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Overview of Anxiety Disorders

Everyone periodically experiences fear and anxiety. Fear is an emotional, physical, and behavioral response to an immediately recognizable external threat (eg, an **intruder**, a car spinning on ice). Anxiety is a **distressing**, unpleasant emotional state of nervousness and uneasiness; its causes are less clear. Anxiety is less tied to the exact timing of a threat; it can be anticipatory before a threat, persist after a threat has passed, or occur without an identifiable threat. Anxiety is often accompanied by physical changes and behaviors similar to those caused by fear.

Some degree of anxiety is **adaptive**; it can help people prepare, practice, and **rehearse** so that their functioning is improved and can help them be appropriately cautious in potentially dangerous situations. However, beyond a certain level, anxiety causes **dysfunction** and undue distress. At this point, it is **maladaptive** and considered a disorder.

Anxiety occurs in a wide range of physical and mental disorders, but it is the predominant symptom of several. Anxiety disorders are more common than any other class of psychiatric disorder. However, they often are not recognized and consequently not treated. Left untreated, chronic, maladaptive anxiety can contribute to or interfere with treatment of some general medical disorders.

Etiology

The causes of anxiety disorders are not fully known, but both psychiatric and general medical factors are involved. Many people develop anxiety disorders without any identifiable **antecedent triggers**. Anxiety can be a response to **environmental stressors**, such as the ending of a significant relationship or exposure to a life-threatening disaster. Some general medical disorders can directly cause anxiety; they include the following:

- **Hyperthyroidism**
- **Pheochromocytoma**
- **Hyperadrenocorticism**
- **Heart failure**
- **Arrhythmias**
- **Asthma**
- **COPD**

Other causes include use of drugs; effects of corticosteroids, cocaine, amphetamines, and even caffeine can mimic anxiety disorders. Withdrawal from alcohol, sedatives, and some illicit drugs can also cause anxiety.

Symptoms and Signs

Anxiety can arise suddenly, as in panic, or gradually over many minutes, hours, or even days. Anxiety may last from a few seconds to years; longer duration is more characteristic of anxiety disorders. Anxiety ranges from barely noticeable **qualms** to complete panic. The ability to tolerate a given level of anxiety varies from person to person.

Anxiety disorders can be so distressing and disruptive that depression may result. Alternatively, an anxiety disorder and a depressive disorder may coexist, or depression may develop first, with symptoms and signs of an anxiety disorder occurring later.

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<http://relieveanxietynow.com/common-signs-of-anxiety/>

Diagnosis

- Exclusion of other causes
- Assessment of severity

Deciding when anxiety is so dominant or severe that it constitutes a disorder depends on several variables, and physicians differ at what point they make the diagnosis. Physicians must first use history, physical examination, and appropriate laboratory tests to determine whether anxiety is due to a general medical disorder or drug. They must also determine whether anxiety is better accounted for by another mental disorder. An anxiety disorder is present and merits treatment if the following apply:

- Other causes are not identified.
- Anxiety is very distressing.
- Anxiety interferes with functioning.
- Anxiety does not stop spontaneously within a few days.

Diagnosis of a specific anxiety disorder is based on its characteristic symptoms and signs. Clinicians usually use specific criteria of the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision (DSM-IV-TR)*, which describes the specific symptoms and requires exclusion of other causes of symptoms.

A family history of anxiety disorders (except acute and posttraumatic stress disorders) helps in making the diagnosis because some patients appear to

inherit a **predisposition** to the same anxiety disorders that their relatives have, as well as a general **susceptibility** to other anxiety disorders. However, some patients appear to acquire the same disorders as their relatives through learned behavior.

Treatment

Treatments vary for the different anxiety disorders, but typically involve a combination of psychotherapy specific for the disorder and drug treatment. The most common drug classes used are the benzodiazepines and SSRIs.

Reference: <http://www.merckmanuals.com>



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