

# 05

Chapter

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## Chapter 5

**Anxiety, Trauma- and Stressor-Related, and  
Obsessive-Compulsive and Related Disorders**

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## Chapter

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## OVERVIEW

- Introduction to Anxiety
- Anxiety Disorders
  - Generalized anxiety disorder
  - Panic Disorder and agoraphobia
  - Specific phobias
  - Social anxiety disorder
- Trauma- and stressor-related disorders
  - PTSD
- Obsessive-Compulsive and Related Disorders
  - OCD
  - Body Dysmorphic Disorder
  - Other disorders

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## Chapter

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### Anxiety, Fear and Panic: Some Definitions

- Fear
  - Immediate, present-oriented
  - Sympathetic nervous system activation
- Anxiety
  - Apprehensive, future-oriented
  - Somatic symptoms: muscle tension, restlessness, elevated heart rate
- Both: Negative affect

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## Chapter

# Anxiety, Fear, and Panic: Some Definitions, Continued

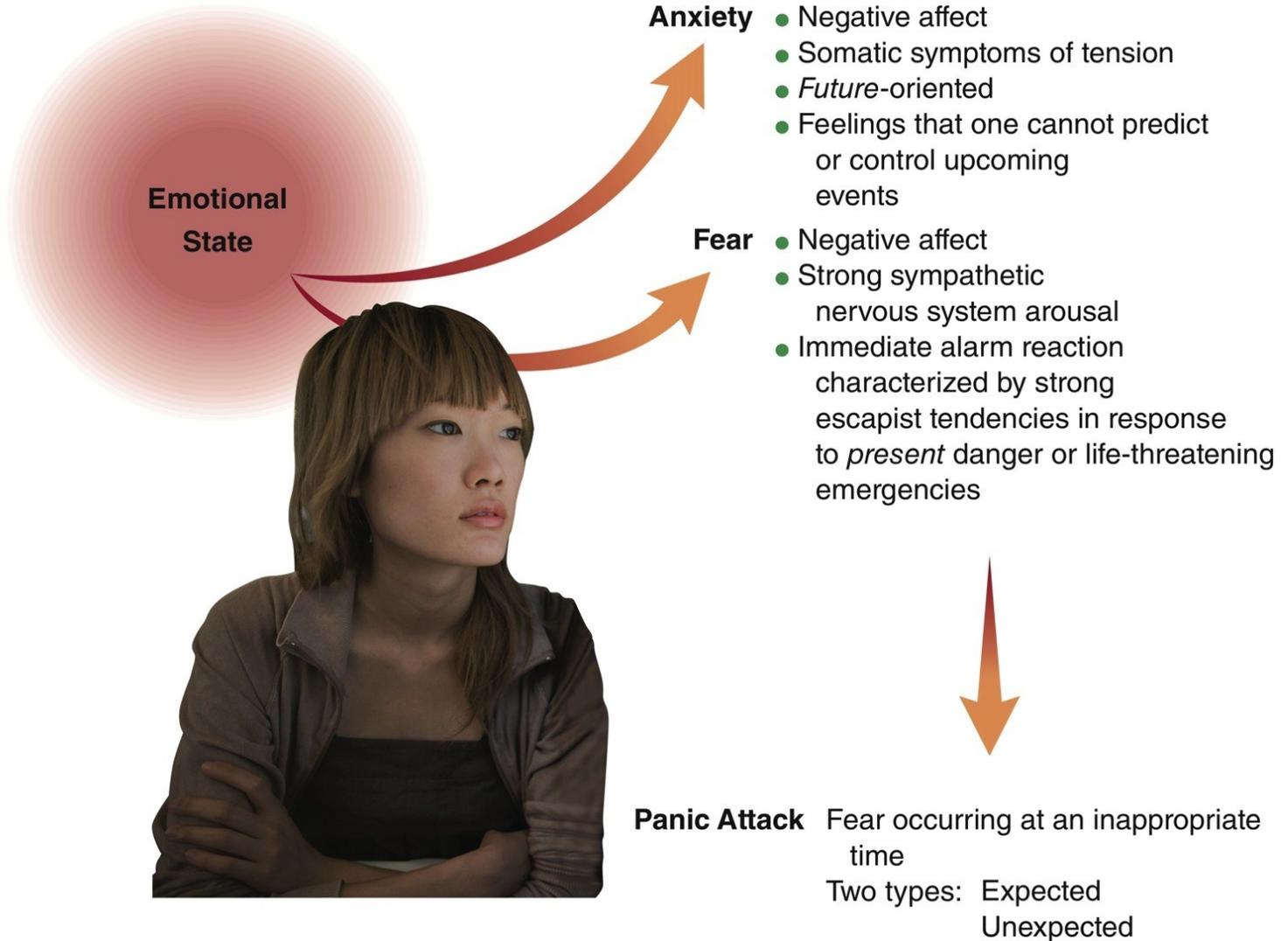
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- Panic attack – abrupt experience of intense fear
  - Physical symptoms: heart palpitations, chest pain, dizziness, sweating, chills or heat sensations, etc.
  - Cognitive symptoms: Fear of losing control, dying, or going crazy
  
- Two types
  - Expected
  - Unexpected

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## Chapter

# Diagram of Anxiety, Fear, and Panic



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## Chapter

# Diagnostic Criteria for Anxiety, Fear, and Panic

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The DSM – 5 diagnostic criteria for panic attack — 4 (or more) of the following symptoms occur:

1. Palpitations, pounding heart, or accelerated heart rate
2. Sweating
3. Trembling or shaking
4. Feeling of choking
5. Chest pain or discomfort
6. Nausea or abdominal distress
7. Feeling dizzy, unsteady, light-headed or faint
8. Chills or heat sensations
9. Paresthesias
10. Derealization
11. Fear of losing control or going crazy
12. Fear of dying

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## Biological Contributions to Anxiety

### Chapter

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- Increased physiological vulnerability
  - Polygenetic influences
    - Corticotropin releasing factor (CRF)
      - Affects the HPA axis
  - Brain circuits and neurotransmitters
    - GABA
    - Noradrenergic
    - Serotonergic systems

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## Chapter

# Biological Contributions to Anxiety, Continued

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- Limbic system
  - Behavioral inhibition system (BIS)
    - Received danger signals from:
      - Brain stem
      - Septal-hippocampal system
  - Fight/flight (FFS) system
    - Panic circuit
    - Alarm and escape response

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## Chapter

# Biological Contributions to Anxiety, Part 3

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- Brain circuits are shaped by environment
  - Example: teenage cigarette smoking – teenage smoking is linked to increased risk for developing anxiety and panic
  - Interactive relationship with somatic symptoms

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## Psychological Contributions to Anxiety

### Chapter

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- Freud
  - Anxiety = psychic reaction to danger
  - Reactivation of infantile fear situation
- Behaviorists
  - Classical and operant conditioning – symptoms are a result of learned associations
  - Modeling – anxious behavior
- Beliefs about control over environment

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## Social Contributions to Anxiety

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- Biological vulnerabilities triggered by stressful life events
  - Family
  - Interpersonal
  - Occupational
  - Educational

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## An Integrated Model of Anxiety

### Chapter

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- Triple vulnerability
  - Generalized biological vulnerability
    - Diathesis
  - Generalized psychological vulnerability
    - Beliefs/perceptions
  - Specific psychological vulnerability
    - Learning/modeling

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## Chapter

# Diagram of an Integrated Model of Anxiety

**Biological vulnerability**  
(heritable contribution to negative affect)



- “Glass is half empty”
- Irritable
- Driven

**Specific psychological vulnerability**  
(e.g., physical sensations are potentially dangerous)



- Anxiety about health?
- Nonclinical panic?

**Generalized psychological vulnerability**  
(sense that events are uncontrollable/unpredictable)



- Tendency toward lack of self-confidence
- Low self-esteem
- Inability to cope

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# Comorbidity of Anxiety and Related Disorders to Anxiety

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- High rates of comorbidity
  - 55% to 76%
- Commonalities
  - Features
  - Vulnerabilities
- Links with physical disorders

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## Suicide

- Suicide attempt rates
  - Similar to major depression
  - 20% of panic patients attempt suicide
- Increases for all anxiety disorders
- Comorbidity with depression?

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# The Anxiety Disorders

- Types of anxiety disorders
  - Generalized Anxiety Disorder
  - Panic Disorder and Agoraphobia
  - Specific Phobias
  - Social Anxiety Disorder
  - Separation Anxiety Disorder
  - Selective Mutism

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## Chapter

# Diagnostic Criteria for Generalized Anxiety Disorder

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From the DSM-5:

- Excessive anxiety and worry occurring more days than not for at least 6 months
- Difficulty controlling the worry
- Anxiety and worry associated with other physical symptoms
- Anxiety causes clinically significant distress or impairment
- Not due to substance use or medical condition
- Not better explained by another mental disorder

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## Generalized Anxiety Disorder (GAD)

### Chapter

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- Clinical description
  - Shift from possible crisis to crisis
  - Worry about minor, everyday concerns
    - Job, family, chores, appointments
  - Accompanied by symptoms such as sleep disturbance and irritability
  - Leads to behaviors like procrastination, overpreparation
- GAD in children
  - Need only one physical symptom
  - Worry = academic, social, athletic performance

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## Chapter

# Generalized Anxiety Disorder (GAD), Continued

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- Statistics
  - 3.1% (year)
  - 5.7% (lifetime)
  - Similar rates worldwide
  - Insidious onset
    - Early adulthood
  - Chronic course

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## Chapter

# Generalized Anxiety Disorder (GAD), Part 3

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- GAD in the elderly
  - Worry about failing health, loss
  - Up to 10% prevalence
  - Use of minor tranquilizers: 17 to 50%
    - Sometimes prescribed for medical problems or sleep problems
    - Increase risk for falls and cognitive impairments

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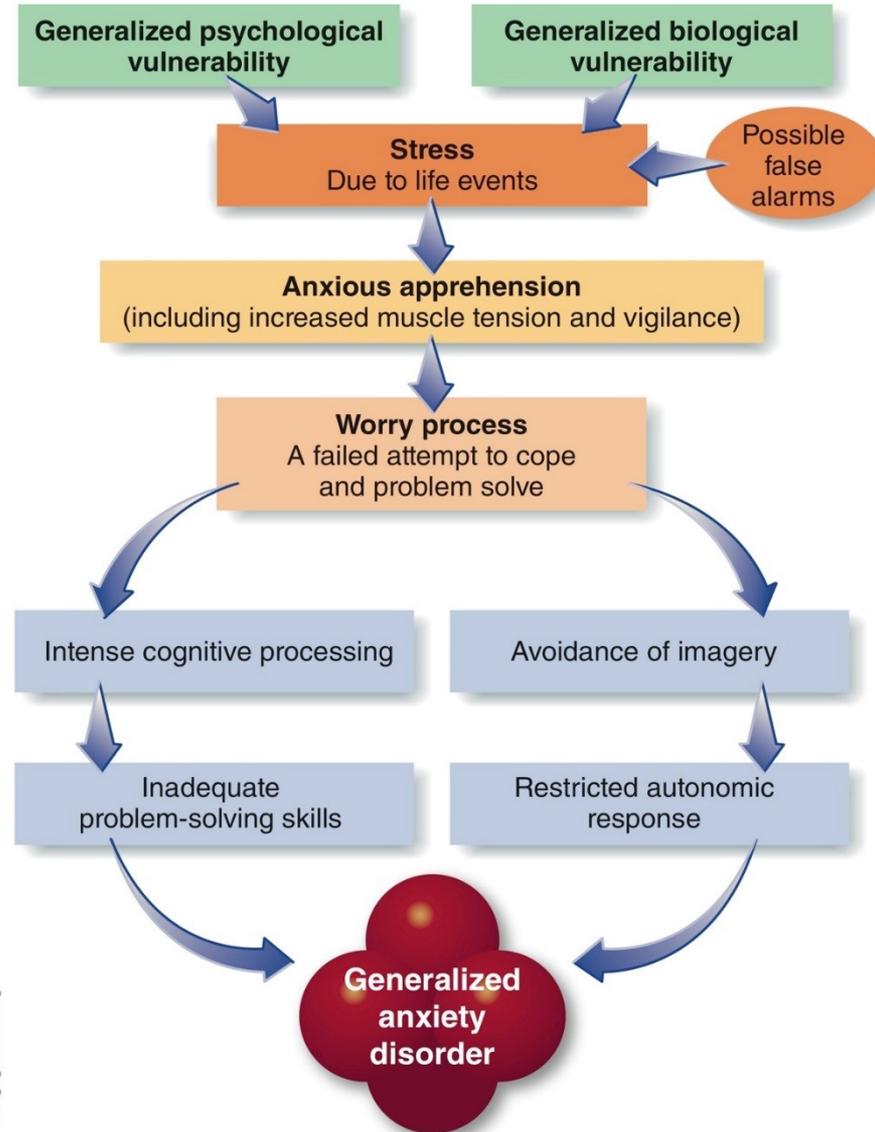
## Causes of GAD

- Inherited tendency to become anxious
- Neuroticism
- Less responsiveness
  - “Autonomic restrictors”
- Threat sensitivity
- Frontal lobe activation
  - Left vs. right

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## Chapter

# Causes of GAD, Continued



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## Chapter

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## Treatments of GAD

- Pharmacological
  - Benzodiazepines
    - Risks versus benefits
  - Antidepressants

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## Chapter

# Treatments of GAD, Continued

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- Psychological
  - Similar benefits to drugs and better long-term results
  - Cognitive-behavioral treatments
    - Exposure to worry process
    - Confronting anxiety-provoking images
    - Coping strategies
  - Acceptance
  - Meditation

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## Panic Disorder and Agoraphobia

### Chapter

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- Clinical description
  - Unexpected panic attacks
  - Anxiety, worry, or fear of another attack
  - Persists for 1 month or more
  - Agoraphobia
    - Fear or avoidance of situations/events
    - Concern about being unable to escape or get help in the event of panic symptoms or other unpleasant physical symptoms (e.g., incontinence, vomiting, falling)

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## Chapter

# Panic Disorder and Agoraphobia, Continued

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- Clinical description
  - Avoidance can be persistent
  - Use and abuse of drugs and alcohol
  - Interoceptive avoidance

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## Panic Disorder and Agoraphobia

### Chapter

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- Statistics
  - 2.7% (year)
  - 4.7% (life)
  - Female: male = 2:1
  - Acute onset, most common in young adulthood (e.g. ages 20-24)

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## Chapter

# Panic Disorder and Agoraphobia, Continued

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- Special populations
  - Children
    - Hyperventilation is a common symptom
    - Earlier cognitive development > fewer cognitive symptoms (e.g. less fear of dying)
  - Elderly
    - Health focus is more common
    - Changes in prevalence – decreases with age

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## Diagnostic Criteria for Panic Disorder

### Chapter

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- Recurrent unexpected panic attacks
- At least one attack has been followed by significant worry or maladaptive change in behavior
- Not attributable to substance use
- Not better explained by another mental disorder

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## Diagnostic Criteria for Agoraphobia

### Chapter

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- Marked fear/anxiety for two or more: public transportation, open spaces, enclosed spaces, standing in line, being outside the home alone
- Avoids these situations
- Situations always provoke fear
- Anxiety not proportional to real danger
- Significant distress
- Anxiety is excessive
- Not better explained by another mental disorder

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## Chapter

# Gender, Culture, Panic Disorder and Agoraphobia

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- Social/gender roles
  - ~75% of those with agoraphobia are female
  
- Cultural factors
  - Similar prevalence rates across cultures
  - Variable symptom expression
    - Somatic symptoms more emphasized than emotional symptoms in developing countries

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## Cultural Influences of Agoraphobia

### Chapter

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- Culture-bound syndromes
  - Susto
  - Ataque de nervios
  - Kyol goeu

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## Chapter

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### Nocturnal Panic

- 60% with panic disorder experience nocturnal attacks
  - Occur in non-REM sleep
  - Occur during delta/slow wave sleep
- Caused by deep relaxation,
  - Sensations of “letting go” are anxiety provoking to people with panic attacks
- Sleep terrors
- Isolated sleep paralysis

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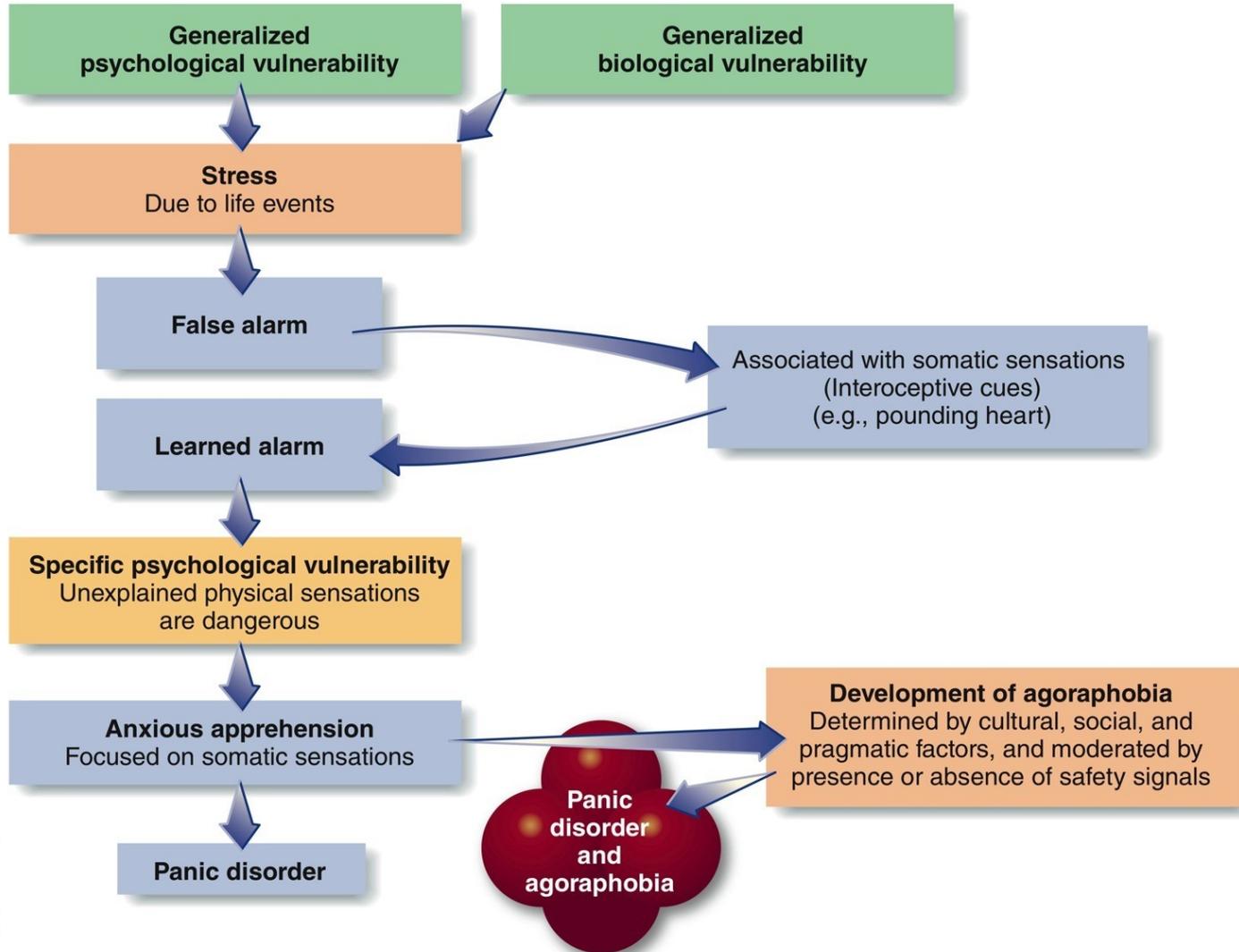
## Causes of Nocturnal Panic

- Generalized biological vulnerability
  - Alarm reaction to stress
- Cues get associated with situations
  - Conditioning occurs
- Generalized psychological vulnerability
  - Anxiety about future attacks
  - Hypervigilance
  - Increase interoceptive awareness

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### Diagram of Causes of Nocturnal Panic



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## Chapter

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# Panic Treatment

- Medications
  - Multiple systems affected by medication
    - serotonergic
    - noradrenergic
    - GABA
  - Benzodiazepines (e.g. Ativan)
  - SSRIs (e.g., Prozac and Paxil)
  - High relapse rates after discontinuation of medication

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## Panic Treatment, Continued

- Psychological intervention
  - Exposure-based
  - Reality testing
  - Relaxation and breathing skills
- Example: Panic control treatment (PCT)
  - Exposure to interoceptive cues
  - Cognitive therapy
  - Relaxation/breathing
- High degree of efficacy

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## Chapter

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### Panic Treatment, Part 3

- Combined psychological and drug treatments
  - No better than CBT or drugs alone
  - CBT = better long term

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## Chapter

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# Specific Phobias

- Clinical description
  - Extreme and irrational fear of a specific object or situation
  - Feared situation almost always provokes anxiety
  - Significant impairment or distress

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## Diagnostic Criteria for Specific Phobias

### Chapter

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- Marked Fear or anxiety about a specific object or situation
- Phobic object or situation almost always provokes immediate fear or anxiety
- Phobic object/situation is actively avoided
- Phobic object/situation out of proportion to actual danger
- Lasts more than 6 months
- Clinically significant distress
- Not better explained by symptoms of another mental disorder

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## Chapter

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# Blood-Injection-Injury Phobia

- Blood-injection-injury phobia
  - Decreased heart rate and blood pressure when seeing blood, injections, or injury
  - Fainting
  - Inherited vasovagal response
  - Onset = usually in childhood

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## Chapter

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# Situational Phobia

- Situational phobia
  - Fear of specific situations
    - E.g., Flying, driving
  - No uncued panic attacks
  - Fear centers around risks of the situation (e.g. Plane crashing), not having a panic attack
  - Onset = early to mid 20s

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## Chapter

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# Natural Environment Phobia

- Natural environment phobia
  - Heights, storms, water
  - May cluster together
  - Associated with real dangers
  - Onset = usually in childhood

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## Chapter

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# Animal Phobia

- Animal phobia
  - Dogs, snakes, mice, insects
  - May be associated with real dangers
  - Onset = usually in childhood

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## Chapter

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## Statistics for Phobias

- Statistics
  - 12.5% (life); 8.7% (year)
  - Female : Male = 4:1
  - Chronic course
  - Onset = Most often childhood

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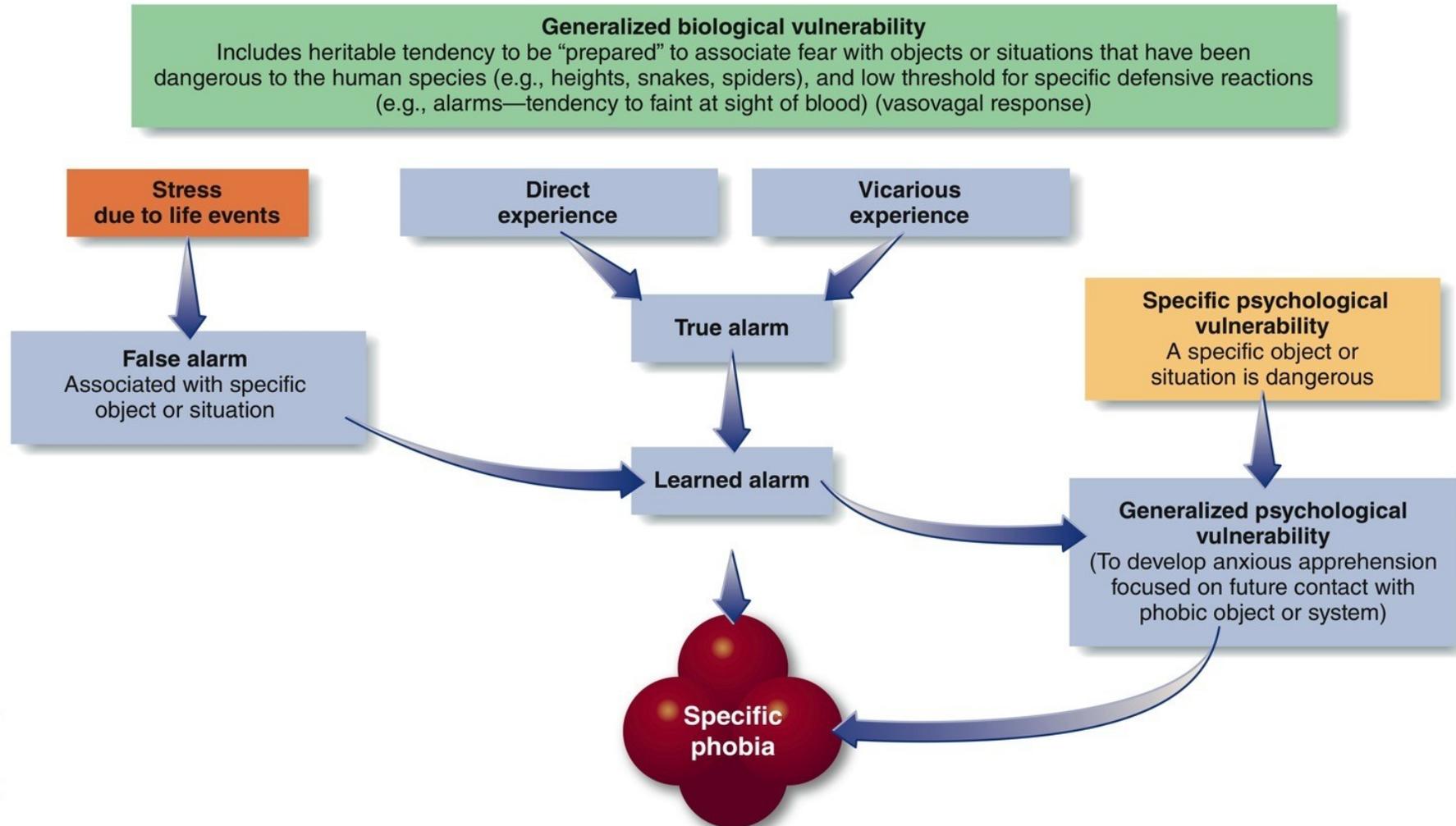
## Causes of Phobias

- Direct experience
- Vicarious experience – seeing someone else encounter a feared object
- Information transmission – learning about a situation/object being dangerous
- “Preparedness”

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## Chapter

# Diagram of the Causes of Phobias



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## Chapter

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## Treatment of Phobias

- Cognitive-behavior therapies
  - Exposure
    - Graduated
    - Structured
  - Relaxation – used to be practiced more, now often not a part of empirically supported treatment

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## Chapter

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# Separation Anxiety Disorder

- Clinical Description
  - Characterized by unrealistic and persistent worry that something will happen to self or loved ones when apart (e.g., kidnapping, accident) as well as anxiety about leaving loved ones
  - 4.1% of children meet criteria, 6.6% for adults

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## Social Anxiety Disorder (Social Phobia)

### Chapter

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- Clinical description
  - Extreme/irrational concern about being negatively evaluated by other people
  - Sometimes (not always) manifests as shyness
  - Leads to significant impairment and/or distress
  - Avoidance of feared situations, or endurance with extreme distress
  - Subtype
    - Performance only: Anxiety only in performance situations (e.g. public speaking)

# 05

## Chapter

# Social Anxiety Disorder (Social Phobia), Continued

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- Statistics
  - 12.1% (life); 6.8% (year)
  - Female : Male = 1:1
  - Onset = usually adolescence
    - Peak age of onset = 13
  - More common in people who are young (18 to 29 years), undereducated, single, and of low socioeconomic class,
  - 13.6% prevalence in ages 18 to 29
  - 6.6% prevalence in ages 60+

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## Chapter

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## SAD Across Cultures

- Japan—taijin kyofusho
  - Fear of offending others or making them uncomfortable
  - Concern about aspects of personal appearance (e.g., stuttering, blushing, body odor)
  - More common in males

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## Chapter

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## Causes of SAD

- Generalized psychological vulnerability
  - E.g., belief that threatening events are uncontrollable
- Generalized biological vulnerability
  - E.g., propensity toward anxiety

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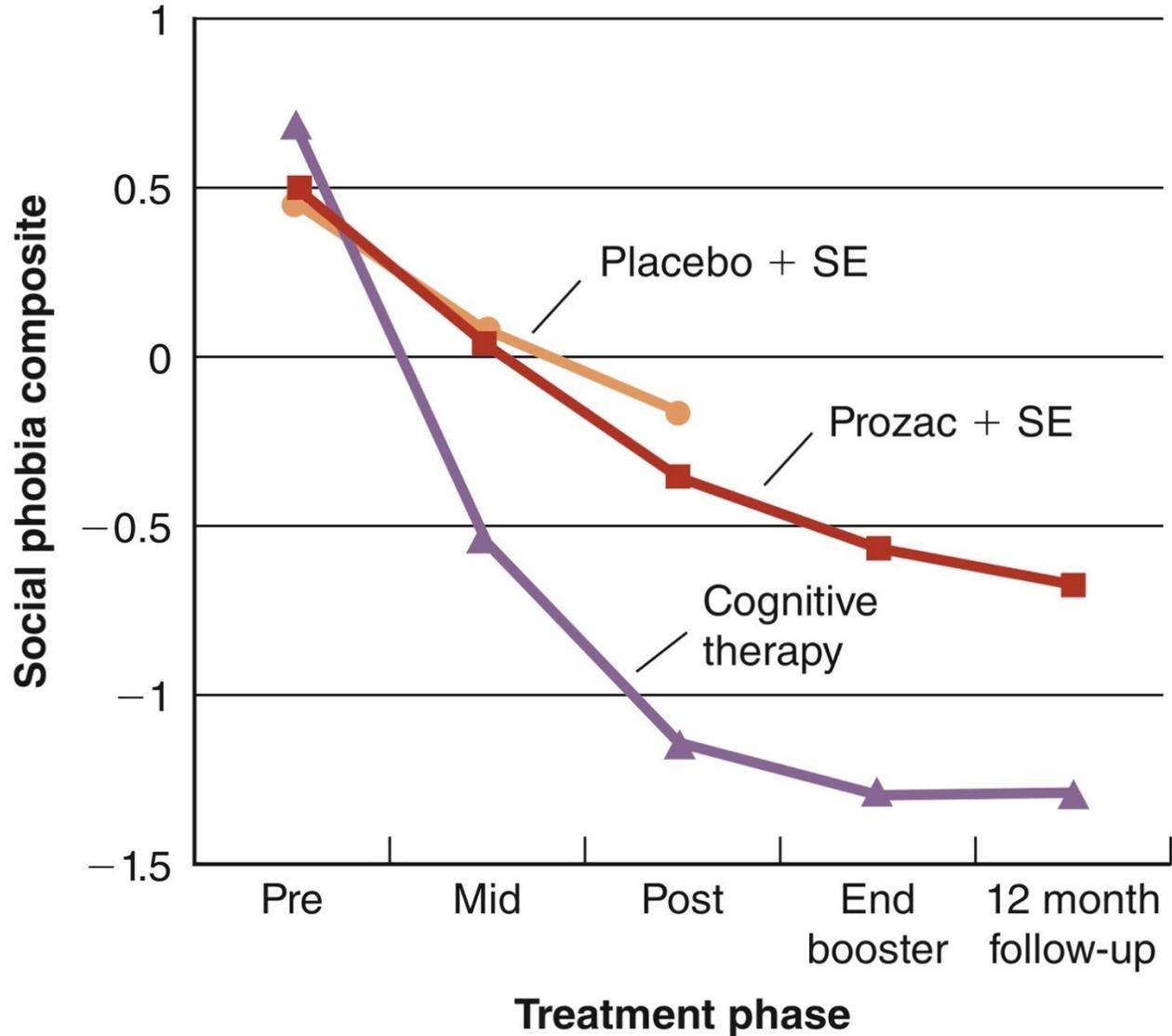
## Treatment of SAD

- Medications
  - Beta blockers
  - Benzodiazepines
  - SSRI (Paxil, Zoloft, and Effexor)
  - D-cycloserine

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## Chapter

### Treatment of SAD, Continued



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## Chapter

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## Treatment of SAD, Part 3

- Psychological
  - Cognitive-behavioral treatment
    - Challenging of anxious thoughts about the consequences of social judgment
    - Exposure to anxiety-provoking situations
    - Rehearsal
    - Role-play
  - Highly effective

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## Chapter

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### Selective Mutism (SM)

- Clinical description
  - Rare childhood disorder characterized by a lack of speech
  - Must occur for more than one month and cannot be limited to the first month of school
  - High comorbidity with SAD
  - Treatment
    - CBT most efficacious, similar to treatment for SAD

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## Trauma and Stressor-Related Disorders

### Chapter

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- Attachment disorders
- Posttraumatic stress disorder and acute stress disorder

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## Chapter

# Posttraumatic Stress Disorder (PTSD)

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- Clinical description
  - Trauma exposure
  - Continued re-experiencing
    - (e.g., memories, nightmares, flashbacks)
  - Avoidance
  - Emotional numbing
  - Reckless or self-destructive behavior
  - Interpersonal problems
  - Refers to problems that persist for more than one month after the trauma
    - Acute stress disorder assigned for post-traumatic symptoms lasting less than a month

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## Chapter

# Posttraumatic Stress Disorder (PTSD) Statistics

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- Statistics
  - 6.8% (life); 3.5% (year)
  - Prevalence varies
    - Most people who undergo traumatic events do *not* develop PTSD
    - Type of trauma
      - E.g., experiencing repeated sexual assault makes an individual 2 to 3 times as likely to develop PTSD
    - Proximity – more likely to develop PTSD if closer to the trauma

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## Chapter

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## Causes of PTSD

- Trauma intensity – PTSD more likely with severe trauma
- Generalized biological vulnerability
  - Twin studies
  - Reciprocal gene-environment interactions
- Generalized psychological vulnerability
  - Beliefs about uncontrollability and unpredictability of threatening situations
- Poor social support = greater risk

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## Chapter

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### Diagnostic Criteria for PTSD

- Exposure to actual or threatened event
- Presence of one or more intrusional symptoms
- Persistent avoidance of stimuli associated with traumatic event
- Negative alterations in cognitions and mood associated with traumatic event
- Marked alterations in arousal and activity associated with the traumatic event
- Sleep disturbance
- Significant distress
- Not attributable to substance use

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# Neurobiological Model of PTSD

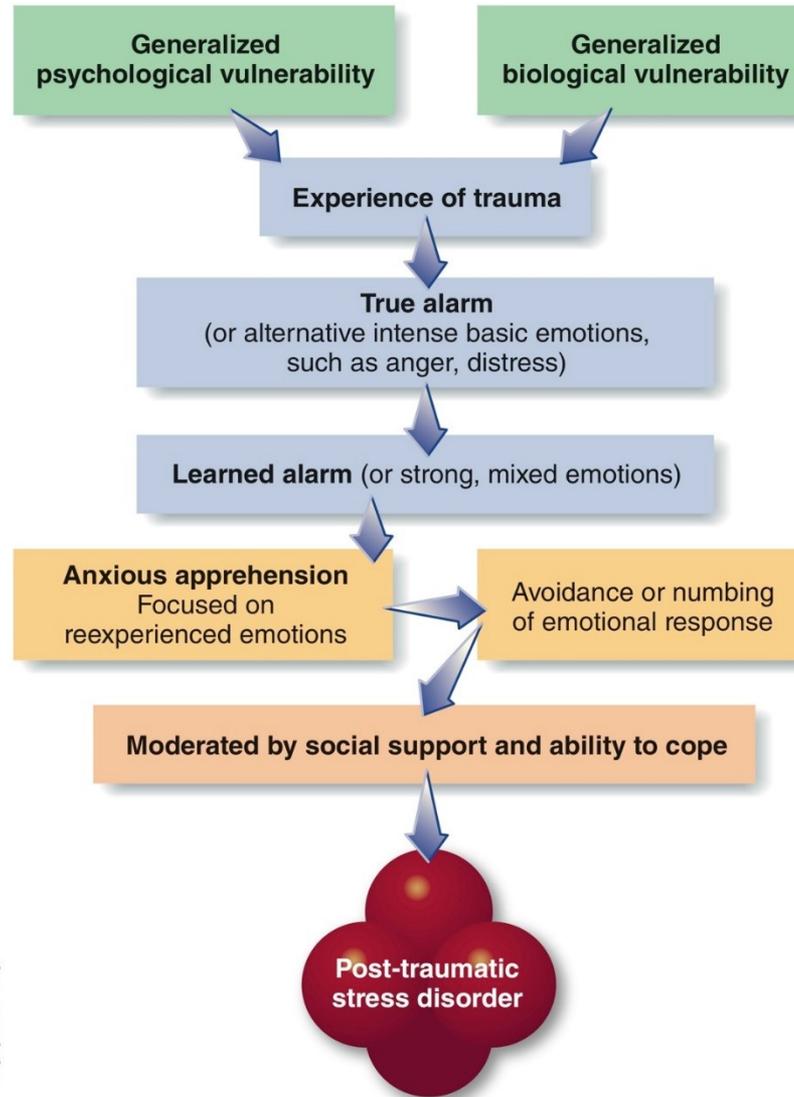
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- Neurobiological model
  - Threatening cues activate CRF system
  - CRF system activates fear and anxiety areas
    - Amygdala (central nucleus)
  - Increased HPA axis activation
    - Cortisol

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Chapter

## Diagram of Posttraumatic Stress Disorder (PTSD)



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## Chapter

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## Treatment of PTSD

- Cognitive-behavioral treatment
  - Imaginal exposure to memories of traumatic event
  - Graduated or massed
    - Increase positive coping skills
    - Increase social support
    - Highly effective
- Psychoanalytic therapy: *catharsis* = reliving emotional trauma to relieve suffering

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## Treatment of PTSD, Continued

### Chapter

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- Medications
  - SSRIs can be helpful
    - Relieve heightened anxiety and panic attacks common to PTSD

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## Chapter

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# Adjustment Disorders

- Anxious or depressive reactions to life stress
- Milder than PTSD/acute stress disorder
- Occur in reaction to life stressors like moving, new job, divorce, etc
- Clinically significant distress or impairment

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## Chapter

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# Attachment Disorders

- Disturbed and developmentally inappropriate behaviors in children
- Child is unable or unwilling to form normal attachment relationships with caregiving adults
- Occurs as a result of inadequate or neglectful care in early childhood

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## Reactive Attachment Disorder

### Chapter

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- Abnormally withdrawn and inhibited behavior
- Less receptive to support from caregivers

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## Disinhibited Social Engagement Disorder

### Chapter

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- A pattern of abnormally low inhibition in children
- E.g., approaching unfamiliar adults without fear

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## Obsessive-Compulsive Disorder (OCD)

### Chapter

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- Clinical description
  - Obsessions
    - Intrusive and nonsensical
    - Thoughts, images, or urges
    - Attempts to resist or eliminate
  - Compulsions
    - Thoughts or actions
    - Provide relief from obsessive thoughts

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## Chapter

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### DSM Criteria for OCD

- Presence of obsessions, compulsions, or both
- Obsessions/compulsions are time-consuming
- Disturbance is not due to substance abuse
- Disturbance not better explained by another mental health disorder

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## Chapter

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## Obsessions

- 60% have multiple obsessions
  - Need for symmetry
  - Forbidden thoughts or actions
  - Cleaning and contamination

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## Chapter

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# Compulsions

- Four major categories
  - Checking
  - Ordering
  - Arranging
  - Washing/cleaning
- Association with obsessions

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## Chapter

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### Tic disorder

- Involuntary movements (e.g. sudden jerking of limbs, movement of jaw, etc)
- Often co-occurs in patients with OCD
- Sometimes tics are used as compulsive behaviors – performed to relieve anxiety associated with obsessions

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## Obsessive-Compulsive Disorder (OCD) Statistics

### Chapter

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- Statistics
  - 1.6% to 2.3%(life); 1% (year)
  - Female = Male
  - Chronic
  - Onset = childhood to 30s

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## Chapter

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## Causes of OCD

- Similar generalized biological vulnerability to having anxiety in general
- Specific psychological vulnerability
  - Early life experiences and learning
  - Thoughts are dangerous/unacceptable
  - Thought-action fusion
- Distraction temporarily reduces anxiety
  - Increases frequency of thought

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## Chapter

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## Treatment of OCD

- Medications
  - SSRIs
    - 60% benefit
    - High relapse when discontinued
  - Psychosurgery (cingulotomy)
    - 30% benefit

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## Chapter

# Treatment of OCD, Continued

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- Cognitive-behavioral therapy
  - Exposure and ritual prevention (ERP)
  - Highly effective
    - One study found that 86% of patients benefit
  - No added benefit from combined treatment with drugs

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## Chapter

# Body Dysmorphic Disorder (BDD)

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- A preoccupation with some imagined defect in appearance
  - Actual defect, if present, appears slight to others
  - Comorbid with OCD 10%
  - Course lifelong
  - Onset – early adolescence through 20s
  - Two treatments
    - SSRIs
    - Exposure and response prevention

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## Chapter

# Diagnostic Criteria of Body Dysmorphic Disorder

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- Preoccupation with one or more defects or flaws in physical appearance that are small or not observable to others
- Repetitive behaviors
- Significant distress
- Preoccupation with body not better explained

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## Chapter

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## Plastic Surgery

- Fully 76.4% had sought this type of treatment and 66% were receiving it
- 8% to 25% of all patients who request plastic surgery may have BDD

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## Chapter

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### Hoarding Disorder

- Excessively collecting and keeping items with minimal value, leading to cluttering and disruption of living space
- Prevalence: between 2% and 5% of the population, (twice as high as the prevalence of OCD)
  - Men = women
  - OCD tends to wax and wane, whereas hoarding behavior can begin early in life and get worse with each passing decade

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## Trichotillomania (Hair Pulling Disorder)

### Chapter

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- The urge to pull out one's own hair from anywhere on the body
- Leads to noticeable hair loss on scalp, eyebrows, arms, pubic region, etc.
- Excoriation (skin picking disorder) is characterized by repetitive and compulsive picking of the skin, leading to tissue damage
  - 1 to 5% prevalence rate
  - Behavioral habit reversal treatment is most effective treatment

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## Excoriation (Skin Picking Disorder)

### Chapter

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- Repetitive and compulsive picking of the skin, leading to tissue damage
- Face is common target for picking

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## Chapter

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## Summary

- Anxiety and related disorders occur when natural and adaptive processes (anxiety, fear and panic) become disproportionate to the environment
- These disorders occur as a result of generalized biological vulnerabilities, generalized psychological vulnerabilities, and specific psychological vulnerabilities

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## Chapter

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## Summary, Continued

- Anxiety disorders include:
  - Panic disorder
  - Agoraphobia
  - Generalized anxiety disorder
  - Social anxiety disorder
  - Specific phobia
  - Selective mutism
  - Separation anxiety disorder

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## Chapter

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### Summary, Part 3

- Trauma- and stressor-related disorders share a common etiology: stressful experiences.
- Trauma- and stressor-related disorders include:
  - PTSD
  - Acute stress disorder
  - Adjustment disorders
  - Reactive attachment disorder
  - Disinhibited social engagement disorder

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## Summary, Part 4

- Obsessive-compulsive and related disorders share common features: compulsive behaviors and, sometimes, obsessive thoughts
- Obsessive-compulsive and related disorders include:
  - OCD
  - Hoarding disorder
  - Body dysmorphic disorder
  - Trichotillomania
  - Excoriation

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### Summary, Part 5

- The most effective treatment for most anxiety disorders is cognitive behavioral therapy.
- Medications may also be helpful in treating anxiety disorders.