

HEALTH & SAFETY: PSYCHIATRIC DISORDERS

“Anxiety Disorders”

BQIS/Outreach Fact Sheets provide a general overview on topics important to supporting an individual's health and safety and to improving their quality of life.

Objectives

Individuals will understand the symptoms, common causes, and treatment of Anxiety Disorders.

Definitions

Anxiety Disorders: Anxiety Disorders include Generalized Anxiety Disorder (GAD), Panic Attacks, Panic Disorder, Phobias, Obsessive-Compulsive Disorder (OCD), and Posttraumatic Stress Disorder (PTSD).

Facts

- Anxiety Disorders affect an estimated 40 million adult Americans.
- These disorders are the result of the complex interaction of risk factors including genetics, biology, personality, and life events.
- Anxiety Disorders are often highly treatable.
- **Generalized Anxiety Disorder** (GAD) include symptoms of excessive daily worry about several topics (such as health, finances, career) lasting six months or more, accompanied by restlessness, fatigue, trouble concentrating, irritability, muscle tension, and disturbed sleep. Often physical symptoms such as clammy hands, dry mouth, nausea or diarrhea, or a “lump” in the throat may occur.
- **Panic Attacks** can occur in the context of several different Anxiety Disorders. The essential feature of a Panic Attacks is a period of intense fear or discomfort, accompanied by a number of physical and psychological symptoms, which is of sudden onset and builds to a peak rapidly (usually 10 minutes or less). Accompanying symptoms can include heart palpitations, sweating, trembling, shortness of breath, chest pain, nausea, lightheadedness, and intense fear. Panic Attacks can accompany GAD, Phobias, and PTSD.

- **Panic Disorder** is characterized by recurrent, unexpected Panic Attacks, followed by at least 1 month of persistent fear of having another attack, worry about possible consequences of the panic attacks, or a significant change in behavior (such as not going out in public) as result of the fear of attacks.
- **Phobias** are intense fear reactions to specific objects or situations (examples: heights, spiders, storms, injections, flying). The level of fear is not consistent with actual danger, and is recognized by the sufferer as irrational.
- **Obsessive-Compulsive Disorder** is characterized by persistent, recurrent exaggerated fears (obsessions), such as fear of contamination or fear of acting violently. These obsessions may lead the person to perform rituals (compulsions) such as hand washing, counting, or hoarding to relieve their anxiety caused by the obsession.
- **Posttraumatic Stress Disorder** occurs following exposure to a traumatic event such as a sexual or physical assault, witnessing a violent crime, or a living through a natural disaster. Symptoms of PTSD include re-experiencing the event (flashbacks/nightmares), avoiding places related to the traumatic event, and emotional numbing (detachment from others). Symptoms such as trouble sleeping, easily startling, and irritability may also occur.
- Treatment Strategies:
 - Anxiety Disorders can be treated with medications and psychotherapy. Medications called SSRI's are the most beneficial over the long run. These medications include Citalopram (Celexa), Escitalopram (Lexapro), Fluoxetine (Prozac, Prozac Weekly), Paroxetine (Paxil, Paxil CR, Pexeva), Sertraline (Zoloft).
 - Psychotherapy such as Cognitive Behavior Therapy can be very beneficial in the treatment of Anxiety Disorders.
 - Generally a combination of medication and therapy is most effective.

Recommended Actions and Prevention Strategies

1. Administer medications as prescribed
2. Watch for anything different/change in status about the person and for signs and symptoms of side effects of medications
3. Document noted signs and symptoms of side effects of medications and changes in status of the person
4. Communicate noted signs and symptoms of side effects of medications and changes in status of the person to supervisor/nurse immediately according to the seriousness of symptoms as listed above or agency policy
5. Seek medical attention as indicated according to the seriousness of symptoms as listed above
6. Monitor for effectiveness of medication by documenting target behavior data that relate to diagnosis
7. Ensure all data including weight, sleep pattern, target behavior frequency and intensity is presented to physician/psychiatrist during scheduled appointments

Learning Assessment

Questions that can be used to verify a person's competency in the material contained in this Fact Sheet:

1. Anxiety Disorders include:
 - A. Obsessive-Compulsive Disorder
 - B. Panic Disorder
 - C. Posttraumatic Stress Disorder
 - D. All of the Above
2. Risk factors for Anxiety Disorders include:
 - A. Traumatic Experience
 - B. Genetic Factors
 - C. Personality Factors
 - D. All of the Above
3. Panic Attacks typically last:
 - A. 10 minutes or less
 - B. 1 hour
 - C. 24 hours
 - D. None of the Above
4. The most effective treatment of Anxiety Disorders includes:
 - A. Medications
 - B. Psychotherapy
 - C. Combination of Medication and Psychotherapy
 - D. None of the Above
5. To help monitor the condition of someone receiving an antipsychotic medication, it is important to do all of the following except:
 - A. Watch for any changes in the person
 - B. Document observations of possible side effects of medications
 - C. Report to your supervisor how the person is doing every other month
 - D. Take target behavior and weight data to medical appointments for the physician/psychiatrist's

References

American Psychiatric Association (2000). Diagnostic and Statistical manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC: American Psychiatric Association.

Anxiety Disorders Association of America (ADAA) - Getting Support
www.adaa.org/finding-help/getting-support

Related Resources

National Alliance on Mental Illness (NAMI) - Anxiety Disorders
www.nami.org/template.cfm?section=anxiety_disorders

Anxiety Disorders Association of America (ADAA) www.adaa.org

Learning Assessment Answers

1. D
2. D
3. A
4. C
5. C

Outreach Services

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As a service for persons supporting individuals with intellectual/developmental disabilities, BQIS/ Outreach developed the Outreach Fact Sheet Library. The information provided is designed to enhance the understanding of the topic and does not replace other professional or medical instructions or individually developed plans. For more fact sheets and information, please visit DDRSOutreach.IN.gov.



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