

# Anxiety Disorders

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## OBJECTIVES/RATIONALE

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Anxiety disorders are illnesses, often related to the biological makeup and life. The student will identify types of anxiety disorders and their distinct features.

TEKS: 121.26 (c) 1H, 1I

TAKS ELA 1, 4  
Science 2

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## KEY POINTS

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### POWER POINT

- I. Anxiety disorders are the most common of all mental disorders and frequently run in families .  
These disorders are not just a case of “nerves.”
  - A. how to distinguish between fear and anxiety
    1. fear - a feeling that arises from a concrete, real danger
    2. anxiety - a feeling that arises from an ambiguous, unspecific cause (disproportionate to danger)
  - B. anxiety disorders generally develop during adolescence and/or early adulthood
  - C. women more likely than men to present for treatment
- I. *panic Attack* – not a disorder in and of itself
  - A. The panic attack is a symptom of many anxiety disorders.
  - B. Signs and symptoms of panic attack:
    1. sudden, spontaneous episodes accompanied by symptoms such as: dyspnea, dizziness or faintness, palpitations, tachycardia, trembling or shaking, sweating, choking, abdominal distress or nausea, surrealization, numbness or tingling sensation, flushes or chills, chest pain or pressure in chest, feeling of impending death, fear of going crazy or doing something uncontrolled.
- II. Types of Anxiety and Related Disorders:
  - A. **Panic Disorder.**
    1. differentiation from *panic attack*
      - a. increased frequency and redundancy of attacks
      - b. at least four panic attack symptoms develop abruptly, crescendo within 10 minutes and typically last another 10 minutes
    2. two main subtypes of panic disorder:
      - a. *panic disorder without agoraphobia*
      - b. *panic disorder with agoraphobia*
  - B. **Agoraphobia.**
    1. ancient Greek term - fear of an open marketplace
    2. agoraphobia today describes:
      - a. severe and pervasive anxiety about being in situations from which escape might be difficult
      - b. avoidance of situations such as being alone outside of the home
      - c. paralyzing fear of traveling in car, bus, or airplane
    3. usually (but not always) a secondary occurrence of unexpected, reoccurring panic attacks (Individuals may begin to avoid places or situations in anticipation of a dreaded, spontaneous panic attack.)
    4. agoraphobic individuals often require presence of companion in order to avoid anxiety
    5. fears typically consistent with agoraphobia include:
      - a. fear of being outside home alone

- b. fear of being in a crowd or standing in line
- c. fear of being on a bridge or other high places
- d. fear of traveling on bus, train, or in automobile
- e. fear of being “trapped” in room full of people (church, restaurant, office, etc.)

**C. Social Phobia.**

1. persistent fear of one or more social or performance situations in which a person is exposed to unfamiliar people or to possible scrutiny by others
2. fears he/she will act in a way (or show anxiety) that will be humiliating or embarrassing
  - a. fear of fainting, losing control of bowel or bladder function
  - b. fear of having one’s mind go blank when faced with dreaded social situation
3. exposure to feared social situation invariably provokes anxiety, which may take form of situationally bound panic attack
  - a. children may express fear by crying or exhibiting tantrum-like behavior
  - b. adults either avoid dreaded social situation or tolerate it with great discomfort
4. Social phobia typically begins in childhood or adolescence and, for many it is associated with the traits of shyness and social inhibition.
  - a. Public humiliation, severe embarrassment, or other stressful experience may initiate or provoke a social phobia.
  - b. more common in women than in men
5. once established, complete remissions are uncommon without treatment

**D. Post-Traumatic Stress Disorder (PTSD) .**

1. anxiety and behavioral disturbances that develop during or shortly following extreme trauma and lasts more than 1 month
2. historically identified in soldiers
  - a. “shell shock” or “combat fatigue” syndrome
3. symptoms generally begin during or shortly following traumatic events
  - a. rape, severe physical assault, near-death experiences, witnessing a murder, combat, disasters, etc.
  - b. response to trauma must have involved intense fear, helplessness, or horror
4. key features:
  - a. symptoms of hyperarousal and generalized anxiety
  - b. emotional detachment from other people, activities
  - c. avoidance of situations or stimuli that elicit memories of trauma
  - d. persistent, intrusive recollections of event via flashbacks, dreams, recurrent thoughts, or visual images
5. symptoms must persist for more than 1 month and must be associated with functional impairment or significant distress
6. About 50 percent of cases of post-traumatic stress remit within 6 months.

**E. Acute Stress Disorder.**

1. follows traumatic event but symptoms may last from only 2 days to one month
2. psychological trauma initially keeps individual from pursuing some necessary task (i.e. obtaining necessary medical or legal assistance)

**F. Generalized Anxiety Disorder (GAD).**

1. excessive anxiety and worry that occurs more days than not, for at least 6 months
2. accompanying symptoms: muscle tension, easy fatigability, poor concentration, insomnia, irritability, and restlessness
3. excessive worries pertain to many areas, including work, relationships, money matters, well-being of one’s family, potential misfortunes, and impending deadlines
4. occurs more often in women with about 50 percent of the cases beginning in childhood

**G. Obsessive-Compulsive Disorder (OCD).**

1. *Obsessions*—recurrent, intrusive thoughts, impulses, or images that are perceived as inappropriate, grotesque, or forbidden.

- a. perceived as uncontrollable
  - b. fears that he/she will lose control and act upon obsessive thoughts or impulses
  - c. common themes: germ or body fluid contamination, doubts (i.e., worry that something important was overlooked or that sufferer has unknowingly inflicted harm on someone), unbending order or symmetry, loss of control of violent or sexual impulses
2. *Compulsions*—repetitive behaviors or mental acts that reduce anxiety that accompanies an obsession or “prevent” some dreaded event from happening.
    - a. include both overt behaviors, such as hand washing or checking, and mental acts including counting or praying
    - b. rituals often take up long periods of time (even hours to complete)
  3. disorder equally common among men and women
    - a. typically begins in adolescence to young adult
    - b. course fluctuates
    - c. symptom exacerbations usually associated with stress
    - d. approximately 20% to 30% of people with obsessive-compulsive disorder report past history of tics; about one-quarter of these people will meet full criteria for Tourette’s disorder
  4. familial pattern and increased risk of obsessive-compulsive disorder among first-degree relatives with Tourette’s disorder
  5. other mental disorders that may fall within spectrum of obsessive-compulsive disorder: trichotillomania (compulsive hair pulling), compulsive shoplifting, gambling, and sexual behavior disorders

### III. Physiological Responses to Anxiety

1. rapid heart beat
2. elevated blood pressure
3. increased perspiration
4. shortness of breath
5. “butterflies” in stomach, upset stomach, or diarrhea
6. trembling (first of lips, then extremities)
7. tense muscles, facial twitches
8. dizziness

### IV. Defenses against anxiety:

1. coping mechanisms (conscious attempts to protect themselves from emotional pain of anxiety)
  - a. coping mechanisms may be ineffective or effective:
    - i. ineffective coping: physical fights, abusing substances, social withdrawal, “acting-out” in an inappropriate manner
    - ii. effective coping: use of physical activity (walking, jogging, competitive sports, strenuous housecleaning, etc.), engaging in activity (music, reading, writing, etc.), stress-reduction techniques (deep muscle relaxation, biofeedback, meditation, visualization), expression of emotions (therapy, talking with family or friends, engaging in activities that make you laugh)

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## ACTIVITIES

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- I. Create a chart, which compares and contrasts OCD and Obsessive Compulsive Personality Disorder.

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## MATERIALS NEEDED

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Key for quiz

Report Rubric

<http://www.treefort.org/~snit/anxiety.html>  
<http://www.anxietypanic.com/home.html>

} personal stories/case studies

<http://www.nimh.nih.gov/znxiety/anxiety/index.htm>  
<http://www.surgeongeneral.gov/library/mentalhealth/chapter4/sec2.html>

} site for anxiety disorders

<http://www.quia.com/pages/hstementalhealth.html> - interactive on-line games for reinforcement; includes flashcards

*Psychiatric Mental Health Nursing* –Second Edition, Fortinash•Holoday•Worret, ISBN 0-323-00648-5, (Chapter 12-anxiety disorders and case studies)

*Diagnostic and Statistical Manual of Mental Disorders*—Fourth Edition (DSM-IV), ISBN 0-89042-062-9

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**ASSESSMENT**

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Successful completion of Quiz: Anxiety Disorders.

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**ACCOMMODATIONS**

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For reinforcement, the student will create a chart with each disorder, the distinctive features, and treatments.

For enrichment, the student will evaluate personality case studies and select one to present to the class. (See MATERIALS NEEDED for “case studies” sites)

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**REFLECTIONS**

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## Quiz—Anxiety Disorders

NAME \_\_\_\_\_

DATE \_\_\_\_\_

PERIOD \_\_\_\_\_

**TRUE / FALSE** (Circle correct answer.)

1. One of the most common disorders is a panic attack? T or F
2. The term *agoraphobia* literally means “fear of heights.” T or F
3. Persistent fear of performance situations describes social phobia. T or F
4. Post-traumatic stress disorder was historically identified in soldiers. T or F
5. Acute stress disorder can last for six months to one year. T or F
6. Generalized anxiety occurs more often in men than women. T or F
7. Compulsions are recurrent, intrusive thoughts, impulses, or images. T or F
8. A common theme in obsessive-compulsive disorder is contamination of germs. T or F
9. The anxiety disorders are the most common of all mental disorders. T or F
10. Individuals who have agoraphobia fear being “trapped” in a room full of people. T or F
11. Social phobias typically begin in adulthood. T or F
12. Post-traumatic stress disorder follows a traumatic event with symptoms lasting two days to one month. T or F
13. Excessive anxiety that pertains to many areas of one’s life describes GAD. T or F
14. Obsessive-compulsive disorder appears to run in families. T or F
15. Individuals with agoraphobia can travel in a vehicle but have a paralyzing of flying in airplanes. T or F

**Key:** True/False Quiz  
Anxiety Disorders

1. **T**

2. **F**

3. **T**

4. **T**

5. **F**

6. **F**

7. **F**

8. **T**

9. **T**

10. **T**

11. **T**

12. **F**

13. **T**

14. **T**

15. **F**