Anxiety Disorders

J. H. Atkinson, M.D.

HIV Neurobehavioral Research Center
University of California, San Diego
Department of Psychiatry &
Veterans Affairs Healthcare System, San Diego

Materials courtesy of Dr. Murray Stein, UCSD

Fear & Anxiety

• Fear
  – apprehension about a known commodity or event
    • rational
• Anxiety
  – apprehension about an unknown commodity or event
    • has an irrational or excessive component

Anxiety Disorder?

• An anxiety disorder is present when
  – severity of anxiety is markedly in excess of that normally associated with the stimulus
  – or, anxiety is present in the absence of a recognizable stimulus
  – and, anxiety or worry is uncontrollable or interfering or severely distressing
Differential Diagnosis

- Medical Disorders
  - thyroid problems
    - TSH
  - cardiac problems
  - other
- Substance Use
  - stimulants
    - Caffeine
    - Methamphetamine
    - Cocaine
  - sedative withdrawal

Generalized Anxiety Disorder

WORRY
- Excessive anxiety and worry
  - 6 months or more
  - about a number of events or activities
- Difficult to control the worry

ANXIETY SYMPTOMS
- Three or more of the following
  - restlessness or feeling keyed up or on edge
  - easy fatigability
  - trouble concentrating
  - irritability
  - muscle tension
  - sleep disturbance
Generalized Anxiety Disorder
– National Comorbidity Survey
  • 2% current prevalence in general population
    – 5% lifetime prevalence
  – female:male 2:1
– Primary Care Studies
  • 5-10% of patients
  • comorbid
    – almost always with a mood disorder

Generalized Anxiety Disorder
• Rx:
  – Selective Serotonin Reuptake Inhibitors
  – Buspirone
  – Benzodiazepines
  – Newer agents
    – Venlafaxine
    – Nefazodone
• Psychological Therapies
  – Relaxation Training; Worry Control Training

Panic Disorder
– Recurrent unexpected panic attacks
– Panic attacks:
  • acute paroxysms of anxiety
    – occur “out of the blue”
    – somatic symptoms
      – e.g., shortness of breath, tachycardia, sweating
    – cognitive symptoms
      – e.g., fear, desire to flee, “heart attack”
Panic Disorder

- Prevalence 1%
- Female > Male
- Onset late teens through twenties
- Often complicated by
  - agoraphobia
  - major depression
    - suicide risk
  - substance abuse
  - emotional and financial dependence

Cognitive Behavioral Model of Panic Disorder

Treatment of Panic Disorder

- Rx
  - Monoamine Oxidase Inhibitors
  - Benzodiazepines
  - Selective Serotonin Reuptake Inhibitors
  - Anticonvulsants
    - valproate [Depakote]; gabapentin [Neurontin]
- Non-Rx
  - Education and Self-Help
  - Cognitive Behavioral Therapies
  - Other Approaches
Phobic Disorders

- Irrational fears of objects, places, activities
  - usually accompanied by avoidance
- Specific phobias
  - animals
  - heights
  - flying
- Social phobias
  - public speaking
  - more generalized social fears

Treatment of Phobias

- Behavior Therapy
  - systematic desensitization
    - in-vivo, if possible
- Pharmacotherapy
  - p.r.n. benzodiazepines
    - e.g., 1 mg lorazepam 30 mg pre-exposure
  - p.r.n. beta-blockers
    - only useful for performance anxiety

Social Phobia or Social Anxiety Disorder

- Excessive concern about being in situations where scrutiny is possible
  - results in overwhelming anxiety and/or avoidance
  - interferes with functioning
- One-year prevalence 5-10%
Social Phobia Subtypes

- Generalized
  - “most” social situations (DSM-IV)
    - performance
    - & interactional
  - overlaps with Avoidant Personality Disorder
    - 80-90%

- Nongeneralized
  - 1 or 2 social situations
    - usually performance
      - public speaking
      - other performance
        - writing in front of others
        - eating in front of others

Paroxetine Treatment of Generalized Social Anxiety Disorder

Stein et al., JAMA, 1998

- Double-Blind, P-C
- 187 DSM-IV patients
- 12 weeks
- mean dose 37 mg/day
- 55% responders to paroxetine
- 24% responders to placebo

Posttraumatic Stress Disorder (1)

- Traumatic Exposure
  - experienced, witnessed, or was confronted with…
    - events that involved actual or threatened death
      or serious injury, or a threat to the physical
      integrity of self or others
    - the person’s response involved intense
      fear, helplessness, or horror
Posttraumatic Stress Disorder (2)

- Reexperiencing
  - intrusive thoughts, nightmares, flashbacks
- Avoidance or Numbing
  - avoids relationships, reminders of event
  - feels emotionally “numbed” or “cut off”
- Hyperarousal
  - startle, trouble concentrating, insomnia

Posttraumatic Stress Disorder (3)

- Treatment
  - Rx: symptomatic
    - depression with antidepressants
    - hyperarousal and insomnia with benzodiazepines or (newer) major tranquilizers
  - Psychotherapy
    - cognitive-behavioral
      - reintegrate the trauma
      - exposure to feared mental images and memories

Obsessive Compulsive Disorder (OCD)

- Obsessions
  - irrational, intrusive thoughts or mental images
- Compulsions
  - irrational, unwanted actions or behaviors
- OCD
  - obsessions or compulsions (usually both)
    - cause marked distress, are time-consuming, or significantly interfere with daily activities
Obsessions & Compulsions in OCD

- Obsession
  - concern over dirt or germs
  - fear of harm to others
  - fear of losing things
  - need for symmetry or exactness
  - uncertainty about having done something

- Compulsions
  - cleaning or washing rituals
  - avoidance, checking, or undoing rituals
  - hoarding
  - arranging, repeating
  - checking, asking questions

Epidemiology of OCD

- Women = Men
- Lifetime prevalence 2-3%
  - one-year prevalence 0.5-1.0%
- Seen across all socioeconomic strata
- Seen across all nations and cultures
- Median onset in early twenties
  - but can have onset in childhood
    - poorer prognosis

Treatment of OCD

- Pharmacotherapy
  - SSRIs
  - Clomipramine

- Behavior Therapy
  - Exposure
  - Response

Combined Treatment: Rx + Behavior Therapy

? More effective
More long-lasting
Duration of Treatment

- Little long-term data
- Clinical experience suggests
  - 1-year continuous treatment
  - then consider gradual dose reduction
    - 25% per month
  - supplement with cognitive behavioral therapy
    - relapse prevention benefit?

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