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- GENERALIZED ANXIETY DISORDER
- GAD

Anxiety

- Anxiety is diffuse highly unpleasant feelings of apprehension, accompanied by one or more bodily sensation. Anxiety is an alerting signal. But unlike fear, is a response to threat unknown.
- Anxiety can be: situational , personality trait or form of disorder like GAD, panic, social anxiety, OCD and etc

Generalized Anxiety Disorder

- Generalized anxiety disorder is a chronic (longer than 6 months) characterized by unrealistic or excessive anxiety and worry about 2 or more life circumstances. DSM-IV emphasizes uncontrollability of worry.

Epidemiology

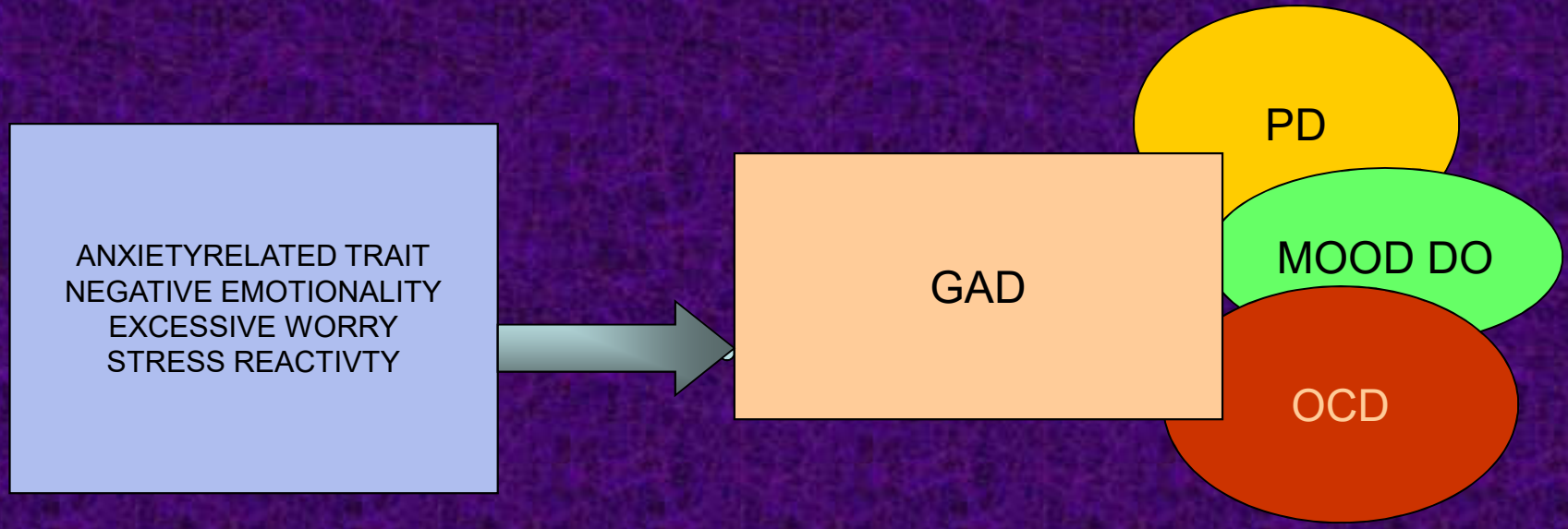
- 2-5 % of general population. Male to female ratio is 2:1
- It begin between late teens or twenties

Pathogenesis

- Low level of GABA receptor is found in lymphocytes.
- Noradrenergic receptor , alpha 2 presynptic hypersensitivity or alpha 1 post synaptic hyposensitivity ,
- serotonergic receptors 5HT1A agonist buspiron reduces firing of dorsal raphe ..
- Cholecystokinie, corticotrophin releasing factor,glutamate ,neuropeptide Y
- Patients have increased sympathetic tone.

MODEL OF PATHOGENESIS OF GAD

- TEPERAMENT+PERSONALITY
- GENETIC FACTOR
- STRESS



SIGN AND SYMPTOMS

- Excessive worrying
- At least six of following 18 symptoms are present
- Motor tension
- 1 Trembling, shaking or twitching
- 2 Muscle tension, aches
- 3 Restlessness
- 4 Easy fatigability

AUTONOMIC HYPERACTIVITY

- 5 Shortness of breath ,smothering sensation
- 6 Palpitation
- 7 Sweating ,cold and clammy hands
- 8 Dry mouth,
- 9Dizziness,or lightheadedness
- 10 Nausea ,diarrhea, abdominal discomfort ness
- 11Flushes or chills
- 12 Frequent urination
- 13 Trouble swallowing ,or lump in throat

VIGILANCE AND SCANNING

- 14 Feeling edgy
- 15 Exaggerated startling repose
- 16 Difficulty in concentration or mind going blank
- 17 Troubled sleep
- 18 Irritability
- Disturbance does not occurs in only during course of a mood disorder or psychotic disorder .

DIFFERNTILAL DIAGNOSIS

- CARDIOVASCULAR
- Anemia .angina, CCF, mitral valve prolapsed, hypertension, Hyperactive beta adrenergic state
- PULMONARY
- Asthma, hyperventilation,
- ENDOCRINE
- Addison diseases ,cushing ,s syndrome, diabetes, hyperthyroidism, hypoglycemia ,menopausal ,pheochromocytoma ,premenstrual ,

,

- DRUG INTOXICATION ,

- Nicotine, caffeine, amphetamine, theophylline cocaine,
- DRUG WITHDRAWL
- Alcohol, opiates, sedative, betablockers,

- NEUROLOGICAL
- Complex partial seizure, intracranial tumor strokes, cerebral ischemia,

- OTHERS,
- Uremia ,B12 deficiency
- PSYCHIATRIC
- Depression, dysthymia, adjustment DO, somotization,

- prodromal states of schizophrenia, bipolar,

ONSET AND COURSE

- GAD typically starts between late teens and late twenties. It runs a chronic course, persisting for decades or longer. Only 15% patients of GAD at base line experienced a full remission for two months or longer at any time during first year after baseline ,and only 25% had a full remission in 2 years after base line .Disability associated with GAD was found to be similar found in individual with panic disorder or major depression.

CO MORBIDITIES.

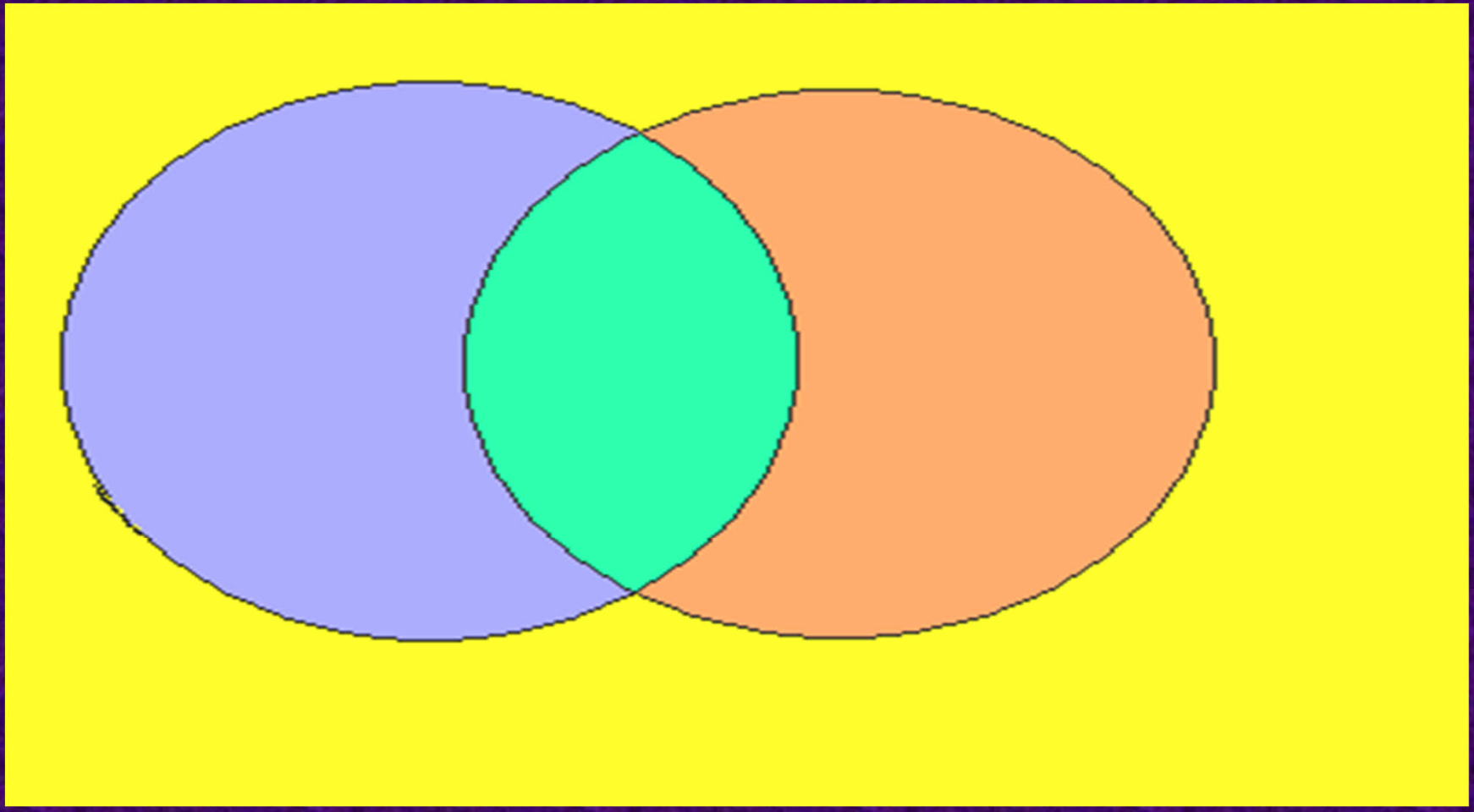
- National co morbidity survey shows 90% of respondents with life time GAD have at least one other, life time disorder and of those with current GAD 66% have another current disorder. Strong association is with MDD dysthymia , PD, and very interestingly with hypomania. Other anxiety disorders social anxiety, specific phobia ,panic disorder physical conditions like IBS, chronic pain syndrome.

- Studies shows that GAD has earlier onset than other anxiety and depressive disorders. Pt with GAD likely have cluster C personality disorder which includes avoidant ,dependent ,and OCPD.GAD may be conceptualized as a general trait /vulnerability factor or final common pathway for numerous disturbances.

Depression and GAD

- Studies concluded that generalized anxiety disorder and major depressive disorder share common genetic determinants but have partly differing environmental causes. Some time GAD is considered as prodromal phase of MDD. When Data shows that comorbid major depression and GAD may have poor response to treatment, and is more likely have higher relapse rate.

ANTICIPATORYANXIETY,NERVOUS TENSION MUSCULAR TENSION,TENSION PAINS,RESTLESSNESS,FATIGUE.DYSPHORIA,IRRITIBILITY SLEEP AND APPETITE & DISTURBNESS,APATHY,RETARDATION,WITHDRAWL,LOSS OF INTEREST,MORNING DEPRESSION,LOW CONFIDENCE,HOPELESSNESS



Treatment

- Benzodiazepines, Quick onset, more effective for somatic symptoms, May be used for 6 weeks
- Buspiron ,
- Antidepressants equal or superior than BNZ .More effective for psychic symptoms, Like Dysphoric mood, negative anticipatory thinking .BNZ give negative effects with even sub threshold depression. Safety with alcohol and substance abuse. Low relapse after discontinuation with antidepressants

ESCITALOPRAM

- S enantiomer .It is 30 time more effective than R isomer. Serotinine transporter possess an allosteric binding site which modulates affinity of various compounds including antidepressant to primary binding site that mediate serotonin uptake. Esciatlopram has dual action .It binds to alloseteric and induces conformational change in transporter which results in stabilization of compound.

- PAROXTINE
- VENLAFAXINE
- TRICYCLICS.
- MIRTAZEPINE
- BUSPIRON
- BETA BLOCKER
- ATYPICAL ANTIPSYCHOTIC
- GABAPENTINE

LENGTH OF TREATMENT

- Long term data suggest that response continue to improve at least 8 months of treatment. This has led to recommendation of treatment for at least one year before consideration of tapering or discounting

COGNITIVE BEHAVIORAL TREATMENT

- It focus on attentional bias ,worry and worrying behavior
- Teaching coping techniques like relaxation training skill, cognitive restructuring skill. Exposure and response prevention

- THANK YOU

PANIC DISORDER

PANIC

Panic disorder involves recurrent unpredictable attack of severe anxiety lasting usually for few minutes only. There can be a sudden onset of:

- Palpitation
- Chest pain
- Chocking
- Dizziness
- Light headedness
- Flushing or chill

SYMPTOMS

- Tingling
- Depersonalization and derealization
- Fear of dying, losing control or going crazY
- Tetnay

PATHOPHYSIOLOGY

- Over saturation of oxygen,
- Under saturation of oxygen
- Hypersensitive alarms about oxygen deficiency
- Sodium lactate challenge
- History of trauma or PTSD

Bad Prognostic factors

- Severity of PD
- History of trauma or PTSD esp before age of 18
- Presence and severity of agoraphobia
- Duration of illness
- Co morbidity with
- a) Another anxiety DO
- b) Depression
- c) Substance abuse
- d) Personality disorder

Bad Prognostic factors

- **Psychodynamic Factor**
- **Child hood anxiety DO**
- **Female gender**
- **Unemployment**
- **Recent visit to medical emergency**
- **Low socio economic status**
- **Medical co morbidity like mitral valve prolapse**

Agoraphobia and PD

- **Among Pt having received diagnosis of uncomplicated PD 45% developed agoraphobia**
- **Pt with uncomplicated PD presented exacerbation of panic attacks every 1 to 2 years lasting for 3 -6 months .This exacerbation lasted for 6 to 9 months in comorbid agoraphobia.**
- **Over time intensities of both decreased.**

Comorbidities

- Comorbidities were extremely high 80%.
- Other anxiety DO ,s70% Social and simple phobias appeared earlier.F/O GAD 21%
- Affective DO ,s 75%
- 33% had one first degree relative with diagnosis of depression
- 13% made at least one suicidal attempt.
- Somatoform DO,s 60%
- Women presented signicatly more with somotization

LONGITUTINAL STUDIES

- In 15 year follow up study PD pt showed
- 18 % in full remission
- 13% clinically better under medication
- 51% had recurrent panics
- 18% still full filled criterion of PD

Natural History

- **PD tend to be chronic (18% had panic attacks and 52.8% had phobic avoidance after 40 years of follow up.**
- **With age anxiety disorder is replaced by somotization**
- **Total recovery was only 5%**

Natural History

- From age 40 somatoform DO emerged along with MDD and Alcohol dependence..
- From age 50, appeared dysthythmia and agoraphobia with out PD.

Interpretations

- In old age fight and flight reaction is replaced with freeze reaction.
- Older pt s emphasize somatic experience of anxiety.
- Habituation to anxiety can decrease number and severity of anxiety symptoms.
- Greater incidence of somotization in relatives of pt with PD and vice versa

Interpretations

- **Indicate that two disease are different stage s of evolution of one disease.**
- **Somotization is consequence or is minor form of PD.**

Management

- Reassurance,
- Paper envelop
- Exposure therapy
- Sublingual Lorazepam
- Alprazolam or Clonazepam
- TCAs, SSRIs, SNRI

- THANK YOU