**Anxiety Disorders**

* **Anxiety** is an ***understandable*** response to ***perceived threat*** or experienced stress and is typically ***fleeting***and ***controllable.*** It can be conceptualized as an ‘***alarm***’, allowing a ***physical*** and ***mental*** response to perceived danger (the ‘***fight-or- flight’ response***).

**Anxiety symptoms**

* Anxiety symptoms are mostly ***mild*** and ***transient***, though many individuals experience ***severe*** and ***persistent*** symptoms that cause considerable ***personal distress*** and ***impair social and occupational function.***
* A distinction is often made between ***physical*** (or ‘somatic’) symptoms, which mainly result from autonomic arousal or muscular tension (for example, shortness of breath, palpitations, tremor, and headache) and ***psychological*** (or ‘psychic’) symptoms, including apprehension, irritability, and worrying.
* Anxiety symptoms are common among patients undergoing ***examination, investigation, and medical or surgical treatment*** but are also frequent in community settings in physically well individuals.
* If distressing and impairing anxiety exceeds specified severity thresholds and persists beyond minimum duration requirements, and providing its symptoms are not explicable by another condition, an anxiety disorder can be diagnosed.

**Characteristic features of anxiety disorders**

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| Generalized anxiety disorder | Prolonged excessive worrying that is not restricted to particular circumstances. Worries often center on possible physical ill health affecting themselves or family members, and patients can repeatedly present with medically unexplained physical symptoms or craving reassurance or requesting medical investigations. |
| Panic disorder | Recurrent unexpected surges of severe anxiety (‘panic attacks’), which typically reach a peak within 10 minutes and last around 30–45 minutes.  Patients may believe they are in imminent danger of death or collapse and seek urgent medical attention. |
| Agoraphobia | ***Fear and avoidance of public spaces and other situations (crowds, transportation) from which immediate escape may be difficult***; in clinical samples, most patients also have expected panic attacks and some have comorbid panic disorder. |
| Social anxiety disorder (social phobia) | ***Marked and persistent fear of being observed or evaluated negatively by other people, in social or performance situations.*** Many avoid consulting doctors, but some present with physical symptoms (such as excessive perspiration) or psychological symptoms (such as fear of vomiting in public). |
| Simple phobia | ***Excessive or unreasonable fear of (and restricted to) single people, animals, objects, or situations*** (for example, dentists, spiders, lifts, flying, seeing blood), which are either avoided or are endured with significant personal distress. |
| Separation anxiety disorder | ***Fear or anxiety concerning separation from those to whom an individual is attached***; common features include excessive distress when experiencing or anticipating separation from home and persistent excessive worries about potential harms to attachment figures or untoward events that might result in separation. |

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| Depressive illness | Early morning waking, feeling worse in the morning, loss of capacity for pleasure, constipation, guilty thoughts, and suicidal thoughts all suggest depression, rather than anxiety.  Depressive symptoms in anxiety disorders tend to develop after the psychological and somatic symptoms that characterize the anxiety disorder (for example, anticipation of embarrassment, anxiety, and avoidance in social phobia). |
| Psychotic illness | Delusions, hallucinations, and thought disorder are not seen in patients with primary anxiety disorders. |
| Psychostimulant use | Use of ***amphetamines, ecstasy, cocaine, and hallucinogens*** can all result in agitation and severe anxiety, including panic attacks. Primacy of drug-seeking behavior and physical signs of intoxication (such as stereotypic movements with amphetamine use) support the diagnosis of drug dependency. Excess consumption of ***caffeine-*** containing drugs can result in physical and psychological symptoms of anxiety. Many novel psychoactive substances can cause anxiety, but their full effects are still not established. |
| Drug withdrawal | Abrupt withdrawal of ***opiates, alcohol, barbiturates, benzodiazepines***, or ***antidepressants*** can result in agitation, tremor, dizziness, gastrointestinal upset, and insomnia. Anxiety disorders are not associated with acute confusional states or with marked autonomic instability. Characteristic physical signs are seen after withdrawal from certain drug classes such as pupillary dilatation when withdrawing from opiates. |
| Physical ill health | Anxiety symptoms are common in many physical health problems and can be the presenting feature (for example, in ***thyrotoxicosis***, ***recurrent hypoglycaemia, complex partial seizures, paroxysmal tachycardia, and phaeochromocytoma***). |

**Important common differential diagnoses in anxiety disorders**

* ***Some people with anxiety receives unnecessary or inappropriate treatment, as mild symptoms of recent onset and associated with stressful events will often improve spontaneously.***
* However, the persistence and associated disability of anxiety disorders means that most patients who meet criteria for diagnosis are likely to benefit from pharmacological or psychological interventions. Unfortunately, many patients who could benefit from treatment are not recognized.

**The need for treatment should be determined by:**

* ascertaining the ***severity***
* ***persistence*** of symptoms,
* their ***impact on everyday life***,
* the level of ***coexisting depressive symptoms***,
* other features such as a ***previous good response*** to medication or psychotherapy.

**The choice of treatment is influenced by:**

* ***clinical characteristics,***
* ***patient and doctor preferences,***
* ***the local availability of potential interventions.***

**Pharmacological and psychological treatments**

* The strongest evidence for ***acute treatment*** is for judicious prescription of an **SSRI** or under taking manualized **CBT *delivered by trained and supervised staff.***
* ***Continuation treatment***, following a satisfactory response to acute treatment (ideally resulting in ***remission of symptoms***), is needed in all patients with anxiety disorders to ***consolidate the response*** and ***reduce the risk of relapse***.
* It has been argued that psychological treatments may be more effective than pharmacological treatments in keeping patients well.
* Many patients worry about starting and continuing pharmacological treatment, fearing problems such as unwanted sedation, weight gain, or the potential risk of becoming dependent on prescribed medication.
* By contrast, others are reluctant to engage in a psychological treatment that is often limited in availability, emotionally intrusive, and time-consuming.
* Patients should be advised that ***transient worsening of symptoms*** can occur and that prolonged efforts are needed to consolidate and maintain an initial response to treatment.

Suggested scheme for exploring a suspected anxiety disorder.