Anxiety Disorders
Part II
Panic Disorder: Causes

- Generalized biological vulnerability
  - Alarm reaction to stress

- Cues get associated with situations
  - Conditioning occurs

- Generalized psychological vulnerability
  - Anxiety about future attacks
  - Hypervigilance
  - Increase interoceptive awareness
Typical clinical course of Panic Disorder with Agoraphobia

Repeated spontaneous and situationally predisposed panic attacks
Typical clinical course of Panic Disorder with Agoraphobia

Repeated spontaneous and situationally predisposed panic attacks

Anticipatory anxiety: (the extent to which a Person expects another attack determines the agoraphobia avoidance behavior)

Will I have an attack?
Will it be embarrassing?
How will I escape?
Typical clinical course of Panic Disorder with Agoraphobia

Repeated spontaneous and situationally predisposed panic attacks

Anticipatory anxiety

Avoidance Behavior / Agoraphobia

Negative reinforcement of avoidance

Location of previous attacks
Physical sensations of attacks
Panic Disorder: Treatment

- Medications
  - Multiple systems
    - serotonergic
    - noradrenergic
    - benzodiazepine GABA
  - SSRIs (e.g., Prozac and Paxil): 60% panic free as long as they are on the drug. But....
  - High relapse rates when d/c’d
Panic Disorder: Treatment

- Psychological
  - Exposure-based
  - Reality testing
  - Relaxation
  - Breathing

- Panic Control Treatment
  - Exposure to interoceptive cues
  - Cognitive therapy
  - Relaxation/breathing

- High degree of efficacy
Panic Disorder: Treatment

Combined Medication/Psychological

- No better than individual tx
- CBT = better long term
Review

• Can you tell me the difference between physiological responses among those with GAD and those with anxiety including panic?

• What causes agoraphobia?
The Anxiety Disorders: An Overview

1. Generalized Anxiety Disorder

2. Panic Disorder with and without Agoraphobia

3. a. Specific Phobias
   b. Social Phobia

4. Obsessive-Compulsive Disorder
Specific Phobias

• φόβος, phóbos
• Clinical Description
  – Extreme and irrational fear of a specific object or situation
  – Significant impairment
  – Recognizes fears as unreasonable
  – Avoidance

What differentiates a fear from a phobia?
Specific Phobias

• **Blood-Injection-Injury Phobia**
  - Decreased heart rate and blood pressure
  - Fainting
  - Inherited vasovagal response
  - Onset = ~ 9
  - Different from other phobias
    Stronger genetic component
Specific Phobias

• **Situational Phobia**
  – Fear of specific situations
    • Transportation, small places
  – No uncued panic attacks
  – Onset = early to mid 20s
Specific Phobias

- Natural Environment Phobia
  - Heights, storms, water
  - May cluster together
  - Associated with real dangers
  - Onset = ~7
Specific Phobias

• **Animal Phobia**
  – Dogs, snakes, mice
  – May be associated with real dangers
  – Onset = ~7
• Barophobia—Fear of gravity.
• Auroraphobia—Fear of Northern lights.
• Catoptrophobia—Fear of mirrors.
• Ereuthrophobia—Fear of blushing.
• Chronomentrophobia—Fear of clocks.
• Didaskaleinophobia—Fear of going to school.
• Dendrophobia—Fear of trees.
• Macrophobia—Fear of long waits.
• Novercaphobia—Fear of your step-mother.
• Koniophobia—Fear of dust.
• Sesquipedalophobia—Fear of long words.
• Peladophobia—Fear of bald people.
• Zelophobia—Fear of jealousy
• Ablutophobia—Fear of washing or bathing.
• Zemmiphobia—Fear of the great mole rat
Specific Phobias: An Overview

- Statistics
  - 8.7% (year)
  - Female : Male = 4:1 (it is likely more even but males probably just don’t tell anyone or incidentally do exposure therapy on selves!)
  - Chronic course
  - Onset = 7 (median)

The Mohawk
Specific Phobias: Causes

• Inherited vulnerability
  – Biological and evolutionary

• Traumatic exposure
  – Direct conditioning

• Observational learning

• Information transmission

• Social and Gender Roles
Specific Phobias: Treatment

• Cognitive-behavior therapies
  – Exposure
    • Graduated
      – Systematic desensitization example
        » Hierarchy of exposure
          • Paired with progressive muscle relaxation
    • Structured
    • Consistent
Social Phobia/Social Anxiety Disorder

- Clinical Description
  - Extreme and irrational fear/shyness
  - Social/performance situations
    - Writing
    - Public speaking
    - Eating
    - Sports
  - Significant impairment
  - Avoidance or distressed endurance
  - Generalized subtype
Social Phobia

• Statistics
  – 6.8% (year)
  – Female : male = 1.4:1.0:
    • Why is this so much closer to even?
    • Males actually seek help because of career issues.
  – Onset = adolescence
    • Peak age of 15
<table>
<thead>
<tr>
<th>Happiness</th>
<th>Surprise</th>
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<tr>
<td>Surprise</td>
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</table>
Social Phobia: Treatment

• Psychological
  – Group therapy
    • Social skills
  – Cognitive-behavioral treatment
    • Exposure
    • Rehearsal
    • Role-play
    • Group settings

• Medications
  – Beta blockers!
    • Heart medicine that dampens physiological cues.
  – SSRI
  – D-cycloserine
    • Designed to augment CBT (facilitates extinction of fear by modifying glutamate system)
  – High relapse rates when d/c’d
Obsessive-Compulsive Disorder (OCD)

Clinical Description

– Obsessions
  • Intrusive and nonsensical
  • Thoughts, images, or urges
  • Attempts to resist or eliminate

– Compulsions
  • Thoughts or actions
  • Suppress obsessions
  • Provide relief

Living with OCD
OCD: Obsessions

- 60% have multiple obsessions
  - Contamination
  - Aggressive impulses
  - Sexual content
  - Somatic concerns
  - Need for symmetry
OCD: Compulsions

- **Four major categories**
  - Checking
  - Ordering
  - Arranging
  - Washing/cleaning

- **Association with obsessions**
  - Aggression/sex = checking
  - Symmetry = arranging or repeating
  - Contamination and germs = washing

- **Hoard ing**

  PANDAS
Baxter Article!

• One test question on what article is about.
• Take home message:
  – Psychological (social) therapies can actually change the functioning and structure/activity in the brain!
Obsessive-Compulsive Disorder

- **Statistics**
  - 1% (year)
  - Female > Male
    - Reversed in childhood
  - Chronic
  - Onset = depends
    - Male = 13 to 15
    - Female = 20 to 24

Bother you?
Obsessive-Compulsive Disorder: Causes

• Similar generalized biological vulnerability

• Specific psychological vulnerability
  – Early life experiences and learning
  – Thoughts are dangerous/unacceptable
  – Thought-action fusion

• Distraction temporarily reduces anxiety
  – Increases frequency of thought
• The Zeigarnik Effect is the tendency to experience intrusive thoughts about an objective that was once pursued and left incomplete.
• The automatic system signals the conscious mind, which may be focused on new goals, that a previous activity was left incomplete.

• It seems to be human nature to finish what we start and, if it is not finished, we experience dissonance.
Intrusive Thoughts Reported by Nonclinical samples without OCD

- Impulse to jump out a window
- Impulse to push someone in front of a train
- Wishing a person would die
- “If I say goodbye to someone, they will die”
- Catch a disease from a public pool / toilet seat, etc.
- My hands are too dirty
- Idea of swearing at my boss
- Thoughts of blurting out something in church
- Think I forgot to lock the house, turn off the iron, etc.
OCD: Treatment

• Medications
  – SSRIs
    • 60% benefit
  – Psychosurgery (cingulotomy)
    • Cingulate bundle lesion
    • 30% benefit

  – High relapse when d/c’d
OCD: Treatment

• Cognitive-behavioral therapy
  – Exposure
  – Response prevention
  – Reality testing

  – Highly effective
    • 86% benefit

  – No added benefit from combined treatment
    • Article: UCLA OCD Study
      – Metabolism changed the same way for both!
Review

• What is one explanation for why more women appear to have specific phobias but the prevalence for social phobias are equivalent?

• What is the difference between an obsession and a compulsion?

• How do Beta Blockers work?
# Treatment of the Anxiety Disorders

<table>
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<th>Disorder</th>
<th>The person attempts to avoid</th>
<th>Treatment:</th>
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<tr>
<td>GAD</td>
<td>Future Anxiety</td>
<td>Expose/address and Gain Mastery</td>
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<td>Panic</td>
<td>Physiological Arousal</td>
<td>Arousal + Relaxation; Challenge attributions</td>
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<td>Graded exposure + Relaxation; Challenge Attributions</td>
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<td>PTSD</td>
<td>Thoughts of trauma</td>
<td>Safely re-enact trauma; gain mastery</td>
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<td>OCD</td>
<td>Obsessive Thoughts</td>
<td>Prevention of compulsion</td>
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Links!

http://markspsychiatry.com/progressive-muscle-relaxation/

http://www.youtube.com/watch?v=wE5F-FjbTRk

http://www.youtube.com/watch?v=Rn1OYlYzgm8&feature=related