

# An Overview of Anxiety Disorders

Everyone can experience anxiety at some point in their lives; it is often a normal response to stressful situations so anxiety disorders are fairly common. While there are currently no exact figures for Ireland, roughly one in nine people will experience an anxiety disorder in their lifetime.

The main features of anxiety disorders are;

- Altered physical sensations (palpitations, nausea)
- Altered thoughts (irrational thinking, worry)
- Altered behaviour (restlessness, avoidance)
- Altered emotions (fear, panic)

According to Anxiety Ireland, "Anxiety comes in many shapes and forms and doesn't just strike one kind of person, it strikes people of all ages, genders and ethnic groups. No child is born with anxiety. Partially, this is determined by biology but there are also other factors that can greatly affect a person's propensity to anxiety. What the infant learns from society, conditioning, parenting, and experiencing influences a unique development in everyone. No one also wakes up one day completely anxious for the first time, unless a serious incident or series of incidents put enough stress on them to make them go to an anxious place. Generally, anxieties are built up over time and as such can be treated over time."

Clinical Nurse Specialist and Associate Lecturer South East Technological University,, Theresa Lowry Lehnen says that anxiety disorders are the most prevalent psychiatric disorders and associated with a high burden of illness.

"The term 'anxiety disorder' refers to specific psychiatric disorders that involve extreme fear or worry, and includes generalised anxiety disorders (GAD), panic disorders and panic attacks, agoraphobia, social anxiety disorder, selective mutism, separation anxiety, and specific phobias," she explains.

"Some symptoms overlap across many of these disorders, and others are more specific to a single disorder. In general, however, all anxiety-related disorders feature worry, nervousness, or fear that is ongoing, and excessive to the extent that it causes an individual significant distress, or impairs their ability to function in important facets of life such as work, school, or relationships. Obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD) are closely related to anxiety disorders, however are no longer classed as anxiety disorders in the DSM-5."

Along with depression, anxiety disorders are the most common mental health problem

affecting the population of Ireland and Europe, accounting for a similar level of stress and disability within society as cancer or heart disease.

Theresa adds, "The most common are specific phobias, which affect nearly 12%, and social anxiety disorder, which affects 10%. Phobias mainly affect people between the ages of 15 and 35, and become less common after age 55. Rates appear to be higher in the United States and Europe."

There are many potential risk factors for anxiety disorders, and most people experience different combinations of risk factors, such as genetic markers, neurobiological, neuropsychological, environmental factors and life experiences. However, no single risk factor is definitive - many people may have a risk factor for a disorder, and never develop that disorder.

"Genetic risk factors have been well documented for all anxiety disorders. Clinical studies indicate that heritability estimates for anxiety disorders range from 30-67%. Anxiety and depression can also be caused by alcohol abuse, which in most cases improves with prolonged abstinence," Theresa adds. Cannabis use is associated with anxiety disorders, however, the precise relationship between cannabis use and anxiety still needs to be established.

"Anxiety disorders increase one's chances of being affected by other medical illnesses, such as cardiovascular disorders, obesity, heart disease and diabetes. More specifically, increased body weight, abdominal fat, high blood pressure, and increased levels of cholesterol, triglycerides and glucose have all been linked to anxiety," she says. "While it is still unclear what causes the high co-morbidity between anxiety and poor physical health outcomes, research suggests that changes in underlying biology characteristic of anxiety may also facilitate the emergence for physical health outcomes over time."

## Generalised Anxiety Disorder (GAD)

Generalised anxiety disorder (GAD) is a common disorder, characterised by long-lasting anxiety which is not focused on any one object or situation. It is the most common anxiety disorder to affect older adults. Those affected by GAD experience non-specific persistent fear and worry, and become overly concerned with everyday matters.

Theresa says, "Generalised anxiety disorder is characterised by chronic excessive worry accompanied by three or more of the following symptoms: restlessness, fatigue, lack of concentration, irritability, muscle tension, and sleep disturbance. A diagnosis of GAD is made when a person has been excessively worried about an



*Interview with Theresa Lowry Lehnen (GPN, RNP, PhD) Clinical Nurse Specialist and Associate Lecturer South East Technological University (SETU).*

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everyday problem for six months or more. A person may find that they have problems making daily decisions and remembering commitments as a result of lack of concentration or preoccupation with worry. Before a diagnosis of anxiety disorder is made, drug-induced anxiety and other medical causes must be ruled out. In children GAD may be associated with headaches, restlessness, abdominal pain, and heart palpitations. Typically it begins around 8 to 9 years of age."

## Specific Phobia

Specific phobias affects up to 12% of people at some point in their life. A specific phobia is an unreasonable or irrational fear related to exposure to specific objects or situations. As a result, the affected person tends to avoid contact with objects or situations, and in severe cases any mention or depiction of them. The fear or anxiety may be triggered both by the presence or anticipation of the specific object or situation.

## Panic Disorder

Panic disorder affects about 2.5% of people at some point in their life. It usually begins during adolescence or early adulthood but any age can be affected. Women are more often affected than men and it is less common in children and older people.

Theresa adds, "Panic disorder is an anxiety disorder characterised by reoccurring unexpected panic attacks; sudden periods of intense fear that may include palpitations, sweating, shaking, shortness of breath, numbness, or a feeling that something terrible is going to happen.

"The cause of panic disorder is unknown and often runs in families. Risk factors include smoking, psychological stress

and a history of child abuse. Diagnosis involves ruling out other potential causes of anxiety including other mental disorders, medical conditions such as heart disease or hyperthyroidism, and drug use.

“Panic disorder is usually treated with counselling and medications. Cognitive behavioural therapy (CBT) is especially useful as a first-line treatment for panic disorder and is effective in more than half of cases. Medications used include antidepressants, SSRIs and SNRIs and occasionally benzodiazepines or beta blockers.”

### **Agoraphobia**

DSM-5 classifies agoraphobia as a phobia along with specific and social phobia. It is an anxiety disorder characterised by symptoms of anxiety in situations where the person perceives their environment to be unsafe with no easy way to escape. Situations include open spaces, public transport, shopping centers, or anywhere outside their home. Being in these situations may result in the person experiencing a panic attack. Symptoms occur nearly every time the situation is encountered. In severe cases people may become completely unable to leave their home.

“Agoraphobia is thought to be due to a combination of genetic and environmental factors. The condition often runs in families, and stressful or traumatic events may be a trigger. It is uncommon for agoraphobia to resolve without treatment. Treatment is usually with cognitive behavioural therapy (CBT) which is effective for about half of cases treated. Agoraphobia affects about 1.7% of adults. The condition which is rare in children often begins in early adulthood and becomes less common in old age. Women are affected twice as often as men,” Theresa says.

### **Social Anxiety Disorder**

Social anxiety disorder (SAD) is also known as social phobia. It can be defined as the persistent fear of one or more social or performance situations in which one is exposed to unfamiliar people or to possible scrutiny by others, and where exposure to such situations provokes intense anxiety. It affects approximately 13.7% of Irish adults at any one time, which is 1 in 8 people.

Theresa explains that symptoms often include excessive blushing, sweating, trembling, palpitations, and nausea. “Stammering and rapid speech may be present and panic attacks can also occur under intense fear and discomfort. Individuals who suffer from social anxiety typically have a stronger than usual desire to make a good social impression. They often believe that other people think poorly of them, and are judging them in a critical fashion or that they are behaving in ways that others find unacceptable. This leads to intense feelings of shame, self-consciousness and embarrassment and the urge is to hide or escape the social situation.

“Individuals with social anxiety tend to either avoid or endure severe anxiety with these much-feared situations. Because the anxiety is so intense and distressing, it is

much easier just to stay away from social situations and avoid other people altogether.

“The first line of treatment for social anxiety disorder is cognitive behavioural therapy (CBT). Medications such as SSRIs are effective for social phobia especially paroxetine. Other commonly used medications include beta blockers and benzodiazepines. CBT is effective in treating the disorder and can be delivered individually or in a group setting.”

### **Separation Anxiety Disorder (SAD)**

The American Psychiatric Association (APA), describes separation anxiety disorder as an excessive display of fear and distress when faced with situations of separation from the home or from a specific attachment figure. The anxiety expressed is atypical of the expected developmental level and age and the severity of the symptoms ranges from uneasiness to full-blown anxiety about separation. It is most common in infants and small children, typically between the ages of six to seven months to three years, although it may manifest itself in older children, adolescents and adults. Separation anxiety is a natural part of the developmental process but unlike SAD, which causes significant negative effects within areas of social and emotional functioning, family life, and physical health, normal separation anxiety indicates healthy advancements in a child’s cognitive maturation and should not be considered a developing behavioural problem.

“The duration of the condition must persist for at least four weeks and present itself before a child is eighteen years of age to be diagnosed as separation anxiety disorder in children. It can also be diagnosed in adults with a duration typically lasting six months as specified by the DSM-5.

“Non-medication based treatments are the first choice when treating individuals diagnosed with separation anxiety disorder. Cognitive behavioural therapy is very effective in mild to moderate cases, however, in more severe cases medication may be indicated,” Theresa notes.

### **Post-traumatic Stress Disorder**

Post-traumatic stress disorder (PTSD) once considered an anxiety disorder is now classed as a trauma- and stressor-related disorders in DSM-5. PTSD can result from an extreme situation or a serious accident. It can also result from long-term (chronic) exposure to a severe stressor. Common symptoms include hypervigilance, flashbacks, avoidant behaviours, anxiety, anger, sleep disturbance and depression. There are a number of treatments that form the basis of the care for



those affected with PTSD, including CBT, psychotherapy and support from family and friends.

### Obsessive-compulsive Disorder

“Obsessive-compulsive disorder (OCD) is no longer classified as an anxiety disorder in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5),” Theresa told us.

“It has become a flagship disorder of the new category of Obsessive Compulsive and Related Disorders (OCDs) – a group of five disorders linked together by the core symptom of repetitive thoughts and behaviours and phenomenological and neurobiological similarity to OCD. Body dysmorphic disorder, hoarding disorder, trichotillomania, and skin picking disorder are the other disorders included in this group. In the upcoming eleventh edition of the International Classification of Diseases (ICD)-11, which will come into effect in 2022, the World Health Organisation (WHO) is planning to introduce similar changes to its own classification of OCD, further recommending the inclusion

of olfactory reference disorder and hypochondriasis, in addition to the disorders listed in the DSM-5.”

OCD is a condition where the person has obsessions (distressing, persistent, and intrusive thoughts or images) and compulsions (urges to repeatedly perform specific acts or rituals), that are not caused by drugs or other medical conditions, and which cause distress or social dysfunction. The compulsive rituals are followed to relieve the anxiety. It affects approximately 2–3% of the general population and is present in all cultures worldwide. The disorder typically begins early in life, affects males and females equally, and has a bimodal age of onset with peaks in early childhood and young adulthood.

### The prevalence of mental health difficulties in Ireland

Ireland has one of the highest rates of mental health illness in Europe costing the Irish economy over € 8.2 billion a year. The Healthy Ireland framework reports the economic cost of mental health problems in Ireland as €11 billion per year, much of which is related to loss of productivity.

Theresa notes, “The prevalence of mental health difficulties in Ireland is significant. The 2016 census data showed that the percentage of people with a psychological or emotional condition increased by almost 30%, between 2011 and 2016. The Healthy Ireland survey 2018 reported that almost 10% of the Irish population over age 15 has a ‘probable mental health problem’ (PMHP) at any one time. The situation is more severe for children and young people, with almost 20% of young people aged 19-24 years having had a mental health disorder and 15% of children aged 11-13 years also having experienced a mental health disorder.

“Despite growing demand for mental health supports at all levels of the system, services continue to struggle to operate within existing resources and the Covid-19 pandemic has impacted healthcare utilisation, particularly the provision of non Covid-19 care. The mental health burden associated with the pandemic is likely to surpass anything we have previously experienced and it is essential for Mental Health Services in Ireland to anticipate the nature of this need and plan a coordinated response to address it.

“The high burden of disease attributed to mental health difficulties highlights the need for adequate investment in mental health. Without investment and major change the level of care provided to vulnerable and distressed individuals will continue to be unsafe and substandard. It is imperative that mental health is afforded financial parity in the wider health budget to reflect its significance in contributing to the burden of disease. Investment must include resourcing services at all levels of the system, from prevention to community supports to primary care and through to specialist mental health services.”