

Anxiety Bootcamp- Session 1

Intro to the Course and Understanding Anxiety

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Intro to the Course

What You Need to Know

- Not medical advice
- Works with but does not replace the advice of your physician or therapist
- 10 sessions, go at your own speed
 - Videos, worksheets, and extras
 - Private Facebook group for help and support

Intro to the Course

Tips for Success

- The more time and energy spent, the better
- Repetition helps
- Write things down
- Make today's worksheet easily accessible
- Take a step back when needed, use relaxation techniques

Understanding Anxiety

What is anxiety?

- Fear v. Anxiety
 - Fear = present-focused, clear, tied to something observable
 - Anxiety = more future-oriented often more vague
- Normal v. Abnormal (pathological) Anxiety
 - Normal = transient, response to stressor
 - Abnormal= out of proportion to or in absence of a stressor, prolonged, interferes with daily life

Understanding Anxiety

Prevalence

- Most common type of mental health problem
 - Ex. Generalized anxiety disorder (GAD) in between 5-12% of people over their lifetime.
- Anxiety disorders usually more common in women
 - Exception is obsessive compulsive disorder (OCD)

Understanding Anxiety

Where does it come from?

- Biological factors
- Personality factors
- Developing certain ways of thinking over our lifetimes
- Chronic illness
- Low affective support in childhood
- Poverty
- Parental loss/separation
- Difficult life events (childhood and more recent)

Understanding Anxiety

Types of Anxiety Disorders

- Generalized Anxiety Disorder
- Panic Disorder
- Social Anxiety Disorder
- Specific Phobia
- Obsessive Compulsive Disorder
- Others (including in comorbid disorders)

Understanding Anxiety

Generalized Anxiety Disorder

- A) Excessive anxiety or worry about a number of events or activities for at least six months
- B) Worry is difficult to control
- C) Anxiety and worry are associated with at least three of the following symptoms more days than not:
 - 1. Feeling restless, keyed up or on edge
 - 2. Fatigue
 - 3. Difficulty concentrating/mind going blank
 - 4. Irritability
 - 5. Muscle tension
 - 6. Sleep disturbance

PLUS:

Symptoms cause significant distress or problems in the person's life and are not better explained by another known medical condition.

Understanding Anxiety

Panic Attacks

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 13 symptoms occur:

1. Palpitations, pounding heart, or accelerated heart rate
2. Sweating
3. Trembling or shaking
4. Sensations of shortness of breath or smothering
5. Feelings of choking
6. Chest pain or discomfort
7. Nausea or abdominal distress
8. Feeling dizzy, unsteady, light-headed, or faint
9. Chills or heat sensation
10. Paresthesias (numbness or tingling sensations)
11. Derealization (feelings of unreality) or depersonalization (being detached from oneself)
12. Fear of losing control or “going crazy”
13. Fear of dying

*Abrupt surge can occur from a state of calm or a state of anxiety

Understanding Anxiety

Panic Disorder

- A. Recurrent unexpected panic attacks
- B. At least one of the attacks has been followed by a month or more of one or both of the following:
 - 1. Persistent concern or worry about additional panic attacks or their consequences (eg, losing control, having a heart attack, "going crazy").
 - 2. A significant maladaptive change in behavior related to the attacks (eg, behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations).
- C. The disturbance is not attributable to the physiological effects of a substance (eg, medication or illicit drug) or another medical condition (eg, hyperthyroidism, cardiopulmonary disorders).
- D. The disturbance is not better explained by another mental disorder. As examples, the panic attacks do not occur only in response to:
 - Feared social situations, as in social anxiety disorder
 - Circumscribed phobic objects or situations, as in specific phobia
 - Obsessions, as in obsessive-compulsive disorder
 - Reminders of traumatic events, as in posttraumatic stress disorder
 - Separation from attachment figures, as in separation anxiety disorder

Can occur with or without agoraphobia.

Understanding Anxiety

Social Anxiety Disorder

- A. Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (having a conversation, meeting unfamiliar people), being observed (eating or drinking), and performing in front of others (getting a speech).
- B. The individual fears that here she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e. will be humiliating or embarrassing; will lead to rejection or offend others).
- C. This social situations almost always provoke fear anxiety.
- D. The social situations are avoided or endured with intense fear or anxiety.
- E. The fear anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context.
- F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

Symptoms cause significant distress or problems in the person's life and are not better explained by another known medical condition.

Can be performance only.

Understanding Anxiety

Specific Phobia

- A. Marked fear or anxiety about a specific object or situation (such as flying, heights, animals, receiving an injection, seeing blood).
- B. The phobic object or situation almost always provokes immediate fear or anxiety.
- C. The phobic object or situation is actively avoided or endured with intense fear or anxiety.
- D. The fear or anxiety is out of proportion to the actual danger posed by the specific object or situation and to the sociocultural context
- E. The fear, anxiety, or avoidance is persistent, typically lasting 6 months or more.

Symptoms cause significant distress or problems in the person's life and are not better explained by another known medical condition.

Understanding Anxiety

Obsessive Compulsive Disorder

A. Presence of obsessions, compulsions, or both:

Obsessions are defined by (1) and (2):

1. Recurrent and persistent thoughts, urges, or images that are experienced, at least sometime during the disturbance, is intrusive and unwanted, and that in most individuals cause marked anxiety or distress.
2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (for example by performing a compulsion).

B. The obsessions or compulsions are time-consuming (for example take more than 1 hour/day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. Not better explained by another known medical condition.

Varying levels of insight

With or without a tic disorder

Understanding Anxiety

Others/Comorbid Conditions

- Somatic symptom disorder
- Separation anxiety disorder
- Illness anxiety disorder
- Depression, PTSD, substance use disorders

Anxiety Treatment

Medications

- Selective Serotonin Reuptake Inhibitors
 - Sertraline, Fluoxetine, Escitalopram, Citalopram
- Serotonin and Norepinephrine Reuptake Inhibitors
 - Duloxetine, Venlafaxine
- Other antidepressants
 - Mirtazapine, Nortriptyline
- Other non-antidepressant medications
 - Benzodiazepines, Buspirone, Gabapentin, Antipsychotics

Anxiety Treatment

Vitamins and Supplements

- Kava-kava
 - Weak evidence for benefit, some risk of liver problems
- Chamomile
 - Weak evidence for benefit, may interact with other meds, some bleeding risk
- Vitamin supplementation- generally helpful but only if deficient. Not impossible to have side effects.
 - Zinc, Magnesium, B6, folate, B12, Antioxidants (A/C/E), Vitamin D, Omega-3 PUFA
- Others are being studied: S-adenosylmethionine, N-acetyl cysteine and probiotics

Anxiety Treatment

Non-medication treatments

- That's what this whole program is about! There are so many things we can do to help!
- Anxiety CAN and WILL get better. Just don't give up!