

## Anxiety, Obsessive-Compulsive, and related disorders online assignment

### Behaviors Associated With Anxiety, Obsessive-Compulsive, and Related Disorders

*Directions: Identify the anxiety disorder associated with the behaviors listed below and place the disorder in the right column.*

### Behaviors Associated with Anxiety, Obsessive-Compulsive, and Related Disorders

- |                     |                             |
|---------------------|-----------------------------|
| a. Panic disorder   | e. GAD                      |
| b. Agoraphobia      | f. Social anxiety disorder  |
| c. Specific phobia  | g. OCD                      |
| d. Trichotillomania | h. Body dysmorphic disorder |

Scenario	Dissociative Disorder
Janet becomes panicky when she gets near a dog.	Specific phobia
Patricia weighs and measures her food. Long after everyone else has finished eating, she is still calculating the caloric value of her food and remeasuring her portion.	OCD
Frances will not leave her home unless a friend or relative goes with her.	Agoraphobia
The nurse asks Heather about the bald spots on her scalp. Heather replies that when she gets nervous, she feels better if she pulls on her hair.	Trichotillomania
Sonja refuses to eat in a restaurant. She is afraid others will laugh at the way she eats.	Social anxiety disorder
About once a week, without warning, Stanley's heart begins to pound, he becomes short of breath, and sometimes he experiences chest pain. The doctor has ruled out physical problems.	Panic disorder
Janie wants desperately to visit a foreign country with her friends, but because of her fear of needles, she has not been able to get the required immunizations.	Specific phobia
Helen is a very restless person. She is always nervous and keyed up. She worries about many things over which she has no control.	GAD
Virginia has some freckles across her nose and cheeks. She visits dermatologists regularly trying to find one who will "get rid of these huge, ugly spots on my skin."	Body dysmorphic disorder
George never volunteers to speak in class. He is afraid his classmates will laugh at what he says.	Agoraphobia
Carl will go to church, but only if he can sit right near the door.	OCD
When Sally sees a spider on the floor, she screams and runs out of the room.	Specific phobia
Every day when Wanda gets home from work, she cleans her house. She has told her friends not to call her during this time, and if anything interferes with her cleaning, she becomes very upset and starts over from the beginning.	OCD

Don has always been an excellent student and was valedictorian of his high school graduating class. Since starting college, he has been unusually worried about his academic performance. Lately, he has been unable to sleep, is irritable, has difficulty concentrating, and has begun experiencing nausea and vomiting due to worry that he will not do well academically	Panic disorder
Helen's boss has told her that if she is late for work one more time she will lose her job. Helen gets up early enough to be at work on time, but she must follow a specific routine of putting her apartment in order before she leaves the house. If one activity in her routine is interrupted, she must start over from the beginning. These delays and repetitions in her routine are causing her to be late for work.	OCD

***Please read the chapter and answer the following questions:***

- 1. What are the symptoms of a person with agoraphobia?**

**Agoraphobic situations are avoided or require a companion or are endured with extreme anxiety. Agoraphobic satiation's provoke fear or anxiety. Require a companion to go out in public. Fear, anxiety or avoidance has lasted greater than 6 months. This patient is unable to leave home due to fear.**

- 2. What neurotransmitter has been implicated in the development of obsessive-compulsive disorder?**

**Serotonin**

- 3. What are some predisposing factors that have been associated with hair-pulling disorder?**

Psychiatric disorders, most common is mood and other anxiety disorders.

4. What are the primary nursing interventions for a person in panic anxiety?

Stay with patient and offer reassurance, safety, and security, do not leave patient alone.

Maintain a calm, nonthreatening matter of fact approach.

Use simple words and brief messages, spoken calmly, and clearly, to explain hospital experiences.

Keep immediate surroundings low stimuli.

Administer tranquilizing medications.

Explore possible reasons when level of anxiety has decreased.

Teach signs and symptoms of escalating anxiety, and ways to interrupt the progression.