

Chapter 1 : Anxiety Disorders | Mental Health America

How Common Are Anxiety Disorders? In any given year the estimated percent of U.S. adults with various anxiety disorders are: 7 to 9 percent: specific phobia; 7 percent: social anxiety disorder; 2 to 3 percent: panic disorder; 2 percent: agoraphobia; 2 percent: generalized anxiety disorder; 1 to 2 percent: separation anxiety disorder; Women are more likely than men to experience anxiety disorders.

Natasha Tracy Types of anxiety disorders range from those that affect only one situation, such as being around spiders, to those that affect many aspects of everyday life. In their mild forms, they are relatively benign. On the extreme end, both can be psychologically debilitating. Some types of anxiety disorders are short-term and often resolve themselves with the removal of a stressor. Wondering if you have an anxiety disorder? Take our anxiety disorder test. Adjustment disorder with anxious features “ diagnosed when a person develops anxiety symptoms in relation to a major life-changing event “ like getting married or moving to another city. Symptoms generally start within three months of the stressful event and occur for six months or less. Substance-induced anxiety disorder “ generally resolves when the substance is discontinued or when withdrawal from the substance is over. Many start in childhood and last long into adulthood, particularly if treatment has not been sought. This list of anxiety disorders includes: Agoraphobia “ a fear of being in a public place where escape would be embarrassing or difficult. This is particularly prevalent when a person fears they may have a panic attack. Anxiety due to a general medical condition “ this type of anxiety disorder can be short- or long-term depending on the medical condition. Anxiety often develops in relation to illnesses like heart conditions. Generalized anxiety disorder GAD “ anxiety symptoms occur in multiple environments and due to multiple objects or situations. Anxiety symptoms may not have a known cause. Obsessive-compulsive disorder OCD “ anxiety symptoms are in the form of intrusive, obsessive thoughts and compulsive behaviors or mental acts. OCD is considered a chronic type of anxiety disorder. Panic disorder “ consists of severe, immediate anxiety symptoms a panic attack due to a variety of causes, as well as the worry over having another panic attack. Posttraumatic stress disorder PTSD “ anxiety symptoms that occur after a trauma and are long-term in nature.

Chapter 2 : Facts & Statistics | Anxiety and Depression Association of America, ADAA

Anxiety disorders are a set of related mental conditions that include: generalized anxiety disorder, panic disorder, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD).

Symptoms result in problems with functioning. Symptoms are not due to medications, drugs, other physical health problems Symptoms do not fit better with another psychiatric problem such as panic disorder No major changes to GAD have occurred since publication of the Diagnostic and Statistical Manual of Mental Disorders ; minor changes include wording of diagnostic criteria. For children different criteria may be applied see F A period of at least six months with prominent tension, worry, and feelings of apprehension, about everyday events and problems. At least four symptoms out of the following list of items must be present, of which at least one from items 1 to 4. Autonomic arousal symptoms 1 Palpitations or pounding heart, or accelerated heart rate. Symptoms concerning chest and abdomen 5 Difficulty breathing. Symptoms concerning brain and mind 9 Feeling dizzy, unsteady, faint or light-headed. Symptoms of tension 15 Muscle tension or aches and pains. Other non-specific symptoms 19 Exaggerated response to minor surprises or being startled. The disorder does not meet the criteria for panic disorder F Most commonly used exclusion criteria: High rates in comorbidity of GAD and major depression led many commentators to suggest that GAD would be better conceptualized as an aspect of major depression instead of an independent disorder. The DSM-5 emphasized that excessive worrying had to occur more days than not and on a number of different topics. Consequently, making specialized medications for the disorder is more difficult as well. Many sufferers have found ease by relaxation exercises, deep breathing practice, and meditation. A comparison of overall outcomes of CBT and medication on anxiety did not show statistically significant differences i. Therapy[edit] Generalized anxiety disorder is based on psychological components that include cognitive avoidance, positive worry beliefs, ineffective problem-solving and emotional processing, interpersonal issues, previous trauma, intolerance of uncertainty, negative problem orientation, ineffective coping, emotional hyperarousal, poor understanding of emotions, negative cognitive reactions to emotions, maladaptive emotion management and regulation, experiential avoidance, and behavioral restriction. Among the cognitive-behavioral orientated psychotherapies the two main treatments are cognitive behavioral therapy and acceptance and commitment therapy ACT. CBT can be used alone or in conjunction with medication. The first step in the treatment of GAD is informing of the patient about the issues and the plan of the solution. The purpose of psychoeducation is to provide some relief, destigmatization of the disorder, motivating, and accomplishing participation by making the patient understand the program of treatment. The purpose of this component is to identify cues that provoke the anxiety. Stimulus control intervention refers to minimizing the stimulus conditions under which worrying occurs. Deep breathing exercise, progressive muscle relaxation, and applied relaxation fall under the scope of relaxation techniques. Patients then imagine themselves coping with the situation and decreasing their anxious response. If anxiety diminishes, they then enter a deeper relaxed state and turn off the scene. The purpose of cognitive restructuring is to shift from a worrisome outlook to a more functional and adaptive perception of the world, the future, and the self. It involves Socratic questioning that leads patients to think through their worries and anxieties so they can realize that alternative interpretations and feelings are more accurate. It also involves behavioral experiments that actually test the validity of both the negative and alternative thoughts in real-life situations. In CBT for GAD, patients also engage in worry exposure exercises during which they are asked to imagine themselves exposed to images of the most feared outcomes. Then they engage in response-prevention instruction that prevents them from avoiding the image and motivates alternative outcomes to the feared stimulus. The goals of worry exposure are habituation and reinterpretation of the meaning of the feared stimulus. Worry behavior prevention requires patients to monitor the behaviors that caused them worry and are then asked to prevent themselves from engaging in them. Instead, they are encouraged to use other coping mechanisms learned earlier in the treatment. Finally, problem solving focuses on dealing with current problems through a problem-solving approach: ACT is designed with the purpose to target three therapeutic goals: Thus, IUT focuses on helping patients in developing the ability to tolerate, cope

with and accept uncertainty in their life in order to reduce anxiety. IUT is based on the psychological components of psychoeducation, awareness of worry, problem-solving training, re-evaluation of the usefulness of worry, imagining virtual exposure, recognition of uncertainty, and behavioral exposure. Studies have shown support for the efficacy of this therapy with GAD patients with continued improvements in follow-up periods. Motivational interviewing is a strategy centered on the patient that aims to increase intrinsic motivation and decrease ambivalence about change due to the treatment. MI contains four key elements: Stress is a factor that can trigger anxiety, therefore keeping stress levels low through stress management, stress reduction, and relaxation may be beneficial. Physical activity has shown to have a positive impact whereas low physical activity may be a risk factor for anxiety disorders. Sexual side effects, weight gain, and higher risk of withdrawal are more common in paroxetine than escitalopram and sertraline. Side effects common to both SNRIs include nausea, weight loss, insomnia, dizziness, drowsiness, sweating, dry mouth and weakness [54]. Sexual side effects like those of the SSRIs are also common [55]. Benzodiazepines[edit] Benzodiazepines are most often prescribed to people with generalized anxiety disorder. Research suggests that these medications give some relief, at least in the short term. However, they carry some risks, mainly impairment of both cognitive and motor functioning, and psychological and physical dependence that makes it difficult for patients to stop taking them. It has been noted that people taking benzodiazepines are not as alert on their job or at school. Additionally, these medications may impair driving and they are often associated with falls in the elderly, resulting in hip fractures. These shortcomings make the use of benzodiazepines optimal only for short-term relief of anxiety. Popular benzodiazepines for GAD include alprazolam , lorazepam , and clonazepam. The World Council of Anxiety does not recommend the long-term use of benzodiazepines because they are associated with the development of tolerance , psychomotor impairment , cognitive and memory impairments, physical dependence and a withdrawal syndrome. Pregabalin and gabapentin[edit] Pregabalin Lyrica acts on the voltage-dependent calcium channel to decrease the release of neurotransmitters such as glutamate, norepinephrine and substance P. Its therapeutic effect appears after 1 week of use and is similar in effectiveness to lorazepam , alprazolam and venlafaxine but pregabalin has demonstrated superiority by producing more consistent therapeutic effects for psychic and somatic anxiety symptoms. Long-term trials have shown continued effectiveness without the development of tolerance and additionally, unlike benzodiazepines, it does not disrupt sleep architecture and produces less severe cognitive and psychomotor impairment. It also has a low potential for abuse and dependency and may be preferred over the benzodiazepines for these reasons. Nonetheless, it is likely to be of similar usefulness in the management of this condition, and by virtue of being off-patent, it has the advantage of being significantly less expensive in comparison. Common side effects include dizziness, nausea, and headache. However, buspirone is not as effective in patients who have been previously treated with benzodiazepines.

Chapter 3 : Types of Anxiety Disorders: List of Anxiety Disorders | HealthyPlace

Anxiety disorders are different, though. They are a group of mental illnesses, and the distress they cause can keep you from carrying on with your life normally. For people who have one, worry and.

Takeaway Anxiety disorders form a category of mental health diagnoses that cause nervousness, fear, apprehension, and worry. These disorders alter how a person processes emotions and behave, also causing physical symptoms. Mild anxiety might be vague and unsettling, while severe anxiety may seriously affect day-to-day living. Anxiety disorders affect 40 million people in the United States. It is the most common group of mental illnesses in the country. Disproportionate reactions of tension and worry characterize anxiety. The American Psychological Association APA defines anxiety as "an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure. In this article, we look at the differences between anxiety and anxiety disorder, the different types of anxiety, and the available treatment options. When does anxiety need treatment? While anxiety can cause distress, it is not always a medical condition. Anxiety When an individual faces potentially harmful or worrying triggers, feelings of anxiety are not only normal but necessary for survival. Since the earliest days of humanity, the approach of predators and incoming danger sets off alarms in the body and allows evasive action. These alarms become noticeable in the form of a raised heartbeat, sweating, and increased sensitivity to surroundings. This prepares humans to physically confront or flee any potential threats to safety. For many people, running from larger animals and imminent danger is a less pressing concern than it would have been for early humans. It can still be essential to survival – anxiety about being hit by a car when crossing the street, for example, means that a person will instinctively look both ways to avoid danger. Anxiety disorders The duration or severity of an anxious feeling can sometimes be out of proportion to the original trigger, or stressor. Physical symptoms, such as increased blood pressure and nausea, may also develop. These responses move beyond anxiety into an anxiety disorder. The APA describes a person with anxiety disorder as "having recurring intrusive thoughts or concerns. However, the manual now no longer groups these mental health difficulties under anxiety. Anxiety disorders now include the following diagnoses. Generalized anxiety disorder GAD: This is a chronic disorder involving excessive, long-lasting anxiety and worries about nonspecific life events, objects, and situations. GAD is the most common anxiety disorder, and people with the disorder are not always able to identify the cause of their anxiety. Panic disorder is a type of anxiety disorder. Brief or sudden attacks of intense terror and apprehension characterize panic disorder. These attacks can lead to shaking, confusion, dizziness, nausea, and breathing difficulties. Panic attacks tend to occur and escalate rapidly, peaking after 10 minutes. However, a panic attack might last for hours. Panic disorders usually occur after frightening experiences or prolonged stress but may also occur without a trigger. An individual experiencing a panic attack may misinterpret it as a life-threatening illness, and may make drastic changes in behavior to avoid future attacks.

Chapter 4 : Anxiety Disorders | MaineHealth

Anxiety disorders can coexist with physical health conditions as well. In such instances, these physical health conditions will also need to be treated. Before undergoing any treatment, it is important to have a thorough medical exam to rule out other possible causes.

What You Need to Know Most people experience feelings of anxiety before an important event such as a big exam, business presentation or first date. Anxiety disorders, however, are illnesses that cause people to feel frightened, distressed and uneasy for no apparent reason. How Common Are Anxiety Disorders? Generalized Anxiety Disorder ; Chronic, exaggerated worry about everyday routine life events and activities, lasting at least six months; almost always anticipating the worst even though there is little reason to expect it. Accompanied by physical symptoms, such as fatigue, trembling, muscle tension, headache, or nausea. Obsessive-Compulsive Disorder ; Repeated, intrusive and unwanted thoughts or rituals that seem impossible to control. Panic Disorder ; Characterized by panic attacks, sudden feelings of terror that strike repeatedly and without warning. Physical symptoms include chest pain, heart palpitations, shortness of breath, dizziness, abdominal discomfort, feelings of unreality, and fear of dying. Phobia ; Extreme, disabling and irrational fear of something that really poses little or no actual danger; the fear leads to avoidance of objects or situations and can cause people to limit their lives. Post-Traumatic Stress Disorder ; Persistent symptoms that occur after experiencing a traumatic event such as war, rape, child abuse, natural disasters, or being taken hostage. Nightmares, flashbacks, numbing of emotions, depression, and feeling angry, irritable, distracted and being easily startled are common. Social Anxiety Disorder ; Fear of social situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. Treatments are extremely effective and often combine medication or specific types of psychotherapy. More medications are available than ever before to effectively treat anxiety disorders. A person may have to try more than one medication before finding a drug or combination of drugs that works for them. Cognitive-behavioral therapy teaches people to understand their thinking patterns so they can react differently to the situations that cause them anxiety. Anxiety Disorders and Other Health Conditions It is common for a person with one anxiety disorder to also have another anxiety disorder. Anxiety disorders can coexist with physical health conditions as well. In such instances, these physical health conditions will also need to be treated. Before undergoing any treatment, it is important to have a thorough medical exam to rule out other possible causes. Get additional information about Anxiety Disorders at Psych Central.

Chapter 5 : Mental Disorders & Conditions - DSM

SSRIs and Anxiety Disorders. Selective serotonin reuptake inhibitors (SSRIs) are a class of drug commonly used to treat anxiety disorders. They raise the level of serotonin in the brain by preventing it from being reabsorbed back into cells that released it.

Chapter 6 : Anxiety disorders: Definition, types, and treatments

Anxiety disorders are a group of related conditions, each having unique symptoms. However, all anxiety disorders have one thing in common: persistent, excessive fear or worry in situations that are not threatening.

Chapter 7 : Anxiety Disorders - Learn the Symptoms & Treatment

Generalized Anxiety Disorder. People with generalized anxiety disorder (GAD) display excessive anxiety or worry, most days for at least 6 months, about a number of things such as personal health, work, social interactions, and everyday routine life circumstances.

Chapter 8 : Generalized anxiety disorder - Wikipedia

In people with anxiety disorders, the brain circuitry that controls the threat response goes awry. At the heart of the circuit is the amygdala, a structure that flags incoming signals as worrisome.