Chapter 4
Anxiety Disorders
Nature of Anxiety and Fear

• Anxiety
  – Somatic symptoms of tension
  – Future-oriented mood state characterized by marked negative affect
  – Apprehension about future danger or misfortune

• Fear
  – Immediate fight or flight response to danger or threat
  – Involves abrupt activation of the sympathetic nervous system
  – Strong avoidance/escapist tendencies
  – Present-oriented mood state, marked negative affect

Nature of Anxiety and Fear: part 2
• Anxiety and Fear are Normal Emotional States
• From Normal to Disordered Anxiety and Fear
• Characteristics of Anxiety Disorders
  – Psychological disorders – Pervasive and persistent symptoms of anxiety and fear
  – Involve excessive avoidance and escapist tendencies
  – Symptoms and avoidance causes clinically significant distress and impairment

The Phenomenology of Panic Attacks
• What is a Panic Attack?
  – Abrupt experience of intense fear or discomfort
  – Accompanied by several physical symptoms (e.g., breathlessness, chest pain)
• DSM-IV Subtypes of Panic Attacks
  – Situationally bound (cued) panic – Expected and bound to some situations
  – Unexpected (uncued) panic – Unexpected “out of the blue” without warning
  – Situationally predisposed panic – May or may not occur in some situations
• Panic is Analogous to Fear as an Alarm Response
The Phenomenology of Panic Attacks (cont.)

Figure 5.1
The relationships among anxiety, fear, and panic attack

Biological Contributions to Anxiety and Panic

- Diathesis-Stress
  - Inherit vulnerabilities for anxiety and panic, not anxiety disorders
  - Stress and life circumstances activate the underlying vulnerability
- Biological Causes and Inherent Vulnerabilities
  - Anxiety and brain circuits – GABA
  - Corticotropin releasing factor (CRF) and HYPAC axis
  - Limbic (amygdala) and the septal-hippocampal systems
  - Behavioral inhibition (BIS) and fight/flight (FF) systems

Psychological Contributions to Anxiety and Fear

- Began with Freud
  - Anxiety is a psychic reaction to fear
  - Anxiety involves reactivation of an infantile fear situation
- Behavioral Views
  - Anxiety and fear result from direct classical and operant conditioning and modeling
- Psychological Views
  - Early experiences with uncontrollability and unpredictability
- Social Contributions
  - Stressful life events as triggers of biological/psychological vulnerabilities
  - Many stressors are familial and interpersonal
An Integrated Model

- Integrative View
  - Biological vulnerability interacts with psychological, experimental, and social variables to produce an anxiety disorder
  - Consistent with diathesis-stress model
- Common Processes: The Problem of Comorbidity
  - Comorbidity is common across the anxiety disorders
  - Major depression is the most common secondary diagnoses
  - About half of patients have two or more secondary diagnoses
  - Comorbidity suggests common factors across anxiety disorders
  - Comorbidity suggests a relation between anxiety and depression

The Anxiety Disorders: An Overview

- Generalized Anxiety Disorder
- Panic Disorder with and without Agoraphobia
- Specific Phobias
- Social Phobia
- Posttraumatic Stress Disorder
- Obsessive-Compulsive Disorder

Generalized Anxiety Disorder: The “Basic” Anxiety Disorder

- Overview and Defining Features
  - Excessive uncontrollable anxious apprehension and worry about life events
  - Coupled with strong, persistent anxiety
  - Persists for 6 months or more
  - Somatic symptoms differ from panic (e.g., muscle tension, fatigue, irritability)
- Statistics
  - 4% of the general population meet diagnostic criteria for GAD
  - Females outnumber males approximately 2:1
  - Onset is often insidious, beginning in early adulthood
  - Tendency to be anxious runs in families

Generalized Anxiety Disorder: The “Basic” Anxiety Disorder (cont.)

Figure 5.3
Clients’ answers to interviewer’s question, “Do you worry excessively about minor things?”
Generalized Anxiety Disorder: Associated Features and Treatment

- Associated Features
  - Persons with GAD have been called “autonomic restrictors”
  - Fail to process emotional component of thoughts and images

- Treatment of GAD
  - Benzodiazepines – Often Prescribed
  - Psychological interventions – Cognitive-Behavioral Therapy

Generalized Anxiety Disorder

<table>
<thead>
<tr>
<th>Generalized psychological vulnerability</th>
<th>Generalized biological vulnerability</th>
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<tbody>
<tr>
<td><strong>Stress</strong> Due to life events</td>
<td><strong>Possible false alarms</strong></td>
</tr>
<tr>
<td><em>Anxious apprehension</em> (including increased muscle tension and vigilance)</td>
<td></td>
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<tr>
<td><strong>Worry process</strong> A failed attempt to cope and problem solve</td>
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<tr>
<td>Intense cognitive processing</td>
<td>Avoidance of imagery</td>
</tr>
<tr>
<td>Inadequate problem-solving skills</td>
<td>Restricted autonomic response</td>
</tr>
<tr>
<td><strong>Generalized anxiety disorder</strong></td>
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Figure 5.4
An integrative model of generalized anxiety disorder

Panic Disorder With and Without Agoraphobia

- Overview and Defining Features
  - Experience of unexpected panic attack (i.e., a false alarm)
  - Develop anxiety, worry, or fear about having another attack or its implications
  - Agoraphobia – Fear or avoidance of situations/events associated with panic
  - Symptoms and concern about another attack persists for 1 month or more

- Facts and Statistics
  - 3.5% of the general population meet diagnostic criteria for panic disorder
  - Two thirds with panic disorder are female
  - Onset is often acute, beginning between 25 and 29 years of age

Panic Disorder: Associated Features and Treatment

- Associated Features
  - Nocturnal panic attacks – 60% experience panic during deep non-REM sleep
  - Interoceptive avoidance, catastrophic misinterpretation of symptoms
• Medication Treatment of Panic Disorder
  – Target serotonergic, noradrenergic, and benzodiazepine GABA systems
  – SSRIs (e.g., Prozac and Paxil) are currently the preferred drugs
  – Relapse rates are high following medication discontinuation
• Psychological and Combined Treatments of Panic Disorder
  – Cognitive-behavior therapies are highly effective
  – Combined treatments do well in the short term
  – Best long-term outcome is with cognitive-behavior therapy **alone**

**Specific Phobias: An Overview**

• Overview and Defining Features
  – Extreme irrational fear of a specific object or situation
  – Markedly interferes with one’s ability to function
  – Persons will go to great lengths to avoid phobic objects, while recognizing that the fear and avoidance are unreasonable
• Facts and Statistics
  – Females are again over-represented
  – About 11% of the general population meet diagnostic criteria for specific phobia
  – Phobias run a chronic course, with onset beginning between 15 and 20 years of age

**Specific Phobias: Associated Features and Treatment**

• Associated Features and Subtypes of Specific Phobia
  – Blood-injury-injection phobia – Vasovagal response to blood, injury, or injection
  – Situational phobia – Public transportation or enclosed places (e.g., planes)
  – Natural Environment phobia – Events occurring in nature (e.g., heights, storms)
  – Animal phobia – Animals and insects
  – Other phobias – Do not fit into the other categories (e.g., fear of choking, vomiting)
• Causes of Phobias
  – Biological and evolutionary vulnerability, direct conditioning, observational learning, information transmission
• Psychological Treatments of Specific Phobias
  – Cognitive-behavior therapies are highly effective
  – Structured and consistent graduated exposure-based exercises
Specific Phobias: Associated Features and Treatment (cont.)

Social Phobia: An Overview

- Overview and Defining Features
  - Extreme and irrational fear/shyness in social and performance situations
  - Markedly interferes with one’s ability to function
  - Often avoid social situations or endure them with great distress
  - Generalized subtype – Social phobia across numerous social situations

- Facts and Statistics
  - About 13% of the general population meet lifetime criteria for social phobia
  - Prevalence is slightly greater in females than males
  - Onset is usually during adolescence with a peak age of onset at about 15 years

Social Phobia: Associated Features and Treatment

- Causes of Social Phobia
  - Biological and evolutionary vulnerability
  - Direct conditioning, observational learning, information transmission

- Psychological Treatment of Social Phobia
  - Cognitive-behavioral treatment – Exposure, rehearsal, role-play in a group setting
  - Cognitive-behavior therapies are highly effective

- Medication Treatment of Social Phobia
  - Tricyclic antidepressants and monoamine oxidase inhibitors reduce social anxiety
  - SSRI Paxil is FDA approved for treatment of social anxiety disorder
  - Relapse rates are high following medication discontinuation

Posttraumatic Stress Disorder (PTSD): An Overview

- Overview and Defining Features
  - Requires exposure to an event resulting in extreme fear, helplessness, or horror
  - Person continues to reexperience the event (e.g., memories, nightmares, flashbacks)
– Avoidance of cues that serve as reminders of the traumatic event
– Emotional numbing and interpersonal problems are common
– Markedly interferes with one's ability to function
– PTSD diagnosis cannot be made earlier than 1 month post-trauma

- **Statistics**
  – Combat and sexual assault are the most common traumas
  – About 7.8% of the general population meet criteria for PTSD

### Posttraumatic Stress Disorder (PTSD): Causes and Associated Features

- **Subtypes and Associated Features of PTSD**
  – Acute PTSD - May be diagnosed 1-3 months post trauma
  – Chronic PTSD - Diagnosed after 3 months post trauma
  – Delayed onset PTSD - Onset of symptoms 6 months or more post trauma
  – Acute stress disorder - Diagnosis of PTSD immediately post-trauma

- **Causes of PTSD**
  – Intensity of the trauma and one's reaction to it (i.e., true trauma)
  – Uncontrollability and unpredictability
  – Extent of social support, or lack thereof post-trauma
  – Direct conditioning and observational learning

### Posttraumatic Stress Disorder (PTSD): Treatment

- **Psychological Treatment of PTSD**
  – Cognitive-behavior therapies (CBT) are highly effective
  – CBT may include graduated or massed (e.g., flooding) imagined exposure

### Obsessive-Compulsive Disorder (OCD): An Overview

- **Overview and Defining Features**
  – Obsessions - Intrusive and nonsensical thoughts, images, or urges that one tries to resist or eliminate
  – Compulsions - Thoughts or actions to suppress the thoughts and provide relief
  – Most persons with OCD present with cleaning and washing or checking rituals

### Obsessive-Compulsive Disorder (OCD): Causes and Associated Features

- **Statistics**
  – About 2.6% of the general population meet criteria for OCD in their lifetime
  – Most people with OCD are female
  – Onset is typically in early adolescence or young adulthood
  – OCD tends to be chronic

- **Causes of OCD**
  – Parallel the other anxiety disorders
  – Early life experiences and learning that some thoughts are dangerous/unacceptable
  – Thought-action fusion - Tendency to view the thought as similar to the action
Obsessive-Compulsive Disorder (OCD): Treatment

• Medication Treatment of OCD
  – Clomipramine and other SSRIs seem to benefit up to 60% of patients
  – Relapse is common with medication discontinuation
  – Psychosurgery (cingulotomy) is used in extreme cases

• Psychological Treatment of OCD
  – Cognitive-behavioral therapy is most effective with OCD
  – CBT involves exposure and response prevention
  – Combining medication with CBT does not work as well as CBT alone

Summary of Anxiety-Related Disorders

• Anxiety Disorders Represent Some of the Most Common Forms of Psychopathology
• From a Normal to a Disordered Experience of Anxiety and Fear
  – Requires consideration of biological, psychological, experiential, and social factors
  – Fear and anxiety persist to bodily or environmental non-dangerous cues
  – Symptoms and avoidance cause significant distress and impair functioning
• Psychological Treatments are Generally Superior in the Long-Term
  – Most treatments for different anxiety disorders involve similar components
  – Suggests that anxiety-related disorders share common processes