

ANXIETY DISORDERS AND ITS MANAGEMENT

Abstract

Anxiety disorders are commonest type of psychiatric illness. Anxiety disorders are adapted with physical symptoms in patients with anxiety issues who approach mental health professionals. Although there is increased prevalence rates of anxiety disorders, that are found un-recognized and un-treatable as a clinical condition. Anxiety disorders are prevailing in India very commonly, affecting 40 million adults population (18%), out of which 36.9% people receive treatment. A study conducted in Kashmir revealed that 45% of Kashmir's adult population (1.8 million) are suffering from different types of mental health issues with high prevalence of depression (41%), anxiety (26%), post-traumatic stress disorder (19%), and 47% had experienced some sort of trauma.

Management Of Anxiety Disorders;

- Medical Management
- Psychological Management.
- Nursing Management

Keywords: anxiety, anxiety disorder, fear, symptoms.

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I. ANXIETY DISORDER AND ITS MANAGEMENT

- 1. Background:** Anxiety disorders are commonest type of psychiatric illness. Anxiety disorders are adapted with physical symptoms in patients with anxiety issues approach health professionals. Although others is increased prevalence rates of anxiety disorders, that are found un-recognized and un-treatable as a clinical condition.

“American Psychiatric Association”

Anxiety disorders is prevailing in India very commonly ,affects 40 million adults population (18%), out of which 36.9% people receive treatment. A study conducted in kashmir revealed that 45% of Kashmir's adult population (1.8 million) are suffering from different types of mental health issues with high prevalence of depression (41%), **anxiety (26%)**, post-traumatic stress disorder (19%), and 47% had experienced some sort of trauma

- 2. Definition:** Anxiety disorders differ from normal feelings of nervousness or anxiousness as it involves disorders that share features of excessive fear and anxiety and related behavioral disturbances. It include separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder (social phobia), panic disorder, agoraphobia, generalized anxiety disorder, substance/medication-induced anxiety disorder, and anxiety disorder due to another medical condition.

“DSM-5”.

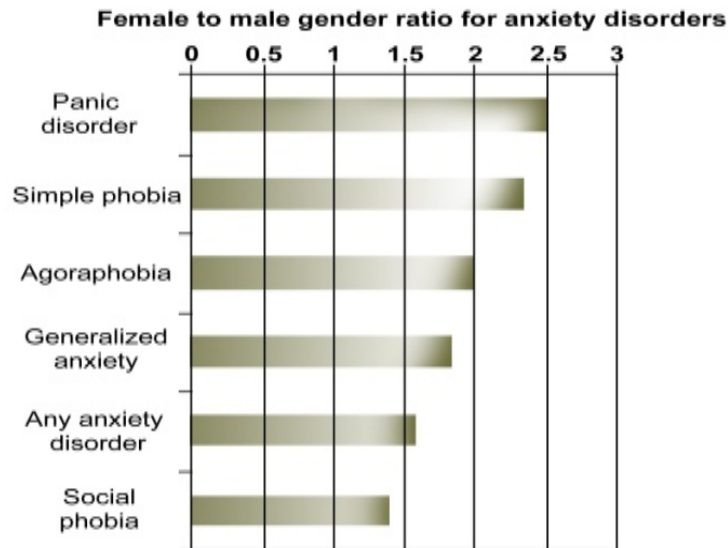
Difference between Fear and Anxiety

Anxiety refers to expectancy of future concern mostly associated with muscle tension and avoidant behavior.	Fear is an emotional response to an immediate threat which is associated with a fight or flight reaction – either to stay with it or escape from the danger
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II. EPIDEMIOLOGY

A study conducted by National Co-morbidity states that 1 in 4 individuals have anxiety disorder with 12 month prevalence rate of 17.7%..

- Specific Phobia: 8% - 12%
- Social Anxiety Disorder: 7%
- Panic Disorder: 2% - 3%
- Agoraphobia: 1-2.9% in Adolescents and Adults
- Generalized Anxiety Disorder: 2%
- Separation Anxiety Disorder: 0.9% - 1.9%
- lifetime prevalence of anxiety disorders among females are 25% & in males 15% in males



Onset of Anxiety Disorders

Specific phobia	Childhood
Social phobia	Early teenage
Agoraphobia	Early 20''s
Panic disorder	Mean age is 20-24''
Generalized anxiety disorder	Around 30

General Symptoms & Signs

Physical Symptoms	Physiological Symptoms
Headache	nervousness, restless or tense feeling
increased heart rate	a sense of impending danger, panic or doom
Hyperventilation	avoid situations that trigger anxiety
Sweating	Excessive un controllable worries
Lack of energy	Having gastrointestinal (GI) problems
weak or tired, poor concentration	Sleep problems
Goose bumps	Shivering /trembling
Somatic complaints	Not able to speak in groups
Upset stomach and GI tract.	Blurred vision

III. CLASSIFICATION OF ANXIETY DISORDERS ACCORDING TO DSM –V

- Agoraphobia** is an anxiety disorder where a client feels fear & shows avoidant behavior that might be causing panicky and feel trapped, helpless or embarrassed in situations like places, crowded places, lonely at home, open spaces etc. This lasts for 6month or more leads problem in daily life.

2. **Generalized Anxiety Disorder:** It means persistent and excessive worries that interfere with daily activities associated with physical symptoms like restlessness, easily fatigued, poor concentration, muscle tension and sleep problems.
3. **Panic Disorder:** Its core symptoms are overwhelming physical and psychological distress experiencing repeated episodes of sudden feeling of intense anxiety ,fear or terror that remain for minutes (panic attacks). Client will show feeling of impending doom, shortness of breath, chest pain, or a rapid, heart palpitations.
4. **Selective Mutism** is a continuous failure of children to speak in situations, like school, however they speak at home. This interferes with their academics and social functioning.
5. **Separation Anxiety Disorder** is a childhood disorder which is related to separation from parents or guardians characterized by excessive anxiety.
6. **Social Anxiety Disorder (Social Phobia)** When an individual faces feelings of embarrassment, self-consciousness and concern about being judged or viewed negatively by others, they high levels of anxiety, fear and avoidance of social situations.
7. **Specific phobias:** A person tries to avoid specific situation, when exposed.

IV. ETIOLOGY FACTORS

Genetic Cause

Chromosomes	Linkage of development
1,9,11,13q	Panic disorder
14q	Specific phobias , social phobia, Panic , Agoraphobia
3q	Agoraphobia
16q	social phobia & simple phobia

V. BIOLOGICAL THEORIES

- Increased serotonin level, increased tidal volume in panic attack, increased activation of amygdale
- Neurotransmitters': GABA under activity and serotonin dysfunction.
- Neuro endocrine: HPA (Hypothalamus pituitary Adrenal) Axis over activity.
- Childhood OCD.

1. Psycho Analytical Theory:

- Anxiety is due to unconscious conflict that exists between impulse of aggression and ego gratification.

2. Socio Cultural Theory:

- When a person is unable to meet demands of society due to social problems.

VI. MEDICAL CAUSES

Cardiovascular diseases, endocrinological problems, Thyroid problems, Respiratory disorders, such as chronic obstructive pulmonary disease (COPD) and asthma, Chronic pain or irritable bowel syndrome

Risk Factors	Complication
Stress due to an illness	Decreased quality of life
Other mental health disorders	Insomnia
Hereditary	Social isolation
Personality	Substance abuse/addiction
Co morbid illness	Gastrointestinal problems
Trauma at any age	Suicide

Diagnoses:

Duration of the Persistent Symptoms required for the Diagnoses of Anxiety Disorder.

Disorder	DSM-5	ICD-10
Generalized anxiety disorder	At least 6 months	At least 6 months
Panic disorder	At least 1 month	At least 4 attacks within a week
OCD	Not specified	At least 2 weeks
PTSD	At least 1 month	Not mentioned ,symptoms appear with on 6 months of trauma
Phobia	At least 6 months	Not mentioned

VII. MANAGEMENT

- Medical Management
- Psychological Management.
- Nursing Management

1. Medical Management: The most commonly prescribed medications to treat anxiety disorder are:

- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin-nor epinephrine reuptake inhibitors (SNRIs)

SSRIs are a class of antidepressants. They inhibit reuptake of serotonin that increases the amount of serotonin in the brain. E.g fluoxetine, escitalopram etc.

SNRIs are another class of antidepressants. They work like wise to SSRIs, except that they inhibit the reuptake of both serotonin and another neurotransmitter called nor epinephrine. E.g duloxetine, venlafaxine.

Beta Blockers E.g propranolol etc

2. Psychological Management: Different therapies are given to patient with anxiety disorder as per the type of problem like, Cognitive behaviour therapy

- Behaviour therapy
 - Cognitive therapy
 - Catharsis
 - Flooding
 - Desensitization
 - Exposure response prevention therapy
- **Cognitive Behavioral Therapy:** Cognitive behavioral therapy (CBT) helps the client to identify negative automatic thoughts and changing of cognitions and behavior in a mal adaptive way.
 - **Exposure therapy** is given to clients to cope with the triggers and develop coping strategies.
 - **Relaxation Therapies** like JPMR, Relaxation techniques, imaging etc.
 - **Meditation & Yoga**

3. Nursing Management

- Psychos educate the client about anxiety disorder and increase insight related to Problem solving techniques to find healthy coping skills.
- Existential therapy can be given to client in order to understand their existence of life.
- Teach Deep breathing exercises, Meditation & Yoga to patients.
- Avoid caffeine content items
- Give education about Healthy diet importance of spiritual rituals
- Educate the client about side effects include: dizziness, drowsiness, lethargy, headache, rashes, nausea, vomiting.
- Educate the patient that abrupt discontinuation of this medication lead withdrawal symptoms such as: sweating, nausea, vomiting, muscle cramps, tremors and seizures.
- Proper follow up and drug compliance is important.
- Family education and therapy also help the patient to improve.
- Lifestyle Modification is essential as mental health issues hamper daily life of an individual.

Coping Strategies that can be taught to the Patients

- Record your anxieties by—a journal, diary.
- Distraction therapy will help the client to cope with the thoughts.
- Practice relaxation exercises.
- practice stress management techniques
- Use of goggle information should be avoided.
- Alcohol and recreational drugs should be avoided.
- Take balanced diet.
- Get plenty of exercise and sleep.
- Increase connectivity with social groups.
- Confrontation your negative thoughts.

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