

Anxiety disorders

Anxiety disorders (in the past referred to as neuroses) are among very common mental illnesses characterized by the presence of an excessive, unpleasant and recurring feeling of anxiety . Unlike psychoses, there is no gross disturbance of the personality and disordered perception of reality.

Anxiety , like stress, is a normal human emotion. These are important defense and adaptation mechanisms that help us to concentrate and "do our best" in certain situations (an anatomy exam, giving bad news to a patient).

Anxiety is to some extent a normal reaction of the organism to stress, which has an adaptive function and mobilizes energy. However, it must not exceed the tolerable limit – i.e. last too long, occur frequently, be too intense and inadequate. We talk about anxiety disorders when these defense mechanisms exceed their physiological framework, i.e. they become pathological. In this case, anxiety is subjectively perceived as a very **unpleasant feeling** , often accompanied by vegetative symptoms (sweating , tachycardia , tachypnea). According to behavioral theory, incorrectly learned stress coping mechanisms lead to anxiety disorders .

The term **anxiety disorder** includes the following conditions:

1. phobic anxiety states;
2. other anxiety disorders;
3. obsessive-compulsive disorder ;
4. severe stress response and adjustment disorders.

Epidemiology

Anxiety disorders affect approximately **25% of the population of the developed world**. In the United States of America, about 40 million adults suffer from some form of anxiety disorder, which represents a serious medical-socio-economic problem. Anxiety, or anxiety disorder is sometimes referred to as the non-infectious epidemic of the 20th century.

Symptoms and Diagnosis

'*Anxiety* as a symptom is an unpleasantly perceived subjective feeling, associated with feelings of fear, apprehension and threat, which are not associated with a specific reason. We evaluate the severity of the disorder according to the degree of influence on the quality of life. Common symptoms of an anxiety disorder include:

- anxiety, fear, worry;
- depression;
- phobia;
- obsession;
- lack of concentration, irritability, amnesia;
- sleep disorders, fatigue;
- depersonalization.

Anxiety disorder is often also manifested by somatic symptoms:

- cardiac symptoms: palpitations, tachycardia, chest pain;
- respiratory difficulties: shortness of breath, psychogenic asthma;
- gastrointestinal symptoms: loss of appetite, nausea, vomiting, diarrhea;
- psychogenic pain;
- neurological symptoms: dizziness, unsteadiness, paraesthesia, muscle tension, loss of sensory functions, swallowing disorders, feelings of "dumpling in the throat";
- other vegetative symptoms: hot flushes, sweating;
- inefficiency;
- self-harm, suicidal tendencies.

Classification according to ICD-10

- **Phobic anxiety disorders F40** (<https://mkn10.uzis.cz/prohlizec/F40>)
- **Other anxiety disorders F41** (<https://mkn10.uzis.cz/prohlizec/F41>)
- **Obsessive-compulsive disorder F42** (<https://mkn10.uzis.cz/prohlizec/F42>)

| | ICD 10 |
|------------|--|
| F40 | Phobic anxiety disorders |
| F40.0 | Agoraphobia (with/without panic disorder) |
| F40.1 | Social phobia |
| F40.2 | Specific (isolated) phobias |
| F40.8 | Other phobic anxiety disorders |
| F40.9 | Phobic anxiety disorder unspecified |
| F41 | Other anxiety disorders |
| F41.0 | Panic disorder (episodic paroxysmal anxiety) |
| F41.1 | Generalized anxiety disorder |
| F41.2 | Mixed anxiety-depressive disorder |
| F41.3 | Other mixed anxiety disorders |
| F41.8 | Other specified anxiety disorders |
| F41.9 | Anxiety disorder unspecified |
| F42 | Obsessive Compulsive Disorder |
| F42.0 | Predominantly intrusive thoughts or ruminations |
| F42.1 | Predominantly compulsive acts (compulsive rituals) |
| F42.2 | Mixed compulsive thoughts and actions |
| F42.8 | Other obsessive-compulsive disorders |
| F42.9 | Obsessive-compulsive disorder, NS |



Phobic anxiety states

Phobia is a type of anxiety disorder (neurosis) that is characterized by an uncontrollable and inadequate fear of a specific object or situation. The patient has insight into the disease, he is fully aware of the senselessness of fear, but he is unable to suppress it by his own will. We know many different types of phobias, which are named after the object that is the source of the morbid fear.

Individual types of phobias

1. Social phobia – fear of interpersonal contact, the patient's fear that he will be embarrassed or ridiculed in public, he is afraid of vegetative reactions due to the looks of others (from blushing, from shaking hands).
2. Agoraphobia – Agoraphobia used to be described as a fear of large open spaces. Currently, this term covers a large number of specific situations. Most often, it is a fear of places where there are more people (cinema, theater, streets, shops, means of transport) or, conversely, places where the patient is alone (in a car, at home, in an elevator). The fear most often concerns that he will be ridiculed, that he will suddenly need medical help that will not reach him in time, or that he will have to leave the area quickly and he will not make it. Agoraphobia is usually associated with avoidance behavior, i.e. that the patient acts in such a way as not to reach the feared place.
3. **Specific (isolated) phobias:**
 - **zoophobia** – fear of certain animals (of insects – entomophobia, of snakes – ophiophobia, of dogs – cynophobia, of spiders – arachnophobia, of mice – musophobia);
 - **acrophobia** – fear of heights;
 - **claustrophobia** – from closed spaces;
 - **aerophobia** – fear of flying;
 - **pyrophobia** – fear of fire;
 - **mysophobia** – fear of dirt;
 - **ataxophobia** – from dirt or mess;
 - **pathophobia** – fear of illness, disease (from cancer – carcinophobia, from venereal diseases – venerophobia).
 - **patofobie** – strach z nemoci, choroby (z rakoviny – karcinofobie, z pohlavních nemocí – venerofobie).

Other anxiety disorders

Obsessive Compulsive Disorder

 For more information see *Obsessive Compulsive Disorder*.

Treatment

Treatment of anxiety disorders can be both pharmacological and psychotherapeutic.

Pharmacotherapy

- antidepressants (SSRI, SNRI, RIMA, MAOI, tricyclic),
- anxiolytics,
- β -blockers.

Psychotherapy

- Gestalt psychotherapy
- cognitive behavioral therapy

Links

Related Articles

OCD

References

RABOCH, George, et al. *Psychiatry*. 1. edition. Prague : Galén, 2001. 622 pp. ISBN 80-7262-140-8.

National Institute of Mental Health. *Obsessive-Compulsive Disorder, OCD* [online]. ©1996-2009. [cit. 2010-03-14]. <<https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>>.