

The background is a textured, aged parchment paper. In the top-left and bottom-right corners, there are intricate, dark brown floral and scrollwork designs. A white, dotted-line border frames the entire page. In the center, a white, scalloped-edged frame contains the text.

Anxiety & Stress Related Disorders

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Anxiety & Stress Disorders

- **Most common form of mental disorders in the US**
- **Often comorbid with depression, eating DOs, & substance abuse**
- **Twice as common in women as in men**

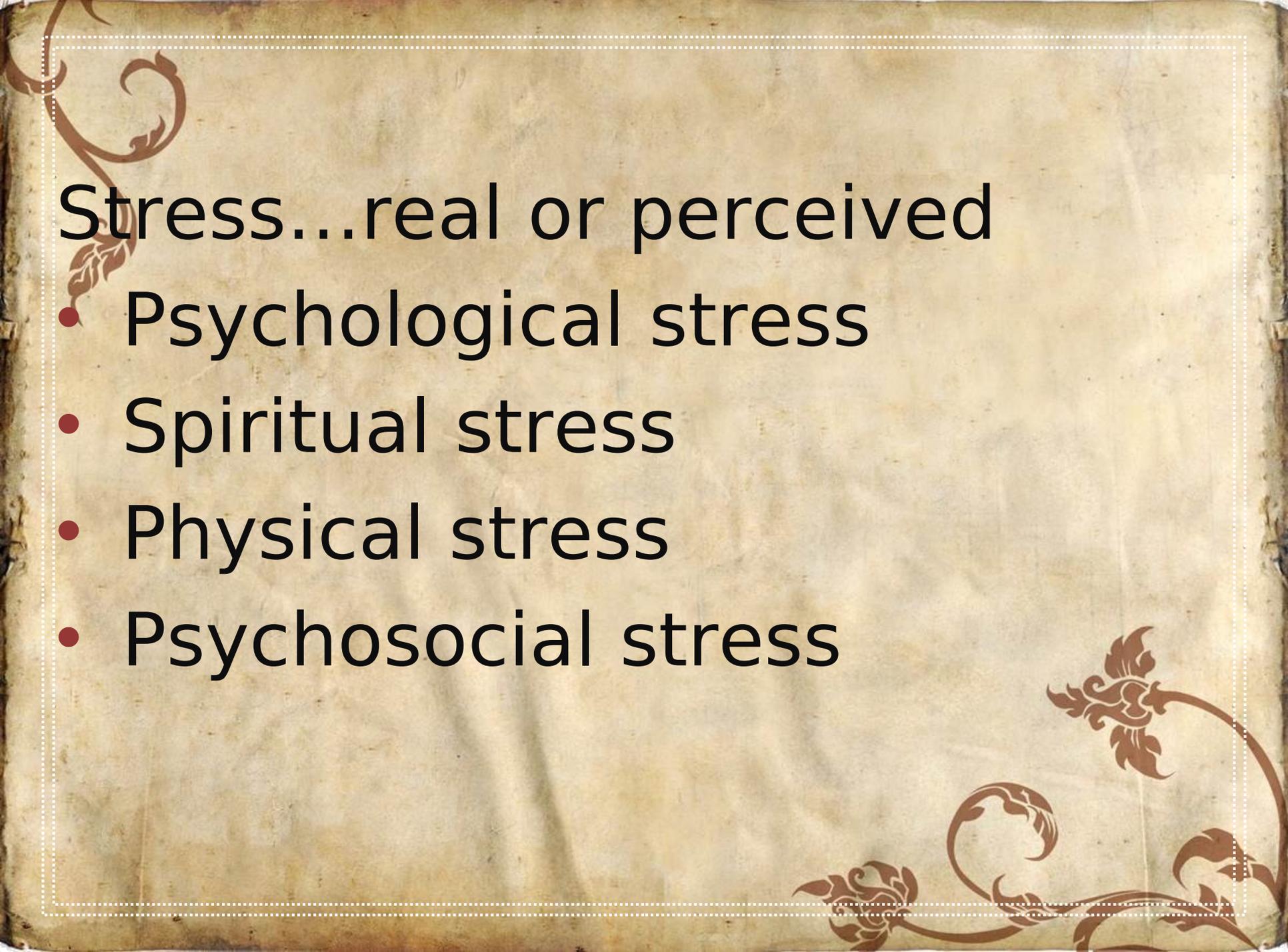
Anxiety & Stress Disorders

- **25% receive psychiatric care; 75% either use other HCP or no tx**
- **Often have low recovery rates and high recurrence rates**
- **Interferes with personal, occupational or social functioning**



Stress

- Eustress
 - Distress
- 



Stress...real or perceived

- Psychological stress
- Spiritual stress
- Physical stress
- Psychosocial stress

Coping with Stress

- See chart “Defense Mechanisms”
- People use defense mechanisms to cope with stress & anxiety
- Defense mechanisms help relieve anxiety r/t stressor

Managing Stress

- Relaxation Techniques
 - Reframing/Decatastrophizing
 - Sleep
 - Physical Exercise
 - Reduced caffeine



Stress Response:

“Fight or Flight”

SNS response (Review the patho on page 121 in text)



Physiology of Anxiety/Stress

- Stress as an experience originates in the amygdala.
- **Hypothalamus** responds to stress signal and engages the **SNS** resulting in *physiological symptoms* of anxiety
- Limbic system sends neural messages to **cerebral cortex** which generates *thoughts about anxiety*

Neurotransmitters in Stress

- **In anxiety disorders:**
- **Serotonin is believed to be decreased** (why we give SSRIs for anxiety disorders)
- **Norepinephrine is believed to be increased** (why we give noradrenergic drugs for anxiety disorders)
- **GABA is believed to be altered; benzodiazepine receptors sensitivity is diminished** (why we give benzodiazepines for acute anxiety)

Long term effects of Epi & Norepi (Figure 10-2)

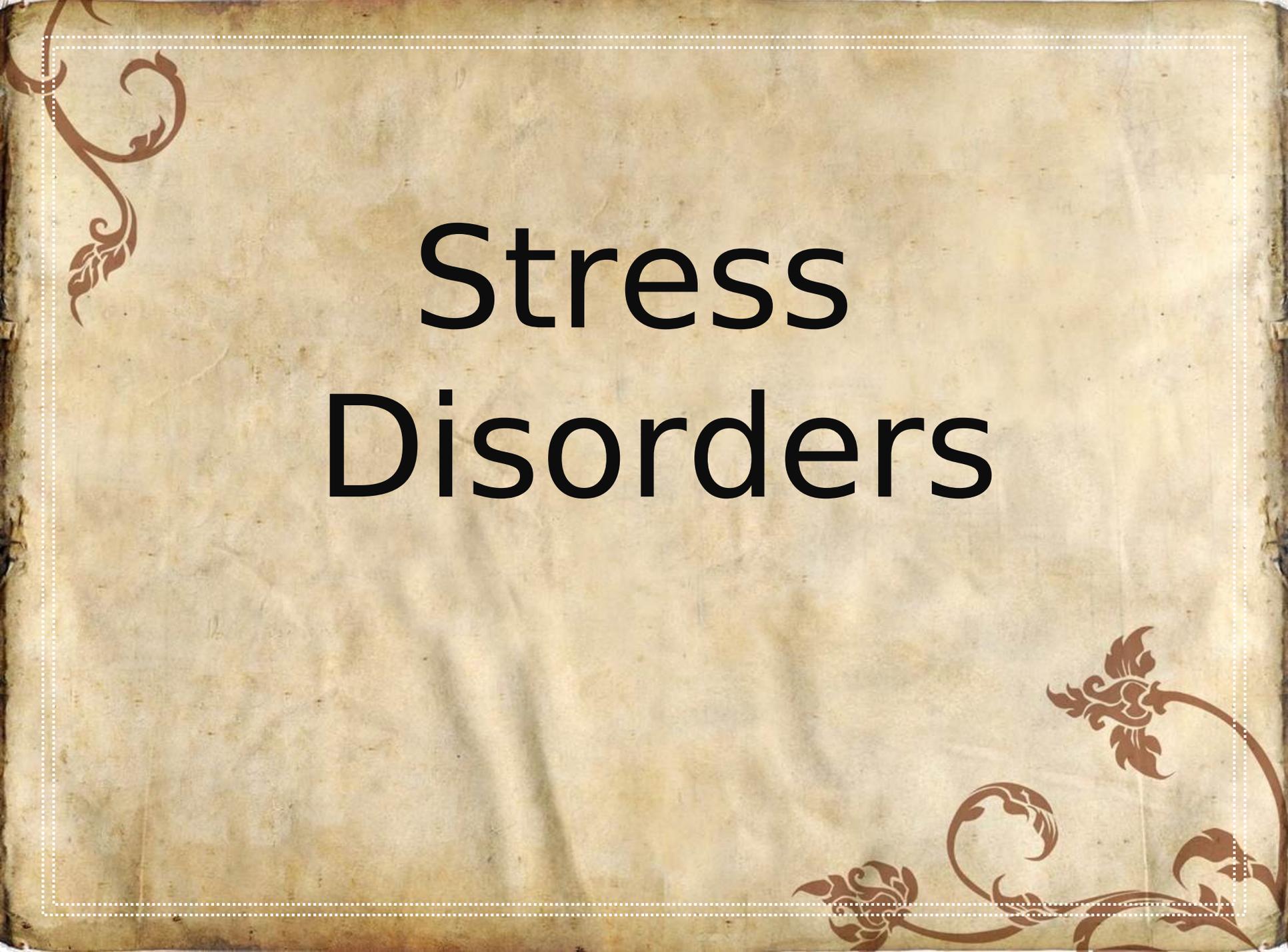
- Chronic anxiety/anger
- High resting heart rate
- Heart disease
- Renal & hepatic problems
- Digestive problems
- High triglycerides/cholesterol
- Glucose intolerance

Long term effects of high cortisol: (Figure 10-2)

- Immune system compromised
- Insulin insensitivity
- Hypercholesterolemia
- Obesity
- High blood pressure

End Results of Chronic Stress

- **Essential Hypertension**
- **Heart disease/strokes**
- **Diabetes**
- **Cancer**
- **Atherosclerosis**
- **Arthritis**
- **Autoimmune diseases**
- **Kidney and liver diseases**
- **Chronic GI problems**

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Stress Disorders

Post Traumatic Stress Disorder

Diagnostic criteria

- Exposure to actual or threatened death, injury, or sexual violence
- Presence of intrusion symptoms
- Avoidance of associated stimuli
- Negative alt in cognitions / mood
- Altered arousal & reactivity
- Symptoms lasting longer than one month
- Often presents with suicidal ideation

Post Traumatic Stress DO

Treatment modalities

- Cognitive behavioral therapy
- Exposure therapy
- Adaptive disclosure
- Meds: **SSRIs**
- Meds: Others to treat target symptoms (such as psychosis)

Acute Stress Disorder

Diagnostic Criteria

- Exposure to actual or threatened death, injury, or sexual violence
- Presence of intrusion symptoms
- Negative mood
- Dissociative & avoidance symptoms
- Arousal Symptoms
- Resolution of symptoms within 1 month

Acute Stress Disorder

Treatment Modalities

- May resolve without treatment
- Meds: Benzos prn for severe symptoms

Anxiety Disorders



Anxiety Disorders

- Phobic Disorders (Agoraphobia, Social Anxiety DO, & Specific Phobic Dos)
- Panic Disorder (with or w/o Agoraphobia)
- OCD (Obsessive/Compulsive Disorder)
- GAD (Generalized Anxiety Disorder)

Theory of Etiology

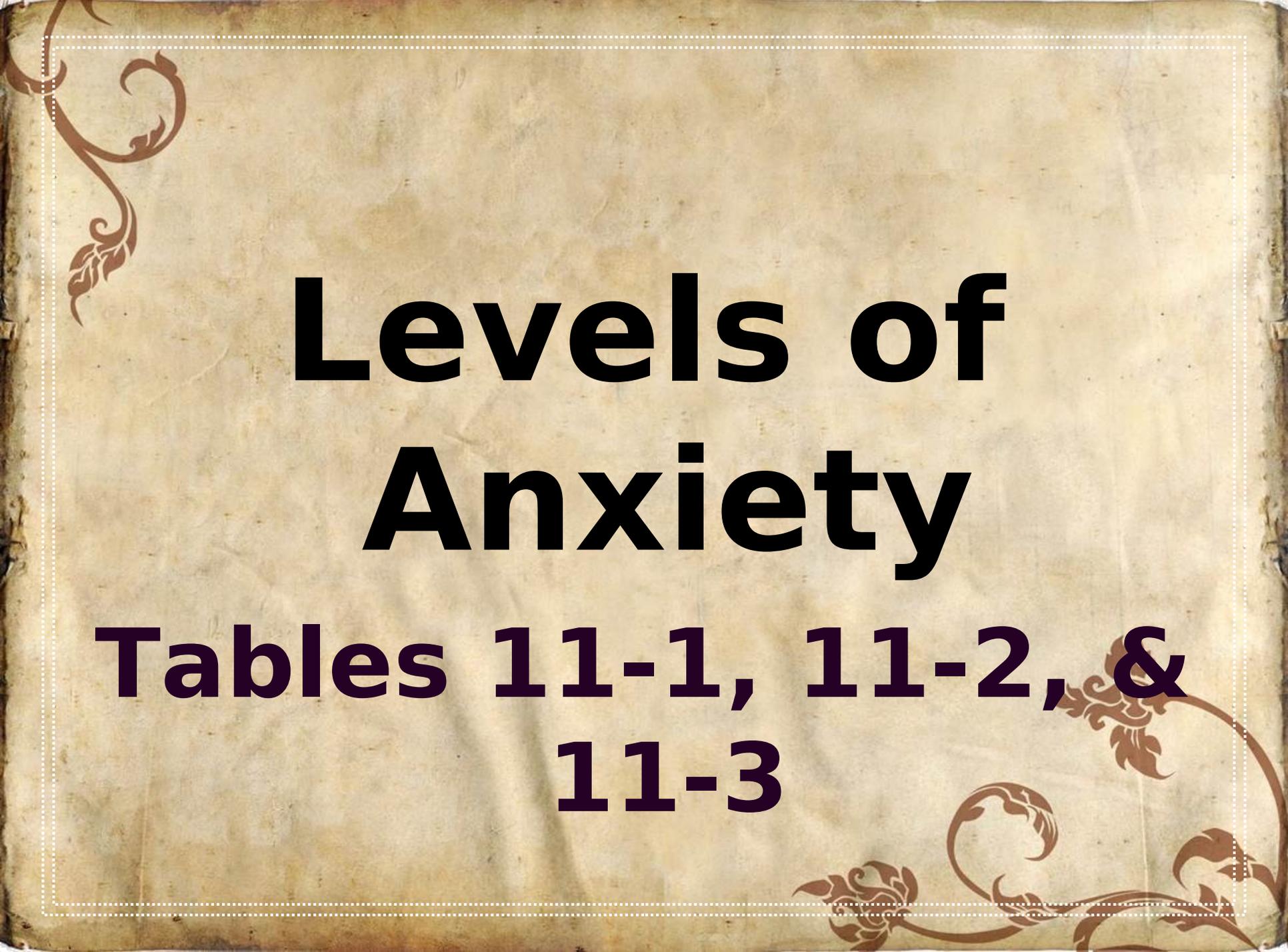
- **Neurobiology**

- Lower levels of serotonin-serotonin dysfunction

- Increased levels of norepinephrine-alterations in the noradrenergic system

- Reduced GABA-Alterations in the benzodiazepine receptors

- **Genetics**



Levels of Anxiety

**Tables 11-1, 11-2, &
11-3**

Mild Anxiety

- **CM:** Heightened awareness, able to work, learn, & solve problems, slight psychomotor agitation
- **NI:** See Table 11-2

Moderate Anxiety

- **CM:** Narrowed perceptual field, selective inattention, less able to problem solve, HR & RR up, somatic complaints
- **NI:** See Table 11-2

Severe Anxiety

- **CM:** Perceptual field very limited, scattered attention, distorted perceptions, lessened problem solving ability, tunnel vision
- **NI:** See Table 11-3

Panic Level Anxiety

- **CM:** Unable to focus on environment, feeling of doom, disorganized thinking, no problem solving, emotional paralysis, irrational

- **NI:** See Table 11-3

Panic Disorder

Diagnostic Criteria

- Recurrent unexpected panic attacks
- Followed by at least 1 month of fear of reoccurrence or maladaptive change in behavior
- R/O drug induced factors
- Often comorbid with agoraphobia & depression

Panic Disorder

Treatment Modalities

- CBT (Reframing)
- Meds: Benzos & antidepressants

Phobic DOs

Diagnostic Criteria

- Persistent & irrational fear of specific object or activity
- Examples: Agoraphobia, SAD, & Specific phobias
- Results in avoidance behaviors

Phobia: Agoraphobia

Diagnostic Criteria

- Marked fear of 2 or more of 5 situations
- Fear is disproportionate to the risk of danger
- Fear causes distress or impairment
- (Review concept of primary & secondary gain)

Phobia: Social Anxiety DO

Diagnostic Criteria

- Fear of rejection by others
- Fear of exposure to social or performance situations
- DO causes disruptions in life

Specific Phobias

Diagnostic Criteria

- Fear of one (or more) specific object or situation
- Examples:

Fear of heights / acrophobia

Fear of closed spaces /
claustrophobia

Phobic DOs

Treatment Modalities

- CBT
- Assertiveness training (Agoraphobia)
- Systematic desensitization / flooding
- Social skills training (SAD)

Generalized Anxiety

Diagnostic Criteria

- Excessive worry / anxiety on more days than not for \geq 6 months
- Cannot control worry
- Causes disturbance in personal, scholastic, or employment performance
- Often comorbid with depression / panic disorder

Generalized Anxiety

DO

Treatment modalities

- CBT
- Stress management
- Physical activity

Anxiety r/t Other Medical Condition

Diagnostic Criteria

- Symptoms direct result of a medical condition
- Examples: COPD, Parkinson's, metabolic disorders, hyperthyroidism

Obsessive - Compulsive Diagnostic ^{DOs} Criteria

- Presence of obsessions, compulsions or both
- Unable to ignore or suppress thoughts or actions
- Obsessions & compulsions are time consuming; > 1 hour a day

OCD - Obsessions

- Recurrent & persistent thoughts, urges or images which are unwanted and intrusive causing distress to the individual

OCD - Compulsions

- Repetitive behaviors that the individual is compelled to perform in response to related obsession
- Aim is to alleviate anxiety

OCD Examples

Obsession	Compulsion
Contamination	Washing, cleaning
Loss or fear of loss	Acquiring, collecting, saving
Symmetry	Ordering, arranging, & repeating; counting
Causing harm	Avoidance of contact

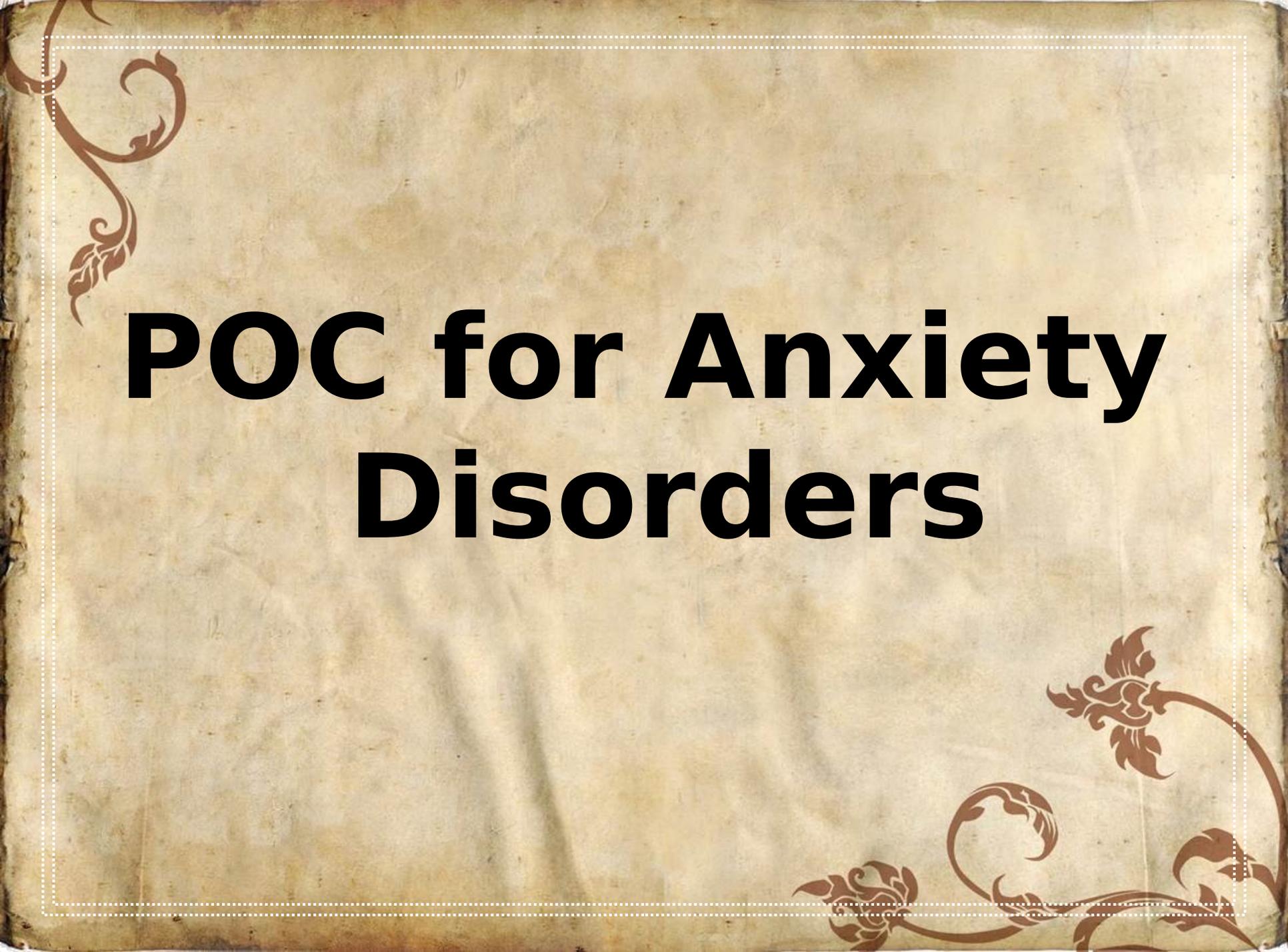
OCD

Treatment Modalities

- Exposure / Response Prevention
- Medication: SSRIs

OCD Related DOs

- Body Dysmorphic Disorder
- Hoarding Disorder
- Trichotillomania
- Skin Picking Disorder
- All cause disruptions in normal life activities



POC for Anxiety Disorders

Nursing Care for Anxiety DOs

Assessment

- Level of anxiety
- Suicide risk
- Use of defense mechanisms

Nursing Care for Anxiety DOs

Interventions

- Safety first...
- Encourage expression of feelings & thoughts
- Decrease environmental stimulation
- Limit stimulants

Nursing Care for Anxiety DOs

Interventions

- Facilitate diversional activities (as appropriate)
- Facilitate stress reduction techniques
- Use of therapeutic communication
- Maintain milieu therapy

Additional References

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