Anxiety Disorders

- Anxiety is at the center of the disorder.
- Generally speaking, the more sudden the onset the quicker the offset and vice versa.
- Nucleus--tends to avoid rather than cope.
- Paradox--tends to maintain in spite of maladaptive nature.
Generalized Anxiety Disorder

A continuous state of anxiety marked by feelings of worry and dread, apprehension, difficulties in concentration, and signs of motor tension.

- Women make up 2/3 of those diagnosed with GAD
- GAD involves not being able to identify the cause of the anxiety
DSM-IV Criteria are as Follows:

- Includes chronic excessive worry about a number of events and activities (not identified)
- Must occur more days than not for at least 6 months
- Worry must be accompanied by at least 3 of the following
- Restlessness or feelings of being keyed up or on edge
- A sense of being easily fatigued
- Difficulty concentrating or mentally going blank
- Irritability
- Muscle tension
- Sleep disturbance
Panic Attack

- Discrete period of intense fear or discomfort in which four or more develop abruptly and reach a peak within 10 minutes

  Palpitation, pounding heart, accelerated heart rate

Sweating

Trembling or shaking

Sensations of shortness of breath or smothering

Feeling of choking

Chest pain or discomfort

Nausea or abdominal distress
Feeling dizzy, unsteady, lightheaded or faint
Derealization (feelings of unreality) or depersonalization (being detached from oneself)
Fear of losing control or going crazy
Fear of dying
Chills or hot flashes
Paresthesia (numbness or tingling sensations)
Panic Disorder

Recurrent, unexpected Panic Attacks followed by at least 1 month of persistent concern about having another

- Not associated with external trigger
- Not associated with drugs
- W/O Agoraphobia 2X women
  WITH 3X women
- About 2%
- About 1/2 or 1/3 will be diagnosed with agoraphobia
- Late adolescence and mid 30's
Phobias

- **Agoraphobia**
  - Fear of being alone/open spaces
  - Fear of public places where escape might be difficult or help not available in case of sudden incapacitation
    - Waxes and wanes
    - Sometimes complete remission
    - 20's-30's
    - Women
  - Increasing constriction of activities
- Crowds/Tunnels
Social Phobia

Persistent irrational fear of and compelling desire to avoid situations in which the individual may be exposed to the scrutiny of others

- Fear of speaking or performing in public
- Using lavatories, eating in public
- Late childhood/early adolescence
- Women but Males seek therapy more often
- Chronic
- Rare
Specific/Simple Phobia

Something other than the above

- Animal type--animals or insects (childhood)
- Natural Environment type--storms, heights, water (childhood)
- Blood-Injection-Injury
- Situational--public transportation, tunnels, bridges, flying
- Animal and natural 75-90% women
- Blood-Injection-injury 55-70% are women
- Women
- Children
- Usually clears up w/o treatment
Treatments

Drugs

- Benzodiazepines
- Alprazolam (Xanax), Clonazepam (Klonopin), Diazepam (Valium).
- Not effective for phobias, OCD, or panic disorder.

Behavior therapies

- Flooding (Implosive)
- Systematic Desensitization
  - Exposure Therapies
  - Good chance of getting over phobia
Posttraumatic Stress Disorder (PTSD)
- Actual or threatened or serious injury
- Recurrent and intrusive recollections
- Persistent avoidance of stimuli associated with it
- Sleep disorders/disturbances
- Increased Irritability
- Difficulty concentrating
- Hypervigilance
- Excessive startle response
- **Situational Stress Disorders**
  - Combat Exhaustion (Battle Fatigue)
  - Sleep disturbances
  - Hypersensitivity to external stimuli
  - Increased irritability
  - Rage/violent impulses
  - Treat immediately/close proximity
  - Clear date of discharge reduces the chance of getting this
Civilian Disasters

- Shock—Aimless

- Suggestibility—follow suggestions. Wants to help but is ineffective

- Recovery—Repetitive tell/Nightmares

- Similar to above symptoms/no violence
Obsessive-Compulsive Disorder

- Thoughts/Behaviors
- Childhood/adolescence
- Chronic
- Equal F/M
- 2.5% GP
- Not just simple impulses or thoughts
- Cannot make quick/snap decisions
- Therapy-block rituals by rewarding departures from such behavior
An anxiety disorder in which a person feels trapped in repetitive, persistent thoughts (obsessions) and repetitive, ritualized behaviors (compulsions) designed to reduce anxiety.

The person must recognize that the obsession is a product of their own mind rather than from external sources.

The involuntary behavior must cause marked distress, consume excessive time, or interfere with occupational or social functioning.
Dissociative Disorders--escape from self

- Dissociative (Psychogenic) Amnesia
  - Circumscribed/localized--usually first few hours following trauma
  - Selective
  - Total/generalized
  - Continuous

- Women
- Adolescence/rare in elderly
- Military
- Fairly Rare
- **Dissociative (Psychogenic) Fugue**
  - Physical flight
  - Assumption of new identity
  - No age/gender
Dissociative Identity/Personality Disorder (Multiple Personality)

- Existence within individual of two or more distinct personalities each of which is dominant at particular times
- Dominant personality at that time determines behavior
- Each personality is complex with own unique behavior patterns and social relationships
- Probably the rarest of all disorders
- This disorder is almost nonexistent outside of the U.S.
- Considered by Britain as a “Wacky American Fad.”
- Chris Sizemore – first documented case
- Highly intelligent
- Child abuse/severe emotional trauma
- Females have an average of 15 or more
- Males average about 8
Psychosomatic

- Chronic stress lower our resistance which facilitates predisposed physical condition
- Someone who has recently suffered severe emotional stress is now at greater risk for psychological disorders, and physical illness
- Peptic ulcers, pimples, cold sores, migraine headaches (dilation of cranial arteries)
- Selye
  - Alarm
  - Resistance - psychosomatic
  - Exhaustion – can die
Somatoform

- These are not Anxiety disorders
- Suggest physical problem/no organic base
Somatization

- Hypochondria--kind of equal to somatization
  - Recurrent and multiple somatic complaints of several years duration
  - Early life--not diagnosed until later
  - Disappointing life situation (40's or 50's) or Teens menstrual
- Chronic
- Find doctors that will “understand”
- Women about 1%
Conversion

- Loss or alteration in physical functioning suggesting a physical disorder
- Not under voluntary control
- Rare today/more common in times of war increase or with societies which reinforce that behavior
- Clients really believe
- Found in cultures that reinforce “sick roles”
- Self-reinforcing and self-perpetuating
■ Defense against threatening situation
■ Adolescence/early adult
Psychogenic Pain

- Any Age
- Women
- Rare
Personality Disorders

- Coded on Axis II of the DSM-IV
- Defined as:
  - 1) Long-standing
  - 2) Pervasive
  - 3) Inflexible patterns of behavior and inner experiences that deviate from the expectations of a person’s culture and that impair their social and occupational functioning.
A personality disorder is defined by the extremes of several traits and by the rather inflexible and maladaptive way these traits are expressed.

The personality each of us develops over the years reflects a persistent means of dealing with life’s challenges, a certain style of relating to other people (overly dependent, shy, aggressive, appearance).
Antisocial
- Male
- 3% males  1% females
- Can remit by age 40
- Psychopath/sociopath
- Lower socioeconomic classes
- Cannot be diagnosed prior to age 18
- Failure to conform to social norms with respect to lawfulness
- Deceitfulness
- Impulsivity or failure to plan ahead
- Many fights and aggressive responses
- Reckless disregard for safety of self or others
- Consistent irresponsibility
- No loyalties, even to family
- Higher IQ
- Low tolerance to frustration
- Inability to learn from punishing experiences
- No conscience/guilt--feel bad only when caught
- History of crime

- Treatment rarely successful (2%)
Insanity/Sanity

- M’Naghten Rule or test
  - Right/Wrong test
- Irresistible impulse
- 2% successful
- Neighbors consider normal-usually “active” in many social behaviors

Competent/Incompetent
Death Penalty

- Does it deter crime?
  - Even if carried out consistently?
- Save $$$?
  - How much to put to death and why.
- Cost $0.01
Causes of Antisocial Personality Disorder

- Extra Y Chromosome?
- Abnormal EEG?
- Particular body type?
- None of these-can appear normal to most people.
Paranoid

- Men
- Prevalence .5-2.5% in general population
- Usually beginning by early adulthood/appears childhood/adolescence
- Cannot trust/confide in others
- "Reads" intentions into other's behaviors and actions
- Unforgiving/holds grudges
- Pervasive and unwarranted suspiciousness and mistrust
- Hypersensitivity--cannot relax
- Restricted affect (cold)
Schizoid

- Men/and usually causes more impairment in men
- Relatively uncommon
- Childhood/early adolescence
- Deficit in capacity to form social relationships, no warm, tender feelings – few if any friends
- Neither desires nor enjoys close relationships
- Solitary activities
- Little interest in sexual experiences with others
- Indifference to praise/criticism
- Maybe only two close friends excluding family
- "Not worth the effort to change."
Histrionic

- Women 2% GP
- "High"
- Flightiness
- Interactions with others characterized by inappropriate sexually seductive or provocative behavior
- Rapid shifting and shallow moods
- Shows self-dramatization, theatricality, and exaggerated mood
- Highly suggestible
- Center of attention
- Concerned with physical attractiveness
- Narcissistic
  - Male (50%--75%)
  - Less than 1% GP
  - Adolescents
  - Grandiose sense of self-importance
  - Preoccupied with fantasies of unlimited success, power, etc.
  - Believe he/she to be special
  - Arrogant
  - Lack of ability to empathize with others
  - Interpersonally exploitive
  - Preoccupied with feelings of envy
Borderline

- Female (75%)
- 2% of population
- Adolescence/young adult
- Unstable and intense interpersonal relationships
- Impulsivity in at least two areas that are potentially self-damaging
- Recurrent suicidal gestures
- Affective instability
- Inappropriate and intense anger
- Chronic feeling of boredom
Compulsive Personality

- Rule
- Order
- Duties magnified
- Rigid personality
- Rarely expresses positive feelings
- Females