

# Module 7: Anxiety Disorders

## Module 7 Outline

- 7.1. Clinical Presentation
- 7.2. Epidemiology
- 7.3. Comorbidity
- 7.4. Etiology
- 7.5. Treatment

## Module 7 Learning Objectives

- Describe how anxiety disorders present.
- Describe the epidemiology of anxiety disorders.
- Describe comorbidity in relation to anxiety disorders.
- Describe the etiology of anxiety disorders.
- Describe treatment options for anxiety disorders.

## 7.1 Clinical Presentation

### Section 7.1 Learning Objectives

- Describe how generalized anxiety disorder presents.
- Describe how specific phobias present.
- Describe how agoraphobia presents.
- Describe how social anxiety disorder presents.
- Describe how panic disorder presents.

### Section 7.1 Key Terms

Agoraphobia: An intense fear triggered by a wide range of situations; however, unlike generalized anxiety disorders, the fears are related to situations in which the individual is in public situations where escape may be difficult.

Generalized anxiety disorder (GAD): A disorder characterized by an underlying excessive worry related to a wide range of events or activities.

Panic disorder: The person experiences recurrent, unexpected panic attacks coupled with the fear of future panic attacks.

Social anxiety disorder: The anxiety or fear relates to social situations, particularly those in which an individual may be evaluated by others.

Specific phobias: Distinguished by fear or anxiety specific to an object or a situation (e.g., heights or small enclosed spaces).

### Section 7.1 Key Takeaways

- All anxiety disorders share the hallmark symptoms of excessive fear or worry related to behavioral disturbances.
- GAD is characterized by an underlying excessive worry related to a wide range of events or activities and an inability to control their worry through coping strategies.
- Specific phobia is characterized by fear or anxiety specific to an object or a situation and individuals can experience fear of more than one object.
- Agoraphobia is characterized by intense fear related to situations in which the individual is in public situations where escape may be difficult.
- Social anxiety disorder is characterized by fear or anxiety related to social situations, especially when evaluation by others is possible.
- Panic disorder is characterized by a series of recurrent, unexpected panic attacks coupled with the fear of future panic attacks.

### **Section 7.1 Review Questions**

1. What is the difference between fear and anxiety?
2. What are the key differences between generalized anxiety disorder and agoraphobia?
3. Individuals with social anxiety disorder will experience both physical and cognitive symptoms, particularly when presented with social interactions. What are these symptoms?
4. What are the common types of specific phobias?
5. What are the physical and cognitive symptoms observed during panic disorder?
6. What are the key components of panic disorder?

## **7.2 Epidemiology**

### **Section 7.2 Learning Objectives**

- Describe the epidemiology of generalized anxiety disorder.
- Describe the epidemiology of specific phobias.
- Describe the epidemiology of agoraphobia.
- Describe the epidemiology of social anxiety disorder.
- Describe the epidemiology of panic disorder.

### **Section 7.2 Key Terms**

N/A

### **Section 7.2 Key Takeaways**

- Prevalence rates for anxiety disorders range from 1.7% for agoraphobia up to 9% for specific phobias.
- For most anxiety disorders, females are twice as likely to be diagnosed.

### **Section 7.2 Review Questions**

1. Create a table of the prevalence rates across the various anxiety related disorders. What are the differences between the disorders? Which prevalence rates are higher in children? Adolescents? Women?
2. What are the gender differences observed in the phobia stimuli?

## 7.3 Comorbidity

### Section 7.3 Learning Objectives

- Describe the comorbidity of generalized anxiety disorder.
- Describe the comorbidity of specific phobias.
- Describe the comorbidity of agoraphobia.
- Describe the comorbidity of social anxiety disorder.
- Describe the comorbidity of panic disorder.

### Section 7.3 Key Terms

N/A

### Section 7.3 Key Takeaways

- Many anxiety disorders are comorbid with one another.
- Other common comorbid disorders include depressive disorders and substance-related disorders.
- Agoraphobia has a high comorbidity with PTSD and panic disorder with general medical symptoms.

### Section 7.3 Review Questions

1. There is a high comorbidity rate within the anxiety-related disorders. What other disorders commonly occur with specific anxiety related disorders?
2. What anxiety-related disorder has a high comorbidity with medical symptoms?

## 7.4 Etiology

### Section 7.4 Learning Objectives

- Describe the biological causes of anxiety disorders.
- Describe the psychological causes of anxiety disorders.
- Describe the sociocultural causes of anxiety disorders.

### Section 7.4 Key Terms

Emotion-focused coping: A type of stress management that attempts to reduce negative emotional responses that occur due to exposure to stressors. Negative emotions such as fear, anxiety,

aggression, depression, humiliation are reduced or removed by the individual by various methods of coping.

Problem-focused coping: Aimed at resolving the stressful situation or event or altering the source of the stress.

#### **Section 7.4 Key Takeaways**

- Biological causes of anxiety disorders include the serotonin transporter gene (5-HTTLPR); brain structures to include the amygdala, hippocampus, and prefrontal cortex; and the locus coeruleus and corticostriatal-thalamocortical (CSTC) circuit in relation to panic disorder.
- Psychological causes of anxiety disorders include maladaptive assumptions, the linking of events through classical conditioning, modeling, and stimulus generalization as it relates to GAD.
- Sociocultural causes of anxiety disorders include social pressures leading to a higher rate of diagnosis for women and discrimination and prejudice which affects ethnic minorities and other marginalized groups.

#### **Section 7.4 Review Questions**

1. Discuss the biological etiology of panic disorders. What brain structures and neurotransmitters are involved?
2. How does the cognitive model explain the development and maintenance of anxiety related disorders?
3. What is the difference between emotion-focused and problem-focused coping strategies? How do these two coping strategies explain differences in anxiety related disorders?

## **7.5 Treatment**

#### **Section 7.5 Learning Objectives**

- Describe treatment options for generalized anxiety disorder.
- Describe treatment options for specific phobias.
- Describe treatment options for agoraphobia.
- Describe treatment options for social anxiety disorder.
- Describe treatment options for panic disorder.

#### **Section 7.5 Key Terms**

Biofeedback: Provides a visual representation of a patient's physiological arousal (e.g., heart rate and blood pressure).

Cognitive restructuring: The clinician works with the client to identify negative, automatic thoughts that contribute to the distress in social situations.

Electroencephalography (EEG): Measures neurofeedback or brain activity.

Electromyography (EMG): Measures the amount of muscle activity currently experienced by the individual; an electrode is placed on a patient's skin just above a major muscle group, usually the forearm or the forehead.

Heart rate variability (HRV): Measures autonomic activity, such as heart rate or blood pressure.

Galvanic skin response: Refers to changes in sweat gland activity that are reflective of the intensity of our emotional state, otherwise known as emotional arousal.

Interoceptive exposure: Involves inducing panic-specific symptoms to the individual repeatedly for a prolonged period, so that maladaptive thoughts about the sensations can be disconfirmed and conditional anxiety responses are extinguished.

Progressive muscle relaxation: In this type of relaxation technique, the client learns to tense and relax various large muscle groups throughout the body, one at a time.

Psychoeducation: Educating the patient on the nature of his or her psychological disorder, the underlying causes of the disorder, as well as the mechanisms that maintain the disorder, such as the physical, cognitive, and behavioral response systems.

Relaxation training: The client is taught relaxation techniques to cope with panic attacks.

Rational-emotive therapy (RET): Developed by Albert Ellis in the 1950s and later evolved into cognitive behavioral therapy; the goal is to identify irrational, self-defeating assumptions, challenge the rationality of those assumptions, and to replace them with new, more productive thoughts and feelings.

Social skills training: Focuses on the patient's skill deficits or inadequate social interactions that contribute to their negative social experiences and anxiety and works with the client to learn these skills.

Systematic desensitization: An exposure technique that utilizes relaxation strategies to help calm the individual as they are presented with the fearful object.

### **Section 7.5 Key Takeaways**

- Treatment options for GAD include benzodiazepines, rational-emotive therapy, CBT, and biofeedback.
- Treatment options for specific phobias include exposure treatments such as systematic desensitization, flooding, and modeling.
- Treatment options for agoraphobia include exposure and CBT techniques.
- Treatment options for social anxiety disorder include exposure treatment, social skills training, and cognitive restructuring.
- Treatment options for panic disorder include CBT, psychoeducation, self-monitoring, relaxation training, cognitive restructuring, exposure, and pharmacological interventions.

### **Section 7.5 Review Questions**

1. Discuss the types of exposure treatments for individuals with anxiety disorders? Which are most effective? What have been some concerns with exposure treatment?

2. What is biofeedback? How is biofeedback used to treat anxiety related disorders?
3. What are the concerns with using pharmacological interventions in the treatment of anxiety disorders? Is there a time when it is helpful to use this treatment method?