Theories: Anxiety Disorders

Biological changes in the brain
- Noradrenergic system is sensitive to norepinephrine; locus ceruleus is involved in precipitating panic attacks.
- Dopamine system involved in pathophysiology of OCD.
- GABA dysfunction affects development of panic disorder.

- Abnormal control of glutamate plays role in anxiety disorders.
- Hormonal changes in pregnant women affect certain anxiety disorders.
- Lactic acid may precipitate anxiety.
- Caffeine and nicotine may trigger panic attacks.
Theories: Anxiety Disorders - continued

- Genetic theories: strong evidence for familial or genetic predisposition for anxiety disorders

Theories: Anxiety Disorders - continued

- Psychosocial theories: in psychoanalytic theory, anxiety is viewed as sign of psychologic conflict; anxiety is the outcome of repressing forbidden impulses

Theories: Anxiety Disorders - continued

- Behavioral theory
  - Anxiety is a learned response that can be unlearned.
  - Compulsive behavior is a maladaptive attempt to alleviate anxiety.
  - Behavior modification teaches new ways to behave.
Theories: Anxiety Disorders - continued

- Humanistic theories:
  - Environmental stressors, biological factors, and intrapsychic fears cannot be dealt with separately but rather as they interact with one another.
  - Treatment approaches are integrative.

Theories: Dissociative Disorders

- Biological factors
  - Serotonin
  - Limbic system
  - Physical illnesses and certain drugs
  - Various personality states in dissociative identity disorder have different activity in frontal and temporal lobes.

Theories: Dissociative Disorders - continued

- Genetic theories:
  - Dissociative disorder occurs more often in first-degree biologic relatives
### Theories: Dissociative Disorders - continued

**Psychosocial theories:**
- Current explanations are based on Freud's dynamic concepts.
- Repression of ideas leads to amnesia, to protect oneself from emotional pain.
- Dissociative identity disorder is a result of childhood chronic trauma.

**Behavioral theories:**
- Dissociative disorders are learned behaviors that provide protection from a painful experience.

**Humanistic theories:**
- The person is a composite of life experiences, psychobiological factors, and interpersonal interactions.
Anxiety

- A universal experience
- A normal response that usually helps cope with threatening situations
- Anxiety disorders are characterized by anxiety so disabling as to adversely affect day-to-day functioning
- Affects all age groups

Anxiety - continued

- Anxiety disorders are most common of mental illnesses
- All anxiety disorders have in common excessive, irrational fear and dread
- Anxiety is either a dominant disturbance or an avoidance behavior
- Free-floating anxiety is unrelated to a specific stimulus

Anxiety - continued

- Panic disorder
- Phobia
- GAD
Interview with Steve

Click here to view a video interview with Steve, who has anxiety disorder.

Anxiety - continued

● Dissociation
  – Emotional numbing
  – Impaired social relationships
  – Separates emotions from behaviors
  – Consciousness, memory, identity, and/or perceptions of the environment are impaired.

Common Themes

● Anxiety disorders and dissociative identity disorder originate in childhood.
● Major common theme = disabling anxiety
● Other common features: personality and mood changes, distorted perceptions, inability to concentrate, memory impairment, defense mechanisms
Both anxiety and dissociative disorders may have underlying illnesses like depression or substance abuse.

Both disorders profoundly affect quality of life.

Psychotropic medications and teaching adaptive coping are mainstays of treatment.

A holistic approach is best for caring for these clients.

Dissociation = common denominator of dissociative disorders

Consciousness, memory, identity, and perception of environment are impaired.

Disorders include dissociative amnesia, dissociative fugue, dissociative identity disorder, and depersonalization disorder.

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Care of Clients with Dissociative Disorders

- Dissociation is a defense against trauma that separates emotions from behaviors.
- Dissociation is a response to extreme childhood trauma.
- Consciousness, memory, identity, or perception of environment can be impaired.

Care of Clients with Dissociative Disorders - continued

- Most clients with dissociative disorder seen in community rather than inpatient settings
- Obtain subjective and objective data
- Complete psychosocial and physical assessment

Care of Clients with Dissociative Disorders - continued

- Decide whether priority is to alleviate symptoms or reintegrate anxiety-producing conflict.
- Behavioral modification helps alleviate some problematic behaviors.
Care of Clients with Dissociative Disorders - continued

- Provide safe, supportive environment.
- Teach desensitization to conflict.
- Medication plays a key role in treatment.

YOUR ASSESSMENT APPROACH: The Client with Anxiety Disorder

Use the questions that follow as guidelines for assessing clients with anxiety disorders.

Physiological Assessment
- Have you had any unexpected palpitations (heart pounding)?
- Do you often feel breathless?
- Do you feel tightness in your chest?
- Do you experience runny nose or watery eyes?
- Do you experience changes in bladder or bowel function?
- How do your symptoms affect your sleep?

Psychological Assessment
- Do you find it hard to concentrate?
- Do you find it hard to think clearly?
- Do you find yourself avoiding certain activities?
- Do you avoid social situations?
- How often do you worry about the past or the future?
- Do you feel that you are not in control?

Cognitive Assessment
- Do you think about the same things over and over?
- Do you frequently have intrusive, disturbing thoughts or images?
- How often do you notice that you are worrying about something?

YOUR ASSESSMENT APPROACH: The Client with Panic Attack

To determine the psychological effects of panic on your client, ask:
- How do you feel right now?
- When did you last have this feeling?
- Did the feeling start gradually or all at once?
- How well can you concentrate?
- How do you feel about the future?
- Do you sometimes feel out of control?

To determine the somatic effects of panic on your client, ask:
- Are you having chest pains or shortness of breath?
- Have you felt dizzy or faint?
- Can you hold your breath steady, or do they shake?

YOUR ASSESSMENT APPROACH: The Client with Panic Attack
### YOUR ASSESSMENT APPROACH: The Client with Depersonalization Disorder

- Conduct a history and physical exam.
- Gather subjective and objective information.
- Interview family member(s) if possible.

### Comprehensive Assessment - continued

- Conduct a history and physical exam.
- Gather subjective and objective information.
- Interview family member(s) if possible.
Comprehensive Assessment - continued

- Complete psychosocial assessment to discover source of anxiety.
- Differentiate between anxiety and depression.
- Evaluate sleep and sleep quality.

Comprehensive Assessment - continued

- Complete suicide and homicide assessment.
- Major focuses for a client with dissociative disorder are identity, memory, and consciousness.

Plan of Care for Anxiety

- Mild to moderate anxiety
  - Use a calm, quiet approach
  - Observe client's verbal/nonverbal behavior
  - Encourage client to verbalize feelings
Plan of Care for Anxiety - continued

Mild to moderate anxiety (cont.):
- Teach relaxation techniques (meditation, guided imagery, etc.) when anxiety is mild
- Simple physical activities often help reduce anxiety
- Develop goal-oriented contract

Severe to panic levels of anxiety:
- First priority is to reduce anxiety to tolerable levels.
- Stay with the client.
- Provide a safe and supportive milieu.
- Use a firm voice and short, simple sentences.

Severe to panic levels of anxiety (cont.):
- Place client in quieter, smaller, less stimulating environment; focus the client's diffuse energy on repetitive task or tiring task.
- Administer antianxiety medication if ordered.
Client/Family Education

- Medications used to treat anxiety disorders include benzodiazepines, tricyclics, SSRIs and SNRIs, lithium, beta blockers, alpha-adrenergic antagonists, atypical antipsychotics, and neuroleptics.
- Teach about medication indications, side effects, and drug–drug interactions.

Client/Family Education - continued

Teaching about medications
- Drowsiness is a common side effect.
- Do not drink alcohol while taking.
- Drink decaffeinated beverages.
- Do not take other medications or adjust dosage in any way without consulting health care provider.

Client/Family Education - continued

Nonpharmacologic measures comprise effective coping skills:
- CBT techniques (desensitization, reciprocal inhibition, cognitive restructuring)
- Relaxation training
- Individual or group therapy
- Exercise and nutrition
Personal Challenges

- Anxiety is contagious.
- The nurse may be impatient and irritated by somatic complaints.
- It is important to identify the source of one’s own anxiety and consistently role-model adaptive behavior.

Personal Challenges - continued

- A client’s avoidance mechanism can be challenging to staff.
- Some nurses feel overwhelmed and helpless in the face of clients’ pain and catharsis.
- Ready answers are more likely to interfere with client’s communication.

Resources

- [http://www.adaa.org](http://www.adaa.org)
  The Anxiety Disorders Association of America (ADAA) is a national nonprofit organization dedicated to the prevention, treatment, and cure of anxiety disorders and to improving the lives of all people who suffer from them.
- [http://www.ist-d.org](http://www.ist-d.org)
  The International Society for the Study of Trauma and Dissociation is a professional association organized to develop and promote comprehensive, clinically effective, and empirically based resources and responses to trauma and dissociation.
Resources - continued

- [http://www.ncptsd.va.gov/ncmain/information](http://www.ncptsd.va.gov/ncmain/information)
  The National Center for Posttraumatic Stress Disorder Information Center provides information to interested individuals, including veterans and their family members.

- [http://www.socialphobia.org](http://www.socialphobia.org)
  The Social Phobia/Social Anxiety Association site offers further links to topics such as current news, treatment, and local group availability.