

ANXIETY DISORDERS

Presented by
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- Lecture objectives**
- At the completion of this lecture the student will:
 - Define stress, anxiety and the anxiety disorders
 - Recognize the levels of anxiety
 - Apply the nursing process to treating a patient with anxiety
 - Apply the defense mechanisms

- Lecture objectives cont.**
- Understand the specific anxiety disorders (Table 14-1 p. 230)
 - Define terms ego dystonic and ego syntonic
 - Understand the Somatoform disorders (Table 15-1 p.254)
 - Apply the nursing process to a patient who has a dissociative disorder (Table 15-5)

Lecture Introduction

- Definition of Terms
 - Stress
 - Anxiety
 - Defense Mechanisms
 - Anxiety Disorders



Theories of Anxiety

- Psychodynamic Theory
- Behavioral Theory
- Biological Theory

Levels of Anxiety

- Mild
- Moderate
- Severe
- Panic



Assessment of Anxiety

- Perceptual Field
- Ability to Learn
- Physical Characteristics

Nursing Diagnosis and Outcome (NANDA and NOC)

- Anxiety (specify level and R/T)
- Outcome is to increase problem solving and coping mechanisms and decrease anxiety

Nursing Interventions (NIC)

- Exercise
- Meditation
- Progressive Relaxation – Guided Imagery
- Therapeutic Touch
- Cognitive Restructuring
- Deep Breathing



Anxiety Disorders

■ Definition of Terms

- Panic Disorder
- Phobias
- Obsessive-Compulsive Disorder
- Generalized Anxiety Disorder



Definitions of Terms cont.

- Ego-syntonic
- Ego dystonic Ego-alien
- Primary Gain
- Secondary Gain
- Defense Mechanisms

Theories of Anxiety Disorders

■ Biochemical

- Autonomic Nervous System – Increased sympathetic response
- Nonadrenergic response
- Serotonin
- GABA
- Neuroanatomy



Theories cont.

- Genetic Factors
 - Genetic links in anxiety disorders, particularly in Panic Disorder and OCD

Theories cont.

- Psychosocial Factors
 - Freud and Sullivan
 - Learning Theories
 - Cognitive Theories

Theories cont.

- Sociocultural Theory
 - Cultural Norms
 - Value conflicts
 - Problems of assimilation



Anxiety Disorders DSM IV

■ Panic Disorder

- Defense Mechanisms (displacement)
- Feel one is going crazy
- Physiological symptoms
- Perceptual field severely narrowed
- Learning impossible
- Comes out of the blue – not progressive

Panic Disorder Cont.

■ Nursing Interventions (NIC)

- Physical needs priority
- Safety and security
- Medication
- Relaxation
- Cognitive restructuring

Anxiety Disorders cont.

■ Phobias

- Defense Mechanism – Displacement
- Simple Phobia (Specific)
- Social Phobia
- Agoraphobia

Phobias cont.

- Nursing Interventions (NIC)
 - Systematic Desensitization/Graduated Exposure
 - Modeling
 - Relaxation
 - Safety (Exposure to Feared Object)
 - Cognitive restructuring

Anxiety Disorders cont.

- Posttraumatic Stress Disorder PTSD
 - Defense Mechanism - Isolation and Repression
 - » Isolation – Fear of Event Remains Conscious but Feelings are Removed
 - » Repression – Unconsciously Dissociates Feelings Associated with Traumatic Event
 - Repeated Experience of Highly Traumatic Event

PTSD cont.

- Assessment Findings
 - Re-experiencing of Trauma
 - Flashbacks
 - Avoidance of Stimuli Associated with Trauma
 - Emotional Numbing
 - Irritability, Difficulty Concentrating, Sleeping, Hypervigilance

PTSD Assessment cont.

- Interpersonal and Occupational Problems (Issues of Grave Mistrust)
- Risk Taking Behaviors
- Substance Abuse

PTSD cont.

- Nursing Interventions (NIC)
 - Counseling and Psychotherapy
 - Medication
 - Safety (Suicide Risk)
 - Support Groups

Anxiety Disorders cont.

- Generalized Anxiety Disorder
 - Anxiety that persists for 6 months or more that is disproportionate to reality
 - Anxiety is beyond control of client
 - Multiple symptoms present
 - Impairment in social and occupational functioning

Generalized Anxiety Disorder cont.

- Nursing Interventions (NIC)
 - Counseling and Psychotherapy
 - Medication
 - Cognitive Restructuring
 - Relaxation and Physical Exercise

Anxiety Disorders cont.

- Obsessive Compulsive Disorder
 - Definition of Terms
 - » Obsession - Persistent Thoughts That Cannot Be Dismissed
 - » Compulsion – Ritualistic Behaviors Client is Compelled to Carry Out

Obsessive Compulsive Disorder cont.

- Defense Mechanisms
 - Obsession and Compulsions are Ego Dystonic
 - Obsession – Reaction Formation
 - Compulsion – Undoing
 - Anxiety is discharged through the compulsive act

Obsessive Compulsive Disorder cont.

■ Assessment

- Presence of Obsessions and Compulsions
- Anxiety and Depression
- Humiliation and Shame
- Impaired Cognitive Functioning
- Impaired Social and Occupational Functioning

Obsessive Compulsive Disorder cont.

■ Nursing Interventions (NIC)

- Medication
- Flooding/ Response Prevention (Behavior Therapy)
- Counseling and Psychotherapy
- Family Therapy

Somatoform Disorders

■ Definition of Terms

- Somatoform – Expression of Psychological Distress Through Physical Symptoms
- Disorders are Ego Syntonic
- Malingering
- Factitious Disorder (Munchausen's)

Somatoform Disorders cont

- Assessment
 - Ego Syntonic
 - Physical Symptoms Cannot Be Explained by Physical Tests
 - Physical Symptoms are Precipitated by Psychological Factors (Displacement)
 - Anxiety is Discharged Through the Physical Symptom

Somatoform Disorders cont

- Theories
 - Biological
 - Genetic Factors
 - Cultural Factors
 - Psychoanalytic Theory – repression of conflict usually, aggressive or sexual
 - Behavioral Theory – Learned Helplessness

Somatoform Disorders cont

- DSM IV Descriptions (Page 485)
 - Somatization Disorder
 - Hypochondriasis
 - Conversion Disorder
 - Pain Disorder
 - Body Dysmorphic Disorder

Somatization Disorders cont.

- General Assessment
 - Assessment of Symptoms and Unmet Needs
 - La Belle Indifference
 - Voluntary Control
 - Secondary Gains
 - Communication of Feelings
 - Medication Use

Somatoform Disorders cont.

- Nursing Interventions (NIC)
 - Physical Symptoms Priority
 - Value Judgments - Confidentiality
 - Avoidance of Secondary Gains/ADL's
 - Counseling/Cognitive Restructuring/Family Therapy
 - Health Teaching/Health Promotion
 - Medication

Dissociative Disorders

- Definition of Terms
 - Dissociative Disorders Represent Extreme Anxiety. Traumatic Event is Repressed to the Point that Dissociation of Some Mental Processes Occur.
 - The Inability to Integrate Consciousness Results in Amnesia or Fugue State.
 - The Inability to Integrate Identity Results in Multiple Personality

Somatoform Disorders

- Depersonalization Disorder
- Dissociative Amnesia
- Dissociative Fugue
- Dissociative Identity Disorder (Multiple Personality)

Somatoform Disorders cont.

- Nursing Interventions (NIC)
 - Safety and Security
 - Confidentiality
 - Communication
 - Addressing Memory
