



Piece of Mind

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Anxiety Disorder

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Everybody experiences some degree of anxiety as a part of their personality make-up, known as trait anxiety. This varies according to an individual's biological temperament and life experiences during their development. In addition, people experience anxiety linked to situational factors or particular events and circumstances that are occurring at any given time, known as state anxiety.

Having some anxiety is natural and ensures that humans can function with emotional arousal which is needed to drive human behaviour. Ideally there is an optimal level of anxiety or activation that a human requires. This varies depending on tasks that need to be performed, i.e., sleeping vs running from danger, but generally during daily functioning a moderate level of arousal is optimal. If an individual has insufficient anxiety then they are under-aroused and motivation and drive can be impaired. Conversely, if there is too much anxiety then an individual is over-aroused and not psychologically healthy.

When an individual's functioning is consistently or continually impaired due to excessive anxiety there is a possibility that may be experiencing an Anxiety Disorder. There are a number of disorders of anxiety included in the Diagnostic and Statistical Manual of Mental Disorders, text revision (DSM-IV-TR). These are Panic Disorder, Generalised Anxiety Disorder (GAD), Social Phobia, Specific Phobia, Agoraphobia, Obsessive-Compulsive Disorder (OCD) and Posttraumatic Stress

Disorder (PTSD). Each of the anxiety disorders listed has specified diagnostic criteria, with differential diagnosis required. The criteria for all these disorders requires (as is the case with most diagnosable mental conditions) anxiety symptoms to be occurring for a certain period of time, causing a person distress, and impairing their normal routine and/or their social, occupational or other important areas of functioning (i.e. relationships). In addition, a criterion is that symptoms are not due to the direct physiological affects of a substance or a general medical condition.

The central feature of GAD is persistent excessive or unrealistic worry. Specific phobia (formerly simple phobia) involves anxiety triggered by exposure to a specific feared object or situation, i.e., spider, needles, flying, or heights. Social phobia is a marked, persistent fear of social situations in which public humiliation or embarrassment is possible. Exposure to the feared social situation provokes anxiety which can be in the form of a panic attack.

Panic attacks lead to Panic Disorder and Agoraphobia, the later whereby a person avoids places due to a fear that they will have a panic attack and not be able to escape without difficulty. A panic attack is an onset of intense apprehension and fear. It typically occurs for a discrete period. Panic feelings are related to a particular event or object or can seem to be out 'of the blue'. There are

emotional, physiological/ physical, and cognitive aspects to it. Emotional symptoms are fear, a sense of unreality, and depersonalisation. Physical symptoms are trouble breathing, dizziness, increased heart rate, chest pain, sweating, and shaking. Typical thoughts experienced are 'what's happening to me', 'I am losing control', 'people are looking at me,' 'I will have a heart attack'. The response to the panic symptoms can become more of a problem than the stress that originally caused the symptoms.

When does anxiety become a disorder?

OCD is characterised by obsessions which caused elevated anxiety and/or compulsions which serve to reduce or neutralise anxiety such as checking, cleaning, ordering, hoarding.

For an individual to be suffering from PTSD they need to be re-experiencing a life threatening traumatic event and also experiencing increased arousal and avoidance of stimuli associated with the trauma. This condition is not present until at least one month after a trauma as normal stress reactions are expected to occur after a serious trauma and can take up to a month to dissipate. Acute Stress Disorder can precede PTSD.

Psychological treatment of anxiety disorders involves four main treatment approaches

- Exposure
- Cognitive Restructuring
- Relaxation training
- Social skills training

These treatment approaches will be discussed in a subsequent article.

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