Anxiety disorders part II
OBSESSIVE-COMPULSIVE DISORDER

obsession
a recurrent and intrusive thought, feeling, idea, or sensation

compulsion
a conscious, standardized, recurring pattern of behavior, such as counting, checking, or avoiding
OBSESSIVE-COMPULSIVE DISORDER

OCD (as described in DSM-IV)

recurring obsessions or compulsions severe enough to be time consuming or cause marked distress or significant impairment

obsessions increase anxiety, whereas carrying out compulsions reduces it

when a person resists carrying out a compulsion, anxiety is increased

people with the disorder recognize that their reactions are irrational or disproportionate (ego-dysthonic)
contamination – an obsession of contamination, followed by washing or accompanied by compulsive avoidance of the presumably contaminated object

pathological doubt – an obsession of doubt, followed by a compulsion of checking

intrusive thoughts – intrusive obsessional thoughts without a compulsion (usually repetitious thoughts of a sexual or aggressive act that is reprehensible to the patient)

symmetry – the obsessive need for symmetry or precision, which can lead to a compulsion of slowness
OBSESSIVE-COMPULSIVE DISORDER

EPIDEMIOLOGY

the lifetime prevalence of OCD in general population is estimated at 2 to 3 %

OCD is the fourth most common psychiatric diagnosis after phobias, substance abuse and major depressive disorder

men and women are equally likely to be affected

the mean age of onset is about 20 years

people with obsessive-compulsive disorder are commonly affected by other mental disorders
OBSESSIVE-COMPULSIVE DISORDER

DIFFERENTIAL DIAGNOSIS

TREATMENT

pharmacotherapy

SSRIs (in higher doses)
clomipramine

Psychotherapy therapy

- cognitive behavioural
- insight oriented
SOMATOFORM DISORDERS
physical symptoms suggesting a medical condition, severe enough to cause significant distress or impaired functioning, not intentionally produced, but not explained by any medical condition

somatization disorder, characterized by many physical complaints affecting many organ systems;

CONVERSION DISORDER
characterized by one or two neurological complaints;

HYPOCHONDRIASIS
characterized less by a focus on symptoms than by patients’ beliefs that they have a specific disease;

body dysmorphic disorder, characterized by a false belief or exaggerated perception that a body part is defective;

pain disorder, characterized by symptoms of pain that are either solely related to or significantly exacerbated by psychological factors
CONVERSION DISORDER

(as defined in DSM-IV)

a disorder characterized by the presence of one or more neurological symptoms (paralysis, blindness, mutism) that cannot be explained by a known neurological or medical disorder

psychological factors must be associated with the initiation or the exacerbation of the symptoms

the symptom of deficit is not intentionally produced or feigned

Briquet and Jean-Martin Charcot
Sigmund Freud – the term conversion (Anna O.)
CONVERSION DISORDER

SENSORY SYMPTOMS
anesthesia and paresthesia are common, especially of the extremities – the disturbance distribution inconsistent with that of neurological disease (stocking-and-glove anesthesia) 
symptoms may involve the organs of special sense – deafness, blindness, and tunnel vision (uni- or bilateral)

MOTOR SYMPTOMS
abnormal movements – gross rhythmical tremors, choreiform movements, tics, and jerks

gait disturbance – astasia-abasia – ataxic, staggering gait accompanied by gross, irregular, jerky truncal movements and thrashing and waving arm movements

weakness paralysis and paresis involving one, two, or four limbs

SEIZURE SYMPTOM – pseudoseizures
CONVERSION DISORDER

EPIDEMIOLOGY

the lifetime prevalence of some symptoms of conversion disorder may occur in one third of the general population

75 % of patients may not experience another episode

the ratio of women to men is at least 2 to 1 (to 5 to 1)

conversion disorder can have its onset at any time (most common in adolescents and young adults)

comorbid diagnoses – major depressive disorder, anxiety disorders, and schizophrenia
CONVERSION DISORDER

DIFFERENTIAL DIAGNOSIS

TREATMENT

the initial conversive symptoms of 90-100% patients resolve spontaneously in a few days or less than a month.

insight-oriented, supportive or behavior therapy, brief and direct forms of short-term psychotherapy may be effective.

the most important feature of the therapy is a relationship with a caring and authoritative therapist.

hypnosis, anxiolytics, and behavioral relaxation exercises are effective in some cases.
HYPOCHONDRIASIS
(as defined in DSM-IV)

A preoccupation with fears of contracting, or the false belief of having a serious disease, based on the misinterpretation of physical signs or sensations.

This preoccupations result in significant distress and impairment of personal, social, and occupational functioning.

There may be an obvious association between exacerbations of hypochondriacal symptoms and psychosocial stressors.

*hypochondrium – "below the ribs"*
HYPOCHONDRIASIS

EPIDEMIOLOGY

prevalence of 4-6% in a general medical clinic population

men and women are equally affected by hypochondriasis

although the onset of symptoms can occur at any age, the disorder most commonly appears in 20s to 30s

hypochondriasis is often accompanied by symptoms of depression and anxiety and commonly coexists with a depressive or anxiety disorder
HYPOCHONDRIASIS

DIFFERENTIAL DIAGNOSIS

TREATMENT

an estimated one third to one half of all patients with hypochondriasis eventually improve significantly

patients are usually resistant to psychiatric treatment

group therapy is the modality of choice

pharmacotherapy alleviates hypochondriacal symptoms only when a patient has a drug-responsive condition
NEURASTHENIA

a condition characterized by chronic fatigue and disability

the term neurasthenia ("nervous exhaustion") introduced by the American neuropsychiatrist George Miller Beard (1860s)

neurasthenia is characterized by a wide variety of signs and symptoms – the most common are chronic weakness and fatigue, aches and pains, general anxiety or nervousness

the mental fatigability
feelings of exhaustion after a minor mental effort

feelings of bodily or physical weakness and exhaustion after only minimal effort, accompanied by muscular aches and pains and inability to relax

most often occurs during adolescence or middle age
NEURASTHENIA

DIFFERENTIAL DIAGNOSIS

hallmarks of neurasthenia are a patient's emphasis on fatigability and weakness and concern about lowered mental and physical efficiency

TREATMENT

the key concept in the current treatment of neurasthenia is understanding that symptoms are not imaginary – they are objective and are produced by emotions that influence the autonomic nervous system, affecting body functions

patients should be reassured that the administration of medication (to relieve medical symptoms) combined with concurrent psychotherapeutic intervention will be successful
DISSOCIATIVE DISORDERS

“hysterical neuroses of the dissociative type”

defined as a state of disrupted "consciousness, memory, identity, or perception of the environment"

dissociative amnesia ("psychogenic amnesia")
dissociative fugue ("psychogenic fugue")
dissociative identity disorder ("multiple personality d.")
depersonalization disorder

"a partial or complete loss of the normal integration between memories of the past, awareness of identity and immediate sensations, and control of bodily movements"

dissociation is a self-defense against trauma – it creates a vertical split so that mental contents coexist in parallel consciousness
DISSOCIATIVE DISORDERS

Dissociative amnesia
an inability to remember information, usually related to a stressful or traumatic event, that cannot be explained by ordinary forgetfulness, the ingestion of substances, or a general medical condition

Dissociative fugue
sudden and unexpected travel away from home or work, associated with an inability to recall the past and with confusion about a person's personal identity or with the adoption of a new identity

Dissociative identity disorder
characterized by the presence of two or more distinct personalities within a single person (generally considered the most severe and chronic of the dissociative disorders)

Depersonalization disorder
characterized by recurrent or persistent feelings of detachment from the body or mind
# Classic Neuroses – DSM-IV

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PSYCHOSOMATIC DISORDERS
PSYCHOSOMATIC DISORDER

defined as
a somatic disorder resulting from,
or being intensified by psychical factors

for example:
angina pectoris, arythmias, bronchial asthma,
 systemic diseases (LE, RA), headaches,
 hypertension, colitis ulcerosa, metabolic and
 hormonal disturbances, gastric ulcer, and other
PSYCHOSOMATIC DISORDER

ETIOLOGY - theories

Flanders Dunbar’s – specific personality features typical for psychosomatic disorders

Franz Alexander’s – unconscious conflicts as anxiety sources, causing specific diseases, through autonomic nervous system activation

„locus minoris resistentiae” – each long-term acting stressor may cause psychosomatic disorder, affecting the most stress-sensitive organ
PSYCHOSOMATIC DISORDER

DIAGNOSIS

onset, or exacerbation of a somatic disorder must be time-related to a psychical trauma

in general medical examination there must be present some organic changes or specific psysiopathological disturbances
PSYCHOSOMATIC DISORDER

DIFFERENTIAL DIAGNOSIS

TREATMENT

cooperation among specialists treating psychosomatic patients

pharmacotherapy (symptomatic only)

psychotherapy
  supportive
  insight-oriented
  group therapy
  behavioral therapy