

## Anxiety Disorders

What is anxiety?

A universal emotion experienced by everyone

- the extreme form leads to fear of impending death or catastrophe
- unpleasantness and the universality of symptoms is evidenced by the millions of prescriptions for anti-anxiety drugs
- despite its importance, the nature of anxiety remains elusive

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## How do we define Anxiety

It is a feeling of uneasiness and apprehension about some undefined threat. The threat is often physical with intimations of bodily harm or death, or psychological with threats to self-esteem and well-being. The feeling is diffuse and ineffable, and the indefinable nature of the feeling gives it its peculiarly unpleasant and intolerable quality.

If the threat can be identified we refer to the feeling as fear.

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## Theories of Anxiety

Psychodynamic theories began with Freud, but essentially assume anxiety is generated by unconscious ideas, thoughts, or fantasies, the content of which frequently relates to childhood events

Developmental theorists such as Bowlby attempt to explain anxiety through the infant's attachment to its mother and processes involved in separation as well as its effects

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Child development studies it has become obvious that there is a predictable parade of normal fears that emerge, plateau, and decline from infancy through adolescence but that these fears are modified by environmental, familial, and genetic factors

ie is it nature or nurture

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**Learning theories**

Respondent conditioning theory postulates, for instance, that the occurrence of a panic attack, perhaps originally provoked by external stimuli, becomes conditioned to other stimuli . The conditioned stimuli might become quite different from the original through the process of stimulus generalization, in which new stimuli with properties like the original can elicit the conditioned response ie the panic attack.

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**Cognitive theories**

Expectation of harm mediate anxiety responses

Expectations of harm are learned

The magnitude of anxiety varies with the subjective likelihood of harm

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## Social Learning and Social Cognitive Theory

An interactional model of causation in which environmental events, personal factors, and behavior all influence one another

Experience creates expectations that regulate action

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for example in the case of simple fears the development occurs as follows:  
an aversive experience, either personal or vicarious, this instills the belief one is unable to control the unpleasant outcome associated with the aversive event  
Threats that cue the aversive experience produce arousal and various defensive maneuvers  
Strategies develop to avoid the aversive experience and unpleasant outcomes and the fear dissipates

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Soon protective strategies develop under conditions of predicted rather than actual threats  
Once established, defensive behaviour is difficult to eliminate because it perpetuates the individual's estimation that he is unable to cope with the fearful situation

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## Implications for Treatment

The most effective strategies for treatment have evolved from the learning theories just discussed

Generally cognitive behavioural therapists have developed interventions based on this theory but expanded interventions to account for inconsistencies and to make the interventions more effective and efficient

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An understanding of the mechanisms of exposure therapy and systematic desensitization will require an integration of learning theory and neurobiology

Clinically, and theoretically a combination of cognitive, physiologic, and social learning theory is useful in describing Panic

Anxiety involves emotion, memory, arousal, attention, drive states, cognition, behaviour, and other aspects of CNS

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## Neuroanatomy

- limbic system, integration of emotion & motivation
- thalamus, co-ordination centre
- Locus coeruleus, noradrenergic fibers

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## Neurotransmitters

- Noradrenergic System, major role in the causation of anxiety but the dysfunction is unclear. Possibly too few noradrenergic receptors, their system is too sensitive to input (it overshoots) or their receptors are subsensitive. Drugs alter the regulatory effect of noradrenergic function or simply by increasing or decreasing noradrenergic activity

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- Serotonergic system, extensive projections from the raphae nucleus involved in modulating emotion, pharmacologic agents that increase serotonin activity seem to have strong antianxiety effects
- GABA- benzodiazepine system, High concentration of inhibitory synapses, benzos have a high-affinity binding site and are effective anxiolytic agents

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## What is the best theory of Anxiety

no best single theory

all theories have something to offer

Best viewed from the biopsychosocial perspective, which posits that various systems interact in complicated ways to determine the final presentation of anxiety for a particular individual

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## Christopher

45 year old divorced father of 3 adult children  
lifelong anxiety exacerbated by work situation 8 years ago

tense and on edge frequently, ruminates in bed on  
wakening in the morning often getting up in an anxious  
state

difficulty falling asleep and an exaggerated startle  
response

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binge drinker with alcohol, maybe understated  
mood, weight, functioning OK

family history significant dad heavy drinker,  
9 DUI's, sent to Ocala then stopped

frequent stories of abandonment and frightening  
situations with dad as a child

raised in Kimberley, skier, mountain man recent panic  
attack dispersing dad's ashes

successful in the work place turned around several  
resorts into profitability, obsessive and over  
achiever

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14 year marriage, never alone for more than a month  
or two

mental status, athletically built small stature, likeable  
nature, articulate, a feeling of angst seemed permeate  
his story, objectively limited signs of anxiety but  
subjectively profoundly uncomfortable, no psychosis,  
nor suicidal thought

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**Prior treatment**

Remeron 30 mg good trial but no response  
Paxil stopped due to sexual side effects  
Ativan, could not remember if it worked  
currently taking Seroquel 25 mg helps with sleep but  
feels quite sedated next morning

?? Diagnosis

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Axis 1  
Generalized Anxiety Disorder

Axis 2  
Obsessive Compulsive personality traits  
?? narcissitic traits

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**Treatment**

counselling CBT  
Clonazepam 0.25-0.5 mg

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## Jeannette

29 year old married mother of 4

history of medical problems over the last year, seen by internist, neurologist and various investigations  
+ve ANA low titer nothing definitive

June took 1/2 tab of ecstasy and experience a panic attack

over the last 6 weeks began to experience them frequently, not typically aware of a precipitant

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dysfunctional family, father fluctuated from being intensely religious to abusing drugs and alcohol

family moved alot, renegade as an adolescent, dropped out of school at age 18 with her first child

short relationship then married for almost 10 years, 3 more children, 2 special needs

relationship now sour, husband has not been providing well for the family, spending time on the internet, including pornography, consequently she had a weekend affair in Calgary last year

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## Mental Status

Attractive woman, candid and straightforward, intensely emotional about her relationship, objectively anxious at the beginning of the interview, dysphoric but not depressed, not suicidal nor psychotic

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## Diagnosis

Axis 1: Panic

previous trial with Celexa, experienced agitation and discontinued

seen by counsellor but for only one appointment questionable engagement

potpourri of benzos: Xanax, Ativan, Clonazepam with variable results sometimes paradoxical

self trial with St. John's Wort up to 1500 mg with some improvement

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Plan

endorse the use of SJW

stop the benzos, she had already apparently done so

reconnect with the therapist for CBT

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Turned up in emergency 2 days later panicky and not sleeping

reviewed in a couple of days added clonazepam 0.25-0.5mg discussed the relationship

began to see therapist

seen in about a month had formulated a plan to leave the relationship

a month later had new housing, children in school, anxiety improved, wanting to stop benzo's

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## Jennifer

27 year old married woman with 4 children

Jenny had a phobia for mice, some were found in the house, began to experience panic and had to leave the house for a month

Organized but frets over many decisions  
obsessional about orderliness and cleanliness, for instance white coat hangers for her and beige coat hanger for husband

Despondent with no joy, anorexic as a teenager  
only gained 10 lbs with first child

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Distant with both her parents, they fought alot, one younger sister 12 years her junior, ?attempt to salvage the parents marriage, dissolved soon after her birth

Felt abandoned by parents to care for sibling, one incident when she was left as the caregiver while they went to Mexico to reconcile over Christmas

Finished school, stayed with first husband for 9 years, older man met at age 15 very controlling, 2 boys,

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second husband met online, 2 more children, better relationship, but no interest in intimacy

Miserly, no hobbies, sees no value in vacations, dresses the children so they match, use to make lists but became too stressed if she could not complete them

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## Mental Status

Tall thin woman weighing 130 lbs but wishing she were 110 lbs. Engageable and spontaneous, articulate themes of control permeated her story. Dysphoric mood with very limited affect almost stoical in style. No suicidal thought nor psychosis

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## Diagnosis

Axis 1

Simple phobia, ie mice

Generalized Anxiety Disorder

?Obsessive Compulsive disorder

?Eating disorder NOS

Depression

Axis 2

?Predominant diagnosis Obsessive  
Compulsive Personality

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## Treatment

no historical treatment trials

Ativan 0.5 mg q.i.d. too sedating and discontinued

Bupropion 100 mg b.i.d. stopped and started 2 times but consistent for the last 3 weeks with good tolerance and indeterminate response

Counselor not previously met sat in on the interview and encouraged follow-up CBT but commitment seemed shaky

suggested dose increase of Bupropion to 150 mg b.i.d. with next month's prescription

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## Linda

46 year old married woman

Recently moved from Red Deer only wanted her previous psychiatric prescriptions renewed, very evasive and avoidant in disclosing symptoms initially

long list of compulsive behaviours, largely involving checking, and organizing

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Examples given include, having to touch both sides of a door when passing through, folding towels in a certain way with the tag in the back, checking locks, always checking for fire safety, if she does not do these tasks something dreadful will happen to her or her family

she has insight to the ridiculous nature of the behaviour but has limited ability to stop she can be very secretive about her compulsions and can spend up to 50 - 75% of her waking hours engaged in this behaviour

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her father was a counter, mother was seen as anxious in her disposition

teased as a child by her peer group and held back a year but completed high school, worked when younger at a grocery store

married 25 years, husband tolerates her compulsions, 22 year old daughter with very similar symptoms, 16 year old son doing well

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## Mental Status

Middle aged woman, slightly overweight, engagement challenging and evasive, but once symptoms disclosed about obsessions and compulsions she relaxed and described them candidly. Mood good and affect appropriate. She appeared to have accepted her disorder at some level and was finding the symptoms at this time manageable

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## Management

Previous drug trials with virtually all the antidepressants and antipsychotics as well as benzo's with her prior psychiatrist

Very limited success with CBT

Patient wanted to continue with her current drug regiment Celexa 100 mg daily, and Olanzapine 17.5 mg daily

Encouraged follow-up with counsellor sitting in on the interview but declined

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## Anne

17 year old Meti girl living with both biological parents entering grade 12

Presents with an eating disorder, weight down to 85 lbs, claims to eat 3 meals a day, but gravitates toward low fat products, particular brands, also has decided she is a vegetarian, parents differ in the amount she eats and she does percieve herself as underweight

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Obsessional with cleaning the fridge her shelf in particular, and the cabinets, things need to be lined up perfectly, moves furniture and will clean late into the night compromising her sleep, and time with friends

Issue with stolen money at the new year, very upsetting for her, parents also bicker and father binge alcoholic, scary when drinking, mother also prone to alcohol binges, exacerbates patients cleaning

Father quite meticulous and organized as a child, prior marriage of father with 3 adult children, 2 of which highly organized problem cleaning behaviours

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Bright in school straight A's

Won a contest in native studies across Canada for teens, spent tremendous amount of time on the project, jointly done with another individual but she did the bulk of the work

major passion appeared to be dance in all it's forms

amenorrhea for several months, no interest in having a boy friend

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## Mental Status

Slight girl, underweight, glamorous in her presentation hair done perfectly, very mature application of makeup, carried a silvery purse and all of her fingers were made up with extensions. Engageable, articulate, minimized symptoms, contradicted parents. Limited insight, but not psychotic or suicidal

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## Diagnosis

Axis 1

Obsessive Compulsive Disorder

Eating Disorder NOS

Axis 2

deferred for now, still only 17

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## Treatment

Previously seen by eating disorder clinic, opinion uncertain

family and patient felt a need for an intervention receptive to medication

Celexa started at 10 mg for a week then increased to 20 mg

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Month later

Spent 3 weeks at the coast with a couple of her sisters and was able to better appreciate her cleaning behaviours and also encouraged to eat, allowed for a break from the family home

Renovations completed at home, she had a major hand in colour choices etc. pleased with results

Tolerated celexa, less anxiety, no cleaning or organizing sessions into the night

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Told by the eating disorder clinic she would have to take a semester off from her dancing as her bones were too brittle, now highly motivated to regain some weight

Up 4 lbs, spoken to the dietician and given up on low fat products

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