Nature of Anxiety and Fear

- Anxiety and Fear: moods (normal!), symptoms, and syndromes
Nature of Anxiety and Fear

• Fear
  – Fight or flight
  – Sympathetic activation
  – Avoidance & escape
  – Present-oriented

Nature of Anxiety and Fear

• Anxiety
  – Tension
  – Unpredictable
  – Uncontrollable
  – Future-oriented
Anxiety and Performance: The Yerkes-Dodson Inverted “U”

Anxiety Disorders

• Pervasive and persistent anxiety and fear
• Excessive avoidance and escapist tendencies
• Clinically significant distress and impairment
What is a Panic Attack?

- Abrupt, intense fear or discomfort
- Several physical symptoms
- Analogous to fear as an alarm response

DSM-IV Subtypes of Panic Attacks

- Situationally bound (cued)— Expected and bound to specific situations
- Unexpected (uncued)— “out of the blue”
- Situationally predisposed— May or may not occur in specific situations
Biological Contributions to Anxiety and Panic

• Diathesis-Stress
  – Inherited vulnerabilities for anxiety and panic
  – Stress and life circumstances determine type

• GABA circuits
• Corticotropin releasing factor (CRF) and HPA axis
• Limbic (amygdala) and the septal-hippocampal systems
Biological Contributions to Anxiety and Panic

• Fight/flight (FF) system
  – Serotonin?
  – Brainstem - amygdala - hypothal.
• Behavioral inhibition system (BIS)
  – Brainstem - amygdala - septal-hippocampal system

Psychological Contributions to Anxiety and Fear

• Began with Freud
  – Reactivation of an infantile fear situation
Psychological Contributions to Anxiety and Fear

• Behavioral Views
  – Classical and operant conditioning
  – modeling
• Psychological Views
  – Early experiences with uncontrollability and unpredictability

Psychological Contributions to Anxiety and Fear

• Social Contributions
  – Stressful life events trigger biological/psychological vulnerabilities
  – Familial and interpersonal
An Integrated Model

- Biological vulnerability
- Psychological vulnerabilities
  - Negative Schemas
- Experiences

Common Processes: The Problem of Comorbidity

- 55% have concurrent dx
- Major depression most common
- Common factors across anxiety and mood disorders
The Anxiety Disorders

- Generalized Anxiety Disorder
- Panic Disorder with and without Agoraphobia
- Specific Phobias
- Social Phobia
- Posttraumatic Stress Disorder
- Obsessive-Compulsive Disorder

Generalized Anxiety Disorder: The “Basic” Anxiety Disorder

- Defining Features
  - Excessive uncontrollable anxious apprehension and worry
  - Lasts >= 6 months
  - Somatic symptoms differ from panic (muscle tension, fatigue, irritability...)
“Do you worry excessively about minor things?”

Generalized Anxiety Disorder

- Statistics
  - 4% prevalence; One of the most common
  - Females 2:1
  - Insidious onset in early adulthood
  - Tendencies run in families
  - Chronic
Generalized Anxiety Disorder

- “autonomic restrictors”
- Emotional avoidance
- Chronic worriers
- Muscle tension

Generalized Anxiety Disorder

- Treatment: Modest help
  - Benzodiazepines
    - Cognitive effects
    - Highly addictive
  - Psychological interventions – Cognitive-Behavioral Therapy
Panic Disorder With and Without Agoraphobia

- Overview and Defining Features
  - Unexpected panic attack (i.e., a false alarm)
  - Develop anxiety, worry, or fear about having another attack or its implications that persist for 1 month or more

Panic Disorder With and Without Agoraphobia

- Overview and Defining Features
  - Agoraphobia – Fear or avoidance of situations/events associated with panic
Panic Disorder With and Without Agoraphobia

• Facts and Statistics
  – 3.5% of the general population meet diagnostic criteria for panic disorder
  – Female 2:1
  – Onset is often acute, beginning between 25 and 29 years of age

Panic Disorder

• Associated Features
  – Nocturnal panic attacks – 60% experience panic during deep non-REM sleep
  – Interoceptive/exteroceptive avoidance, catastrophic misinterpretation of symptoms
Panic Disorder: Treatment

• Medication
  – Target serotonergic, noradrenergic, and benzodiazepine GABA systems
  – SSRIs (e.g., Prozac and Paxil) are currently the preferred drugs
  – Relapse rates are high following medication discontinuation

Panic Disorder: Treatment

• Psychological and Combined Treatments
  – Cognitive-behavior therapies are highly effective (PCT)
  – Combined treatments do well in the short term
  – Best long-term outcome is with cognitive-behavior therapy alone
Specific Phobias: An Overview

- Extreme irrational fear of a specific object or situation
- Markedly interferes with one’s ability to function
- Avoidance of feared object
- Knows that the fear and avoidance are unreasonable

Specific Phobias: An Overview

- Facts and Statistics
  - Females are again over-represented
  - About 11% of the general population
  - Chronic course, with onset beginning between 15 and 20 years of age
Specific Phobias: Associated Features and Subtypes

• Blood-injury-injection phobia – Vasovagal response to blood, injury, or injection
• All other subtypes are less meaningful

Specific Phobias: Causes

• Biological and evolutionary vulnerability
• Direct conditioning
• Observational learning
• Information transmission
Specific Phobias: Treatment

• Psychological Treatments
  – CBTs are highly effective
  – Systematic desensitization
  – Flooding

Posttraumatic Stress Disorder (PTSD): An Overview

• Overview and Defining Features
  – Requires exposure to an event resulting in extreme fear, helplessness, or horror
  – Reexperiencing
Posttraumatic Stress Disorder (PTSD): An Overview

• Overview and Defining Features
  – Avoidance of cues
  – Emotional numbing and/or arousal
  – Markedly interferes with one's ability to function
  – Symptoms > 1 month

• Statistics
  – Combat and sexual assault are the most common traumas
  – About 7.8% of the general population meet criteria for PTSD
Posttraumatic Stress Disorder (PTSD): Subtypes

- **Acute PTSD** - 1-3 months post trauma
- **Chronic PTSD** - > 3 months post trauma
- **Delayed onset PTSD** - Onset > 6 months
- **Acute stress disorder** - Immediately post-trauma

Posttraumatic Stress Disorder (PTSD): Causes

- Intensity of the trauma and one's reaction to it
- Uncontrollability and unpredictability
- Direct conditioning and observational learning
- Moderator: Social support
Posttraumatic Stress Disorder (PTSD): Treatment

- Psychological Treatment
- CBT’s are highly effective
  - Graduated or massed (e.g., flooding) *imaginal* exposure

Obsessive-Compulsive Disorder (OCD): An Overview

- **Obsessions** - Intrusive and nonsensical thoughts, images, or urges that one tries to resist or eliminate
  - Contamination
  - Aggression
  - Symmetry
Obsessive-Compulsive Disorder (OCD): An Overview

• **Compulsions** - Thoughts or actions to suppress the obsessions
  – Overt: cleaning and washing, checking rituals
  – Covert: sequencing, repetition

Obsessive-Compulsive Disorder (OCD): Obsessions

• Types (Akhtar et al., 1975):
  – Doubts (74%)
  – Thinking (34%)
  – Fears (26%)
  – Impulses (17%)
  – Images (7%)
  – Other (2%)
Obsessive-Compulsive Disorder (OCD): Obsessions

- Doubt ‘Did I lock the door’ (M, 28)
- Thought/Fear that he had cancer (M, 46)
- Thought/Image that he had knocked someone down in his car (M, 29)

Obsessive-Compulsive Disorder (OCD): Obsessions

- Impulse + thought to shout obscenities in church (F, 19)
- Image of corpse rotting away (F, 27)
- Impulse to drink from inkpot and to strangle son (M, 41)
Obsessive-Compulsive Disorder: Statistics and Features

- About 2.6% lifetime prevalence
- Mostly female
- Onset in early adolescence or young adulthood
- Tends to be chronic

Obsessive-Compulsive Disorder: Causes

- Parallel the other anxiety disorders (biopsychosocial interactions)
- Early life experiences and learning
  - Some thoughts are dangerous but controllable
- Thought-action fusion
  - Moral vs. Likelihood
### Multisite OCD Study

**Foa and Liebowitz (1997)**

- **Primary aim**
  - Compare independent and combined effects of clomipramine and exposure-response prevention (ERP)

- **Treatment Conditions**
  - Clomipramine (CMI) alone
  - ERP alone alone
  - Clomipramine + ERP
  - Pill placebo alone

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### Multisite OCD Study

- **Sample**
  - 99 patients meeting DSM-III-R criteria for obsessive compulsive disorder

- **2 Phases of the Study**
  - Acute phase (12 weeks)
  - No treatment follow-up (6 months)
Multi-Site OCD
Acute Treatment Response

Data taken from Foa & Liebowitz (1997)

Multi-Site OCD
Relapse at Follow-up
Summary of Anxiety-Related Disorders

• Anxiety disorders represent some of the most common forms of psychopathology

• From a normal to a disordered experience of anxiety and fear
  – Fear and anxiety persist to bodily or environmental non-dangerous cues
  – Symptoms and avoidance cause distress and impairment
  – Consideration of biological, psychological, experiential, and social factors
Summary of Anxiety-Related Disorders

• Psychological treatments are generally superior in the long-term
  – Most treatments involve exposure
  – Suggests that anxiety-related disorders share common processes