

## Anxiety Disorders

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- Reading Assignment  
Chpt.30 Anxiety Disorders (pp.561-591).  
Chpt.31 Somatoform and Dissociative Disorders (pp.592-615).  
Chpt. 2 REVIEW: Anxiety (pp.15-17);  
Defense Mechanisms (pp.17-20).
- Objectives:  
As noted on p.561; p.592;

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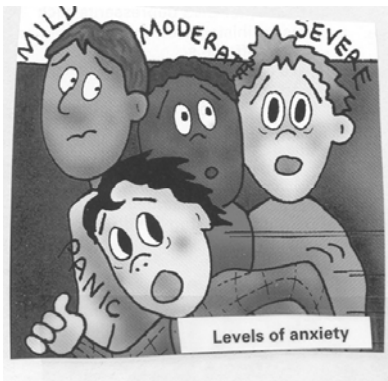
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**Anxiety Disorders  
Epidemiological Statistics**

- Anxiety disorders are the most common of all psychiatric illness.
- More common in women than men.
- Minority children and children from low socioeconomic environments at risk.
- A familial predisposition probably exist.(particularly in Panic Disorder and OCD)

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**Definitions**

- **Anxiety**-is a normal reaction to **realistic** danger or threat to biological integrity or self-concept.
- **Anxiety**- involves **emotional** response to that appraisal (apprehension, tension,uneasiness) to anticipated danger which is largely unknown/unrecognized.
- **Anxiety** -is a emotional process, **fear** is cognitive

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**Definitions Cont.**

- **Panic**-sudden overwhelming feeling of terror ,impending doom.
- This emotional anxiety is accompanied by behavioral, cognitive, and physiological signs and symptoms outside normal.

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Definitions Cont.

- **Ego-syntonic**-symptomatic behaviors or beliefs that do not seem to bother the person (consistent with individual's self image).
- **Ego-alien/Ego-dystonic**--symptoms that are unacceptable to the person who has them and not compatible with the person's view of self. (repulsive to self image).

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Definitions Cont.

- **Defense Mechanism-unconscious** intrapsychic process used to ward off anxiety by preventing conscious awareness of feelings (review pp.17-20).
  - a. Displacement-Panic disorder/Phobias.
  - b. Isolation/Repression-Post traumatic Stress Disorder.
  - c. Reaction -Formation/Undoing- Obsessive/Compulsive (Ego-Dystonic)

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**Panic Disorders with /without Agoraphobia :Nsg Assessment**

- Recurrent episodes, unpredictable.
- 1 incident>1month of persist concern of additional attacks.
- Worry about consequences (going Crazy)
- Significant change in behavior.
- 4 of the symptoms present (p.564).
- \* **Agoraphobia**-Fear of being alone in open/public place where escape/getting help might be difficult.

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**Generalized Anxiety Disorder (GAD) :Nsg Assessment**

- Chronic, excessive, anxiety/worry about numerous things lasting >6 months with inability to control worry.
- Associated with:
  1. Restlessness, "keyed-up", easily fatigued, difficulty concentrating, "going blank", irritability, muscle tension, sleep disturbance.
  2. Significant impairment in social/occupational/other important functions.

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**Predisposing Factors for Panic and Generalized Anxiety Disorders**

- **Psychodynamic-**  
Ego cannot resolve conflict between Super-ego/ID; Ego Defense mechanism causes maladaptive response to anxiety.
- **Cognitive -**  
Distortions in thinking and perceiving accompany maladaptive behaviors and emotional disorders.

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**Predisposing Factors Cont. Panic and GAD**

- **Biological Aspects:**
  - a. Genetic- implicated
  - b. Neuroanatomical- pathology temporal lobe.
  - c. Biochemical- > blood lactate.
  - d. Neurochemical- norepinephrine \*
  - e. Medical conditions

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Predisposing Factors Cont. in  
Panic and GAD

- **Transactional Model of Stress**  
most likely multiple causations (p567)

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Diagnosis/Outcome  
Panic Disorder and GAD

- Diagnosis:
  - a. Panic Disorder
  - b. Powerlessness
- Outcome:
  - a. Recognize signs of escalating anxiety/intervene before panic level.
  - b. maintain anxiety at manageable/make independent decisions.

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Panic Disorders/GAD  
Nursing Interventions (NIC)

- Explore <stressors/anxiety provoking situations
- Talk to client in calm, reassuring voice, focus on deep breathing /relaxation techniques.
- Provide safe environment/ensure client's privacy.
- Help client use Cognitive restructuring.

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**Panic Disorders/GAD  
Nursing Intervention (NIC)**

- Psychotherapy.
- Medication.
- Cognitive restructuring.
- Relaxation therapy.
- Physical exercise.

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**Phobias  
Nursing Assessment**

- Irrational fear of an object (person may realize it is unreasonable).
- Types include:
  - 1) **Agoraphobia**-fear of being alone in open/public place where escape might be difficult.
  - 2) **Social Phobia**-situation where one might be seen and embarrassed/criticized.

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**Phobias cont.  
Nursing Assessment**

3. **Specific Phobia**-unreasonable fear of a single object/activity/situation.  
(eg.spider) table14-3.

- Anxiety is severe if the object, situation or activity is present or anticipated and cannot be avoided.

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**Predisposing Factors to Phobias Theories**

- **Psychoanalytical**-unconscious fears may be expressed in symbolic manner such as phobias.
- **Learning**-conditioned response, direct learning, imitation (modeling).
- **Cognitive**-negative and irrational thinking/beliefs produce anxiety reaction.

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**Predisposing Factors to Phobias Cont. Theories**

- **Biological**-temperament involved-innate fears that one is born with influence responses throughout life to specific situations.
- **Life experiences** may set the stage for phobias later in life.
- **Transactional Model** of Stress/Adaption-multiple factors involved (p.571).

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**Diagnosis/Outcome Phobic Disorder**

- **Diagnosis:**
  - a. Fear
  - b. Social Isolation
- **Outcome:**
  - a. Functions adaptively in phobic situation/object without panic anxiety.
  - b. Verbalizes a future plan of action for responding to phobia.

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**Nursing Intervention  
Phobic Disorder**

- Interventions for person experiencing anxiety:
  - a. Keep anxiety at manageable level.
  - b. Help client to function in presence of phobic object without panic anxiety.
  - c. Systematic Desensitization and Implosive Therapy (Flooding).

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**Obsessive/Compulsive Disorder  
(OCD)**

- Recurrent obsessions or compulsions that are severe enough to be time-consuming or to cause marked distress or significant impairment.

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**Obsessive /Compulsive Disorders  
(OCD) Assessment**

- **Obsessive**-Thoughts/impulses/images that persist/recur, cannot be dismissed. (**Ego-dystonic**-senseless).
- **Compulsive**-Repetitive/ritualistic behaviors, Mental acts that a person is driven to perform to < stress or prevent a a dreaded event /situation.
- Person knows OCD are excessive/ unreasonable can cause distress.

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**Obsessive/Compulsive Disorders**

- Defense Mechanism
  - a. OCD is Ego-Dystonic
  - b. Obsession=reaction formation
  - c. Compulsion=Undoing

\* The ACT relieves Anxiety.

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**Predisposing Factors to Obsessive Compulsive Disorders**

- **Psychoanalytical**- weak underdeveloped egos. Aggressive impulses channeled into thoughts and behavior that prevent aggression but >anxiety /guilt.
- **Learning-conditional** response to traumatic event.
  - a. passive avoidance-staying away
  - b. active avoidance-provide relief.

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**Predisposing Factors OCD Cont.**

- **Biological**
  - 1) Neuroanatomy-may play a role
  - 2) Physiology-? Commonalities between OCD/Depression.
  - 3) **Biochemical**-neurotransmitter serotonin may be influential.
- **Transactional Model** Stress/Adaptation-multiple factors(p.573)

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**Diagnosis/Outcome**  
**Obsessive/Compulsive Disorder**

- Diagnosis/Outcome:
  - a. Ineffective coping
  - b. Ineffective role performance
- Outcome:
  - a. Maintain anxiety at a manageable level without resorting to ritualistic behavior.
  - b. adaptive coping strategies.

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**Nursing Interventions**  
**OCD**

- Offer support, encouragement compassion.
- Be clear with client they can change.
- Talk about feelings, obsessions and rituals.
- Gradually decrease time for ritualistic behavior.
- Encourage client to use techniques to manage and tolerate anxiety responses.
- Help them gain independence and greater control over situation.

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**Post-traumatic Stress Disorder**  
**(PTSD)**

- Development of characteristic symptoms following exposure to a severe traumatic stressor involving a personal threat to physical integrity/integrity of others.

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### Post-traumatic Stress Disorder (PTSD)

- Defense Mechanism: Isolation/Repression
  - a. Isolation-Fear of event remains conscious but feelings are removed.
  - b. Repression-Unconsciously dissociates feelings associated with the event.

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### Post-traumatic Stress Disorder (PTSD) Assessment

- Re-experiencing traumatic events.
- Intrusive recollections/nightmares/flashbacks of the events.
- Depression/guilt about survival.
- Irritability, difficulty concentrating/sleeping, hypervigilance,emotional numbing.

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### Post Traumatic Stress Disorder Assessment Cont.

- Symptoms present > 1 month causing significant interference in function.  
( < 1month=acute stress disorder)
- Disorder occurs at any time, 3months after trauma or months/years later.  
(diagnostic criteria p.574).

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**Predisposing Factors Post Traumatic Stress Disorder Theory**

- Psychosocial
  - a. Traumatic experience
  - b. Individual (ego-strength, coping skills, preexisting psychopathology).
  - c. Recovery environment (support).
- Biological
  - Previous trauma may result in symptoms after a stressful event.

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**Diagnosis/Outcome PTSD**

- Diagnosis:
  - a. Post-traumatic syndrome
  - b. Complicated grieving
- Outcome:
  - a. Experience fewer flashbacks, intrusive recollections, and nightmares.
  - b. Demonstrate adaptive coping strategies, put trauma in the past.

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**Nursing Interventions PTSD**

- Aim at providing assistance with:
  - a. intergration of the trauma into his/her persona.
  - b. renewing significant relationships.
  - c. establishing meaningful goals for the future.
  - d. progressing through the grief process.
  - e. developing a sense of optimism.

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**Treatment Modalities  
Anxiety Disorders**

- Individual psychotherapy
- Cognitive therapy
- Behavior therapy-(systematic desensitization, Implosive therapy)
- Group/Family therapy
- Psychopharmacology:
  - a. Antidepressants-OCD

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**Treatment Modalities**

- Psychopharmacology cont:
  - b. Anxiolytics, antidepressants, antihypertensives -Panic/GAD/Phobic.
  
  - c. Anxiolytics, antidepressants, antihypertensive and other agents-PTSD

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