

# Anxiety disorders

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## Learning objectives:

At the end of this lecture the students will be able to:

- Describe the continuum of adaptive and maladaptive anxiety responses.
- Defining characteristics of anxiety disorders
- Describe the levels of anxiety with behavioral changes related to each level
- Explain anxiety as a response to stress
- Discusses the use of ego defense mechanisms with anxiety disorders Describe theories regarding the etiology of anxiety disorders
- Identify the classification of anxiety disorders
- Discusses the characteristics, etiologies, clinical features, diagnosis and treatment of panic disorders
- Apply nursing process on panic disorders

## Outlines:

- Introduction
- Continuum of anxiety responses
- Characteristics of anxiety disorders
- Levels of anxiety
- Psychological & physiological responses related to each level of anxiety disorders
- Anxiety as a response to stress

- Theories for etiology of anxiety disorders
- Classification of anxiety disorders
- What is panic disorders characteristics, etiology features diagnosis and treatment.
- Application of nursing process on P.D

## Introduction

anxiety is a part of everyday life. It has always existed and belongs to no particular era or culture. Anxiety involves one's body, perceptions of self and relationships with others, making it a basic concept in the study of psychiatric nursing and human behavior.

Anxiety disorders are the most common psychiatric disorders in the United States, affecting between 15% and 25% of the population. Those with an anxiety disorder have significant impairment in quality of life and functioning [Rapaport et al, 2005) .only about 25% of those with anxiety disorders receive treatment.

## Continuum Of Anxiety Responses

Anxiety: is a diffuse apprehension that is vague in nature and associated with feelings of uncertainty and helplessness, feeling of isolation, alienation, and insecurity

person perceives that the core of his personality is being threatened experiences provoking anxiety begin in infancy & continue

throughout life.

They end with the fear of the greatest unknown

## Defining Characteristics of anxiety disorders:

- Anxiety is an emotion and a subjective individual experience

- it is an energy and cannot be observed directly.
- A nurse infers that patient is anxious based on certain behaviors.
- The nurse should validate this inference with the patient.

### 1-Anxiety is an emotion without a specific object:

- It is provoked by unknown and precedes all new experiences, such as entering the school, starting a new job, or giving birth to a child.
- This characteristic of anxiety differentiates it from fear
- Differences between anxiety & fear: anxiety is the emotional response to that appraisal, fear involves the intellectual appraisal of a threatening situation
- fear is caused by physical or psychological exposure to a threatening situation, fear produces anxiety, These two emotions are differentiated in speech "we speak of having a fear but of being anxious"

### 2-Anxiety is communicated interpersonally:

- if a nurse is talking with a patient who is anxious, within a short time the nurse also will experience feelings of anxiety. Similarly; if a nurse is anxious in a particular situation, this anxiety will be communicated to the patient

### 3-the crux of anxiety is self-preservation:

- Anxiety occurs as a result of a threat to a person's selfhood, self-esteem, or identity.
- It result from a threat to something central to one's personality and essential to one's existence and security.
- It may be connected with the fear of punishment, disapproval, withdrawal of love, disruption of the relationship, isolation, or loss of body functioning.

### Levels of anxiety:

1- mild anxiety is associated with the tension of day to day living:

-During this stage the person is alert& the perceptual field is increased

-The person sees, hears and grasps more than before ”this kind of anxiety can motivate learning& produce growth &creativity.

2. moderate anxiety, in which the person focuses only on immediate concerns, involves the narrowing of the perceptual field,

The person sees, hears, and grasps less.

- The person blocks selected areas but can attend to more if directed to do so

3. Severe anxiety is marked by a significant reduction in the perceptual field.

- The person tends to focus on a specific detail and not think about anything else.
- All behavior is aimed at relieving anxiety; and much direction is needed- to focus on another area.

4. Panic is associated with awe, dread, and terror, and the person feeling it is unable to do things even with direction.

- panic involves the disorganization of the personality and be life threatening.
- symptoms of panic: increased motor activity; decreased ability to relate to others, distorted perceptions, and loss of rational thought
- Panic is a frightening and paralyzing experience
- The panicked person is unable to communicate or function effectively.
- This level of- anxiety cannot persist indefinitely because it is incompatible with life.
- A prolonged period of panic would result in exhaustion and death.
- it is a common phenomenon, but it can be safely and effectively treated.

**N.B:**

- The nurse needs to be able to identify which level of anxiety a patient is experiencing by the behaviors observed. “Figure 1”:
- shows the range of anxiety responses from the most adaptive
- response of anticipation to the most maladaptive response of panic.
- The patients level **of anxiety** and its position on the continuum of coping responses are relevant to the nursing diagnosis and influence the type of intervention the nurse implements.

### Psychological & physiological responses

Anxiety Level	Psychological Responses	Physiologic Responses
Mild	Wide perceptual field, Sharpened senses, increased motivation, Effective problem solving, increased learning ability & irritability	Restlessness Fidgeting GI "butterflies" Difficulty sleeping Hypersensitivity to noise

Moderate	<p>Perceptual field narrowed to immediate task</p> <p>Selectively attentive</p> <p>Cannot connect thoughts or events independently</p> <p>increased use of automatisms</p>	<p>Muscle tension</p> <p>Diaphoresis, Pounding pulse, Headache</p> <p>Dry mouth, High voice pitch, Faster rate of speech, GI upset</p> <p>Frequent urination</p>
Severe	<p>Perceptual field reduced to one detail or scattered details</p> <p>Cannot complete tasks</p> <p>Cannot solve problems or learn effectively, Behavior geared toward anxiety relief and is usually ineffective ,</p> <p>Doesn't respond to redirection</p> <p>Feels awe, dread, or horror, Cries ,Ritualistic behavior</p>	<p>Severe headache, Nausea, vomiting, and diarrhea, Trembling,</p> <p>Rigid stance, Vertigo, Pale ,Tachycardia, Chest pain</p>
Panic	<p>Perceptual field reduced to focus on self</p> <p>Cannot process any environmental stimuli</p> <p>Distorted perceptions, Loss of rational thought, Doesn't recognize potential danger Can't communicate verbally, Possible delusions and hallucination ,may be suicidal'</p>	<p>may bolt and run</p> <p>OR totally immobile and mute, Dilated pupils</p> <p>increased blood pressure and pulse, Flight, fight, or freeze</p>

## Anxiety as a response to stress

- Stress is the wear and tear that life causes on the body
- It occurs when a person has difficulty dealing with life situations,
- each person handles stress differently; one person can thrive in a situation that creates great distress for another, for example, many people view public speaking as scary, but for teachers and actors it is an everyday, enjoyable experience. Marriage, children, airplanes, snacks, new job, a new school, and leaving home are examples of stress causing events.
- Hans Selye (1956, 1974), an endocrinologist, identified the physiologic aspects of stress, which he labelled the General Adaptation Syndrome.
- he used laboratory animals to assess biologic system changes, the stages of the body's physical responses to pain, heat, toxins, and restraint; and later the mind's emotional responses to real or perceived stressors
- He determined three stages of reaction to stress:
- In the **Alarm Reaction Stage**, stress stimulates the body to send messages from the hypothalamus to the glands (such as the adrenal gland to send out adrenalin and nor epinephrine for fuel) and organs such as the liver to reconvert glycogen stores to glucose for food) to prepare for potential defense needs
- in the **Resistance Stage**, the digestive system reduces function to shunt blood to areas needed for defense.
- The lungs take in more air, and the heart beats faster and harder so it can circulate this highly oxygenated and highly nourished blood to muscles to defend the body by fight, flight or freeze behaviours.
- If the person adapts to the stress, the body responses relax and the gland, organ and systemic responses abate.
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- **the exhaustion Stage:** occurs when the person has responded negatively to anxiety and stress;
- Body stress are depleted or the emotional components are not resolved, resulting in continual arousal of the physiologic responses and little reserve capacity.
- Autonomic nervous system responses to fear and anxiety generate the involuntary activities of the body
- Sympathetic nerve fibres "" charge up" the vital signs, at any hint of danger to prepare the body's defenses
- The adrenal glands release adrenalin (epinephrine), which causes the body to take in more oxygen, dilate the pupils and increase arterial pressure and heart rate
- while constricting the peripheral vessels and shunting blood from. the gastrointestinal and reproductive systems and increasing glycogenolysis to free glucose for fuel for the heart, muscles, and central nervous system.
- When the danger has passed, parasympathetic nerve fibres reverse this process and return the body to normal

### Anxiety and Defense Mechanisms

- Any anxiety is :a vague feeling of dread or
- apprehension; it is a response to external or internal stimuli that can have behavioral, emotional, cognitive and physical symptoms
- Anxiety may be reduced by using following Ego defense mechanisms,



## Ego defense mechanisms with anxiety

- compensation: Process by which a person makes up for a perceived deficiency by strongly emphasizing a feature that he regards as an asset.
- denial: Avoidance of disagreeable realities by ignoring or refusing to recognize them, probably simplest and most primitive of all defense mechanisms.
- displacement : Shift of emotion from a person or object to another ,usually neutral or less dangerous person or object.
- dissociation: The separation if any group of mental or behavioral processes from the rest of the person's consciousness or identity.
- identification : Process by which a person tries to become like someone he admires by taking on thoughts, mannerisms or tastes of that individual.
- intellectualisation : excessive reasoning or logic is used to avoid experiencing disturbing feelings.
- introjection: Intense type of identification in which a person incorporates qualities or values of another person or group into his own ego structure.
- isolation :Splitting all of emotional components of a though which may be temporary or long term.
- projection: Attributing one's thoughts of impulses to another person
- rationalization: Offering a socially acceptable or apparently logical explanation to justify or make acceptable feelings, behaviours and motives.
- reaction formation: Development of conscious attitudes and behaviour patterns that are opposite to what one really feels or would like to do
- regression:retreat in face of stress to behaviour characteristic of any earlier level of development.

- repression: involuntary exclusion of a painful or conflictual thought, impulse or memory from awareness. it is the primary ego defense mechanisms tend to reinforce it.
- Splitting: viewing people or situation as either all good or all bad, failure to integrate the positive and negative qualities of counsel
- Sublimation: acceptance of a socially approved substitute goal for a drive whose normal channel of expression is blocked
- Suppression: it is intentional exclusion of material from consciousness.
- Undoing: act or communication that partially negates a previous one primitive defense mechanism

## Theories of anxiety

- Psychodynamic Theory:

Freud (1926) first discussed a psychological basis for anxiety, i.e. anxiety is a signal to the ego to take defensive action against the 'pressure' from within.

If anxiety rises above the low level of intensity characteristic of its function as a signal, it may emerge with all the fury

of a panic attack.

In the 'repression' can alone maintain psychological equilibrium. If it fails, other defense mechanism like conversion, displacement, regression will emerge to maintain psychological equilibrium.

When they fail other classic disorders emerge i.e., hysteric, phobia, obsessive, compulsive

- Learning Theory

Which was first proposed by Bandure and others (1977) suggested that anxiety is a learned response to an unpleasant stimulus i.e.,

- Avoiding the unpleasant stimulus reduces anxiety

- The person ultimately learns to avoid unpleasant stimuli.
- Anxiety is a conditioned response to specific environmental stimuli.
  - Biochemical Theory "medical"

Which evolved from the work of many theories (1977 to 1980) proposes that high anxiety levels correlate with increases in heart rate, blood lactase levels and oxygen use during moderate exercises.

These changes increase midbrain activity which, in turn releases norepinephrine, Increase norepinephrine in humans increases anxiety.

- Gamma aminobutyric acid (GABA), a transmitter that normally inhibits anxiety, functions abnormally and does not stop or reduce anxiety.
  - Genetic Theory:

Formulated by Marks (1986), stated that all organisms,

including human beings, are selectively bred for defensive behavior. Autonomic susceptibility to threats, is genetically determined

## **CLASSIFICATION OF ANXIETY DISORDER**

The classification of anxiety disorders are:

1. Panic disorders(P.D)
2. Generalised anxiety disorders(GAD)
3. Phobic disorders
4. Obsessive compulsive disorders(O.C.D)
5. Post traumatic stress disorders(P.T.S.D)

## Panic Disorders:

- Panic disorder: is characterised by the spontaneous unexpected occurrence of panic attacks.
- Panic attacks: are relatively short lived (less than an hour) periods of anxiety or fear, which are accompanied by somatic symptoms like palpitations and tachypnoea.
- Panic attacks and panic disorder are actually two separate things.
- Up to 10 percent of healthy people experience one isolated panic attack per year.
- Panic attacks also commonly occur to individuals suffering from other anxiety disorders.
- **Etiology of panic disorders**

*Biological factors: point to possible* physical defects in a person's autonomic (or automatic) nervous system.

- General hypersensitivity in the nervous system,

increased arousal, or a sudden chemical imbalance can trigger panic attacks.

- Caffeine, alcohol, and several other agents can also trigger the symptoms
- Researchers have found that sodium lactate, when injected into the bloodstream of some people who are predisposed to panic attacks, will induce such attacks.

This suggests that people who experience panic attacks may have trouble metabolizing lactate, a substance usually produced by muscles during exercise

- Genetic Factors: Some studies reported that panic disorders are more likely to be inherited and disorders have a distinct genetic component but it is less
- Psychosocial factors: Anxiety is a learned response either from modeling parental behaviour or through the process of classical conditioning leads to panic attacks.

- panic attack resulting from an unsuccessful defense mechanisms against anxiety provoking impulses

### Clinical features of panic disorders

- Panic disorder :is characterised by recurrent panic attacks, the onset of which are unpredictable ,usually accompanied by a
- pounding heart, sweatiness, weakness, faintness, or dizziness flush or feel chilled
- hands tingle or feel numb;
- nausea, chest pain, or smothering sensations.
- Panic attacks usually produce a sense of unreality, a fear of impending doom, or a fear of losing control.
- A fear of one's own unexplained physical symptoms is also a symptom
- make a person feel as if they are having a heart attack or losing their mind,
- Attacks generally provoke a strong urge to escape or flee the place where the attack begins
- when associated with chest pain or shortness of breath, frequently results in seeking aid from some type of urgent care facility.
- Panic attacks can occur at any time, even during sleep. An attack usually peaks within 10 minutes, but some symptoms may last much longer.
- Many people have just one attack and never have another.
- The tendency to develop panic attacks appears to be inherited.
- People who have, repeated panic attacks can become very disabled by their condition and should seek treatment before they start to avoid places or situations where panic attacks have occurred.

## Diagnosis of panic disorders( P.D)

Panic disorder is diagnosed when a person has experienced at least two unexpected panic attacks and develops persistent concern or worry about having further attacks or changes his or her behavior to avoid or minimize such attacks.

- Panic disorder affects twice as many women as men.
- The age of onset is most common between late adolescence and mid-adult life

Children who suffer anxiety syndromes, such as separation anxiety, tend to develop into panic disorder if not treated

- panic disorder is one of the most treatable anxiety disorders. The illness can be controlled with medication and focused psychotherapy.

## Treatment of panic disorders

- Recovery from panic disorder appears to be most successful when a combination of treatments is used in fighting the disorder
- medication is used to block panic attacks, and when it is used in combination with cognitive or behavioral therapy, it allows to overcome fears and return to normal, functional living.
- **Cognitive therapy** : is used to help people think and behave appropriately.

Patients learn to make the feared object or situation less threatening as they are exposed to, and slowly get used to, whatever is so frightening to them.

Family members and friends help a great deal in this process when they are supportive and encouraging

- **Medication:** is most effective when it is used as part of an overall treatment plan that includes supportive therapy.

Antidepressants and anti anxiety medications: are the most successful medications for this disorder,

- although beta blockers, which limit neuron activity in the brain, are helpful with social phobias.
- Short term anxiety can be treated with Anxiolytic Medications

Healthy living habits may also help to overcome panic disorder.

- exercise, a proper and balanced diet, moderate use of caffeine and alcohol, and
- learning how to reduce stress are all important.

Peer support is a vital part of overcoming panic disorder.

- Family and friends can play a significant role in the treatment process and should be informed of the treatment plan and of the ways they can be most helpful

### **Application of the nursing process (Panic Disorder)**

- **Assessment :**

the nurse can use the HAMILTON ANXIETY RATING SCALE (HAM-A) tool along with the following detailed discussion to guide her assessment of client with panic disorder