**ANXIETY DISORDERS AND ITS MANAGEMENT**

**Shabnam Ara1**

Sr.nursing Officer (Msc Psychaitric Nursing)

currently working as tutor

 college of nursing ,GMC Srinagar

**Safia 2**

**Msc medical surgical nursing**

 Tutor

 college of nursing ,GMC Srinagar

 **Anxiety Disorder and its managment**

## Background

Anxiety disorders are very common type of psychiatric illness.[1] Patients having anxiety disorders adept with physical symptoms linked to anxiety and later on come upon to health care providers. Inspite of eminent prevalence rates of anxiety disorders, they are frequently un-recognized and un-treated as clinical problems

 “American Psychiatric Association”

 Anxiety disorders are the commonest mental illness in India, affecting 40 million adults means 18% of the population, 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

**Definition**

Anxiety disorders differ from normal feelings of nervousness or anxiousness as it involve 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**

|  |  |
| --- | --- |
| **A**nxiety refers to expectancy of  future concern mostly associated with muscle tension and avoidant behavior. | **F**ear 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 |

**Epidemiology**

 A study conducted by National Co-morbity states that 1 in 4 individuals have anxiety disorder

 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 |

**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.

**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.

**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.

**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.

**Separation anxiety disorder** is a childhood disorder which is related to separation from parents or guardians characterized by excessive anxiety.

**Social anxiety disorder (social phobia)** refers to high levels of anxiety, fear and avoidance of social situations due to feelings of embarrassment, self-consciousness and concern about being judged or viewed negatively by others.

**Specific phobias** when a person is exposed to a specific object or situation, trying to avoid it.

**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 |

 **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.

 **Psycho analytical theory**:

* Anxiety is due to unconscious conflict that exist between impulse of aggression and ego gratification.

 **Socio cultural theory**:

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

 **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 |

**DIAGINOSES**

**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 withon 6 months of trauma** |
| **Phobia** | **At least 6 months** | **Not mentioned** |

**Management**

## Medical management

## Psychological management.

## Nursing Management

## 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 provonol **etc**

**Psychological management**

* Different therapies are given to patient with anxiety disorder as per the type of problem like, Cognitive behavioue therapy
* Behavioue 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 stretegies.

**Relaxation therapies** like JPMR, Relaxation techniques, imaging etc**.**

**Meditation & Yoga**

**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 Meditation, Yoga
* Avoid caffeinated beverages
* Give education about Healthy diet importance of spiritual rituals
* Educate the client about side effects include: dizziness, drowsiness, lethargy, headache, rashes, nausea, vomiting.
* Explained that abrupt discontinuation of this medication can cause 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 breathing and relaxation exercises
* Incorporate stress management techniques
* Avoid google for your problem solution
* Avoid substances such as alcohol and recreational drugs
* Eat a healthy balanced diet
* Get plenty of exercise and sleep.
* Increase connectivity with social groups.
* Confrontation your negative thoughts.

References:

1. **KAPLAN & SADOCK”S** Synopsis of psychiatry 11th edition updated with DSM-5 ,Page no.387-391.
2. **P.Prakash** ,Text book of Mental Health & Psychiatric Nursing ,page no.220-229.
3. **Carson Butcher Mineka,** Abnormal Psychology & Modern Life, Page No.182-204
4. [https://www.**nurseteaching**s.com](https://www.nurseteachings.com)
5. Nita V Bhatt, FAPA, MD, MPH; Chief Editor: David Bienenfeld, MD , Anxiety Disorders ,Updated: Mar 27, 2019,cited on 4/8/2023
6. [Shoib](https://pubmed.ncbi.nlm.nih.gov/?term=Shoib%20S%5BAuthor%5D) Sheikh,  [Arafat Yasir](https://pubmed.ncbi.nlm.nih.gov/?term=Yasir%20Arafat%20S%5BAuthor%5D) , Mental health in Kashmir: conflict to COVID-19,cited on 3/8/2023.