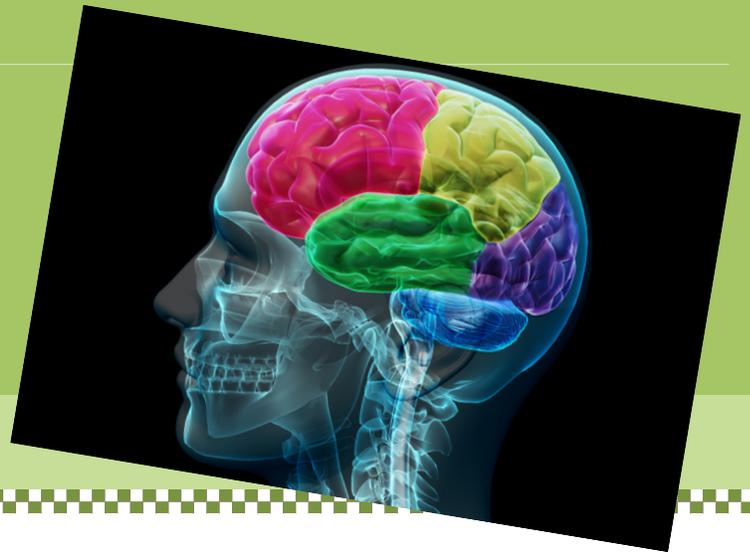


Anxiety Disorders

For more information contact:

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Definitions

Fear The emotional response to real or perceived imminent threat

Anxiety A feeling of apprehension or fear. The source of this is not always known or recognized

Phobias Fear about a specific object or situation that is out of proportion

Agoraphobia Condition in which the patient fears places from which escape might be difficult

Stimulation of the Brain

Thalamus: The hub for sights and sounds, it breaks down incoming visual cues and auditory cues by and then signals the appropriate parts of the cortex

Cortex: it gives raw sights and sounds meaning, enabling the brain to become conscious of what it is seeing or hearing. May be vital to turning off the anxiety response once a threat has passed

Amygdala: The emotional core of the brain has the primary role of triggering the fear response. Information that passes through the amygdala is tagged with emotional significance

Bed nucleus of the stria terminalis: Perpetuates the fear response, causing the longer-term unease typical of the anxiety

Locus coeruleus: It receives signals from the amygdala and is responsible for initiating many of the classic anxiety responses: rapid heartbeat, increased BP, sweating and pupil dilation

Hippocampus: The memory center, vital to storing the raw information coming in from the senses, along with the emotional baggage attached to the data during their trip through the amygdala



- Anxiety disorders are the **most common mental illness in the U.S.**
- Anxiety disorders risk factors: genetics, brain chemistry, personality, and life events.
- Women are 60% more likely than men to develop an anxiety disorder in their lifetime



Generalized Anxiety Disorder (GAD)

Feeling anxious or nervous every once in a while is completely normal. However, ongoing, severe anxiety that interferes with your everyday activities may be a sign of generalized anxiety disorder (GAD). Signs and symptoms include being anxious, restless, and constant worrying. GAD can develop at any point in someone's life and become a day-to-day struggle. But, there is hope! Using a combination of drug therapy, psychotherapy (psychological counseling), lifestyle changes (diet and exercise), and mindfulness practices can help ease the symptoms and your well being.

Panic Attacks and Panic Disorder

Having abrupt surges of intense fear or discomfort that reach a peak within a few minutes and are accompanied by physical and cognitive symptoms may be a sign that you are having a panic attack. Panic attacks rarely last greater than 1 hour, usually peak within 10 minutes, and decline within 30 minutes. Panic attacks may have a definable cause or may be unexpected and unexplainable. Panic Disorder is recurrent, unexpected panic attacks and the person is persistently worried about having more panic attacks. This can occur with or without agoraphobia. A combination of treatments is also used to help with these disorders.

Obsessive- Compulsive Disorder (OCD)

Obsessions are persistent and recurrent thoughts, images, or impulses that are intrusive and cause anxiety. Compulsions are repetitive behaviors or thoughts that the patient feels they need to act on in order to relieve the anxiety or stress caused by the obsessions. Common obsession and compulsions are contamination, pathological doubt, intrusive thoughts, and need for symmetry. People with OCD usually recognize that they are being irrational. These obsessions and compulsions can also affect a patient's everyday living and cause significant distress. Treatment is also a combination of therapies.

All About Anxiety

Posttraumatic Stress Disorder (PTSD)

Experiencing a trauma or witnessing an accident can be hard on a person. When these things happen, people may experience an overwhelming sensation of helplessness, fear, and horror that impair their day-to-day living. Reliving the event or having

intrusive memories or thought can create great distress to the people experiencing these things. This is called posttraumatic stress disorder (PTSD). Development of the symptoms can occur anywhere from 1 week after the event to years after the event. Crisis counseling and combination therapies should be used for treatment.

References:

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