

# Anxiolytics and anxiety disorders

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# Anxiety disorders

- 1. Panic disorders and agoraphobia
- 2. Specific phobia and social phobia
- 3. Obsessive - compulsive disorder
- 4. Posttraumatic stress disorder and acute stress disorder
- 5. Generalized anxiety disorder

# 1. Panic disorders and agoraphobia

- Anxiety manifests as recurrent unexpected panic attacks - discrete period of intense fear or discomfort, developed abruptly and reached a peak within 10 minutes. In some person can be associated with certain situations.

# Criteria for panic attack I

- 1. palpitation, pounding hearth, or accelerate hearth rate
- 2. sweating
- 3. trembling or shaking
- 4. sesnsations of shortness of breath or smothering
- 5. feelikg of choking
- 6. chest pain or discomfort

# Criteria for panic attack II

- 7. nausea or abdominal distress
- 8. feeling dizzy, unsteady, light-headed, or faint
- 9. derealization /feeling of unreality/, depersonalization /being detached from oneself/
- 10. fear of losing control or going crazy
- 11. fear of dying

# Criteria for panic attack III

- 12. parestesias
- 13. chills or hot flushes

# 1a/ Panic disorder without agoraphobia

- A.
  - recurrent unexpected panic attack
  - at least one of the attacks has been followed by one month
- B.
  - absence of agoraphobia

# 1a/ Panic disorder without agoraphobia

- C.
  - the panic attacks are not due to the direct physiological effects of a substance or a general medical condition
- D.
  - the panic attacks are not better accounted for by another mental disorder



# 1b/ Panic disorder with agoraphobia

- Criteria A, C, D are the same as by 1/1 , difference is in B.
  - the presence of agoraphobia

# 1b/ Panic disorder with agoraphobia

- Criteria for agoraphobia
  - A. Anxiety about being in places or situations from which escape might be difficult.
  - B. The situations are avoided with marked distress or anxiety about having a P.A.
  - C. The anxiety or phobic avoidance are not better accounted for by another mental disorder.

# 1c/ Agoraphobia without history of panic disorder

- A. The presence of agoraphobia related to fear of developing panic like symptoms/dizziness or diarrhea/.
- B. Criteria have never been met for panic disorder.
- C. the disturbances are not due to the direct physiological effects of a substance or a general medical condition.

# Treatment

- Pharmacological
  - SSRI
  - RIMA
  - Benzodiazepines – only in emergency
- Psychoterapeutic
  - Cognitive-behavioral treatment /relaxation, respiratory control, exposure therapy/

## 2. Specific phobia and social phobia

## 2a/ Specific phobia

- The fear cued by the presence of a specific object or situation, such as flying, heights, animals, receiving an injection, seeing blood etc. Those must be avoided with marked distress and recognized by the person as unreasonable fear disrupting the persons life.

## 2b/ Social phobia

- Fear of one or more social or performance situations in which the person is exposed to unfamiliar people that will be embarrassing.

# Diagnostic criteria

- Fear
  - marked and persistent
  - provoked by phobic stimulus
  - recognised as unreasonable
- Phobic situation
  - avoided by anxiety, distress
  - interferes with the persons routine, occupational, social etc. activities
- Duration - at least 6 months in individuals under age 18



# Treatment

- Specific phobia
  - exposure therapy as the base
- Social phobia
  - Pharmacotherapy /RIMA, SSRIs, benzodiazepines only in emergency/
  - Psychosocial /CBT/

### 3. Obsessive-compulsive disorder

# OCD

- Patient have either obsession and compulsion that are a significant source of distress
  - are time - consuming
  - interfere significantly with the person's normal routine, occupational functioning or social activities or relationships.

# Obsessions

- 1. Recurrent and persistent thoughts, impulses, or images.
- 2. Not simply excessive worries about real-life problems.
- 3. Attempt to ignore or suppress them with some other thought or action.
- 4. Product of one's mind.

# Compulsion

- 1. Repetitive behaviors in response to an obsession which must be rigidly applied.
- 2. Behaviors or mental act preventing or reducing distress.
  - /handwashing, ordering, checking/

# OCD - diagnostic criteria

- A. Either obsessions or compulsions
- B. At some point the person has recognised them unreasonable
- C. Are time - consuming, interfere significantly with the person's normal routine, occupational functioning or social activities or relationships
- D. Not restricted to other disorders.
- E. Not due to direct effects of a substance or medical condition.

# Treatment

- Psychotherapy, behavior therapy
- Pharmacotherapy
  - SSRIs, Li, AP
- ECT
- Psychosurgery

4. Posttraumatic stress  
disorder(A)  
and acute stress disorder (B)

two of only a few disorders defined  
by its cause



# A. PTSD - diagnostic criteria I

- A. Exposition to a traumatic event in passed /death, injury/ that the person response intense fear, helplessness, horror.
- B. The traumatic event is persistently reexperienced /images, ilusions, flashbacks, dreams.../

# PTSD - diagnostic criteria II

- C. Three or more of the stimuli associated with the trauma
  - thoughts, feelings, conversations
  - activities, places, people
  - inability to recall important aspects of the trauma
  - markedly diminished interest in significant activities
  - feeling of detachment from others
  - restricted range of affects /loving feels etc./
  - sense of foreshortened future /doesn't expect to have a career, marriage, children.../

# PTSD - diagnostic criteria III

- D. Two or more of persistent symptoms
  - difficulty falling or staying asleep
  - irritability or outburst of anger
  - difficulty concentrating
  - hypervigilance
  - exaggerated startle response

# PTSD - diagnostic criteria IV

- E. Duration more than one month
- F. The disturbance causes clinically significant distress in social, occupational or other important areas.

## B. ASD - diagnostic criteria

- A. Exposition to a traumatic event in passed /death, injury/ that the person response intense fear, helplessness, horror.
- B. While experiencing or after
  - sense of detachment, absence emotional responsibility
  - reduction in awareness of surroundings
  - derealization
  - depersonalization
  - dissociative amnesia

# ASD - diagnostic criteria II

- C. The traumatic event is persistently reexperienced /images, ilusions, flashbacks, dreams.../
- D. Marked symptoms of anxiety
- E. Clinically significant distress in social, occupational or other important areas

# ASD - diagnostic criteria III

- F. The disturbance lasts for
  - minimum two days
  - maximum four weeks within the traumatic event
- G. Is not due to direct effects of a substance or medical condition.

# Treatment

- Pharmacotherapy
  - Antidepressants SSRIs, mood stabilizers, anxiolytics, anticonvulsants
- Psychotherapy
  - individual, group, relaxation training



## 5. Generalized anxiety disorder

# GAD

- Excessive anxiety or worry lasting for 6 months or longer, accompanied by at least three somatic symptoms.

# GAD - diagnostic criteria I

- A. Excessive anxiety and worry
- B. Difficult to control it
- C. Association with at least three symptoms
  - feeling on edge
  - being easily fatigued
  - difficulty concentrating
  - irritability
  - muscle tension
  - sleep disturbance

# GAD - diagnostic criteria II

- D. The focus of anxiety is not confined to features of other disorders /panic dis. Etc/.
- E. The anxiety causes significant social, occupational or other distress.
- F. The disturbance is not due to direct effects of a substance or a general medical condition.

# Treatment

- Pharmacotherapy
  - Antidepressants SSRIs, BZD, beta-blockers
- Psychotherapy
  - dynamic, supportive, CBT

# Conclusion

- Anxiety disorders are *common* illness with considerable *morbidity* and *social cost*, accompanied by *anxiety, worry, distress*. Half of them is undiagnosed or untreated.

# References:

- **Waldinger RJ.: Psychiatry for medical students, Washington, DC : American Psychaitric Press, 1997**
- **Kaplan HI, Sadock BJ, Grebb JA.: Kaplan and Sadock´s synopsis of psychiatry, Baltimore: Williams and Wilkins, 1997**