

Psychotherapy of anxiety

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What does this portrait tell us about the person who drew it?



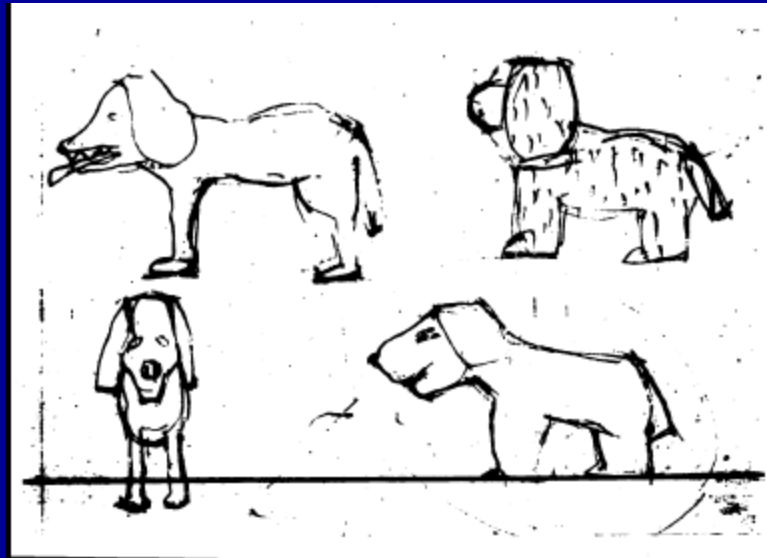
Admission exam to the Faculty of Art

Pt could not enter the building : dog phobia

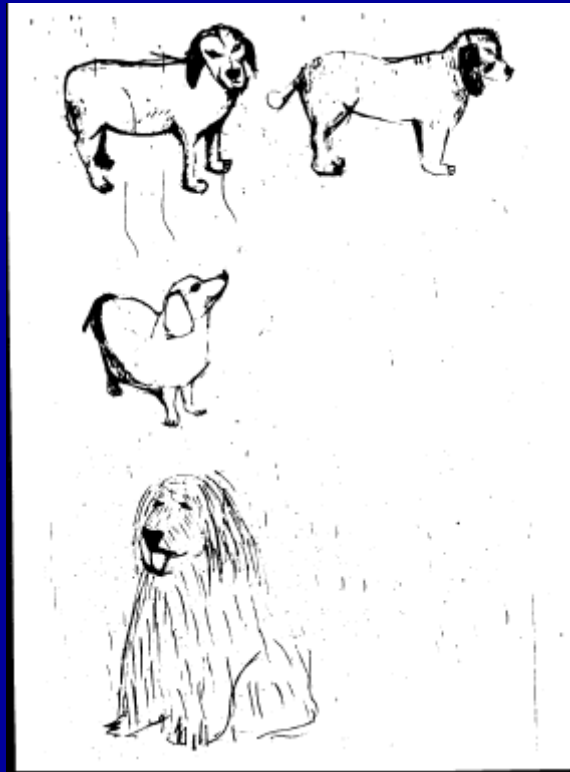




Dogs : before treatment



And about a week later



The history of the treatment

- Systematic desensitization
 - First : „ in vitro” (pictures, toys, imagination), followed by
 - „in vivo” with the help of different models
 - -----
- New treatment options
 - Internet based programmes
 - Virtual reality

Symptoms of panic attack

- palpitation, tachycardia
- sweating
- tremor
- dyspnoea
- choking
- chest pain
- nausea, GI complaints
- vertigo
- derealization, depersonalization
- fear of losing control, of „going crazy”
- paresthesias
- cold/hot flushes

- Male: female ratio is 1:2
- Age specificity
- Comorbidities
 - Depression
 - Alcohol abuse
- Important: phobia is a frequent reaction to medical interventions, assessments (pain; closed space, e.g. MR)



Desensitization is effective in the treatment of phobias

SOCIAL PHOBIA

- Onset mostly in childhood:
 - 20% before the age of 5
 - 40% before the age of 10
 - 95% before the age of 20



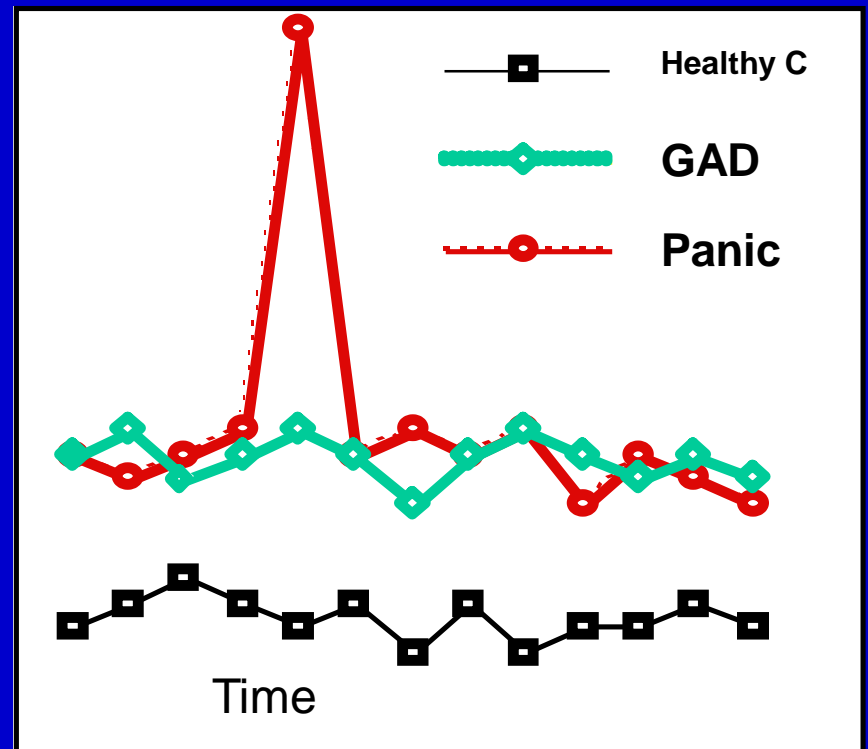
Specific phobias



Course of anxiety disorders

- Fluctuation
- Often chronic and progressive

Level of anxiety



GAD: Generalized Anxiety Disorder:

worrying

Generalized Anxiety Disorder (GAD)

- **Anxiety, WORRY about a number of events**
- **Difficult to control the worry**
- **At least 3 out of 6 symptoms**
 1. **restlessness, or feeling keyed up or on edge**
 2. **easily fatigued**
 3. **difficulty concentrating or mind going blank**
 4. **irritability**
 5. **muscle tension**
 6. **sleep disturbances**



Life events associated with exacerbation of GAD

- **Increasing expectations**
- **Threats**
- **Events which may damage self esteem**

Cognitive symptoms of anxiety

1. Perception

2. Thinking

3. Cognitive distortions, bias

Cognitive symptoms of anxiety

1. Perception

- **Thinking /mind is not clear**
- **Vision: objects seem to have no sharp contour, seem to be remote**
- **Surrounding seems to be changed, unrealistic**
- **Hypervigilance**

Cognitive symptoms of anxiety

2. Thinking

- Memory**
- Confusion**
- Unable to control his/her thoughts**
- Difficulties in concentration**

3. Cognitive distortion, bias, e.g.

- **Filtering**
- **„Black and white” (polarization)**
- **Always being right (strong)**
- **Blaming (depression: ourselves)**

Disturbances in cognition – a few examples

- **I have to be always competent and strong**
- **„Must”s and „should”s**
- **The best is to be ready for the worst.**
- **Catastrophizing (Treatment question: „What can/is going to happen, if..?)**
- **The best is if I do not disturb others.**
- **? „I apologize for robbing your time” – a cultural example**

Empathy – emotions vs need for information

You are late for the exam,

Q: My exam is in the Library room, where is it?

A: You look nervous...

What do you think?

Empathy – emotions vs need for information

You informed the patient about his/her diagnosis. However s/he returns to you repeatedly w the same question.

Why???

Empathy – emotions vs need for information

You informed the patient about his/her diagnosis. However s/he develops anxiety and returns to you repeatedly w the same question

Why???

- Patient are interested in the prognosis/outcome not merely in the name of the disease. (What is going to happen with me?)

Combined Treatment - Treatment Oriented Diagnosis

PHARMACOTHERAPY

- **Diagnosis includes patient in a category.**
- **Objective of the treatment is to eliminate the causes of the syndrome (“corrects”, “restores”**

PSYCHOTHERAPY

- **Diagnosis is problem oriented.**
- **Compares recent status of the patient to the goal.**
- **Problems change over time.**
- **Objective of the treatment is to improve the health and “effectiveness” of the patient.**

Combined Treatment - Treatment Oriented Diagnosis (2)

PHARMACOTHERAPY

- Outcome is the “product” of diagnosis and treatment (universal criteria)

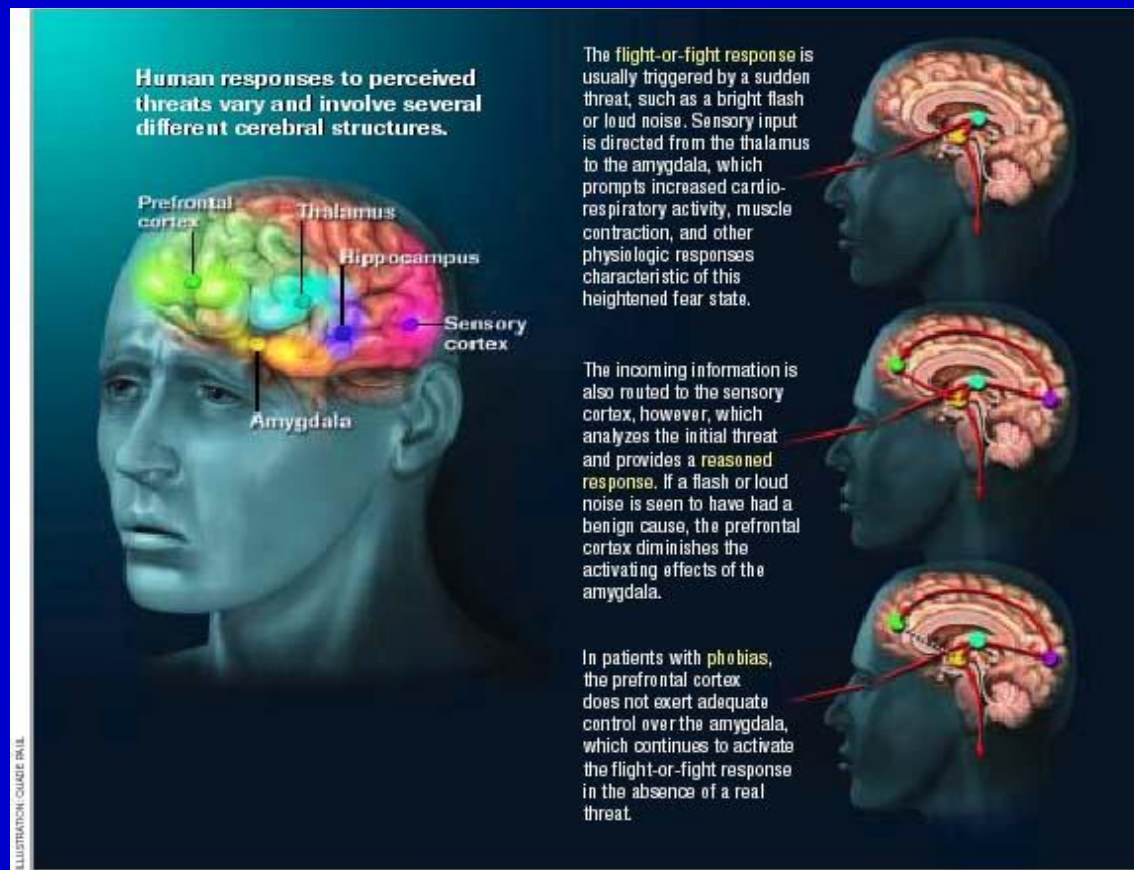
PSYCHOTHERAPY

- Criteria for the outcome are different for each patient. The selected criteria determine the objectives and methods of treatment.

Reward vs punishment

- **Deprivation technics – ethical issues**

Stress? Aggressive response? Which brain area/s are involved? (Also age dependent!)

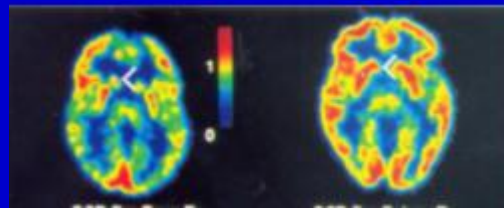


Self „treatment” of anxiety

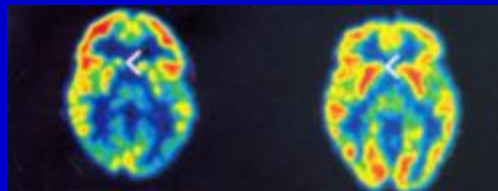
- Alcohol
- Eating

First step: self control

Similar brain mechanisms maybe responsible for the treatment effects both with Drug and Behavior Therapy



DRUG THERAPY



BEHAVIOR THERAPY

Caudate Glucose Metabolic Rate Changes With Both Drug and Behavior Therapy for Obsessive-Compulsive Disorder