**ANXIETY DISORDERS AND ITS MANAGEMENT**

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**Anxiety Disorder**

Anxiety is a normal reaction to stress which motivates one to achieve their goals. It signals for danger, prepares for fight or flight. Anxiety disorders differ from normal feelings of nervousness or anxiousness and involve excessive fear or anxiety. Anxiety disorder is defined as an unrealistic irrational fear or anxiety of disabling intensity at its core. Anxiety disorders are common among females with lifetime prevalence of anxiety disorders are 25% in females and 15% in males.

Fear is an emotional response to an immediate threat and is more associated with a fight or flight reaction – either staying to fight or leaving to escape danger.

Epidemiology & Incidence Rate. According to National Comorbity Study 1 in 4 persons met diagnostic criteria for anxiety disorder and there is 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%

# Fig 1: Onset of Anxiety disorders

|  |  |
| --- | --- |
| Specific phobia | Childhood |
| Social phobia | Early teenage |
| Obsessive compulsive disorder | Mid to late teenage |
| Agoraphobia | Early 20”s |
| Panic disorder | Mid 20”s |
| Generalized anxiety disorder | Around 30 |
| Post traumatic stress disorder | Depends on exposure of trauma |

**Symptoms & signs anxiety disorder**

* Feeling nervous, restless or tense
* Having a sense of impending danger, panic or doom
* Having an increased heart rate
* Breathing rapidly (hyperventilation)
* Sweating
* Trembling
* Feeling weak or tired
* Trouble concentrating or thinking about anything other than the present worry
* Having trouble sleeping
* Experiencing gastrointestinal (GI) problems
* Having difficulty controlling worry
* Having the urge to avoid things that trigger anxiety.

**DSM –V CLASSIFICATION OF ANXIETY DISORDERS**

* **Agoraphobia** is a where escape is difficult .This lasts for 6months or more can lead problem in functioning. These individuals usually avoid situation like closed places, crowded places, lonely at home, open spaces and public transportation..
* **Generalized anxiety disorder** involves persistent and excessive worry that interfere with daily activities or events — even ordinary, routine issues. This is associated with physical symptoms like restlessness, easily fatigued, poor concentration, muscle tension and sleep problems.
* **Panic disorder** core symptoms are overwhelming physical and psychological distress involves repeated episodes of sudden feelings of intense anxiety and fear or terror that reach a peak within minutes (panic attacks). feelings of impending doom, shortness of breath, chest pain, or a rapid, fluttering or pounding heart (heart palpitations).The mean age for panic disorder is 20-24 and may be co –morbid with other psychiatric disorders like PTSD.
* **Selective mutism** is a consistent failure of children to speak in certain situations, such as school, even when they can speak in other situations, such as at home with close family members. This can interfere with school, work and social functioning.
* **Separation anxiety disorder** is a childhood disorder characterized by anxiety that's excessive for the child's developmental level and related to separation from parents or others who have parental roles.
* **Social anxiety disorder (social phobia)** involves 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** are characterized by major anxiety when you're exposed to a specific object or situation and a desire to avoid it. Phobias provoke panic attacks in some people.

**Etiology Factors of anxiety disorder**

**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 low self concept.

The causes of anxiety disorders aren't fully understood. Life experiences such as traumatic events appear to trigger anxiety disorders in people who are already prone to anxiety. Inherited traits also can be a factor.

### Medical causes

Anxiety may be linked to an underlying health issue. In some cases, anxiety signs and symptoms are the first indicators of a medical illness. E.g. medical problems that can be linked to anxiety include:

* Heart disease
* Diabetes
* Thyroid problems, such as hyperthyroidism
* Respiratory disorders, such as chronic obstructive pulmonary disease (COPD) and asthma
* Drug misuse or withdrawal
* Withdrawal from alcohol, anti-anxiety medications (benzodiazepines) or other medications
* Chronic pain or irritable bowel syndrome
* Rare tumors that produce certain fight-or-flight hormones

**Risk factors**

* **Trauma.** Children who endured abuse or trauma or witnessed traumatic events are at higher risk of developing an anxiety disorder at some point in life. Adults who experience a traumatic event also can develop anxiety disorders.
* **Stress due to an illness.** Having a health condition or serious illness can cause significant worry about issues such as your treatment and your future.
* **Stress buildup.** A big event or a buildup of smaller stressful life situations may trigger excessive anxiety — for example, a death in the family, work stress or ongoing worry about finances.
* **Personality.** People with certain personality types are more prone to anxiety disorders than others are.
* **Other mental health disorders.** People with other mental health disorders, such as depression, often also have an anxiety disorder.
* **Having blood relatives with an anxiety disorder.** Anxiety disorders can run in families.
* **Drugs or alcohol.** Drug or alcohol use or misuse or withdrawal can cause or worsen anxiety.

**Complications**

* Depression (which often occurs with an anxiety disorder) or other mental health disorders
* Substance misuse
* Trouble sleeping (insomnia)
* Digestive or bowel problems
* Headaches and chronic pain
* Social isolation
* Problems functioning at school or work
* Poor quality of life
* Suicide

**DIAGINOSES**

**Duration of the persistent symptoms required for the diagnoses of anxiety disorder.**

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| --- | --- | --- |
| **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 types of medications to treat anxiety disorder are:

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

SSRIs are a class of antidepressants. They work by inhibiting the reuptake of serotonin (a neurotransmitter), thus increasing the amount of serotonin in the brain.

Examples of SSRIs include:

* Prozac (fluoxetine)
* Celexa (citalopram)
* Lexapro (escitalopram)
* Luvox (fluvoxamine)
* Paxil (paroxetine)
* Zoloft (sertraline)
* Trintellix (vortioxetine)
* Viibryd (vilazodone)

**Potential side effects of SSRIs include:**

* Nausea
* Vomiting
* Diarrhea
* Weight gain
* Dry mouth
* Headaches
* Anxiety
* Sleepiness
* Sexual side effects
* Jittery or restless feeling
* Sleep difficulties.

**SNRIs** are another class of antidepressants. They work similarly to SSRIs, except that they inhibit the reuptake of both serotonin and another neurotransmitter called nor epinephrine.

SNRIs include:

* Cymbalta (duloxetine)
* Effexor (venlafaxine)
* Fetzima (levomilnacipran)
* Pristiq (desvenlafaxine)
* Savella (milnacipran)

Side effects of SNRIs include:

* Nausea
* Drowsiness
* Dizziness
* Nervousness or anxiety
* Fatigue
* Loss of appetite
* Sexual problems
* Increased blood pressure (with higher dosages)

**Beta Blockers:** are useful in somatic symptoms of anxiety like tremors, tachycardia. E.g propranol

**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) is a type of psychotherapy that helps people learn to identify negative, destructive, and maladaptive thoughts and behaviors. Once identified, CBT treatment involves techniques to change these unhealthy thoughts and behaviors into productive ones.

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

**Meditation & Yoga**

**Nursing management**

* Psycho educate the patient regarding the anxiety disorder and comfort to the patient by that **anxiety** is a normal part of life when faced with stressors such as changes in relationships, presenting in front of a crowd, or making decisions .Problem solving methods are important to find healthy coping skills that will work.
* Nurse will Instruct the patient about some coping skills to consider when struggling with **anxiety** include: Reaching out to support system (i.e. family/friends, counselors, psychiatrists, or support groups).
* Teach Deep breathing Meditation, Yoga, Avoiding caffeinated beverages, Healthy diet, and Calming music. Patient Verbalized fair understanding of **anxiety** teaching.
* Explain the patient 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**

A lifestyle **Modification** approach involves:

* Treating lifestyle behaviors instead of individual risk factors, with the goal of disease prevention
* The person undergoing treatment is an active participant and partner in their care, rather than passively receiving care
* Making subtle transitions and changes
* A focus on long-term treatment
* Emphasis on motivation and adherence with responsibility falling mainly on the person undergoing treatment instead of the healthcare provider
* Medication used when needed alongside lifestyle medicine treatment

**Coping Strategies that can be taught to the patients .**

* Keep track of your anxieties, symptoms, and other behaviors related to illness anxiety disorder—a journal, diary, or app may be helpful with this task
* Work on changing your thought patterns by writing out your anxious thoughts and placing healthier alternative thoughts beside them
* Distract yourself from intrusive thoughts and urges to check your body or search for symptoms online by doing something you enjoy such as taking a walk or listening to music
* Practice breathing and relaxation exercises
* Incorporate stress management techniques
* Avoid researching medical conditions and symptoms online
* Shift your focus to hobbies and activities you enjoy
* Spend time outside
* Avoid substances such as alcohol and recreational drugs
* Eat a healthy, balanced diet
* Work on learning what normal body sensations feel like and label them when you experience them
* Get plenty of exercise and sleep

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/