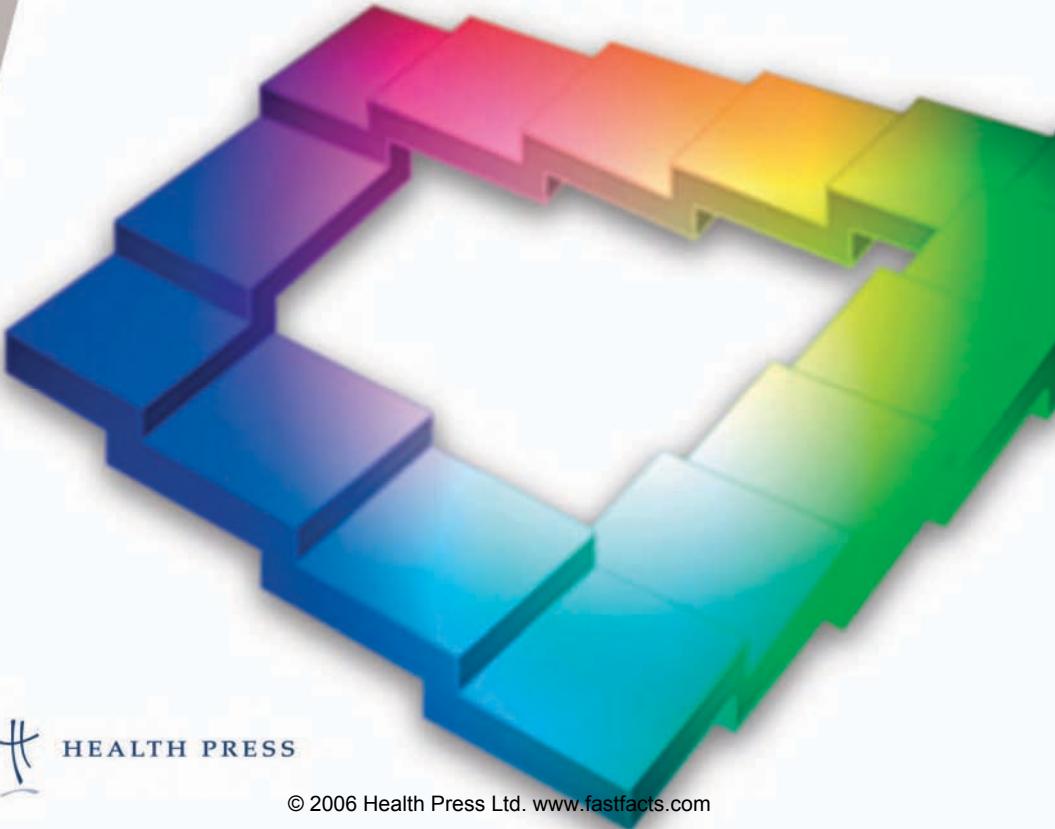


Fast Facts



Fast Facts: Anxiety, Panic and Phobias

Malcolm H Lader and Thomas W Uhde
Second Edition





Anxiety, Panic and Phobias

Second edition



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Declaration of Independence

This book is as balanced and as practical as we can make it.
Ideas for improvement are always welcome:
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Introduction

We are very pleased that our book has gone into a second edition. Anxiety disorders are common and disabling conditions. Their scientific and medical study has presented numerous problems, stemming partly from diagnostic complexities and partly from issues relating to treatment. We have attempted to provide the medical practitioner and other interested health professionals and lay people with a succinct yet informative introduction to the area.

In this second edition, we have retained and updated almost all of the original content. We have added a section dealing with caffeine and anxiety, and we have taken the opportunity to clarify some of the areas discussed in the first edition.

The most significant developments have been seen in the arena of therapy, in which changes are proceeding apace. The major swing has been away from sedative and tranquilizer medications, and towards antidepressants with a primary action on the serotonin systems. We have therefore updated the drug treatment sections to reflect these advances.

In parallel, psychological treatments have become more focused and effective, and we have outlined the commonly used management strategies.

We hope that the reader will find this revised edition of continuing use, and that it will enable both professional and lay people with an interest in anxiety disorders to obtain a rapid overview of the most important topics.

Anxiety is a normal part of the response to a challenging or threatening situation. As such, it may actually be advantageous. However, severe, persistent or inappropriate anxiety can impair everyday life, as well as affecting occupational and social functioning. Anxiety symptoms, including palpitations, sweating, trembling and feelings of fear and panic, are a common finding among patients in primary care. Such patients may complain of:

- primary symptoms of nervousness, apprehension, irritability and restless sleep
- a constellation of physical signs and symptoms, particularly in certain situations
- a combination of both.

The distinction between anxiety symptoms and disorders is an important one. In many individuals, symptoms are a normal reaction to everyday problems or major life events, and such patients may not need treatment. In contrast, primary anxiety disorders, in which the anxiety is abnormal in quality or severity, and often inappropriate or unrelated to the external situation, are disabling and lead to significant distress or impairment in work or social functioning. As a result, patients' quality of life is usually adversely affected. Behavioral and pharmacological therapies are required to enable patients to resume a normal life.

This book describes anxiety disorders, psychiatric conditions with particular characteristics, and their management. It covers generalized anxiety, panic disorder, various phobic disorders and related conditions, obsessive-compulsive disorder and post-traumatic stress disorder.

Anxiety disorders

The term ‘anxiety disorders’ subsumes a number of well-defined conditions in which anxiety is a predominant clinical feature (Table 1.1). They are usually classified according to the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*, currently in its fourth edition (DSM-IV), or the World Health Organization’s *International Classification of Diseases and Related Health Problems* (ICD-10). Definitions used in this book are based on DSM-IV, though the ICD-10 definitions are essentially similar.

Generalized anxiety disorder (GAD) is the most common anxiety disorder, with an estimated point prevalence of about 3% among both the UK and US adult populations. The prevalence among patients consulting their family physicians is about 15%; hence, this condition makes considerable demands on primary care services.

GAD is characterized by persistent and markedly inappropriate anxiety, with motor tension, autonomic hyperactivity, apprehension and vigilance. Circumstances associated with this excessive apprehension or worry include concerns about health, finances, job performance, marital

TABLE 1.1

Anxiety disorders

- Generalized anxiety disorder
- Panic disorder (with or without agoraphobia)
- Agoraphobia
- Social anxiety disorder
- Specific (simple) phobia
- Obsessive–compulsive disorder
- Acute stress and post-traumatic stress disorders

A variety of psychological and pharmacological therapies can be used in the management of anxiety disorders. In general, most conditions are best managed by a judicious combination of the two approaches.

Psychological therapies

Psychological therapies include:

- counseling
- behavioral therapy, in which patients are taught to tolerate exposure to an anxiety-provoking stimulus
- cognitive therapy, in which patients are taught to recognize the origin and significance of their symptoms, and the role of fearful sensations in maintaining symptoms
- relaxation techniques, biofeedback and meditation
- social skills training.

These techniques are described in Chapter 6.

Pharmacological therapies

Five principal groups of drugs are used in the management of anxiety disorders:

- benzodiazepines
- selective serotonin-reuptake inhibitors (SSRIs)
- monoamine oxidase (MAO) inhibitors
- tricyclic antidepressants
- buspirone (a 5-HT_{1A} receptor partial agonist).

In addition, β -blockers are still used in the UK, but less so elsewhere. The use of pharmacological therapy is discussed in Chapter 7.

Management plans

Different combinations of psychological and pharmacological therapies are appropriate for each of the anxiety disorders (Table 5.1).

TABLE 5.1

Management techniques for anxiety disorders

	Psychological	Pharmacological
Generalized anxiety disorder	Counseling Relaxation Cognitive therapy	Benzodiazepines Antidepressants Buspirone β -blockers
Panic disorder	Behavioral therapy Cognitive therapy	SSRIs Benzodiazepines Tricyclic antidepressants MAO inhibitors
Agoraphobia	Behavioral therapy	As for panic disorder
Social anxiety disorder	Behavioral therapy Cognitive therapy Social skills training	SSRIs Benzodiazepines β -blockers MAO inhibitors
Specific phobia	Behavioral therapy Cognitive therapy	Not proven to be useful, other than for symptom relief
Obsessive–compulsive disorder	Behavioral therapy	SSRIs Clomipramine
Post-traumatic stress disorder	Crisis intervention Behavioral therapy Cognitive therapy	SSRIs Tricyclic antidepressants MAO inhibitors

MAO, monoamine oxidase; SSRIs, selective serotonin-reuptake inhibitors.