

Anxiety Disorders

- Coping breaks down
- rigid, repetitive, ineffective behaviors
- Social, occupational, personal functioning impaired
- ego dystonic
- ego syntonic
- Primary gain
- secondary gain
- general symptoms
 - overt anxiety
 - phobias
 - obsessions
 - compulsions



Prevalence of Anxiety Disorders

- Anxiety Disorders are among the most common of all psychiatric disorders.
- Anxiety disorders and depression occur together frequently: ^^ severity with co-morbidity
- Substance abuse and somatization disorders are found to also occur with anxiety disorders



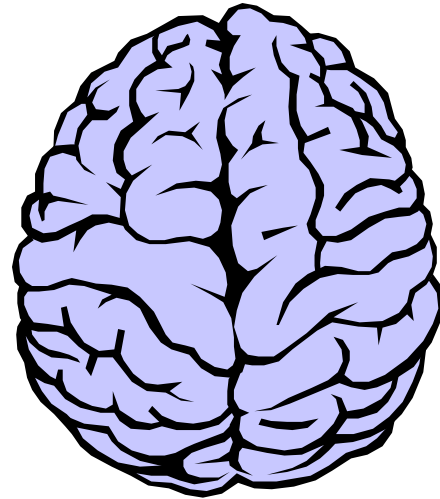


Anxiety Disorders

- DSM IV-TR disorders
 - Panic
 - Phobias
 - Generalized anxiety (GAD)
 - Obsessive Compulsive (OCD)
 - Stress Response
 - PTSD and Acute Stress Reaction
- Anxiety due to medical condition
- Anxiety due to substance use

Etiology of Anxiety Disorders

- Genetic Causes
- Biological finding
- Psychosocial Factors
- Learning theories
- Cognitive theories
- Cultural Considerations





Panic Disorder



- Essential feature is recurrent panic attack
- discrete periods of intense fear or discomfort
- 5 to 30 minutes
- increase in intensity over 10 minute period
- Occurs “out of the blue”
- May be situational
- Extreme sympathetic NS activity



PANIC!

- Sudden onset extreme fear/feeling of impending doom
- Terror
- Perceptual field narrows
- Derealization
- Depersonalization
- Physical symptoms
 - Sweating, palpitations, chills, hot flashes, chest pain, paraesthesias, chest pain, breathing difficulty
- Fear of going crazy/dying

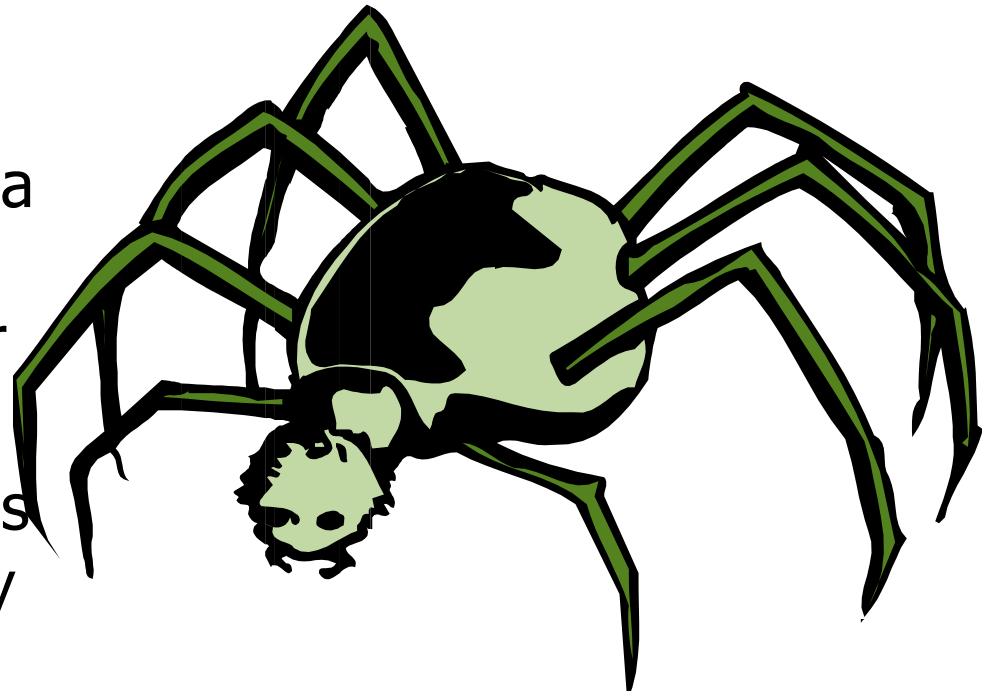
Panic disorder



- Leads to isolation and altered role performance
- Panic with agoraphobia
 - Over 95% of clients with panic develop agoraphobia
 - Refers to anxiety about being in places or situations from which escape might be difficult or embarrassing: pervasive avoidance of situations occurs

Phobia

- Specific Phobia
 - persistent fear of a circumscribed stimulus(object or situation)
 - exposure provokes immediate anxiety
 - avoidance occurs
 - role performance is affected





Phobias

- Types of specific phobias
 - Animal
 - Natural environment
 - Blood injection-injury
 - Situational
- Social Phobia
 - marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or possible scrutiny



Obsessive Compulsive disorder

- Recurrent O or C severe enough to cause marked distress, be time-consuming, or significantly interfere with role performance
- Obsession- intrusive thought, impulses or images
- Compulsions- repetitive, purposeful, intentional behaviors in response to an obsession
- occur together 75% of time/ego dystonic
- can occur with depression, phobias



Obsessions/compulsions

- Client recognizes that the obsessions are a product of their own mind; not an auditory hallucination
- Client recognizes that the obsessions/compulsions are excessive or unreasonable; client is not delusional about “undoing” that occurs with the compulsive act.



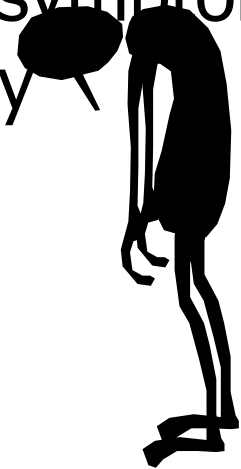
Rituals with OCD

- Clients need time to develop alternative coping skills
- Behaviors may continue until medication/support result in change
- Client gradually become less focused on obsessive thoughts/images; behavior improves; more involved in life.



GAD

- Generalized Anxiety Disorder
 - constant state of worry over trivial matters
 - difficulty making decisions due to difficulty concentrating
 - dread of making a mistake
- Difficulty falling asleep due to review of the day
- feelings of inadequacy
- physical symptoms of anxiety



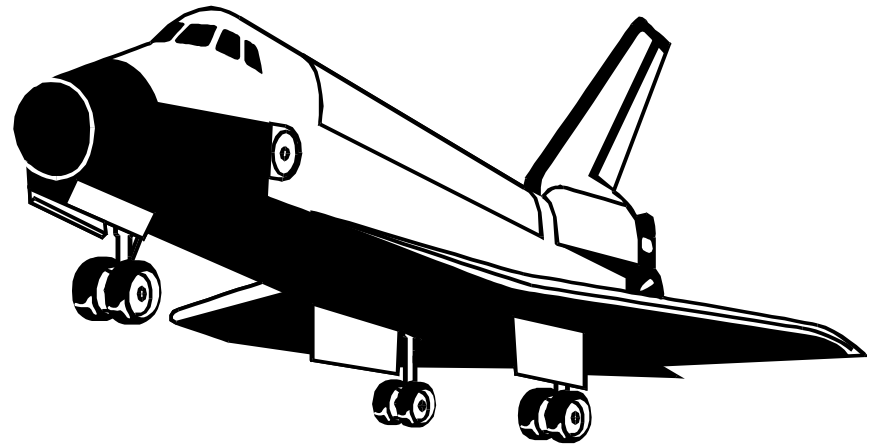


PTSD-

- Post Traumatic Stress Disorder
- Occurs after a traumatic event: serious threat of death or injury
 - Persistent re-experiencing of trauma
 - Avoidance of stimuli associated with the trauma
 - intrusive symptoms
 - flashbacks
- Numbing of general responsiveness
- Increased arousal symptoms e.g. hypervigilance, difficulty sleeping, irritability
- Self-medication with drugs, alcohol

Acute Stress Disorder

- Occurs within 1 month after exposure to extreme traumatic stressor





Nursing Process

- Nsg. Diagnoses

- Anxiety related to...
- Ineffective Coping
- Disturbed thought processes
- Ineffective role performance
- Disturbed sleep pattern
- Imbalanced nutrition

- Planning

- short term
 - relieve immediate distress
 - help client feel understood
 - assist client in identifying source of anxiety



Focus of Interventions

- Focus on reducing anxiety
- Understand feelings associated with anxiety



Nursing Process

- Interventions
 - remain with the client
 - speak slowly and calmly
 - use short simple sentences
 - decrease stimuli
 - walk with a pacing client
- Address nutrition and fluid intake
- personal hygiene and grooming
- sleep issues
- use of cognitive-behavioral interventions



Outcome Criteria

- Reports decreased duration of episodes
- Reports increased time between episodes
- Uses effective coping strategies
- Maintains role expectations
- Becomes involved in life's activities



Treatments/Advanced Practice

- Cognitive restructuring
- Cognitive behavioral therapy
- relaxation techniques
- modeling
- systematic desensitization
- graduated exposure
- Flooding
- Response Prevention
- Thought stopping
- milieu therapy
- medications
 - antianxiety
 - antidepressants



Nursing Process

- Implementation

- inpatient
- outpatient

- Evaluation

- reduce anxiety
- improving coping



Psychopharmacology

- All mental activity is in the brain
- Genetics, drugs, infection, psychosocial factors all result in an imbalance in cerebral function that accounts for disturbances in behavior and mental experiences
- Goal is to restore balance
- Neurons, neurotransmitters, receptors



Antianxiety medications

- Benzodiazepines
 - bind to receptors linked to GABA
 - major inhibitory neurotransmitter in CNS
 - leads to decreased outflow of norepinephrine
- Sedation
- paradoxical excitation
- vivid dreams
- nightmares
- decreased libido
- abuse and overdose



Antianxiety

- BusPar-
- Non-benzodiazepine anxiolytic, takes 4-6 weeks to provide anxiety relief, non addictive



Addition anti-anxiety treatment

- Beta-blockers- Tenormin, Inderal
- Antihistamines- non addictive, sedating, can be used over long periods of time.



Hypnotic Drugs

- Sleep producing
 - Dalmane
 - Halcion
 - Ativan

Never stop abruptly

When combined with alcohol, cause synergistic effect.



Hypnotic Drugs

- A-hypnotics: Ambien, Sonata, Lunesta- have a sedative effect without the antianxiety, anticonvulsant, or muscle relaxant effect. Show selectivity for GABA; short half-lives.
- Melatonin Receptor Agonists- Rozerem most recently approved.



Antidepressants

- SSRI
- Tricyclics
- First line treatment for Anxiety disorders