

## **Anxiety Disorders**

25 April 2002 at Holiday Inn Golden Mile HK

Dr. Mak Ki Yan

*M.B.,B.S., M.D., F.R.C.Psych., F.H.K.A.M.(Psych.)*

### **Introduction**

- Anxiety is a very common phenomenon.
- It can be normal reaction to stress, resulting in either fight or flight. But it can become pathological when the degree or duration of the response is excessive. In order to qualify for a psychiatric disorder, the patient should experience a significant distress psychologically and/or disability functionally.
- It should be noted that anxiety can occur in most psychiatric disorders (psychotic, depression, stress related disorder).

### **There are three cardinal feature**

#### **1. Motor tension**

- Trembling, twitching or shaking
- Muscle tension, aches or soreness
- Restlessness
- Easy fatigue

#### **2. Autonomic hyperactivity**

- Shortness of breath
- Palpitation
- Sweating, cold clammy hands
- Dry mouth
- Dizziness
- Gastrointestinal upset – nausea, belching
- Flushes or chills
- Polyuria, frequent bowel motions
- Dysphagia or “lump in the throat”

#### **3. Vigilance**

- Feeling keyed up or on edge
- Startle response
- Poor concentration, “going blank”
- Insomnia
- Irritability

### **Types of Anxiety Disorders**

- Generalized anxiety disorder
- Panic disorder
- Phobic disorder
- Obsessive-compulsive disorder
- Anxiety disorder NOS

## **One should rule out organic anxiety disorders including**

- Physical diseases e.g. thyrotoxicosis, hypoglycaemia, hypoxia, etc.
- Substance-induced anxiety, either intoxication e.g. caffeine, or withdrawal e.g. alcohol, BDZ

## **Anxiety and depression**

Quite often co-exist, and is sometimes called 'Mixed anxiety and depressive disorder'

## **Generalized Anxiety Disorder**

- Excessive/poor control of anxiety or worry, with 3 or more symptoms:
  - Restlessness or feeling keyed up or on edge
  - Being easily fatigued
  - Difficulty concentrating or mind going blank
  - Irritability
  - Muscle tension
  - Sleep disturbance

## **Panic Disorder**

- Recurrent unexpected panic attacks with fear of impending death or catastrophe, followed by 1 month of persistent concern about additional attacks, worry about the implications of the attack.
- Besides the acute somatic symptoms shortness of breath, there are some psychological symptoms e.g. derealization & depersonalization, fear of dying, losing control, going crazy, etc.
- In addition, there is a noticeable avoidant behaviour (travelling, leaving home, lonely places, driving on highways, going out alone, unease while waiting, unease standing in queues, etc.)

## **Phobic Disorder**

This is characterized by an 'anticipatory anxiety' with resulting phobic avoidant behaviour that is out of proportion to the demands of the situation. It may co-exist with panic symptoms. There are different types of phobias, viz.:

## **Agoraphobia**

Fearful of open space, especially in situations difficult to escape.

## **Specific phobia**

- Animal type e.g. spiders, snakes, etc.
- Natural environment type e.g. height, etc.
- Blood-injection-injury type
- Situational type e.g. hospital, etc.
- NB in modern cities, many patients develop illness phobia, accident phobia

## **Social phobia**

Phobia towards unfamiliar people or environment. It can either be performance (stage acting) or interactional (social gatherings).

## **Obsessive Compulsive Disorder**

- There is a sense of absurdity and resistance. Obsessions (ruminations) can be thoughts, images or impulses, and they can be quite exhaustive, extreme or bizarre. Compulsions include counting, checking or washing.
- In addition, there can be compulsive hoarding (intensive collection & retention of useless or valueless items) and other overt compulsions e.g. compulsive touching, rituals, listmaking, silent counting, uttering prayers, etc.
- Finally, there is a rare condition called primary obsessive slowness when the patient spends a lot of time doing things, with a meticulous concern for orderliness.

## **Management of anxiety disorders include**

- A detailed history taking, with note of any precipitating, predisposing and perpetuating factors. Organic causes should be ruled out.
- General therapeutic measures include relaxation techniques, psychological support, stress coping measures such as healthy life-style, social skills training and problem solving techniques.
- Anxiolytics include benzodiazepines, azapirone, antidepressants, major tranquillizers (low dose), hydroxyzine and placebo.
- The most successful psychological measure is 'cognitive behavioural therapy'.

## **Conclusion**

- Treatment of anxiety disorders at the primary care level is possible, and is often very rewarding.