

YU - MEDICINE

PASSION ACADEMIC TEAM

Clinical Psychology

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Sheet# 3
Anxiety Disorders

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Anxiety Disorders

(Slide number 2) Some form of anxiety is normal to a certain extent. Such as anxiety due to exposure to new situations, or anxiety from dangerous situations as fight or flight response. Anxiety becomes a disorder when it starts interfering with our daily life.

(Slide number 3) Anxiety disorder has the highest prevalence among all mental disorders. Phobia being the most common between all anxiety disorders. Phobia is the unexplained fear that is inappropriate in the given situation.

Anxiety disorder is highly genetic and a person with a first degree relative has an 8 times higher chance of suffering from anxiety disorders. Women have a higher chance of suffering from anxiety disorders; the ratio of women with anxiety to men is 2:1.

(Slide number 7) The amygdala is very important and that is because it is related to emotions and can mediate anxiety response.

(Slide number 8) Anxiety is sometimes a result of a medical problem, or organic cause and not a mental or psychiatric disorder. Usually, anxiety begins before the age of 35, and so if a patient all sudden developed anxiety after the age of 35 there could be an underlying medical condition associated with this anxiety.....

(Slide number 9) One of the first symptoms of panic attack is chest pain or shortness of breath, and due to this chest pain, patients usually go to the emergency department and ECG is done.

(Slide number 10) Symptoms include: chest pain, shortness of breath, tremor, dizziness, choking sensation, and feelings of impending doom or death.

(Slide number 11) The intense feeling of anxiety or fear is what differentiates panic from other disorders. Most panic attacks are out of the blue, which means that they are sudden. Some panic attacks are stimulated by something or triggered.

(Slide number 13) DSM-5 criteria are the Diagnostic Statistical Manual criteria. This criterion must be met to diagnose the patient with the mental illness.

Panic attacks that arise from medical conditions such as hypothyroidism or cardiopulmonary diseases are called secondary panic attacks or panic attacks due to a general medical condition.

If the panic attack is directly related to a certain place or object such as panic attacks triggered by being in a high place then this is not considered panic disorder, this is considered phobia associated with panic attacks. Panic disorder must be unexplained and not triggered by anything specific.

(Slide number 16) Agoraphobia could either be a separate disorder or a complication of panic disorder. Agoraphobia has a separate diagnosis from other phobias, and it could be the most disabling disorder.

(Slide number 21) Treatment by cognitive Behavioral Therapy (CBT) and selective serotonin reuptake inhibitors (SSRIs) for panic symptoms.

(Slide number 27) Phobias are not medically treated but we usually depend on cognitive behavioral therapy to treat the patient. Cases where the patient needs any form of medication for a short period such as fear of airplanes. But medication in this case is not a cure for the phobia but instead only a temporary solution.

(Slide number 28) Symptoms include: tremors, twitching of muscles, flushing, mumbling, fear of being embarrassed or humiliated by people.

(Slide number 32) Females are affected by social anxiety disorder more often than males, but in clinical samples, the reverse is often true and that is because in various communities, shyness is considered a feminine characteristic, social anxiety is portrayed as normal for majority of females and so they do not seek any professional help.

(Slide number 34) Unfortunately generalized anxiety disorder is very common in our community and is often mistaken as a personality trait of the person suffering from this disorder. Symptoms are similar to anxiety disorders symptoms and so patients may visit several doctors before learning that they suffer from generalized anxiety disorder.

(Slide number 40) WILL BE EXPLAINED LATER ON IN PSYCHOPHARMACOLOGY LECTURE

(Slide number 42) The Diagnosis is Agoraphobia associated with panic attacks.

(Slide number 43) The Diagnosis is Generalized Anxiety Disorder.

(Slide number 44) The Diagnosis is Specific Phobia.

(Slide number 45) The Diagnosis is Social Anxiety Disorder.

(Slide number 46) The Diagnosis is panic disorder.