

Introduction to Abnormal Psychology

Chapters 4 & 5
Anxiety & Stress Disorders

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Outline/overview

- Anxiety manifest vs. inferred
- Generalized anxiety disorder
- Specific phobia
- Social phobia
- Panic disorder (w or w/o agoraphobia)
- Obsessive compulsive disorder
- Acute stress disorder
- Post traumatic stress disorder
- Anxiety disorder treatments

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Anxiety Disorders

- Our textbook uses a somewhat artificial distinction to divide these up
- Anxiety Manifest
 - generalized anxiety disorder
 - phobias
 - panic disorder
 - PTSD
- Anxiety Inferred
 - obsessive compulsive disorder
 And coming later...
 - somatoform disorders & dissociative disorders
- High prevalence overall – 18%, cost \$42 Billion yearly

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Generalized Anxiety Disorder (GAD)

- excessive or unrealistic anxiety and worry
- 6 mos. or more
- more “worrying days” than good
- worry is central theme in GAD
- poor diagnostic reliability
- not easily distinguished from other anxiety disorders

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GAD (cont.)

- many depressed also meet GAD criteria
- prevalence-common in general population
- rarely seek mental health treatment
- see FMD's for feeling “keyed up” “edgy”
- text-3% 1 yr -2-1 fem/male – 5-6%lifetime
- early studies = no evidence of genetic component, heritability now estimated at about 30% - shared with major depression

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Specific phobia

- persistent, excessive or irrational fear of object or situation
- avoided or endured with intense anxiety
- interferes significantly with functioning

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Specific phobia (cont.)

● Common phobias

- animals
- heights
- confinement
- injury and/or blood

● Epidemiology

- point prevalence about 10%
- lifetime prevalence approx. 14% (6-23%)
- Text: 9% 1 yr incidence, > 12% lifetime

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Specific Phobia (cont.)

- rarely seek treatment
- some genetic predisposition
- somehow "hardwired" to fear certain objects
- estimated lifetime prevalence: animal 11%, blood/inj. 3-6%, situational 12%
- Gender differences?
- clear familial influences
- familial influences - positive correlations between children and mothers
- higher concordance between MZ than DZ twins
- treatments - exposure / systematic desensitization

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Social Phobia

- fear of social or performance situations
- subject to evaluation by others
- fear - will embarrass or humiliate self
- prevalence - 6 mos. <2% of population, recent data 12 mo. prev. as high as 8%
- lifetime prevalence 2-19% across studies
- Text: 7% 1 yr & 12% lifetime incidence
- alcohol use/abuse may be problem
- no evidence of genetic component

- diathesis-stress "in action" – GABA functioning

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Panic disorder

- Case example - Steve: video
- recurrent, unexpected panic attacks
- panic attack - discrete period of intense fear or discomfort not tied to a phobic stimuli
- 4 of 13 symptoms - palpitations/increased heart rate, sweating, shortness of breath, choking sensation, chest pain, nausea, fear of dying
- One month or more of:
 - A. persistent concern about additional attacks
 - B. worries about implications of attacks
 - C. changes in behavior or functioning

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Panic disorder (cont.)

- Prevalence-about 1.6% of population has panic attacks
- about 4% agoraphobia
- Panic Disorder - about 0.5%-2.3%
- 24% have comorbid depressive disorder
- biological mechanisms
- genetic component 9.3% of relatives also have panic disorder, 1.3% of relatives of social phobics, 0% of nonpatient controls
- higher MZ concordance
- assess alcohol abuse

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Obsessive Compulsive Disorder (OCD)

- recurrent obsessions or compulsions
- cause marked distress, take > 1 hr./day
- recognized as unreasonable
- Obsessions - repetitive, recurring thoughts, ideas, images, or impulses experienced as intrusive
- Compulsions - repetitive, purposeful behaviors, performed rigidly, according to certain rules

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OCD (cont.)

- Prevalence - once thought very rare (about 0.5%) some data suggests 2% - 1yr
- recent research - lifetime prevalence rate of 2.4%
- 80% both obsessions and compulsions
- comorbidity - 75% also meet criteria for major depressive disorder
- 10-35% of depressed have obsessions
- seems to have a genetic component
- case example - Chuck: video

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Stress Disorders

- Acute Stress Disorder
- Post Traumatic Stress Disorder (PTSD)
 - stress symptoms that:
 - A. are the result of exposure to a traumatic event
 - B. 1 or more of 5 "reexperiencing" symptoms
 - C. avoidance of stimuli related to the trauma, numbing
 - D. increased tension or arousal
 - Acute (< 3 mo) Chronic (> 3 mo) Delayed onset (> 6 mo after stressor)

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PTSD (cont.)

- stressors - rape, assault, severe accident, plane crash, natural disasters, war/combat experiences
- Prevalence - about 1% in general population, far higher with a traumatic stressor
- lifetime prevalence about 7.8%, women 2X as likely
- Vietnam veterans incidence of 15 & 8.5%
- lifetime prevalence of 30.9 & 26.9% for males and females, respectively.
- Crime victims - 7.5% incidence, 27.8% lifetime prevalence
- no evidence of genetic predisposition

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Anxiety disorders treatment

- not much long term research
- knowledge of natural course of disorders sparse
- OCD & agoraphobic patients - positive results of behavioral treatments are maintained
- EMDR treatment for PTSD
 - no well controlled studies
 - anecdotal and case reports promising

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Anxiety disorders treatment (cont.)

- cognitive and behavioral techniques
- group therapy for social phobia
- pharmacological treatments
 - anafranil, luvox – OCD
 - SSRI's/tofranil – panic
 - benzo's/buspar - GAD

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