Psychopathology
Anxiety Disorders

What you should know when you finish studying Chapter 5

1. The nature of anxiety and fear
2. Essential features of Generalized Anxiety Disorder
3. Essential features of Panic Disorders
4. Essential features that distinguish Agoraphobia, Social Phobia & Simple Phobias from each other
Psychopathology

Anxiety Disorders

What you should know when you finish studying Chapter 5 (cont.)

5. Essential features of PTSD
6. Essential features of Obsessive-Compulsive Disorder
7. Genetic, biological and behavioral vulnerability factors known to influence the development of anxiety disorders
8. Integrated Model?
The nature of anxiety and fear

• Anxiety and fear are normal emotions
• Anxiety
  – Future-oriented mood state
  – Characterized by marked negative affect
  – Somatic symptoms of tension
  – Apprehension about future danger or misfortune
The nature of anxiety and fear

• Fear
  – Present-oriented mood state, marked negative affect
  – Immediate fight or flight response to danger or threat
  – Strong avoidance/escapist tendencies
  – Abrupt activation of the sympathetic nervous system
The nature of anxiety and fear

- 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
  - Causes clinically significant distress and impairment
The nature of anxiety and fear

Overview of Anxiety Disorders
- Generalized Anxiety Disorder
- Panic Disorder with and without Agoraphobia
- Specific Phobias
- Social Phobia
- Posttraumatic Stress Disorder (PTSD)
- Obsessive-Compulsive Disorder
Essential features of Generalized Anxiety Disorder

The “Basic” Anxiety Disorder

• Overview and Defining Features
  – Excessive uncontrollable anxious apprehension and worry
  – Coupled with strong, persistent anxiety
  – Somatic symptoms differ from panic (e.g., muscle tension, fatigue, irritability)
  – Persists for 6 months or more
Essential features of Generalized Anxiety Disorder

Facts and Statistics

– GAD affects 4% of the general population
– Females outnumber males approximately 2:1
– Onset is often insidious, beginning in early adulthood
– Tendency to be anxious runs in families
Essential features of Generalized Anxiety Disorder

• Associated Features
  – Persons with GAD -- Called “autonomic restrictors”
  – Fail to process emotional component -- thoughts / images

• Treatment of GAD
  – Benzodiazapines – Often prescribed
  – Psychological interventions – Cognitive-Behavioral Therapy
Essential features of Generalized Anxiety Disorder

- Generalized psychological vulnerability
- Generalized biological vulnerability
- Stress due to life events
- Possible false alarms
- Anxious apprehension (including increased muscle tension and vigilance)
- Worry process: A failed attempt to cope and problem solve
- Intense cognitive processing
- Avoidance of imagery
- Inadequate problem-solving skills
- Restricted autonomic response

Generalized anxiety disorder

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Essential features of Panic Disorders

• What Is a Panic Attack?
  – Abrupt experience of intense fear or discomfort
  – Accompanied by several physical symptoms

• DSM-IV Subtypes of Panic Attacks
  – Situationally bound (cued) panic
  – Unexpected (uncued) panic
  – Situationally predisposed panic

• Panic Is Analogous to Fear as an Alarm Response
Essential features of Panic Disorders (Panic attacks)

Anxiety
- Negative affect
- Somatic symptoms of tension
- Future-oriented
- Feelings that one cannot predict or control upcoming events

Fear
- Negative affect
- Strong sympathetic nervous system arousal
- Immediate alarm reaction characterized by strong escapist tendencies in response to present danger or life-threatening emergencies

Panic Attack
- Fear occurring at an inappropriate time

Three types:
- Situational bound (cued)
- Unexpected (uncued)
- Situational predisposed
Essential features of Panic Disorders

Panic Disorder with and without Agoraphobia

• Overview and Defining Features
  – Experience of unexpected panic attack – A false alarm
  – Anxiety, worry, or fear about having another attack
  – Agoraphobia – Fear or avoidance of situations/events
  – Symptoms and concern persists for 1 month or more
Essential features of Panic Disorders

Facts and Statistics
- Panic disorder affects about 3.5% of the population
- Two thirds with panic disorder are female
- Onset is often acute, beginning between ages 25 - 29

Associated Features
- Nocturnal panic attacks – 60% panic during non-REM sleep
- Interoceptive/exteroceptive avoidance, catastrophic misinterpretation of symptoms
Essential features of Panic Disorders (Treatment)

• Medication Treatment of Panic Disorder
  – Target serotonergic, noradrenergic, and benzodiazepine GABA systems
  – SSRIs (e.g., Prozac and Paxil) – Preferred drugs
  – Relapse rates are high following medication discontinuation
Essential features of Panic Disorders (Treatment)

• Psychological and Combined Treatments of Panic Disorder
  – Cognitive-behavior therapies are highly effective
  – No long-term advantage for combined treatments
  – Best long-term outcome – Cognitive-behavior therapy alone
Essential features that distinguish Agoraphobia, Social Phobia & Simple Phobias from each other

• Overview and Defining Features of Specific (Simple) Phobias
  – Extreme and irrational fear of a specific object or situation
  – Markedly interferes with one's ability to function
  – Recognize fears are unreasonable
  – Still go to great lengths to avoid phobic objects
Essential features that distinguish Agoraphobia, Social Phobia & Simple Phobias from each other

• Facts and Statistics
  – Affects about 11% of the general population
  – Females are again over-represented
  – Phobias run a chronic course
  – Onset beginning between 15 and 20 years of age
Specific (Simple) Phobia
Essential features that distinguish Agoraphobia, Social Phobia & Simple Phobias from each other

Associated Features and Subtypes of Specific Phobia

- Blood-injury-injection phobia – Vasovagal response
- 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)
- Separation anxiety disorder – Children’s worry that something will happen to parents
Essential features that distinguish Agoraphobia, Social Phobia & Simple Phobias from each other

Theories about 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
Essential features that distinguish Agoraphobia, Social Phobia & Simple Phobias from each other

Overview & Defining Features of Social Phobia

- Extreme and irrational fear/shyness
- Focused on social and/or performance situations
- Markedly interferes with one's ability to function
- May avoid social situations or endure them with distress

Generalized subtype – Anxiety across many social situations

Versus Agoraphobia – which is fear or avoidance of situations/events
Essential features that distinguish Agoraphobia, Social Phobia & Simple Phobias from each other

- Facts and Statistics about Social Phobia
  - Affects about 13% of the general population at some point
  - Females are slightly more represented than males
  - Onset is usually during adolescence
  - Peak age of onset at about 15 years
Essential features that distinguish Agoraphobia, Social Phobia & Simple Phobias from each other

• Causes of Social Phobias?
  – Biological and evolutionary vulnerability
  – Direct conditioning, observational learning, information transmission
Essential features that distinguish Agoraphobia, Social Phobia & Simple Phobias from each other

Medication Treatment of Social Phobia

Beta blockers -- Are ineffective
Tricyclic antidepressants -- Reduce social anxiety
Monoamine oxidase inhibitors – Reduce anxiety
SSRI Paxil – FDA approved for social anxiety disorder
Relapse rates – High following medication discontinuation
Essential features that distinguish Agoraphobia, Social Phobia & Simple Phobias from each other

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

• 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 – Symptoms begin after 6 months or more post trauma
  – Acute stress disorder – Diagnosis of PTSD immediately post-trauma
Essential features of PTSD

• Causes of PTSD
  – Intensity of the trauma and one’s reaction to it
  – Uncontrollability and unpredictability
  – Extent of social support, or lack thereof post-trauma
  – Direct conditioning and observational learning
Essential features of PTSD

• Psychological Treatment of PTSD
  – Cognitive-behavioral treatment involves graduated or massed imaginal exposure
  – Increase positive coping skills and social support
  – Cognitive-behavior therapies are highly effective
Essential features of Obsessive-Compulsive Disorder

Bother you?
Essential features of Obsessive-Compulsive Disorder

**Obsessions**
- Intrusive and nonsensical thoughts, images, or urges that one tries to resist or eliminate

**Compulsions**
- Thoughts or actions to suppress thoughts
- Provide relief

- Most persons with OCD display multiple obsessions
- Many with cleaning, washing, and/or checking rituals
Essential features of Obsessive-Compulsive Disorder

Facts and Statistics

- Affects about 2.6% of the population at some point (some argue more—tends to occur on a continuum)
- Most persons with OCD are female
- OCD tends to be chronic
- Onset is typically in early adolescence or adulthood
Essential features of Obsessive-Compulsive Disorder

Causes of OCD
- Parallel the other anxiety disorders
- Early life experiences and learning that some thoughts are dangerous/unacceptable
- Thought-action fusion – The thought is like the action
Essential features of Obsessive-Compulsive Disorder

Medication Treatment of OCD

- Clomipramine and other SSRIs – Benefit about 60%
- Psychosurgery (cingulotomy) – Used in extreme cases
- Relapse is common with medication discontinuation
Essential features of Obsessive-Compulsive Disorder

Psychological Treatment of OCD

– Cognitive-behavioral therapy – Most effective for OCD
– CBT involves exposure and response prevention
– Combined treatments – Not better than CBT alone
Quick review

Anxiety Disorders Are the Largest Domain of Psychopathology

Share many similar features

– Fear and anxiety in the absence of real threat or danger
– Develop avoidance, restricted life functioning
– Cause significant distress and impairment in functioning
Genetic, biological and behavioral factors known to influence the development of anxiety disorders.

• Diathesis-Stress
  – Inherit vulnerabilities for anxiety and panic, not disorders
  – Stress and life circumstances activate vulnerability

• Biological Causes and Inherent Vulnerabilities
  – Anxiety and brain circuits – GABA, noradrenergic and serotonergic systems
  – Corticotropin releasing factor (CRF) and the HPAC axis
  – Limbic (amygdala) and the septal-hippocampal systems
  – Behavioral inhibition (BIS) and fight/flight (FF) systems
Genetic, biological and behavioral factors known to influence the development of anxiety disorders.

Psychological Explanations Began with Freud

– Anxiety is a psychic reaction to danger
– Anxiety involves reactivation of an infantile fear situation

Behavioristic Views

– Anxiety and fear result from classical and operant conditioning and modeling
Genetic, biological and behavioral factors known to influence the development of anxiety disorders.

Psychological Views
- Early experiences with uncontrollability / unpredictability

Social Contributions
- Stressful life events trigger vulnerabilities
- Many stressors are familial and interpersonal
Integrated Model?

• Integrative View
  – Biological vulnerability interacts with psychological, experiential, and social variables to produce an anxiety disorder
  – Consistent with diathesis-stress model
Integrated Model?

Common Processes: The Problem of Comorbidity

- Comorbidity is common across the anxiety disorders
- About half of patients have ≥ 2 or more secondary diagnoses
- Major depression is the most common secondary diagnosis
- Comorbidity suggests common factors across anxiety disorders
- Anxiety and depression are closely related