**Anxiety disorders**

**Phobias**

Marked and persistent, irrational fear of specific objects, situations, phenomenas.

Main types: - agoraphobia – fear of open places, crowds

* social phobia – fear of social- or performance situations
* specific phobia – fear cued by the presence or anticipation of a specific subject or situation 8flies, animals, seeing blood, injections, illnesses, etc.)

Types of social phobia:

- generalized social phobia – occurs in early ages (around age of 11 years), appears in majority of social situations.

- simple social phobia – occurs after the age of twenty, affects just 1-2 social activities (eg. public speech or eating).

Examination:

To clarify the exact object and circumstances of fear, the aggravating and mitigating circumstances, the anxiolitic and avoidant mechanisms of the patient..

Diagnosis: based on clinical symptoms and anamnestic informations, conform to DSM-V.

The phobias should be treated if they highly affect the patient’s daily routine or there is a marked distress about having the phobia.

Treatment:

* benzodiazepines – temporary reduces anxiety
* SSRIs are also useful in the therapy of phobias
* cognitive therapy – to work up the cognitive distortions and dysfunctional attitudes replated with phobias
* relaxation technics
* behavior therapy – the most effective treatment. During the sistematic desenzitization, the patientz is exposed serially to anxiety-provoking stimuli from the least to the most frightening.

**Generalized Anxiety Disorder (GAD)**

Excessive anxiety ad worry, occuring most of the days for at least 6 months, about a large number of events and activities. It is very difficult for the patient to controll his worry. In majority of cases it is correlated with substance abuse, depression, sleeping disorders, etc.

Causes: - disturbed neurotransmitter regulation: NE, 5-HT, GABA

- activation of vegetative nervous system

Diagnosis: based on clinical symptoms and anamnestic informations, conform to DSM-V.

* physical examination – to exclude the organic origin of symptoms, or to assess comorbidity
* laboratory diagnosis – for differentialdiagnosis
* psychological tests: Beck Anxiety Innventory, Hamilton Anxiety Scale, psychological status.

Differential diagnosis:

- from illnesses with similar somatical symptoms – cardiovascular dieases, endocrin disorders (hyperthyreosis, hyperkalcaemia), metabolic disorders (hypoglycaemia, hypoxia, porphiria, hyperkalaemia), neurological disorders (acathisia, epilepsia, stroke).

* panic disorder
* phobias
* obsessive-compulsive disorder
* poszttraumatic stress disorder
* acut stress reaction
* anxiety due to psychoactive substance

Therapy:

- psychotherapy – the most effective are the cognitive and behavior therapies, icluding psychoeducation, relaxation therapy, etc.

* farmacotherapy – taking in consideration the comorbid illnesses too – antidepressants (SSRI, SNRI), benzodiazepines, pregabalin, buspiron, hidroxizin, other substances (eg. propranolol).

Predictive factors for a bad prognosis:

- comorbid psychiatry illness

* somatical comorbidity
* personality disorder
* poor social connections
* bad relationship with family members

**Obsessive-compulsive disorder (OCD)**

* obsessions: recurrent or persistent thoughts, impulses or images wich are intrusive, inappropriate and cause marked anxiety or distress
* compulsions: repetitive behaviors that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly. The aim of compulsions is to prevent or reduce the anxiety caused be the obsession.

Most frequent forms:

*Obsessions*

* concern or disgust with bodily wastes, secretions, germs, toxins, etc.
* fear something terrible might happen
* concern or need for simmetry, order or exactness
* excessive prayings or religious concerns
* lucky or unlucky numbers
* forbidden or perverse sexual thoughts, image sor impulses
* intrusive nonsense sounds, words or music

*Compulsions*

* excessive or ritualized hand washing, bathing or grooming
* repeating rituals
* checking doors, locks, etc.
* cleaning and other rituals to reduce contact with contaminants
* touching
* ordering and arranging
* measures to prevent harm to self or others
* counting
* hoarding and collecting

Causes: - genetical

* neurobiological: the orbitofrontalis cortex, cingulum and nc. caudatus are affected

Diagnosis:

- based on clinical symptoms and anamnestic informations, conform to DSM-V.

- psychological tests: Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), psychiatric anamnesis and status.

Differential diagnosis:

- other anxiety disorders

* impulse control disorders
* obsessive-compulsive personality disorder
* depression

Therapy:

- psychotherapy: behavior therapy, psychoeducation, family therapy, relaxation, cognitive psychotherapy

* farmacotherapy: SSRI, clomipramine, benzodiazepines, beta-blockers

**Posttraumatic stress disorder (PTSD)**

The person has been exposed to traumatic event in the past and as consequences of this trauma complains of recurrent and intrusive distressing recollections of the event, recurrent nightmares of the event, intense psychological distress at exposure cues that symbolize an aspect of the event. It is commoln an avoidance of stimuli associated with the trauma, the inability to recall an important aspect of the event and sense of foreshortened future.

Diagnosis: based on clinical symptoms and anamnestic informations, conform to DSM-V

* PTSD scale, psychiatic anamnesis and status

Differential diagnosis:

- other anxiety disorders

* depression
* psychoactive substance induced disorder
* delirium
* psychotic disorder

Therapy:

- psychotherapy: cognitive and behavior therapy, psycheducation, autogenic training, family therapy, art therapy, psychodrama

* farmacotherapy: antidepressants, benzodiazepines