

## Lecture 4 – Anxiety II

### Readings:

**Roberson-Nay et. Al (2012):** SAD and adult onset PA = highly comorbid, share common genetic diathesis that is not observed for childhood overanxious disorder (OAD) – genetic link. Both child SAD and adult onset PA are associated with heightened sensitivity to inhaled CO<sub>2</sub> and can be influenced by childhood parental – but there are other factors that may predispose someone to have adult onset

**Kean et. Al (2006):** PTSD results from exposure to trauma

<p><b>Separation Anxiety</b> According to the DSM-5, it should be developmentally <u>inappropriate and excessive fear or anxiety</u> concerning separation from attachment figure. of following:</p> <ul style="list-style-type: none"> <li>excessive distress when anticipating or experiencing separation from home or attachment figures; about losing major detachment figures; about possible harm to attachment figure</li> <li>Reluctance or refusal to go out, away from home to school or work because of separation fear</li> <li>Reluctance about being alone without major attachment figure</li> <li>Refusal to sleep away from home</li> <li>Repeated nightmares</li> <li>Repeated complains about physical symptoms</li> </ul> <p>* Comorbid separation anxiety is as high as 73% in young people with panic attacks</p>	<p><b>Culturally Bound Syndromes Related to Panic Disorder</b></p> <ul style="list-style-type: none"> <li><b>Koro (probably of Malaysian origin):</b> individual has an overpowering belief that his or her genitals (e.g., penis or female nipples) are retracting and will disappear, despite the lack of any true longstanding changes to the genitals. This diagnosis is included in the Chinese Classification of Mental Disorders (CCMD-2)</li> <li><b>Shen-k'uei (Taiwan), shenkui (China):</b> Marked anxiety or panic with accompanying somatic complaints (eg. dizziness, insomnia, frequent dreams) for which no physical cause can be demonstrated. Attributed to excessive semen loss from frequent intercourse, masturbation etc.</li> <li><b>Dhat (India):</b> Severe anxiety and hypochondriacal concerns associated with the discharge of semen, whitish coloration of urine and feelings of weakness and exhaustion.</li> </ul>								
<p><b>Panic</b></p> <ul style="list-style-type: none"> <li>Symptoms show onset almost immediately</li> </ul> <p><b>Suffering from a Panic Attack can Lead to:</b></p> <ul style="list-style-type: none"> <li>Worrying about having another attack (Panic attacks + fears about having future attacks = <b>Panic Disorder</b>)</li> <li>Avoid situations where they experienced an attack (Safety Behaviours) leading to avoiding leaving home (<b>Agoraphobia</b>)</li> </ul>	<p><b>Risk Factors – Panic Disorder</b></p> <ul style="list-style-type: none"> <li>An abnormally sensitive fear network</li> <li>Major life stressors</li> <li>A history of sexual or physical abuse</li> <li>Genetic component</li> <li>Use of CNS stimulants, withdrawal from depressants, medical conditions</li> </ul>								
<p><b>Cognitive Model</b></p> <ul style="list-style-type: none"> <li>Panic Attacks result from 'catastrophic misinterpretation' of bodily or mental events;</li> <li>Events misinterpreted as signs of impending disaster- i.e. a heart attack or going crazy;</li> <li>A vicious cycle of events is triggered- associated with rising levels of anxiety and panic.</li> <li>Highly comorbid- up to 80% of individuals with PD have another mental illness</li> </ul>	<p><b>Anxiety Versus Fear:</b></p> <table border="1"> <thead> <tr> <th>Anxiety</th><th>Fear</th></tr> </thead> <tbody> <tr> <td>-anxious apprehension and worry that is a more general reaction that is out of proportion to threats in environment</td><td>-Experienced when a person is faced with real and immediate danger.</td></tr> <tr> <td>-future oriented</td><td>-Present-oriented</td></tr> <tr> <td>-can be adaptive if not excessive</td><td>-Can be adaptive</td></tr> </tbody> </table>	Anxiety	Fear	-anxious apprehension and worry that is a more general reaction that is out of proportion to threats in environment	-Experienced when a person is faced with real and immediate danger.	-future oriented	-Present-oriented	-can be adaptive if not excessive	-Can be adaptive
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<p><b>Specific Phobia DSM-5)</b></p> <ul style="list-style-type: none"> <li>Irrational fear of a specific object or situation, exposure = anxiety</li> <li><b>Markedly</b> interferes with individual's ability to function;</li> <li>Individual recognises fear is excessive or unreasonable;</li> <li>The avoidance or distress significantly interferes with the person's normal routine, functioning or social activities or there is marked distress about having a phobia.</li> <li>people usually have more than one specific phobia</li> </ul> <p><b>Social Anxiety Disorder</b></p> <ul style="list-style-type: none"> <li><b>Marked fear</b> about 1 or more social situations</li> <li>Individual fears that they will act in a way or show anxiety symptoms that will be negatively evaluated</li> <li>Social situations almost always provoke fear or anxiety</li> <li>Social situations are avoided or endured with intense fear or anxiety.</li> <li>Fear out of proportion</li> <li>Lasting 6 months or more</li> <li>Clinical distress</li> <li>Not due to substance etc.</li> <li>Not better explained by other mental disorder</li> </ul> <p>If other condition (e.g. burns, obesity) fear/avoidance unrelated or excessive</p>	<p><b>Specific Phobias – Aetiology</b></p> <p>Psychodynamic theory Stems from Freud's case study of Little Hans ("<b>Analysis of a Phobia in a Five-year-old Boy</b>" 1909); Castration anxiety and Oedipus complex; Freud theorized that phobias were actually displaced fears or conflicts</p> <p><b>Conditioning theory of fear acquisition</b> <b>-Watson &amp; Little Albert</b> - Individual learns to associate a threatening stimulus with a non-threatening stimulus so that the latter by itself can trigger anxiety -Fear is then maintained by avoidance- individual does not get the chance for 'reality testing' and new learning</p> <p><b>Problem:</b> -Many phobias have no obvious environmental cause- direct or indirect. "She has always been fearful of cats" -Why are some phobias more common than others, even though few encounters with the feared object (i.e. snakes)</p> <p><b>Social learning</b> -Fear may be learnt via observation of trauma in others; -Fear may be learnt by hearing of experiences of others; -Fear may be modeled or 'instructed'</p> <p><b>Evolutionary perspective</b> -Ohman and Mineka (2001)- organisms which learned to fear environmental threats faster had a survival and reproductive advantage</p>								
<p><b>Agoraphobia</b> A pathological fear of being in public places, often resulting in the sufferer becoming housebound - <b>Marked fear or anxiety</b> of 2 or more of: using public transport, being in open spaces, being in enclosed places, standing in line or being in a crowd, being outside of the home alone.</p> <p><b>ABC Model</b> Time-limited, problem focused approach based on the cognitive model; <u>Continuous measurement</u> and evaluation of patient problems, <u>Homework</u>- Socratic dialogue – important technique to enable transfer of information, and collaborative and supportive environment. <u>Dearousal techniques</u>, <u>Graded exposure</u> and <u>Cognitive restructuring</u>: think about the issue</p>	<p><b>ABC Model</b> Cross-sectional formulation of problem; Assists in describing CBT model to patient.</p> <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> <p><b>A</b></p> <div style="border: 1px solid black; padding: 5px; width: 80px;">Triggering event</div> <div style="border: 1px solid black; padding: 5px; width: 80px; margin-top: 10px;">Signing name in public</div> </div> <div style="text-align: center; margin-right: 20px;"> <p><b>B</b></p> <div style="border: 1px solid black; padding: 5px; width: 80px;">Thoughts</div> <div style="border: 1px solid black; padding: 5px; width: 80px; margin-top: 10px;">What if I shake? Everyone will look. Everyone will think I'm stupid.</div> </div> <div style="text-align: center;"> <p><b>C</b></p> <div style="border: 1px solid black; padding: 5px; width: 80px;">Emotional and behavioural responses</div> <div style="border: 1px solid black; padding: 5px; width: 80px; margin-top: 10px;">Trembling Breathless Leave room Grip pen tightly Avoid eye contact</div> </div> </div>								