

Assessment and Phenomenology of Anxiety



Prevalence of Adult Anxiety Disorders

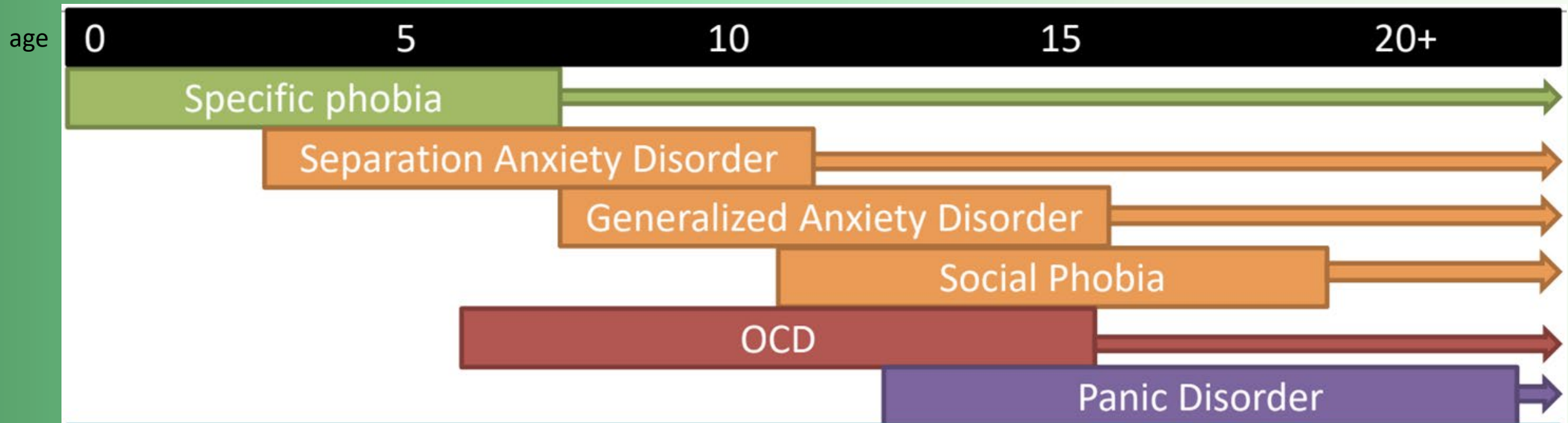


Table 2. Lifetime Prevalence of *DSM-IV*/WMH-CIDI Disorders in the Total NCS-R Sample and by Age

	Prevalence, % (SE)					χ^2*
	Age, y					
	Total	18-29	30-44	45-59	≥ 60	
Anxiety Disorders						
Panic disorder	4.7 (0.2)	4.4 (0.4)	5.7 (0.5)	5.9 (0.4)	2.0 (0.4)	52.6†
Agoraphobia without panic	1.4 (0.1)	1.1 (0.2)	1.7 (0.3)	1.6 (0.3)	1.0 (0.3)	4.5
Specific phobia	12.5 (0.4)	13.3 (0.8)	13.9 (0.8)	14.1 (1.0)	7.5 (0.7)	54.3†
Social phobia	12.1 (0.4)	13.6 (0.7)	14.3 (0.8)	12.4 (0.8)	6.6 (0.5)	109.0†
Generalized anxiety disorder	5.7 (0.3)	4.1 (0.4)	6.8 (0.5)	7.7 (0.7)	3.6 (0.5)	39.9†
Posttraumatic stress disorder‡	6.8 (0.4)	6.3 (0.5)	8.2 (0.8)	9.2 (0.9)	2.5 (0.5)	37.9†
Obsessive-compulsive disorder§	1.6 (0.3)	2.0 (0.5)	2.3 (0.9)	1.3 (0.6)	0.7 (0.4)	6.8
Separation anxiety disorder	5.2 (0.4)	5.2 (0.6)	5.1 (0.6)			0.0
Any anxiety disorder¶	28.8 (0.9)	30.2 (1.1)	35.1 (1.4)	30.8 (1.7)	15.3 (1.5)	89.9†
Mood Disorders						

From Kessler et al., Arch Gen Psych, 2005

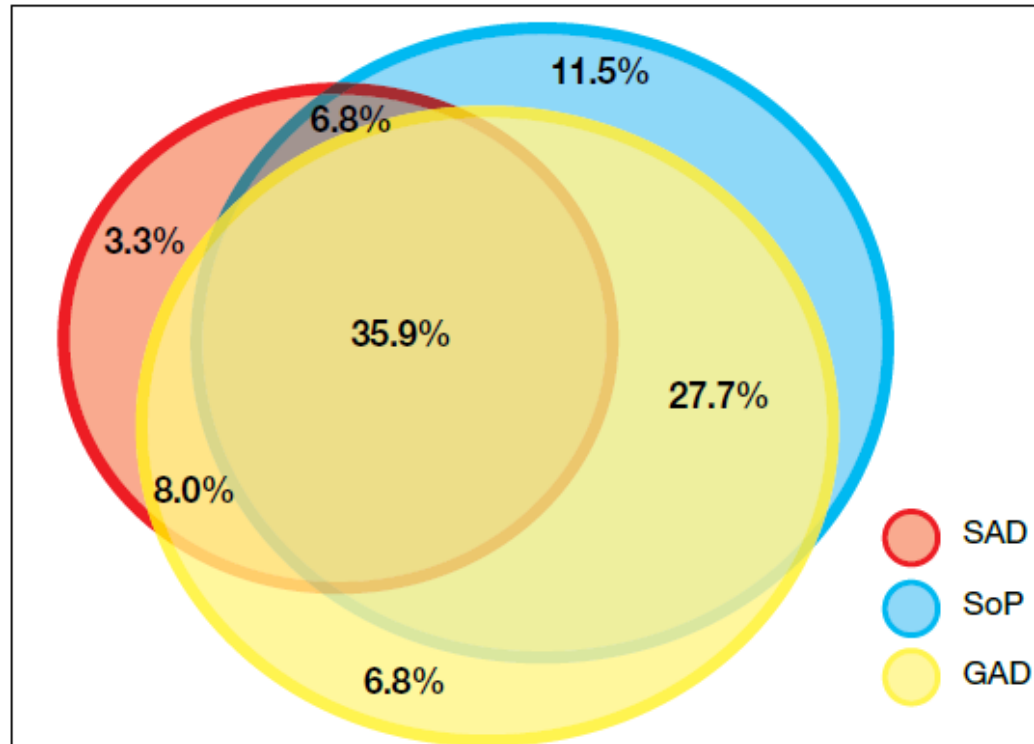
Anxiety and OCD Typical Age of Onset



Anxiety Disorders Often Occur Together



The pediatric anxiety disorders triad: Comorbidity is common



In the Child-Adolescent Multimodal Treatment Study, GAD was the most common disorder; however, GAD, SAD, and SoP were highly comorbid

GAD: generalized anxiety disorder; SAD: separation anxiety disorder; SoP: social phobia

Source: Reference 9

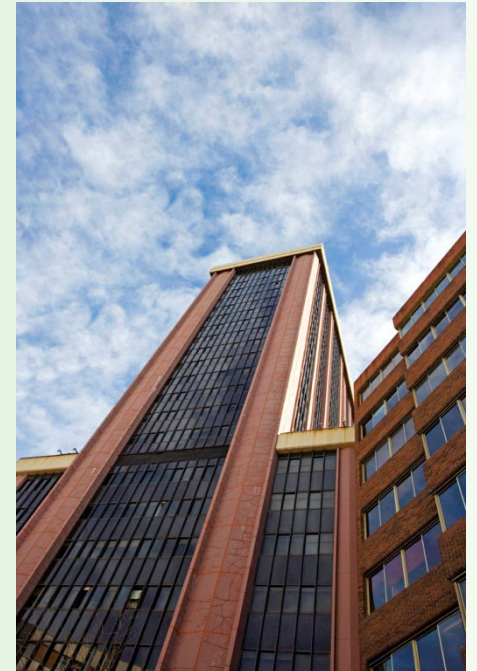
Strawn et al., 2012

Separation Anxiety Disorder

- Excessive fear or anxiety about separation from home or attachment figures
- School refusal is a common presenting problem
- Can cause significant distress for the parent of a child with Separation Anxiety Disorder
- In DSM-5 can now be diagnosed in adulthood

Specific Phobia

- Previously called simple phobia but not so simple
- **Marked Fear or Anxiety** about a specific object or situation that is out of proportion to the actual danger + **Avoidance** of the object or situation **and/or endurance with intense fear or anxiety** for at least 6 months
- Subtypes: animal, natural environment, blood injury, situational, vomiting
- Very common but often not directly treated



Social Anxiety Disorder

- Intense fear of social situations where the individual is exposed to possible scrutiny by others
- General and specific subtype
- One of the most common
- Related to depression and substance abuse

Generalized Anxiety Disorder

- Excessive worry accompanied by (3 of 6)
 - (I CREST) Irritability, Concentration problems, Restlessness, Energy drain/fatigue, Sleep disturbance, muscle Tension
- High need for reassurance/questions
- Often multiple somatic complaints
- Equal gender ratio until adolescence, then female > male

Differential Diagnosis

- **ADHD:** distractible or preoccupied?
- **Autism:** presence of interpersonal reciprocity?
- **Depression:** Persistent anhedonia?
- **Medical:** hyperthyroid, asthma
- **Meds:** SSRIs, antipsychotics, sympathomimetics
- Often co-occur

Panic Disorder

- Panic Attacks
- PLUS one month of concern or change in behavior about having additional panic attacks
- Agoraphobia now separate

Panic Attack

An abrupt surge of intense fear or intense discomfort that reaches a peak within minutes and during which time four or more of the following symptoms occur:

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded, or faint
- Derealization (feelings of unreality) or depersonalization (being detached from oneself)
- Fear of losing control or “going crazy”
- Fear of dying
- Paresthesias (numbness or tingling sensation)
- Chills or hot flushes.



Open-ended poll: Ted Lasso

Session starts in

14 h 19 m 04 s

Post your answers at pigeonhole.at/OMAZOO



Obsessive Compulsive Disorder (OCD)



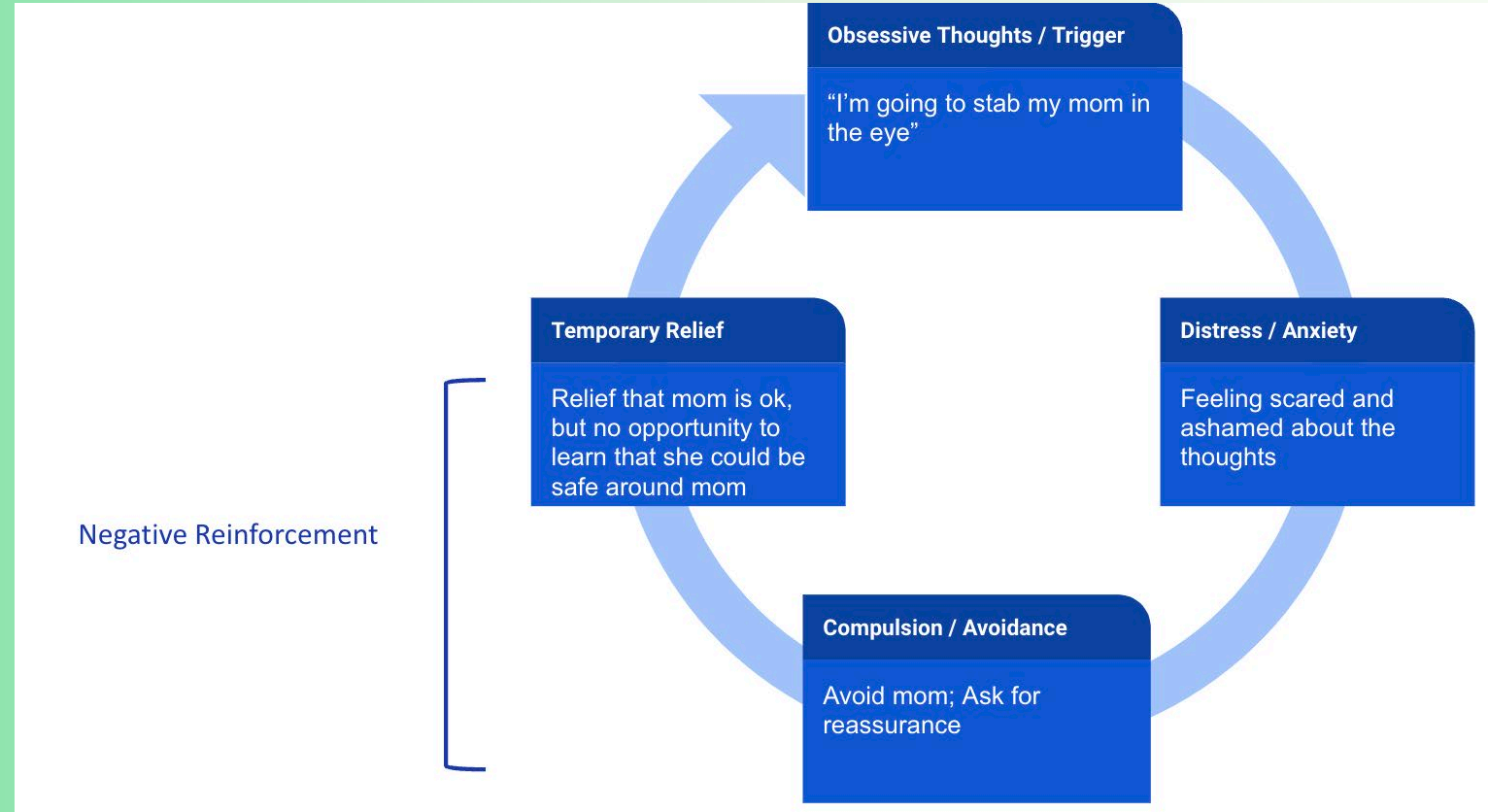
Presence of Obsessions, Compulsions, or Both

Obsessions:

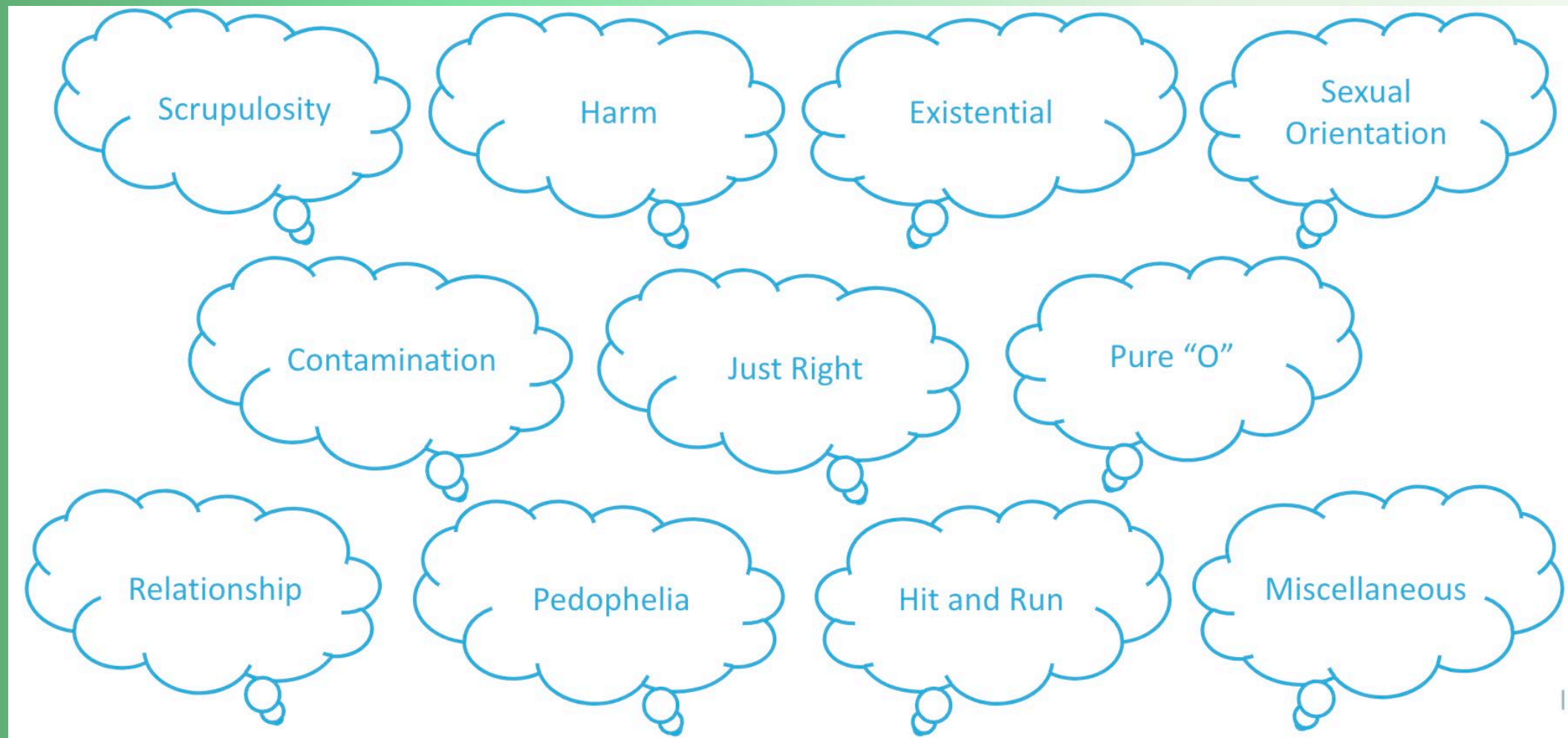
- Recurrent and persistent intrusive and unwanted thoughts, urges, or images
- Individual attempts to ignore, suppress, or neutralize (e.g., with compulsions)

Compulsions:

- Repetitive behaviors that the individual feels driven to perform in response to an obsession, or according to rules
- These behaviors or mental acts are aimed at preventing or reducing anxiety or distress or preventing some dreaded event



Many Faces of OCD



Anxiety Assessment Instruments

- In primary care sensitivity to detecting cases is low (44.5%) whereas general practitioners' ability to correctly identify noncases as not having the disorder is high (specificity 90.8%) (Olariu et al, 2015)
- This is consistent with results for depression (sensitivity 50.1%; specificity 81.3%) Mitchell et al 2009
- The percentage of under recognition is even higher when diagnoses are unassisted by instrumentation, with a drop of almost 50% in sensitivity levels with respect to assisted diagnoses

Anxiety Assessment Instruments

- | | | |
|-----------|---|--|
| 2-5 min | { | • Patient Health Questionnaire-4 (PHQ-4) |
| | | • Hospital Anxiety and Depression Scale (HADS) * |
| 5-10 min | { | • Beck Anxiety Inventory (BAI) * |
| | | • Generalized Anxiety Disorder-7 (GAD-7) * |
| | | • State Trait Anxiety Inventory (STAI) * |
| | | • Mood and Anxiety Symptoms Question. (MASQ) |
| 10-15 min | { | • Anxiety Screening Question. (ASQ-15) |
| | | • Anxiety Disorders Diagnostic Question. (ADDQ) |
| | | • Zung Anxiety Scale * |
| | | • Penn State Worry Questionnaire |
| | { | • Adult Behavior Checklist/Adult Self Report |



Thank you!