

The background features a repeating pattern of light green hexagons on a darker green gradient. A white rectangular box is positioned on the right side, containing the text. Above the white box is a solid dark grey rectangle. A thin green horizontal line is located at the bottom of the white box.

***Anxiety
disorders***

Fear:

Response to a **known, external, definite, nonconflictual** threat

Anxiety:

Response to an **unknown, internal, vague, conflictual** threat

Anxiety disorders due to GMC

- GAD:
 - پرکاری تیروئید (گریوز) ، سندرم شوگرن ، اختلالات پاراتیروئید، کمبود B12 ، فنوکروکوسیتوم، هیپوگلیسمی
- Panic disorder:
 - کاردیومیوپاتی، پارکینسون، COPD
- OCD:
 - کره سیدنهام، مولتیپل اسکلروزیس

Anxiety disorders due to substance

- 1) علائم در جریان مصرف یا ترک مواد، یا ضمن یک ماه پس از آن پدید آمده است.
- 2) مصرف دارو رابطه سببی با اختلال دارد.

:Specify if

- With generalized anxiety
- With obsessive compulsive symptoms
- with panic attacks
- With phobic symptoms



Panic disorder

Description

- Panic disorder is :
- **spontaneous, unexpected** occurrence of panic attacks, which are discrete episodes of **intense fear** that vary from several attacks a day to a few in a year.
- (severe, suddenly)

Panic attack

- **discrete periods of intense fear or discomfort**
- **accompanied by physical symptoms**

A. **Recurrent unexpected panic attacks.** A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes , and during which time **four (or more)** of the following symptoms occur :

1. Palpitations, pounding heart, or accelerated heart rate
2. Sweating
3. Trembling or shaking
4. Sensations of shortness of breath or smothering
5. Feeling of choking
6. Chest pain or discomfort
7. Nausea or abdominal distress
8. Feeling dizzy, unsteady, lightheaded, or faint
9. Chills or hot flushes
10. Paresthesia (numbness or tingling sensations)
11. Derealization or depersonalization
12. Fear of losing control or going crazy
13. Fear of dying

- The symptoms of a panic attack(mnemonic):
 - **STUDENTS FEAR the 3 Cs:**
 - *Sweating,*
 - *Trembling,*
 - *Unsteadiness/dizziness,*
 - *Derealization/depersonalization,*
 - *Elevated heart rate (tachycardia), palpitation*
 - *Nausea,*
 - *Tingling,*
 - *Shortness of breath,*
 - **FEAR** of dying, **FEAR** of losing control, **FEAR** of going crazy,
 - 3 **Cs** –
 - **Choking,**
 - **Chest pain,**
 - **Chills.**

Panic attack

- **These symptoms develop abruptly and reach a peak within 10min**
- **Generally lasts 20 to 30 minutes & rarely more than an hour**
- **Disappear quickly or gradually**
- **Patients may have anticipatory anxiety about having another attack between attacks**

Panic disorder

Both (A) and (B) :

A: recurrent unexpected panic attacks

B: At least one of the attacks has been followed by 1 month (or more) of one (or more) of the following :

- 1. Persistent concern about additional panic attacks**
- 2. Worry about the implications of the attack or its consequences (e.g. , losing control , having a heart attack , “going crazy”).**
- 3. a significant change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks , such as avoidance of exercise or unfamiliar situations).**

Etiology:

- نوراپینفرین
- سروتونین
- سیستم لیمبیک
- ساقه مغز
- بعضی از مواد:
- گازکربنیک، سدیم لاکتات، بی کربنات، کافئین
- ژنتیک:
- بستگان درجه یک 4 تا 8 برابر بیشتر
- MVP ??

Comorbidity:

- Mood disorder (depression)
- Anxiety disorder
- Agoraphobia (most common)
- در نوجوانی و جوانی به اوج خود میرسد.
- می تواند با استرس‌های اجتماعی ارتباط داشته باشد.
- 30 تا 40 درصد کاملاً بهبود
- 50 درصد علایم بسیار خفیف
- 10 تا 20 درصد موارد علایم مزمن به شکل جدی ادامه می یابد.

درمان

SSRIs:

- با دوز کم شروع به تدریج افزایش تا به دوز معمول معادل دوز ضد افسردگی برسد
- فلوکستین به دلیل اثرات تحریک کننده گی پیشنهاد نمی شود
- حداقل یک و نیم تا دو سال ادامه می یابد

TCAs:

- ایمی پرامین – کلومی پرامین و دزی پرامین

بنزودیازپینها

- آلپرازولام – کلونازپام (نیم میلی گرم تا یک و یک و نیم میلی گرم)
- دو ماه بعد از قطع حملات کاهش و قطع می شوند

رواندرمانی



Generalized anxiety disorder

Description

- There is excessive and sustained **anxiety and worry** about a broad spectrum of events and activities
- **Somatic complaints** are common

- زنان دو برابر مردان
- بیش از 50 درصد مبتلا به اختلالات خلقی (افسردگی) و اضطرابی
- اتیولوژی:
 - سروتونین
 - درگیری لوب اکسیپیتال

DSM-IV criteria for GAD

- A. Excessive anxiety and worry , occurring more days than not **for at least 6 months** , about a number of events or activities (such as work or school performance)
- B. The individual finds it **difficult to control** the worry.
- C. The anxiety and worry are associated **with three (or more)** of the following six symptoms :
 1. **Feeling keyed up or on edge or restlessness**
 2. **Being easily fatigued**
 3. **Difficulty concentrating or mind going blank**
 4. **Irritability**
 5. **Muscle tension**
 6. **Sleep disturbance (difficulty in falling or staying asleep, or restless unsatisfying sleep)**

DSM-IV-TR CORRELATES	SUGGESTED SCREENING QUESTIONS
A A nxious, nervous, or worried on most days about a number of events or activities	Do you feel anxious, nervous, or worried most of the time? Do you worry about several things?
N N o control over the worry	Do you find it difficult to control the worry?
D D uration of 6 months	How long has this worrying been a problem for you?
I I rritability	Do you find that you are more irritable than usual? Do you find that you are more easily frustrated by others than usual?
C C oncentration impairment	Are you having any troubles with concentration? Do you find your mind going blank at times?
R R estlessness	Are you feeling restless, fidgety, or that you can't sit still?
E E nergy decreased	Are you feeling more tired than usual? Do you find that you are tiring more easily?
S S leep impairment	Are you having any difficulties in falling asleep or staying asleep?
T T ension in muscles	Do your muscles feel tense? Do you feel wound up like a spring?

DDx:

- Routine lab test
- EKG
- TFT

درمان

طول درمان: ۱۲ تا ۳۶ ماه و گاهی تا آخر عمر

- بوسپیرون
- شروع با ۵ میلی گرم
- دوز درمانی ۱۵ تا ۶۰ میلی گرم
- دوز اپتیموم ۳۰ میلی گرم
- مهارکننده های اختصاصی بازجذب سروتونین
- به خصوص اگر اضطراب منتشر با افسردگی همراه باشد
- بنزودیازپین ها
- در سه هفته اول درمان با بوسپیرون یا SSRIs همراه این داروها تجویز و سپس کاهش و قطع می شوند
- TCAs: مانند ایمی پرامین و آمی تریپ تیلین با دوز ۱۰ تا ۵۰ میلی گرم
- رواندرمانی

Specific phobia

- A **specific phobia** is any kind of **anxiety disorder** that amounts to an **unreasonable** or **irrational** fear, related to exposure to specific objects or situations.
- As a result, the affected person **tends to avoid** contact with the objects or situations and, in severe cases, any mention or depiction of them.
- The fear can, in fact, be **disabling** to their daily lives.

- In some cases, it can result in a panic attack.
- In most adults, the person may logically know the fear is unreasonable but still find it difficult to control the anxiety.
- Thus, this condition may significantly impair the person's functioning and even physical health.

DSM-IV-TR criteria for specific phobia:

- A. **Marked and persistent** fear that is **excessive or unreasonable**.
- B. Exposure to the phobic stimulus almost invariably provokes an **immediate anxiety response**.
- C. The person **recognizes** that the fear is excessive or unreasonable.
- D. The **phobic situation(s) is avoided** or else is endured with intense anxiety or distress.
- E. The avoidance, anxious anticipation, or distress in the feared situation(s) interferes significantly with the person's normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.
- F. In individuals **under age 18** years, the duration is **at least 6 months**. (DSM 5 at least 6 months for all)

Specify type:

- Animal Type (e.g., spiders, insects, dogs)
- Natural Environment Type (e.g., heights, storms, water)
- Blood-Injection-Injury Type (e.g., needles, invasive medical procedures)
- Situational Type (e.g., airplanes, elevators, enclosed places)
- Other Type (e.g., phobic avoidance of situations that may lead to choking, vomiting, or contracting an illness; in children, avoidance of loud sounds or costumed characters)

درمان:

- بیشتر بر درمانهای روان شناختی متمرکز است.
- درمان دارویی در این اختلال جایی ندارد.
- مگر در مواردی که بیمار با حمله panic ناشی از specific phobia مراجعه کرده باشد.

Social phobia

- Social anxiety disorder (SAD), also known as social phobia, is an anxiety disorder characterized by a significant amount of **fear** in one or more **social situations**.
- Physical symptoms often include **excessive blushing**, excess **sweating**, **trembling**, **palpitations**, and **nausea**.
- **Stammering** may be present, along with rapid speech.
- **Panic attacks** can also occur under intense fear and discomfort.
- Some sufferers may **use alcohol or other drugs** to reduce fears and inhibitions at social events.

DSM-IV-TR criteria for social phobia

- A. A marked and **persistent fear** of one or more **social or performance situations**
- B. **Exposure** to the feared social situation almost invariably provokes **anxiety**,
- C. The person **recognizes** that **the fear is excessive or unreasonable**.
- D. The feared social or performance situations are **avoided**
- E. In individuals **under age 18 years**, the duration is **at least 6 months**.

DDx:

- Avoidant P.D.
- Schizoid P.D
- Psychotic disorders
- Depressive disorders

Types:

- Generalized
- Situational(specific)

- اختلال specific phobia در زنان دوبرابر مردان دیده میشود وشایعترین اختلال روانپزشکی در زن ها است.
- اختلال social phobia در زنان بیشتر از مردان است، ولی مردان بیشتری برای درمان مراجعه می کنند.

اتیولوژی:

● ژنتیک:

- انتقال خانوادگی در ترس از خون، تزریق و جراحی
- در اختلال ترس اجتماعی فامیل درجه یک بیمار مبتلا سه برابر بیشتر به این اختلال گرفتار میشوند.
- شیوع در دوقلوهای تک تخمکی بیشتر از دو تخمکی

درمان:

- نوع منتشر:
- Ssri ها
- در کنار ssri ها میتوان به طور کوتاه مدت از بنزودیازپین ها نیز استفاده کرد. مثل کلونازپام
- ونلافاکسین
- بوسپیرون
- نوع موقعیتی (عملکردی):
- پروپرانولول 20 تا 40 میلی گرم قبل از حضور در موقعیت



PTSD

● بروز علایم اضطرابی بدنبال تجربه استرسهای شدید و تجارب تهدید کننده حیات یا حیثیت فرد

● شیوع در زنها دو برابر مردها

- عوامل مستعد کننده آسیب پذیری برای PTSD:
- تجربه تروما در کودکی
- صفات شخصیتی مرزی، پارانوئید، وابسته،
ضداجتماعی
- سیستم حمایتی ضعیف خانواده یا جامعه
- جنس زن
- آسیب پذیری ژنتیک نسبت به بیماری روانی
- تغییرات استرس آمیز اخیر در زندگی
- اعتقاد و درک کنترل بیرونی به جای کنترل
درونی
- مصرف الکل زیاد

DSM-IV-TR Criteria for Posttraumatic Stress Disorder

- The person has been exposed to a traumatic event in which both of the following were present:
 - (1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
 - (2) The person's response involved intense fear, helplessness, or horror.
- The traumatic event is persistently reexperienced in one (or more) of the following ways:
 - Persistent avoidance of stimuli associated with the trauma
 - Persistent symptoms of increased arousal
 - (1) Difficulty falling or staying asleep
 - (2) Irritability or outbursts of anger
 - (3) Difficulty concentrating
 - (4) Hypervigilance
 - (5) Exaggerated startle response
- Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.
- Specify if:
 - **Acute:** if duration of symptoms is less than 3 months
 - **Chronic:** if duration of symptoms is 3 months or more
- Specify if:
 - **With Delayed Onset:** if onset of symptoms is at least 6 months after the stressor.

ASD

DSM-IV-TR Criteria for ASD:

- A. The person has been exposed to a traumatic event in which both of the following were present:
 - 1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
 - 2) The person's response involved intense fear, helplessness, or horror.

- B. Either while experiencing or after experiencing the distressing event, the individual has three or more of the following dissociative symptoms:
 - 1) a subjective sense of numbing, detachment, or absence of emotional responsiveness
 - 2) a reduction in awareness of his or her surroundings
 - 3) derealization
 - 4) depersonalization
 - 5) dissociative amnesia (i.e., inability to recall an important aspect of the trauma)

DSM-IV-TR Criteria for ASD:

- C. The traumatic event is persistently **re-experienced**
- D. Marked **avoidance** of stimuli that arouse recollections of the trauma
- E. Marked symptoms of anxiety or **increased arousal**
 - (e.g., difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness).
- F. The disturbance lasts for a **minimum of 2 days and a maximum of 4 weeks** and **occurs within 4 weeks** of the traumatic event.

درمان:

- SSRIs : سرترالین و پاروکستین
- TCAs : ایمی پرامین و آمی تریپتیلین
- بوسپیرون
- در موارد مقاوم: والپروات و کاربامازپین
- در دوره های عصبانیت و تحریک پذیری:
- هالوپریدول و ریسپریدون

OCD

Description

- Neuropsychiatric disorder characterized by **obsessional thoughts** and **compulsive behaviors**, which cause significant impairment and **distress**

Clinical picture

- **Obsessive thoughts** are defined as recurrent, persistent, unwanted, and intrusive **ideas or images** causing marked anxiety and distress to the patient
- The patient **tries to suppress or ignore** these obsessions **or neutralize** them with some other thought or behavior
- **Compulsive behaviors** are repetitive, purposeful, intentional behaviors known also as rituals that are in direct response to the obsessions
- Ego-dystonic

- بیمار به بیهوده بودن تکانه ها و اعمال خود واقف است ولی مجبور به اقدام است.
- زن = مرد
- در نوجوانی پسران بیشتر از دختران
- شیوع در بین بستگان درجه یک بیمار 3 تا 5 برابر افراد غیر بیمار است.
- این اختلال رابطه بسیار کمی با اختلال شخصیت وسواسی جبری دارد.
- Ambivalency
- Magical thinking
- شروع بیماری در نیمی از بیماران ناگهانی است.
- سیر بیماری در صورتیکه با درمان زود هنگام و کامل همراه باشد خوب است.

Comorbidity:

- MDD: 67%
- Social phobia: 25%
- Tic: 20-30%
- Alcohol abuse, GAD, Panic disorder,

Common types

- Fear of **germs and contamination** is a common obsession, which often leads to **excessive hand-washing** compulsions
- Other common obsession compulsions include
 - Pathological **doubt** leads to **checking**
 - **Intrusive thought**
 - **Symmetry** leads to **slowness and ordering**
 - Other: hoarding ;counting ;repetitive rituals ;repeating names &phrases

DSM-IV-TR Criteria for OCD:

- A. Either obsessions or compulsions:
 - **Obsessions** as defined by (1), (2), (3), and (4):
 - (1) recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress
 - (2) the thoughts, impulses, or images are not simply excessive worries about real-life problems
 - (3) the person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action
 - (4) the person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion)
 - **Compulsions** as defined by (1) and (2):
 - (1) repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
 - (2) the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive
- B. The person has recognized that the **obsessions or compulsions** are **excessive or unreasonable**.
- C. The obsessions or compulsions are **time consuming (take more than 1 hour a day)**, or significantly **interfere with** the person's normal routine, occupational (or academic) functioning, or usual social activities or relationships.
- Specify if:
 - **With Poor Insight:** if, for most of the time during the current episode the person does not recognize that the obsessions and compulsions are excessive or unreasonable

DDx:

- Sydenham chorea
- Huntington disease
- OCPD
-

Treatment:

- Pharmacotherapy:
 - SSRIs
 - Clomipramine
 - Initial effects: 8 – 12 weeks
- Behavior therapy
- Other therapies:
 - ECT
 - Cingulotomy

Mixed anxiety-depressive disorder

وقتی علایم اضطراب و افسردگی به طور همزمان وجود داشته باشند ولی واجد ملاکهای تشخیصی برای یک اختلال اضطراب مشخص یا افسردگی نباشند، اختلال اضطراب افسردگی مختلط قابل تشخیص گذاری است.

- Persistent or recurrent **dysphoric mood** for **at least 1 month**
- The dysphoric mood **is accompanied** by **at least 1 month** of **four (or more)** of the following symptoms
 1. Difficulty concentrating or mind going blank
 2. Sleep disturbance (difficulty falling asleep or staying asleep, or restless unsatisfying sleep)
 3. Fatigue or low energy
 4. Irritability
 5. Worry
 6. Being easily moved to tears
 7. Hypervigilance
 8. Anticipating the worst
 9. Hopelessness
 10. Low self-esteem or feelings of worthlessness
- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning