# GENERALIZED ANXIETY DISORDER

**COURSE: PSYCHOPATHOLOGY**
**Paper III (PGDCP; SEM I); Unit I**

**By**
**Dr. Priyanka Kumari**
**Assistant Professor**
**Institute of Psychological Research and Service**
**Patna University**
**Contact No.7654991023; E-mail- drpriyankakumari1483@gmail.com**

# ANXIETY

Anxiety is a “normal” phenomenon, which is characterized by a state of apprehension or unease arising out of anticipation of danger. Anxiety is often differentiated from fear, as fear is an apprehension in response to an external danger while in anxiety the danger is largely unknown (or internal).

# SYMPTOMS OF ANXIETY

Anxiety is an emotion often accompanied by

various physical symptoms, including:

- **Motoric Symptoms:**
  - **Tremors**
  - **Restlessness**
  - **Muscle twitches**
  - **Fearful facial expression**

# SYMPTOMS OF ANXIETY

## Autonomic and Visceral Symptoms:

- Flushes (Person skin face becomes red and hot)
- Palpitation (rapid strong heart beat)
- Headaches
- Sweating
- Dry mouth
- Difficulty swallowing
- Abdominal pain (may be the only symptom of stress especially in a child)
- Tachycardia (fast and irregular heart rate)
- Constriction in the chest
- Dizziness (feeling of faint, weak , spinning)
- Diarrhoea
- Dyspnoea (difficult or laboured breathing)
- Hyperventilation (exhaling more than inhale)

# SYMPTOMS OF ANXIETY

Psychological Symptoms

- Cognitive Symptoms
  - Poor Concentration
  - Distractibility
  - Hyperarousal (A state of high alert)
  - Vigilance or scanning
  - Negative automatic thoughts
- Perceptual Symptoms
  - Derealisation
  - Depersonalisation

# SYMPTOMS OF ANXIETY

Psychological Symptoms

- Affective Symptoms
  - Diffuse, unpleasant, and vague sense of apprehension
  - Fearfulness
  - Inability to relax
  - Irritability
  - Feeling of impending doom (when severe)
- Other Symptoms
  - Insomnia (initial)
  - Increased  sensitivity to noise

# TYPES OF ANXIETY DISORDERS

In ICD-10, “neurotic, stress-related and somatoform disorders have been classified into the following types:

Generalized Anxiety Disorder
Panic Disorder
Obsessive-Compulsive Disorder
Post-Traumatic Stress Disorder
Specific Phobias

# GENERALIZED ANXIETY DISORDER

- This is characterized by an insidious onset.

  Usually chronic course which may or not punctuated by repeated panic attacks (episodes of acute anxiety)

  The one year prevalence of generalized anxiety disorder in the general population is about 2.5-8%.

# GENERALIZED ANXIETY DISORDER

- Excessive uncontrollable worry about everyday things. This constant worry affects daily functioning and can cause physical symptoms.

- GAD can occur with other anxiety disorders, depressive disorders, or substance abuse.

# GENERALIZED ANXIETY DISORDER

- Excessive anxiety and worry, occurring more days than not for at least 6 months

- Focus of anxiety and worry is not confined to features of an Axis I disorder such as Social Phobia or Panic Attack.

- Need three of the following six symptoms
  Person finds it difficult to control worry
  Restlessness or feeling keyed up or on edge
  Being easily fatigued
  Irritability
  Muscle tension
  Sleep disturbance

# *Aetiology*

The cause of anxiety disorders is not clearly known. There are however several theories, of which more than one may be applicable in a particular patient.

## *1. Psychodynamic Theory*

According to this theory, anxiety is a signal that something is disturbing the internal psychological equilibrium. This is called as *signal anxiety. This* signal anxiety arouses the ego to take defensive action which is usually in the form of *repression, a primary* defense mechanism. Ordinarily when repression fails, other secondary defense mechanisms (such as conversion, isolation) are called into action.

In anxiety, repression fails to function adequately but the secondary defense mechanisms are *not activated. Hence, anxiety comes to the fore-front* unopposed. Developmentally, primitive anxiety is manifested as somatic symptomatology while develop mentally advanced anxiety is signal anxiety. Panic anxiety, according to this theory, is closely related to the separation anxiety of childhood

# *Aetiology*

## *2. Behavioural Theory*

According to this theory, anxiety is viewed as an unconditioned inherent response of the organism to painful or dangerous stimuli. In anxiety and phobias, this becomes attached to relatively neutral stimuli by conditioning.

## *3. Cognitive Behavioural Theory (CBT)*

According to cognitive behaviour theory, in anxiety disorders there is evidence of selective information processing (with more attention paid to threat-related information), cognitive distor tions, negative automatic thoughts and perception of decreased control over both internal and external stimuli.

# *Aetiology*

*4. Biological Theory*

i. **Genetic evidence:** About 15-20% of first degree relatives of the patients with anxiety disorder exhibit anxiety disorders themselves. The concordance rate in the monozygotic twins of patients with panic disorders is as high as 80% (4 times more than in dizygotic twins).

ii. **Chemically induced anxiety states:** Infusion of chemicals (such as sodium lactate, isoproterenol and caffeine), ingestion of yohim bine and inhalation of 5% CO2 can produce panic episodes in predisposed individuals. Administration (oral) of MAOIs before the lactate infusion protects the individual(s) from panic attack, thus providing a probable clue to the biological model of anxiety.

# *Treatment*

The treatment of anxiety disorders is usually multimodal.

*1. Psychotherapy*

Psychoanalytic psychotherapy is not usually indicated, unless characterological (personality) problems co-exist. Usually supportive psycho therapy is used either alone, when anxiety is mild, or in combination with drug therapy. The establishment of a good therapist-patient relationship is often the first step in psycho therapy.

Recently, there has been an increasing use of CBT in the management of anxiety disorders, particularly panic disorders (with or without agoraphobia). CBT can be used either alone or in conjunction with SSRIs.

## 2. *Relaxation Techniques*

In patients with mild to moderate anxiety, relaxation techniques are very useful. These techniques are used by the patient himself as a routine exercise everyday and also whenever anxiety-provoking situation is at hand. These techniques include

- Jacobson's progressive relaxation technique,
- Yoga,
- *Pranayama*,
- *Self-hypnosis*, and meditation (including TM or transcendental meditation).

## 3. *Other Behaviour Therapies*

The behaviour therapies include biofeedback and hyperventilation control. These methods are important adjuncts to treatment.

# *4. Drug Treatment*

The drugs of choice for generalised anxiety disorder have traditionally been benzodiazepines, and for panic disorder, antidepressants. It is useful to begin the treatment of panic disorders with small doses of anti depressants, usually SSRIs (e.g. fluoxetine).

Benzodiazepines (such as alprazolam and clonazepam) are useful in short-term treatment of both generalised anxiety and panic disorders. However, tolerance and dependence potential limit the use of these drugs. Several antidepressants (such as sertraline) are now licensed for treatment of anxiety and panic disorders.

# ANXIETY STATISTICS

**Anxiety Disorders**
**One-Year Prevalence (Adults)**

| | Percent | Population Estimate* (Millions) |
|---|---|---|
| **Any Anxiety Disorder** | **13.3** | **19.1** |
| **Panic Disorder** | **1.7** | **2.4** |
| **Obsessive-Compulsive Disorder** | **2.3** | **3.3** |
| **Post-Traumatic Stress Disorder** | **3.6** | **5.2** |
| **Any Phobia** | **8.0** | **11.5** |
| **Generalized Anxiety Disorder** | **2.8** | **4.0** |

* Based on 7/1/98 U.S. Census resident population estimate of 143.3 million, age 18-54

# THANK YOU