State anxiety



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## Terms & Concepts 2

- ★ Trait anxiety
- ★ Anxiety neurosis
- ★ Signal anxiety
- ★ Separation anxiety
- ★ Unconscious wishes
- ★ Displacement
- ★ Isolation
- ★ Undoing
- ★ Reaction formation
- ★ Conditioning
- ★ Unconditioned stimulus
- ★ Unconditioned response
- ★ Conditioned stimulus
- ★ Conditioned response
- ★ Stimulus generalization
- ★ Anticipatory anxiety
- ★ Extinction
- ★ Behavioral inhibition
- ★ Cognitive theory
- ★ Automatic thoughts
- ★ Cognitive distortion
- ★ Attentional biases
- ★ Amygdala
- ★ Nucleus accumbens
- ★ Attention-motivation circuit
- ★ Relaxation training
- ★ Breathing exercises
- ★ Guided imagery
- ★ Graded exposure
- ★ Response prevention
- ★ Cognitive therapy
- ★ Genetic component



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## What Is Anxiety?

“Heightened arousal (often with physical symptoms) accompanied by apprehension, fear, obsessions, or the like.”



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## Associated Physical (AKA Somatic) Symptoms

e.g., headache, tremor, chest tightness, palpitations, stomach discomfort, nausea, perspiration, and diffuse aches & pains



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**TABLE 10-7.** Common symptoms reported by patients with panic disorder and agoraphobia

Symptoms	%	Symptoms	%
Fearfulness or worry	96	Restlessness	80
Nervousness	95	Trouble breathing	80
Palpitations	93	Easy fatigability	76
Muscle aching or tension	89	Trouble concentrating	76
Trembling or shaking	89	Irritability	74
Apprehension	83	Trouble sleeping	74
Dizziness or imbalance	82	Chest pain or discomfort	69
Fear of dying or going crazy	81	Numbness or tingling	65
Faintness/light-headedness	80	Tendency to startle	57
Hot or cold sensations	80	Choking or smothering sensations	54

Source. Adapted from Noyes et al. 1987b.

**TABLE 10-6.** Specialists consulted depending on target symptoms of panic disorder

Specialist	Target symptoms
Pulmonologist	Shortness of breath, hyperventilation, smothering sensations
Dermatologist	Sweating, cold, clammy hands
Cardiologist	Palpitations, chest pain or discomfort
Neurologist	Tingling and numbness, imbalance, dizziness, derealization or depersonalization, tremulousness or jitteriness, light-headedness
Otolaryngologist	Choking sensation, dry mouth
Gynecologist	Hot flashes, sweating
Gastroenterologist	Nausea, diarrhea, abdominal pain or discomfort (i.e., "butterflies")
Urologist	Frequent urination

## Anxiety: Adaptation or Illness?

- ★ Universal human experience
- ★ Normal or healthy anxiety is common & often enhances functioning
  - Can focus and energize (e.g., exam preparation)
  - Adaptive avoidance (e.g., dark alleys or other legitimate hazards)
- ★ Pathological anxiety is less common
  - But not uncommon
  - Impairs functioning -- social, occupational, or interpersonal dysfunction



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## Pathological Anxiety

- ★ Cardinal symptom of a number of mental disorders -- the anxiety disorders
- ★ Sometimes a "side effect" of
  - Diseases
  - Substances
  - Medications
- ★ Often secondary to other psychiatric disorders (e.g. depression)



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## Epidemiology of Anxiety Disorders

- ★ Among most common psychiatric disorders: one in four people meet diagnostic criteria for at least one anxiety disorder during their lifetime.
- ★ Women > men 3:2
- ★ Frequently undiagnosed because patients complain to doctors of associated physical symptoms rather than anxiety per se.



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## Theoretical Explanations -Psychosocial-

- ★ Freud: unconscious sexual tension. "Signal" of unconscious conflict.
- ★ Learning theory: anxiety is a conditioned response to environmental stimulus (e.g. physical symptoms experienced during a car accident may re-emerge when riding in a car).
- ★ Cognitive distortion: anxious person overestimates actual risk ('catastrophic thinking'); e.g., person with headache believes it is caused by a brain tumor



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## Types of Anxiety Symptoms

- ★ Free-floating - steady tension and worry
- ★ Panic – sudden, intense anxiety
- ★ Phobic – fear of an object or situation
- ★ Obsessions – recurrent, intrusive, and unwanted anxiety producing thoughts



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## Disabling Behavioral Manifestations

Avoidance  
Compulsions  
Obsessive Slowness



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## Specific Disorders

- ★ Anxiety disorder due to a general medical condition
- ★ Substance induced anxiety disorders
- ★ Primary anxiety disorders
- ★ Anxiety as a symptom of other psychiatric disorders



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## Primary Anxiety Disorders

- ★ Generalized anxiety disorder
- ★ Panic disorder
- ★ Obsessive-compulsive disorder
- ★ Phobias
  - Social phobia
  - Simple phobia
  - Agoraphobia with or without panic
- ★ Post-traumatic stress disorder & acute stress disorder (dealt with elsewhere in the course)



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## Generalized Anxiety Disorder

- ★ Excessive worry or anxiety about events or life activities (school, work, relationships)
- ★ Occurs most days over 6 months or longer
- ★ Includes at least three of the following:
  - Feeling restlessness, “keyed up,” or on edge
  - Easy fatigue
  - Poor concentration
  - Irritability
  - Muscle tension or weakness
  - Sleep disturbance



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## Generalized Anxiety Disorder 2

- ★ Prevalence – ~ 5% lifetime (very common)
- ★ Women > men ~ 2:1
- ★ Comorbidity common, especially depression
- ★ Prognosis –
  - generally chronic; ~25% recover
  - treatments are relatively effective
- ★ Only a third get treated



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## Panic Disorder

- ★ Panic attacks: one or more
  - Symptoms – palpitations, SOB, sweating, dizziness, choking, trembling, chest discomfort, feeling of impending doom
  - Uncued – no identifiable environmental precipitant
- ★ At least a month of worry
- ★ NOT due to disease, substance, or medication
- ★ May occur with or without agoraphobia



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## Panic Disorder 2

- ★ Agoraphobia (“fear of the marketplace”)  
fear of panic attack or loss of control in a public place or hazardous situation (e.g., driving)
- ★ 1/3 to 1/2 of those with panic disorder will have agoraphobia
- ★ Agoraphobia may rarely occur without panic attacks
- ★ Often causes extremely disabling avoidance behaviors



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## Panic Disorder 3

- ★ Prevalence – ~ 1.5 – 3.5% (common)
- ★ Women > men ~ 2-3:1
- ★ Comorbidity common, especially depression
- ★ Increased suicide risk, especially with depression
- ★ Genetic & environmental factors in twin studies
- ★ Prognosis –
  - generally chronic; ~30-40% recover
  - treatments are relatively effective



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## Panic Disorder 6 Common Psychotherapies

Avoidance responds best to  
behavioral therapies



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## Obsessive-Compulsive Disorder

- ★ Obsessions: recurrent intrusive thoughts
  - Contamination fears & excessive doubt are most common
  - Often violent or sexual themes
- ★ Compulsions: repetitive behaviors or rituals
  - Checking & washing are most common
  - Counting
  - Repeating
  - Arranging
  - Hoarding



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## Obsessive-Compulsive Disorder 2

- ★ Prevalence – ~ 2 – 3% (common)
- ★ Men slightly more common than women
- ★ Comorbidity common, especially depression. Also tics, Tourette's
- ★ Genetic & environmental factors in twin studies
- ★ Prognosis –
  - generally chronic
  - treatments are relatively effective



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## Obsessive-Compulsive Disorder 4 Common Psychotherapies

Exposure with response prevention  
70% of participants respond but 30%  
won't participate



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## Phobic Disorders

- ★ An irrational fear of some stimulus that causes
  - Disabling avoidance, or
  - Anxiety or panic when the feared stimulus cannot be avoided
- ★ Insight is typically preserved



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## Phobic Disorders 2

- ★ Social phobia – fear of embarrassing one-self in a social or performance situation
- ★ Specific phobias – fear of...
  - Animals or insects
  - Natural environment (e.g., heights)
  - Situational (e.g., flying)
  - Blood or Injection
- ★ Agoraphobia – fear of places or situations from which escape might prove difficult or embarrassing



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## Phobic Disorders 3

- ★ Prevalence –
  - Social ~ 3 – 5% (common)
  - Specific ~ 10 + % (very common)
- ★ Specific phobias more common among women
- ★ Social phobias men=women
- ★ Prognosis –
  - Specific – least disabling psychiatric disorders – few seek treatment
  - Treatments are very effective



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## Phobic Disorders 5

### Common Psychotherapies

- ★ Behavioral – very effective
  - Exposure (actual or imaginal)
  - Flooding
  - Systematic desensitization
  - Progressive relaxation
- ★ Cognitive-behavioral – response prevention



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## Anxiety Secondary to Another Psychiatric Disorder

- ★ Depression
- ★ Substance misuse
- ★ Schizophrenia
- ★ Adjustment disorder with anxious mood
  - Like acute stress disorder, but stressor is less severe (e.g., move, job change, break-up)



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## Differential Diagnosis

- ★ General medical conditions?
- ★ Substance use or misuse?
- ★ Which type of anxiety disorder?
  - Anxiety in "attacks"?
  - Traumatic event?
  - Specific stimulus?
  - Obsessions or compulsions?
  - Recent stressor?

