



ANXIETY DISORDERS

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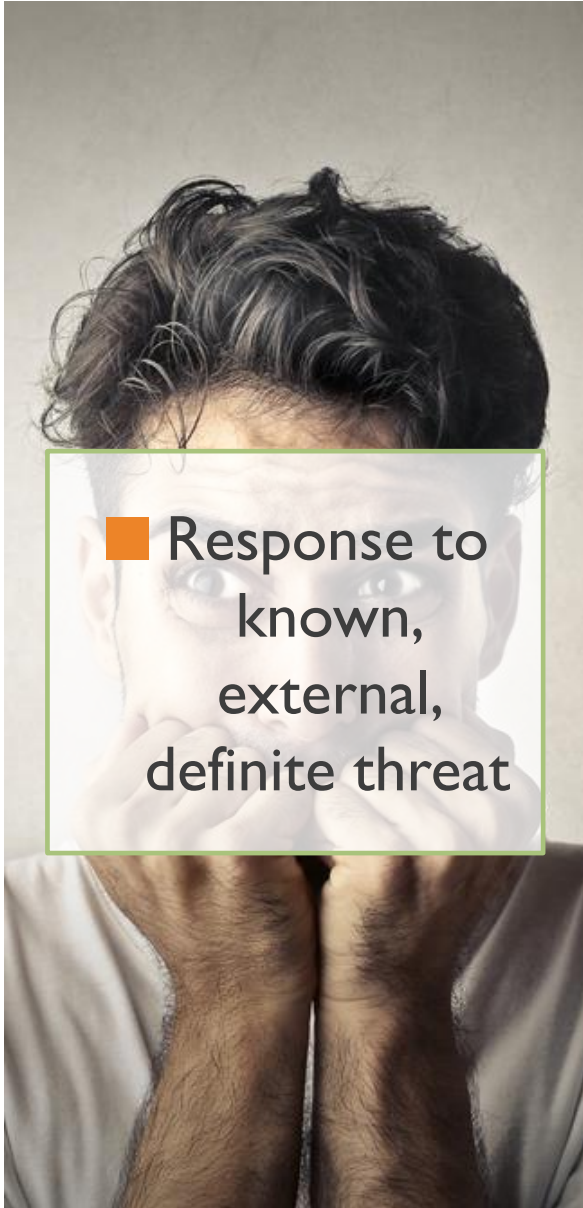


ภาควิชาจิตเวชศาสตร์ คณะแพทยศาสตร์ มหาวิทยาลัยขอนแก่น

บทเรียนและเอกสารชุดนี้ เป็นลิขสิทธิ์ของภาควิชาจิตเวชศาสตร์ คณะแพทยศาสตร์ มหาวิทยาลัยขอนแก่น จัดทำขึ้นเพื่อการเรียนการสอน หลักสูตรวิทยาศาสตรบัณฑิต สาขาวิชากายภาพบำบัด รหัสวิชา 370419 Psychiatry for Physical Therapy สำหรับนักศึกษากายภาพบำบัดชั้นปีที่ 3 คณะเทคนิคการแพทย์ มหาวิทยาลัยขอนแก่นเท่านั้น ภาควิชาฯ ขอสงวนสิทธิ์ในการใช้ข้อมูลใด ๆ ในบทเรียนหรือเอกสาร ไม่ว่าจะบางส่วนหรือทั้งหมด โดยมีให้ผู้ใดเผยแพร่ อ้างอิง ลอกเลียน ทำซ้ำหรือแก้ไขด้วยวิธีใด ๆ เว้นแต่ได้รับอนุญาตจากภาควิชาฯ หากฝ่าฝืน จะถูกดำเนินการลงโทษทางวิชาการและทางวินัย รวมถึงดำเนินคดีทางกฎหมาย

TOPIC COVERAGE

- Anxiety Disorders
 - Fear / Anxiety
 - Normal / Pathological Anxiety
 - Epidemiology
 - Etiology
- Generalize Anxiety Disorder (GAD)
- Panic Disorder
- Specific Phobia
- Social Anxiety Disorder



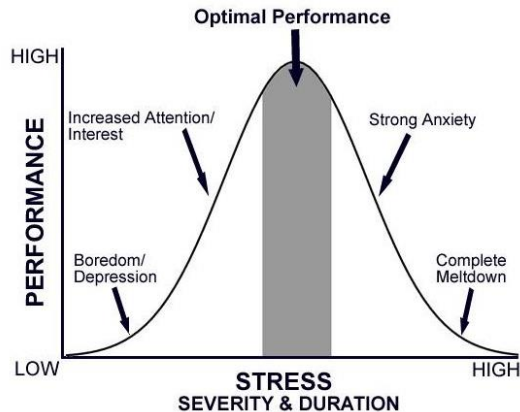
- Response to known, external, definite threat



- Response to unknown, internal, vague threat
- Anticipatory
- Expectation

FEAR **Vs.** **Anxiety**

NORMAL ANXIETY



- Absence of anxiety interferes with performance
- Moderate levels of anxiety improve performance
- High levels of anxiety are detrimental to performance

- Diffuse, unpleasant, vague sense of apprehension
- Autonomic symptoms
- Universal in human
- Alerting signal
- Anxiety increases preparedness
 - “U-shaped” curve (Yerkes & Dodson, 1908)

ANXIETY SYMPTOMS

- Somatic anxiety
 - Autonomic hyperactivity : tachycardia, palpitation, dyspnea
 - Muscle tension
- Cognitive effects (thinking, perception, learning)
 - Fear, frightened
 - Anticipation
 - Hypervigilance, restlessness, agitation
 - Impair concentration, inattentiveness

PATHOLOGICAL ANXIETY

- Occurs at **inappropriate** times, frequency, intensity
- Long-lasting : interferes with a person's normal activities

- **Suffering**
- **Impair function**
- Behavioral problem response to anxiety

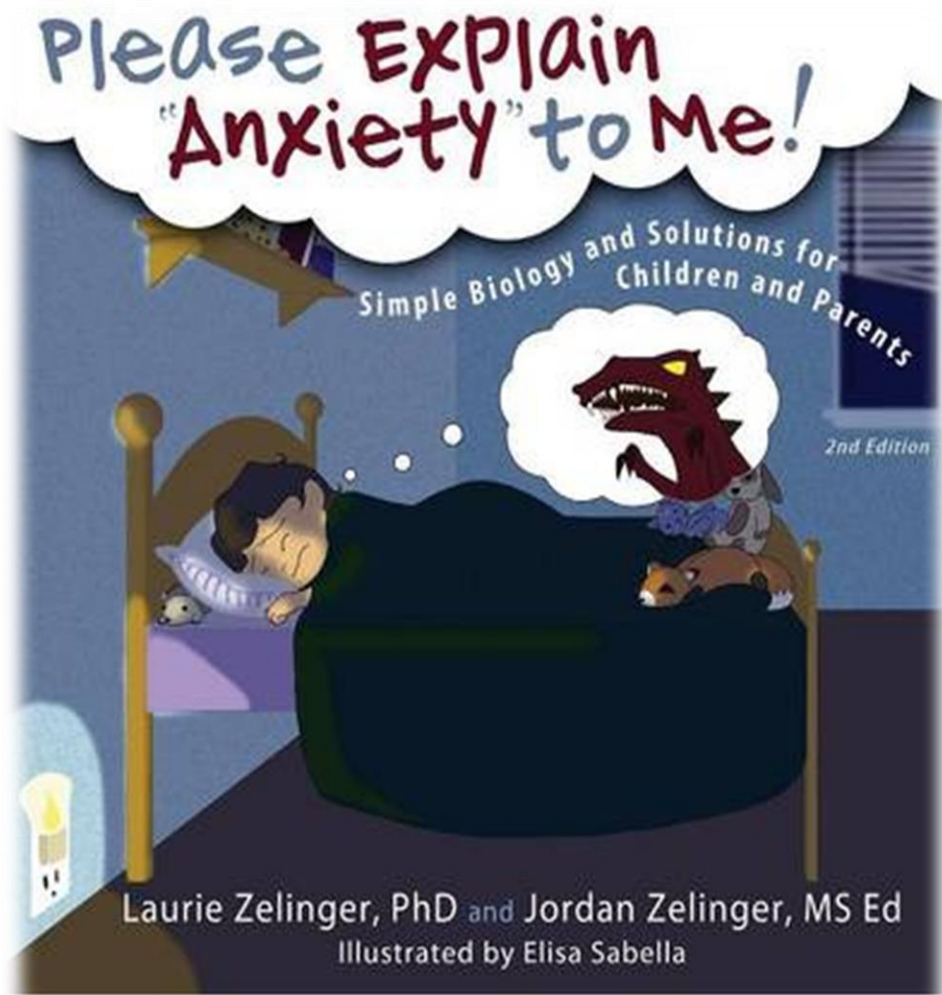
EPIDEMIOLOGY

- 12-months prevalence rate = 17.7%
- lifetime prevalence
 - Women = 30.5% / Men = 19.2 %
- **Most common psychiatric disorders**
- Most common are phobias

Table 6.4 Percent of People in the General Population Who Meet Diagnostic Criteria for Anxiety Disorders in the Past Year and in Their Lifetime

Anxiety Disorder	12-Month Prevalence			Lifetime Prevalence
	Male	Female	Total	Total
Panic disorder	1.7	3.0	2.3	6.0
Phobia or social anxiety disorder	7.5	17.7	12.6	n/a
Social anxiety disorder				12.10
Specific phobia				12.15
Generalized anxiety disorder	1.0	2.1	1.5	5.7

Sources: Past year estimates from Jacobi (2004). Lifetime estimates from Kessler, Berglund, et al. (2005).



ETIOLOGY

BIOLOGICAL

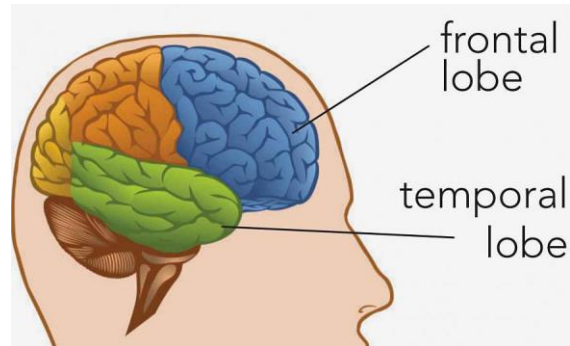
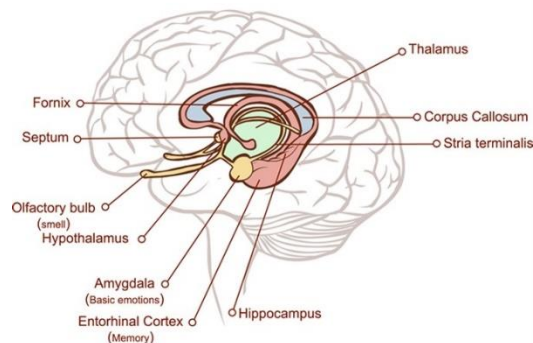
PSYCHOANALYTIC

COGNITIVE-
BEHAVIORAL

BIOLOGICAL SCIENCES

- Autonomic Nervous System (ANS): ↑ tone, adaptation
- Neurotransmitters: ↑ norepinephrine, ↓ serotonin, ↓ GABA
- Genetic studies:
relatives affected, twin study
- Neuroanatomical considerations:
limbic system, frontal and temporal cerebral cortex

The Limbic System

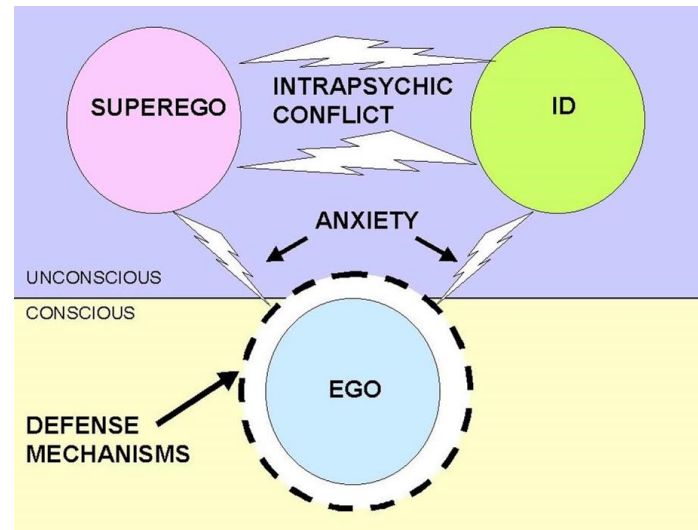


PSYCHOLOGICAL SCIENCES

■ Sigmund Freud:

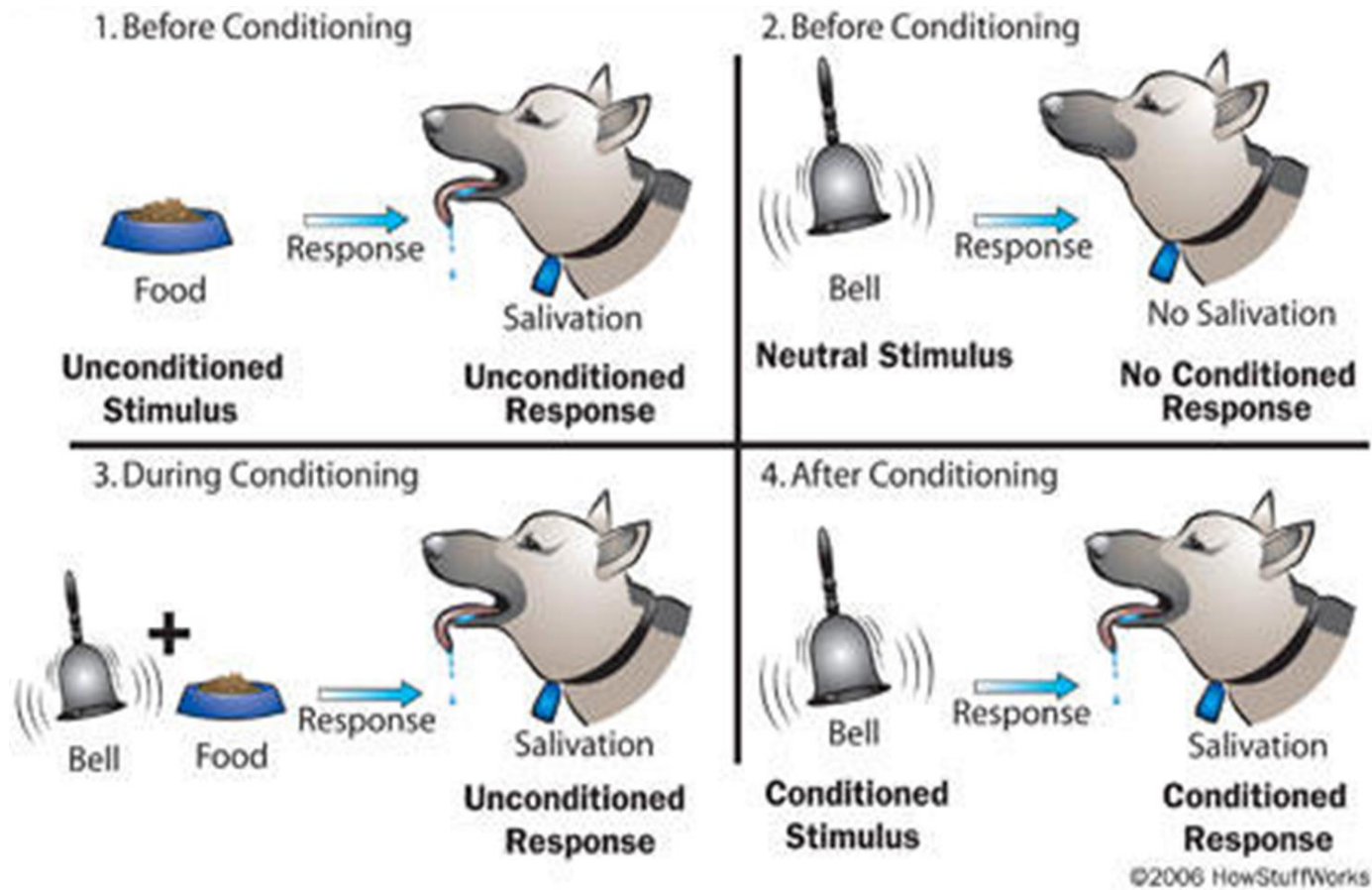
- Signal anxiety in the unconscious
- Conflict between unconscious and superego

■ Defense mechanism



COGNITIVE-BEHAVIORAL THEORIES

- Conditioned response to specific environment stimuli
- Classic conditioning : condition, generalization, extinction
- Social learning theory : imitation, identification



CLASSIC CONDITIONING

Disorder	Description	Likely Key Changes in DSM-5
Specific phobia	Fear of objects or situations that is out of proportion to any real danger	Duration criteria specified for adults Person need not perceive fear as unrealistic
Social anxiety disorder	Fear of unfamiliar people or social scrutiny	Name changed from social phobia Duration criteria specified for adults
Panic disorder	Anxiety about recurrent panic attacks	
Agoraphobia	Anxiety about being in places where escaping or getting help would be difficult if anxiety symptoms occurred	New disorder (formerly a subtype of panic disorder)
Generalized anxiety disorder	Uncontrollable worry for at least 3 months	Minimum duration reduced from 6 to 3 months Behavioral outcomes of worry are specified as part of criteria

ANXIETY DISORDERS

DSM-5 Diagnoses of Anxiety Disorders

GENERALIZED ANXIETY DISORDER



GAD - DIAGNOSIS

- **Excessive** anxiety and worry at least **6 months**
- person finds it **difficult to control** the worry
- The anxiety and worry are associated with ≥ 3 of the following:
 1. restlessness or feeling keyed up or on edge
 2. being easily fatigued
 3. difficulty concentrating or mind going blank
 4. irritability
 5. muscle tension
 6. sleep disturbance

EPIDEMIOLOGY

- Lifetime prevalence 6-9%
- 1 Year prevalence (adult) 2.9-3.6%
- Women > Men (2:1)
- Onset in late adolescence or early adulthood, peak in middle-age
- 50-90% with mental disorders co-morbidity
 - MDD, Dysthymia, Substance used, Social phobia, Specific phobia, Panic disorder

COURSE & PROGNOSIS

- Chronic, maybe lifelong
- Associated with negative life events

TREATMENT

■ Pharmacotherapy

- **Benzodiazepine** ***Drugs of choice but limited period**
 - Duration 2-6 wk then taper off 1-2 wk
 - 25-30% fail, tolerance, dependence
- **SSRI** (selective serotonin reuptake inhibitor)
 - Effective with co-morbid depression
 - Sertraline (50-150 mg/d)* , Citalopram, Paroxetine > Fluoxetine (20-80 mg/d)
 - Duration 6-12 mo.
- **B-Blockers** (decrease somatic symptoms)
 - Propranolol

■ Psychotherapy

- Cognitive behavioral
- Supportive
- Insight oriented

**Most effective tx. = combines
psychotherapy + pharmacotherapy +
supportive approaches**

PANIC DISORDER



PANIC DISORDER - DIAGNOSIS

- Recurrent uncued panic attacks
- At least 1 month of concern about the possibility of more attacks, worry about the consequences of an attack, or behavioral changes because of the attacks
- Panic attacks (intense, ≥ 4 symptoms, abruptly) ****NOT DISORDER****

Palpitations
Sweating
Trembling
Shortness of breath
Feeling Choking
Chest discomfort
Nausea

Dizziness
Derealization
Depersonalization
Fear of lost control
Fear of dying
Paresthesias
Chills or hot flushes

EPIDEMIOLOGY

- Lifetime prevalence 1-4%
- Women > Men (2-3:1)
- Most common in young adult (mean age 25 y.)
- 90% with psychiatric disorders co-morbidity
 - MDD *Most common
 - Social anxiety, Specific phobia, GAD, PTSD, OCD

COURSE & PROGNOSIS

- General : chronic
 - 30-40% symptoms free
 - 50% mild symptoms
 - 10-20% continue significant symptoms
- Excessive caffeine or nicotine - exacerbate symptoms
- Good prognosis if
 - Good pre-morbid function
 - Brief duration

TREATMENT

■ Pharmacotherapy : 8-12 months...lifelong

- SSRI *1st line agent
 - Paroxetine
 - Citalopram, escitalopram, sertraline
 - Fluoxetine (initial - mimic panic)
- Benzodiazepine (taper after 4-12 wk)
 - Alprazolam
 - Lorazepam
 - Risk of dependence, cognitive impairment, abuse and withdrawal

■ Cognitive & behavioral therapy

- Instruction about a pt's false beliefs
- Information about panic attacks
 - Time limit
 - Not life threatening

**Most effective tx. = combines
pharmacotherapy + CBT**

SPECIFIC PHOBIAS

A person is shown from the chest up, covering their face with both hands. The person has dark hair and is wearing a striped shirt. The background is a solid orange color. The image is semi-transparent, allowing the text to be visible over it.

SPECIFIC PHOBIA - DIAGNOSIS

- Marked and disproportionate fear consistently triggered by specific objects or situations
- The object or situation is avoided or else endured with intense anxiety
- Symptoms persist for at least 6 months



Table 9.4-4
Phobias

Acrophobia	Fear of heights
Agoraphobia	Fear of open places
Ailurophobia	Fear of cats
Hydrophobia	Fear of water
Claustrophobia	Fear of closed spaces
Cynophobia	Fear of dogs
Mysophobia	Fear of dirt and germs
Pyrophobia	Fear of fire
Xenophobia	Fear of strangers
Zoophobia	Fear of animals

EPIDEMIOLOGY

- Lifetime prevalence 10%
- Women > Men (2:1)
- Peak age of onset
 - Blood-injection-injury type 5-9 Y.
 - Situational type 20+ Y.
- 50-80% with co-morbidity anxiety, mood, substance used disorder
- High familial tendency

AGORAPHOBIA

■ Anxiety about being in place or situation

- Difficult to escape
- Help : not available

■ Example

- Out side the home alone
- Being in s crowd
- Traveling in a bus, train
- Distance from home

COURSE & PROGNOSIS

- Bimodal age of onset
 - Childhood peak – animal, natural environment, blood-injection
 - Early adulthood peak – others and situational phobia
- Usually begin in childhoods and persist to adulthood

TREATMENT

- Behavioral therapy : **exposure therapy****
 - Pt's commitment to treatment
 - Clearly defined problem & objectives
 - Available alternative strategies for coping with the feeling
- Pharmacotherapy
 - B – Blockers
 - Benzodiazepine



SOCIAL ANXIETY DISORDER



SAD- DIAGNOSIS

- Marked and disproportionate fear consistently triggered by exposure to potential social scrutiny
 - Exposure to the trigger leads to intense anxiety about being evaluated negatively
 - Trigger situations are avoided or else endured with intense anxiety
 - Symptoms persist for at least 6 months.
-
- Called Social Phobia in DSM-IV-TR
 - More intense and extensive than shyness
 - Persistent, intense fear and avoidance of social situations
 - Fear of negative evaluation or scrutiny
 - Exposure to trigger leads to anxiety about being humiliated or embarrassed socially

EPIDEMIOLOGY

- Lifetime prevalence 3-13%
- Women > Men
- Peak age of onset in adolescence
- 33% also diagnosed with Avoidant Personality Disorder
- Co-morbidity
 - Anxiety and mood disorder
 - Substance used disorder
 - Bulimia nervosa

COURSE & PROGNOSIS

- Chronic
- Disrupt school, academic, job performance, social development

TREATMENT

■ Pharmacotherapy

- SSRI *1st line tx.
- Benzodiazepine
- Venlafaxine (SNRI)
- B- Blockers :Atenolol, Propranolol

■ Psychotherapy

- CBT
 - Cognitive retraining
 - Desensitization
 - Rehearsal

**Most effective tx. = combines
pharmacotherapy + psychotherapy**

A photograph of a man in a dark suit and white shirt sitting in a classroom. He has his hands pressed against his eyes, looking tired or bored. In the background, several other people are sleeping at their desks. The scene is lit with bright, natural light from a window with blinds.

THANKS
FOR
YOUR
ATTENTION

Q & A

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