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
Biological Contributions to Anxiety and Panic

- 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…)

"To the right..."
“Do you worry excessively about minor things?”

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Frequency Answering &quot;Yes&quot;</th>
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<tbody>
<tr>
<td>Social phobia</td>
<td>40%</td>
</tr>
<tr>
<td>Simple phobia</td>
<td>60%</td>
</tr>
<tr>
<td>Panic disorder</td>
<td>40%</td>
</tr>
<tr>
<td>Obsessive-compulsive</td>
<td>60%</td>
</tr>
<tr>
<td>Generalized anxiety disorder</td>
<td>100%</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>60%</td>
</tr>
</tbody>
</table>

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

• 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

**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
Foá 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

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
Summary of Anxiety-Related Disorders

• 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