



Certificate Course on Mental Health 2016 Anxiety and Phobia

***The Federation of Medical
Societies of Hong Kong***

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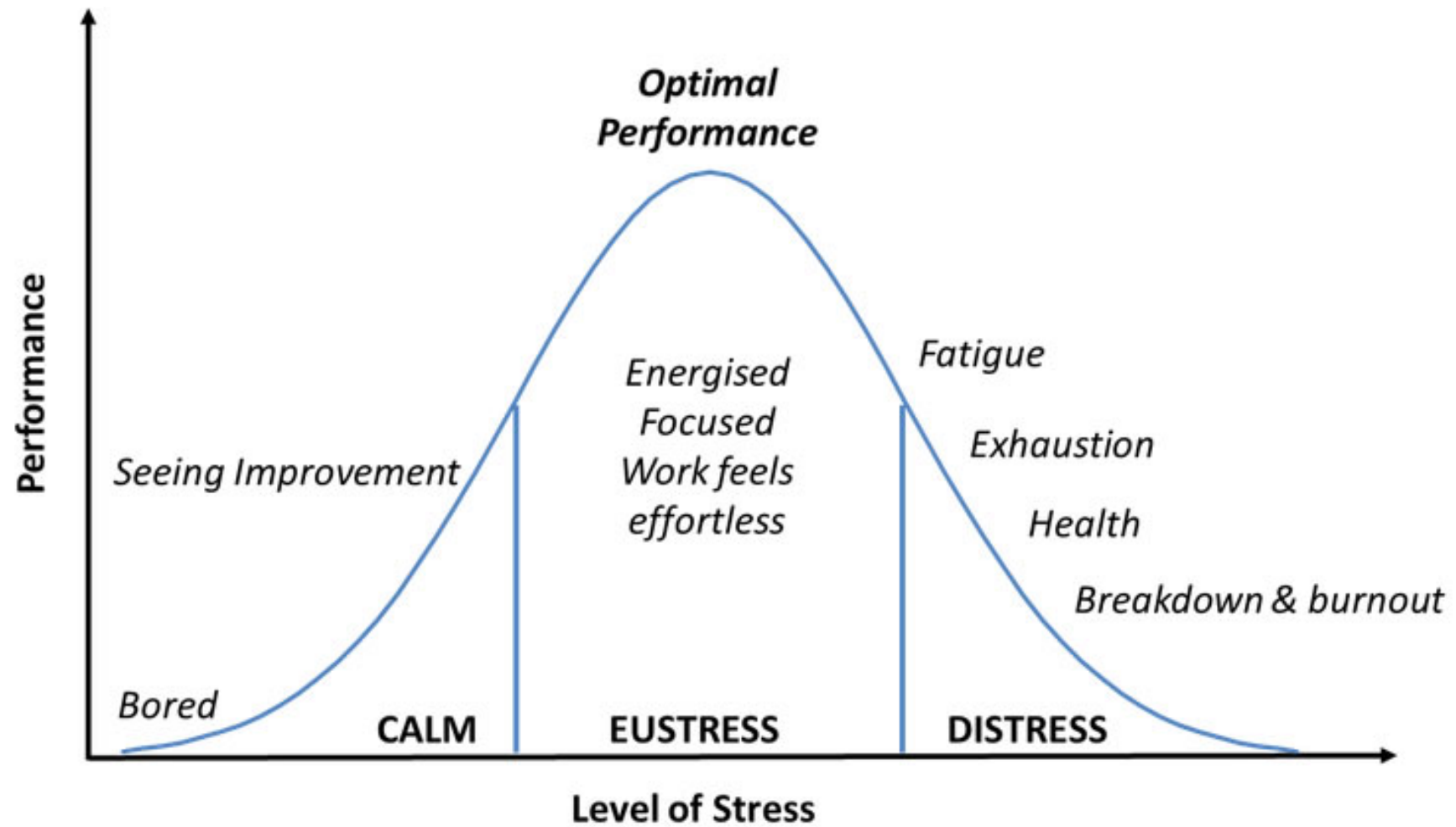
6th May 2016

What is Psychiatry?

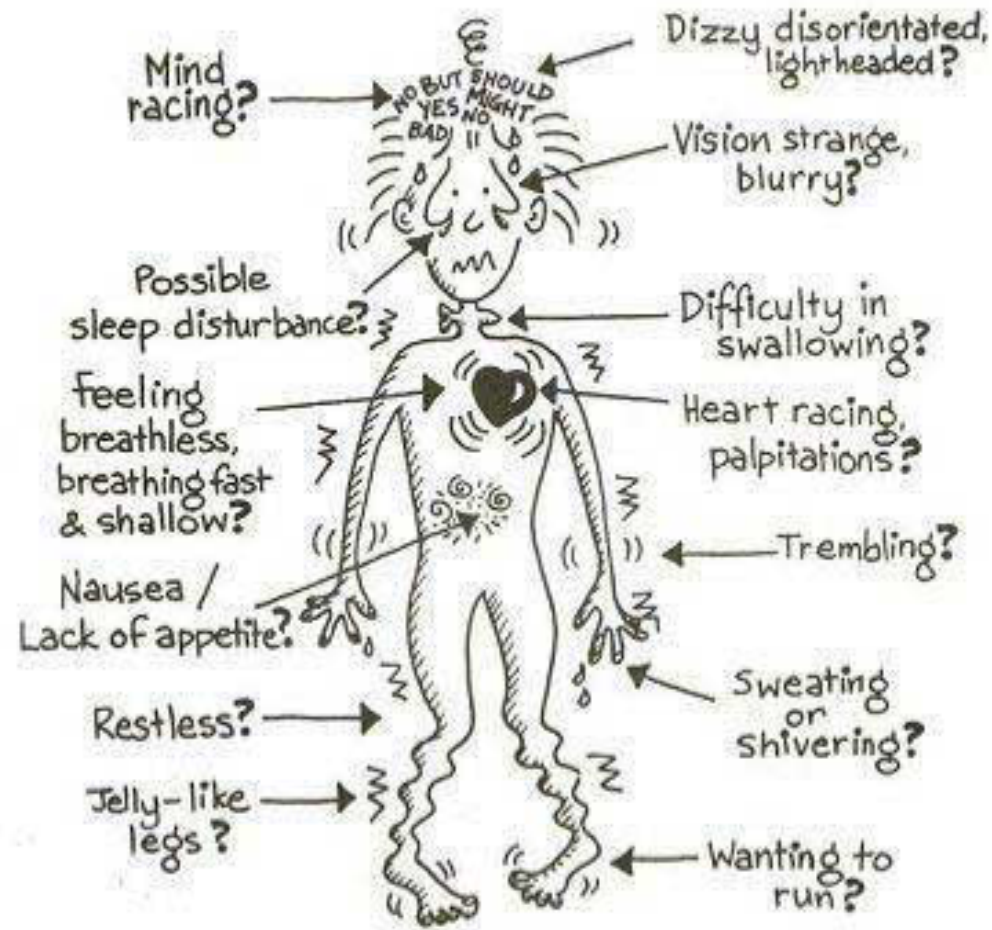




state
uncertain
anxiety. noun
a feeling of
apprehens
comfort



DOES THIS LOOK FAMILIAR?



Physiological effects of anxiety

Fear

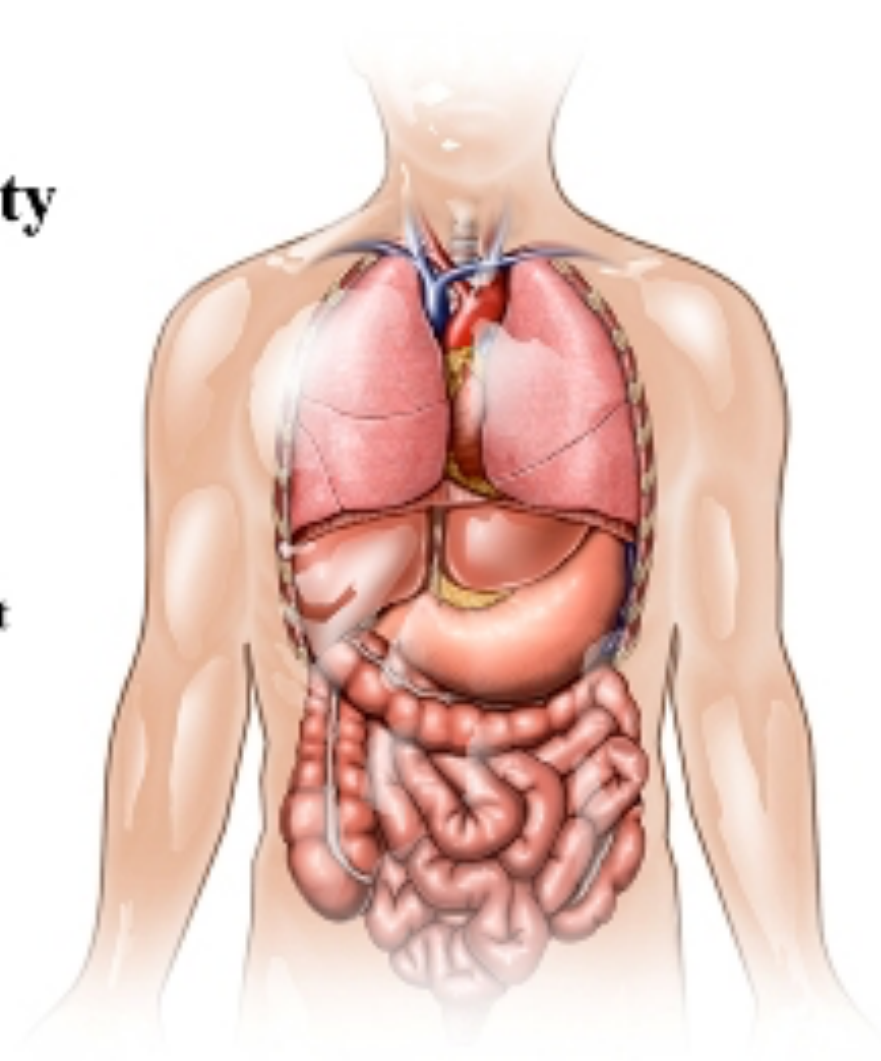
Breathlessness

Choking sensation

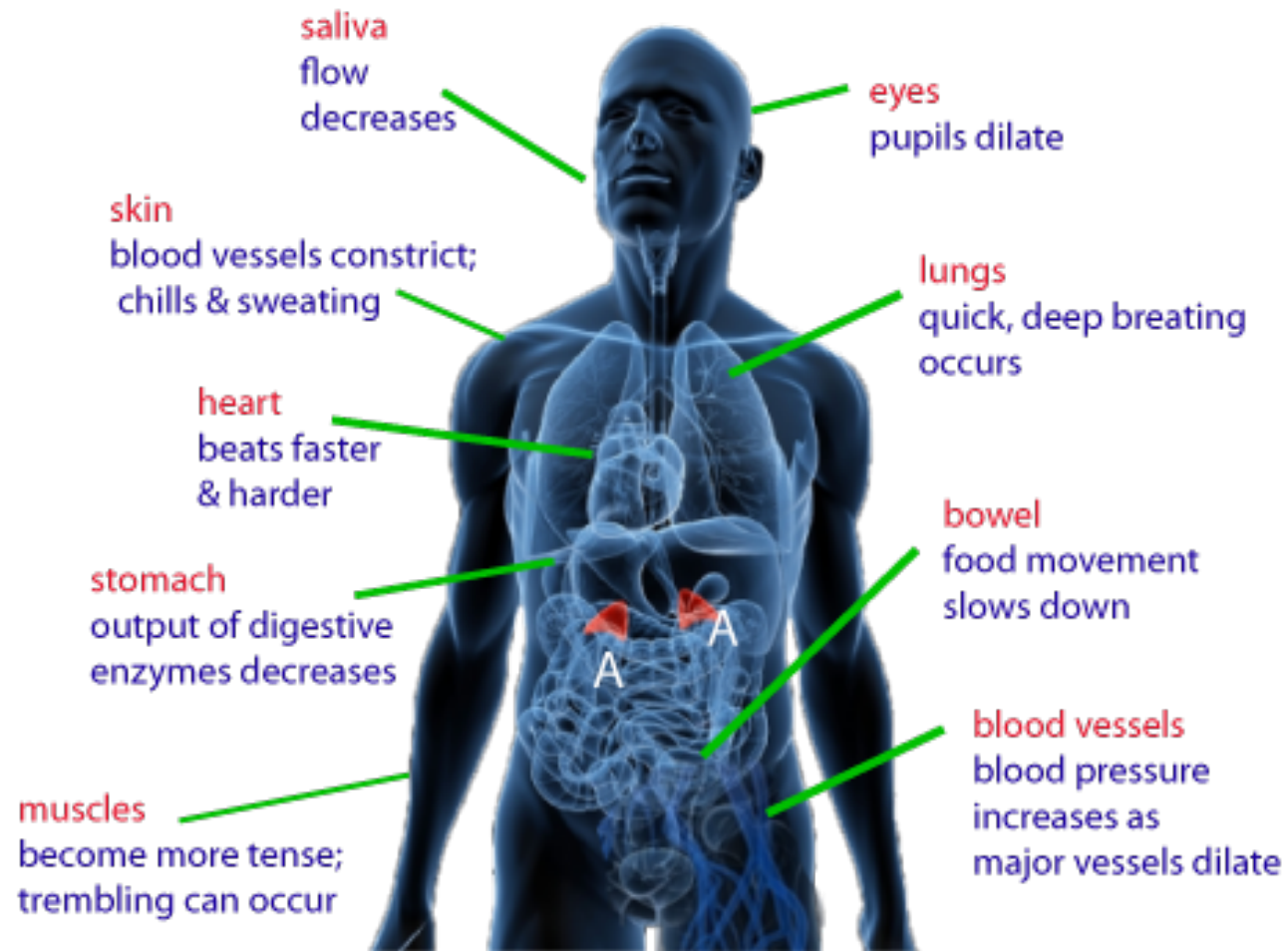
Palpations of the heart

Restlessness

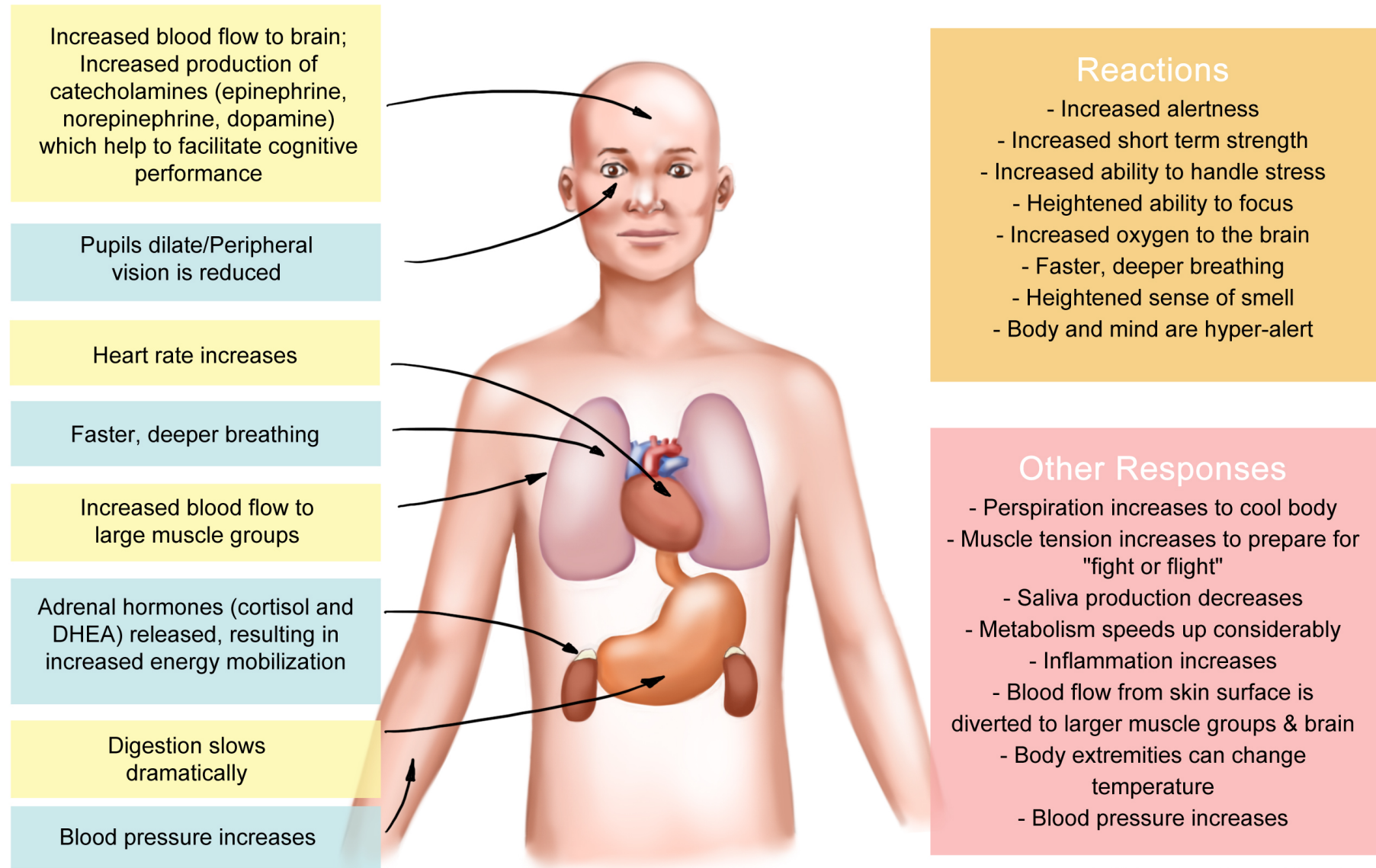
Increased muscular tension

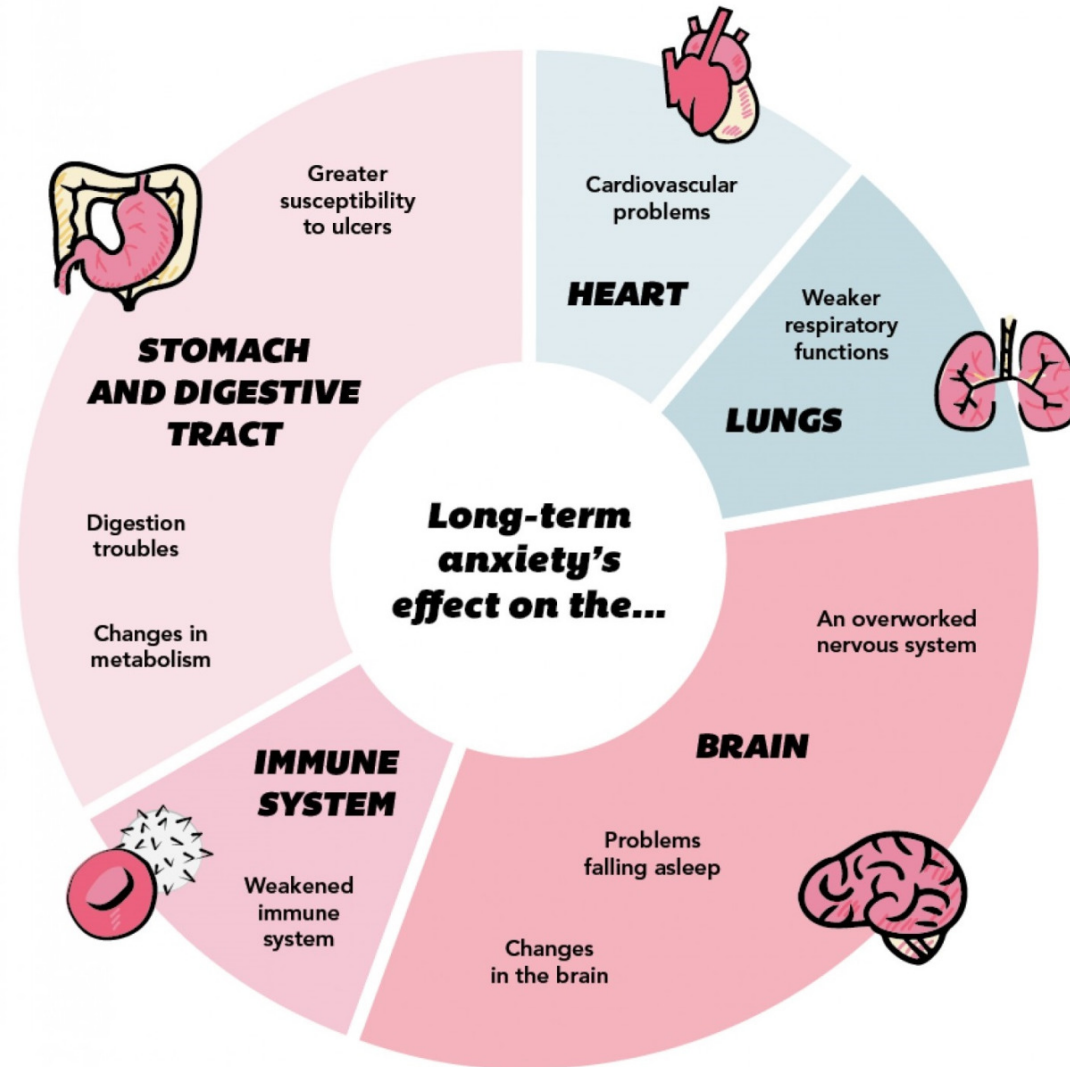


Fight or Flight Response



Acute Stress Response - Public Speaking





Sources: American Psychological Association, The New York Times Health Guide, University of Maryland Medical Center, National Institutes of Health, Anxiety and Depression Association of America
Illustrations: Getty, Alissa Scheller/The Huffington Post

THE HUFFINGTON POST





DSM-V

- Produced by a single national professional association for psychiatrists (the American Psychiatric Association)
- Generates revenue for the American Psychiatric Association
- DSM is developed primarily by U.S. psychiatrists
- DSM is approved by the assembly of the American Psychiatric Association

ICD-10

- Produced by a global health agency with a public health mission to help countries reduce the disease burden of mental disorders
- ICD is available free on the Internet (WHO not for profit)
- ICD's development is global, multidisciplinary, and multilingual
- ICD is approved by the World Health Assembly



6 Main Types of Anxiety Disorders



Generalized Anxiety Disorder

Long-lasting anxiety not specific to a situation or object.



Panic Disorder

Quick hit of terror often followed by trembling and difficulty breathing.



Obsessive Compulsive Disorder

Repetitious obsessions and compulsions.



Social Anxiety Disorder

Intense fear in and of social interactions managed with avoidance.



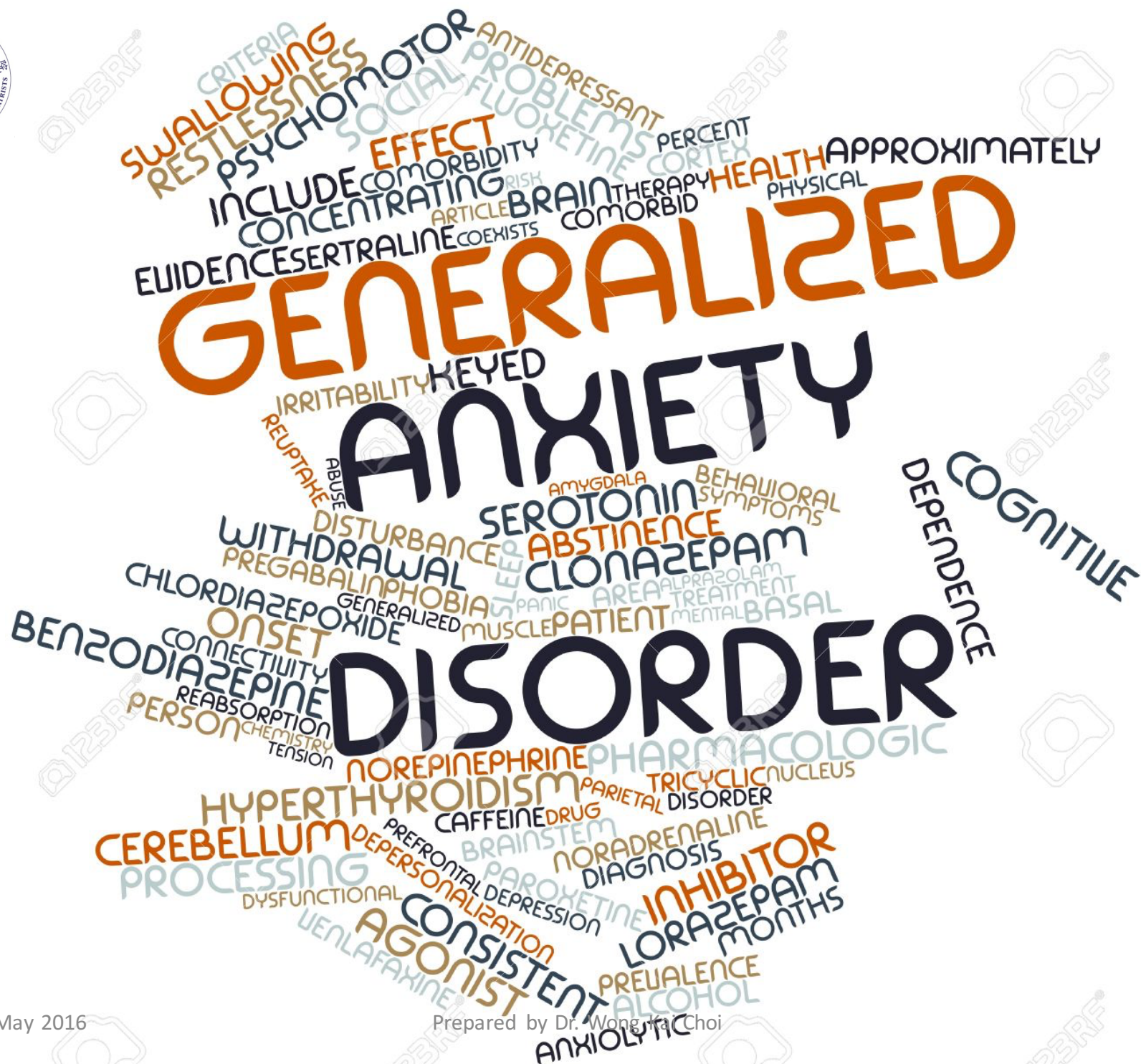
Specific Phobias

Fear of a specific situation or object.



Post-Traumatic Stress Disorder

Anxiety from a traumatic experience.



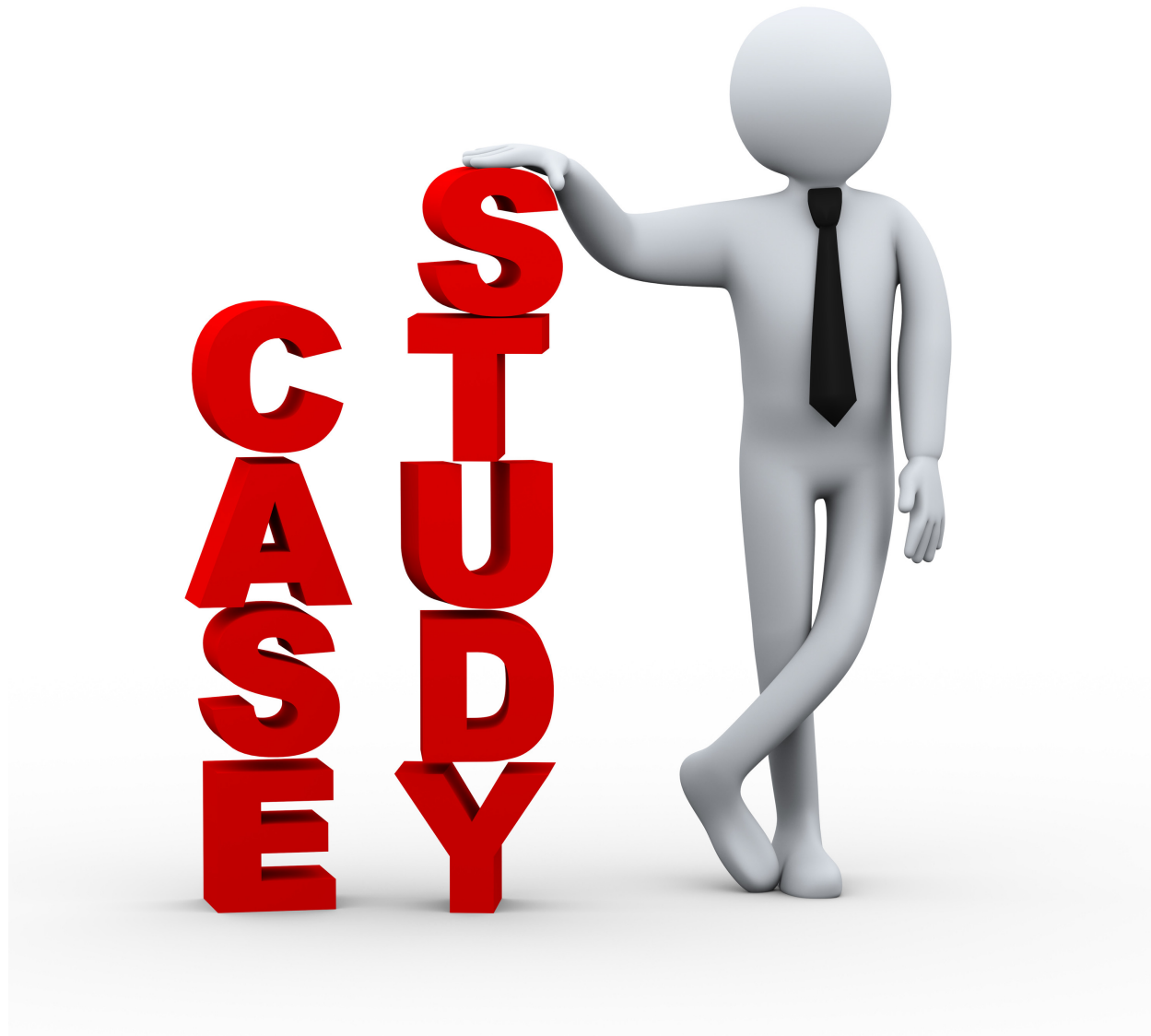


- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- B. The individual finds it difficult to control the worry.
- C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):
- D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).
- F. The disturbance is not better explained by another mental disorder



Note: Only one item is required in children.

1. Restlessness or feeling keyed up or on edge.
2. Being easily fatigued.
3. Difficulty concentrating or mind going blank.
4. Irritability.
5. Muscle tension.
6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).







Panic Attack

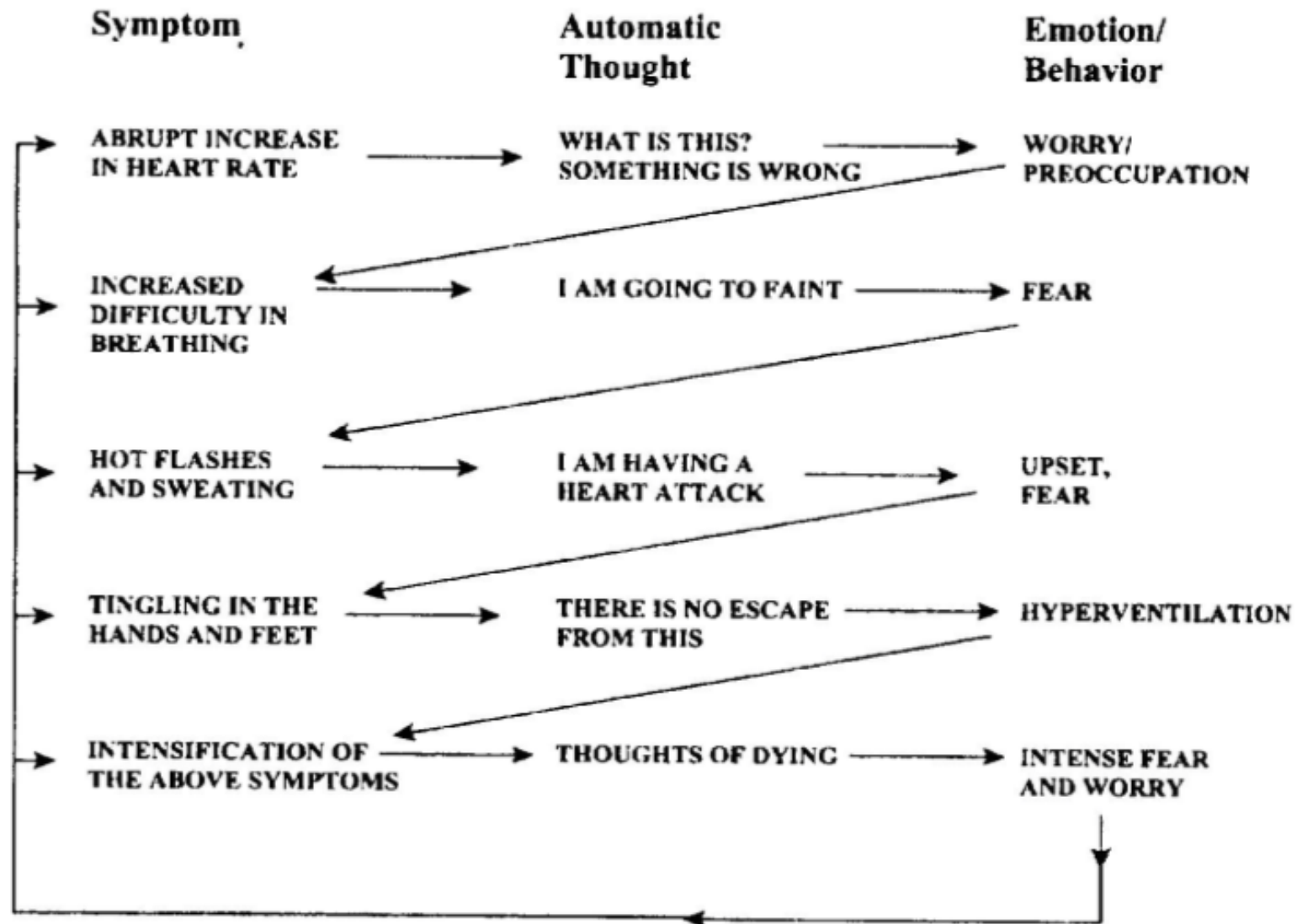
Symptoms of a panic attack, which often come on quickly and last about 10 minutes, include:

1. Difficulty breathing
2. Pounding heart or chest pain
3. Intense feeling of dread
4. Shortness of breath
5. Sensation of choking or smothering
6. Dizziness or feeling faint
7. Trembling or shaking
8. Sweating
9. Nausea or stomachache
10. Tingling or numbness in the fingers and toes
11. Chills or hot flashes
12. A fear that you are losing control or are about to die



Panic Disorder

1. Experience frequent, unexpected panic attacks that aren't tied to a specific situation – 4 times in 4 weeks
2. Worry a lot about having another panic attack (anticipatory anxiety) – persisted for 4 weeks
3. Are behaving differently because of the panic attacks, such as avoiding places where you've previously panicked (Phobic avoidance)









Obsessive Thoughts





Compulsive Behavior



1. Either obsessions or compulsions:
2. At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable. Note: This does not apply to children.
3. The obsessions or compulsions cause marked distress, are time consuming (take more than 1 hour per day), or significantly interfere with the person's normal routine, occupational (or academic) functioning, or usual social activities or relationships.
4. If another disorder is present, the content of the obsessions or compulsions is not restricted to it (e.g., preoccupation with food in the presence of an Eating Disorder; hair pulling in the presence of Trichotillomania; concern with appearance in the presence of a Body Dysmorphic Disorder, etc.).
5. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.



Obsessions as defined by (1), (2), (3), and (4):

1. recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress
2. the thoughts, impulses, or images are not simply excessive worries about real-life problems
3. the person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action
4. the person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion)



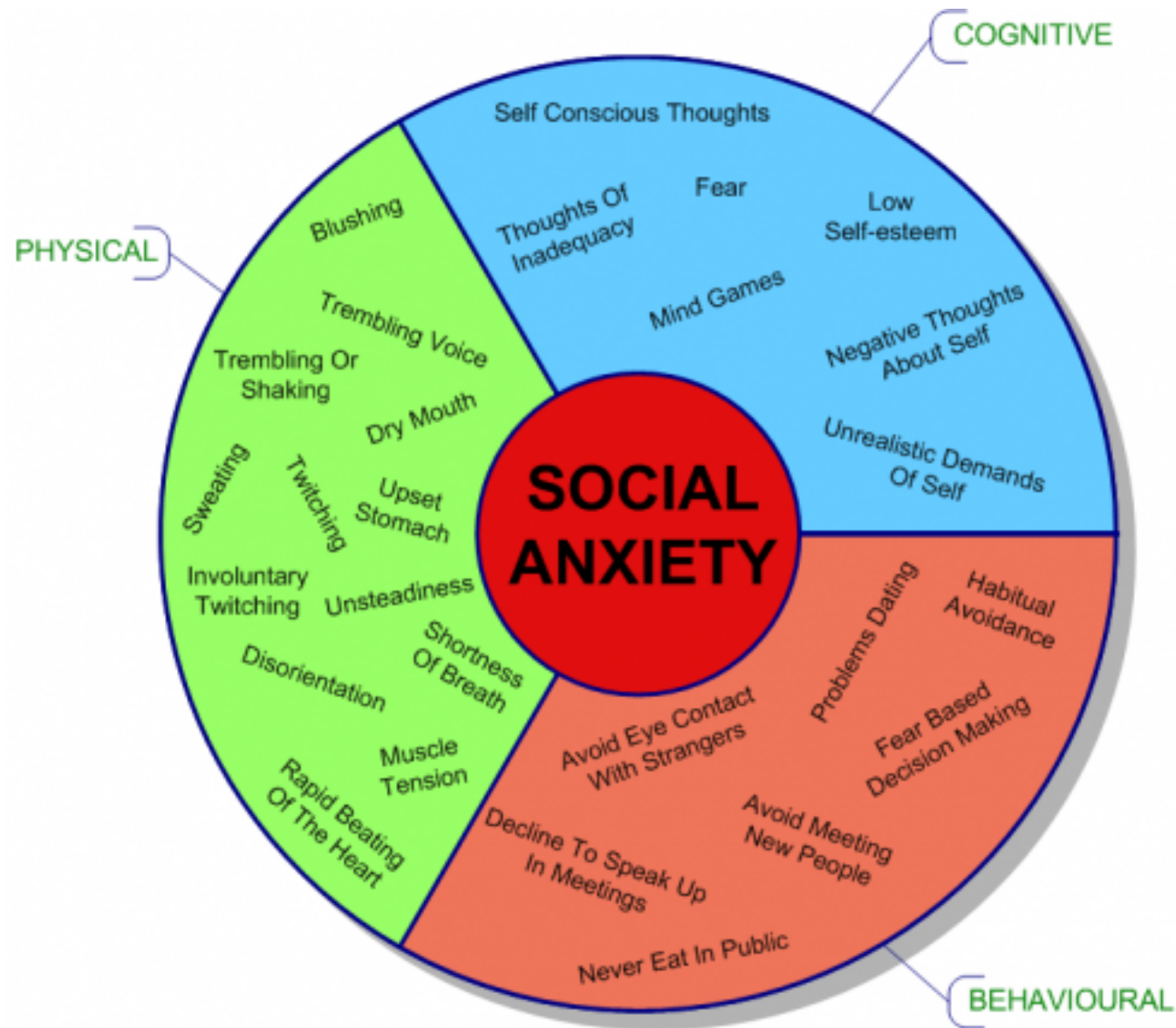
Compulsions as defined by (1) and (2):

1. repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
2. the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive





SOCIAL ANXIETY DISORDER





- A. A persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be embarrassing and humiliating.
- B. Exposure to the feared situation almost invariably provokes anxiety, which may take the form of a situationally bound or situationally pre-disposed Panic Attack.
- C. The person recognizes that this fear is unreasonable or excessive.
- D. The feared situations are avoided or else are endured with intense anxiety and distress.
- E. The avoidance, anxious anticipation, or distress in the feared social or performance situation(s) interferes significantly with the person's normal routine, occupational (academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.
- F. The fear, anxiety, or avoidance is persistent, typically lasting 6 or more months.
- G. The fear or avoidance is not due to direct physiological effects of a substance (e.g., drugs, medications) or a general medical condition not better accounted for by another mental disorder.





Symptoms of Agoraphobia

- 1) Fear of being by yourself in any panicking situations.
- 2) Fear of being in jam-packed places.
- 3) Fear of losing self-control in overcrowded places.
- 4) Fear of being in hard-to-leave places like a train or elevator.
- 5) Inability to leave home or be able to leave only when accompanied by someone else.
- 6) Over dependence on others.





- A) anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having an unexpected or situationally predisposed Panic Attack or panic-like symptoms. Agoraphobic fears typically involve characteristic clusters of situations that include being outside the home alone; being in a crowd, or standing in a line; being on a bridge; and traveling in a bus, train, or automobile.
- B) The situations are avoided (e.g., travel is restricted) or else are endured with marked distress or with anxiety about having a Panic Attack or panic-like symptoms, or require the presence of a companion.
- C) The anxiety or phobic avoidance is not better accounted for by another mental disorder, such as Social Phobia (e.g., avoidance limited to social situations because of fear of embarrassment), Specific Phobia (e.g., avoidance limited to a single situation like elevators), Obsessive-Compulsive Disorder (e.g., avoidance of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), or Separation Anxiety Disorder (e.g., avoidance of leaving home or relatives).

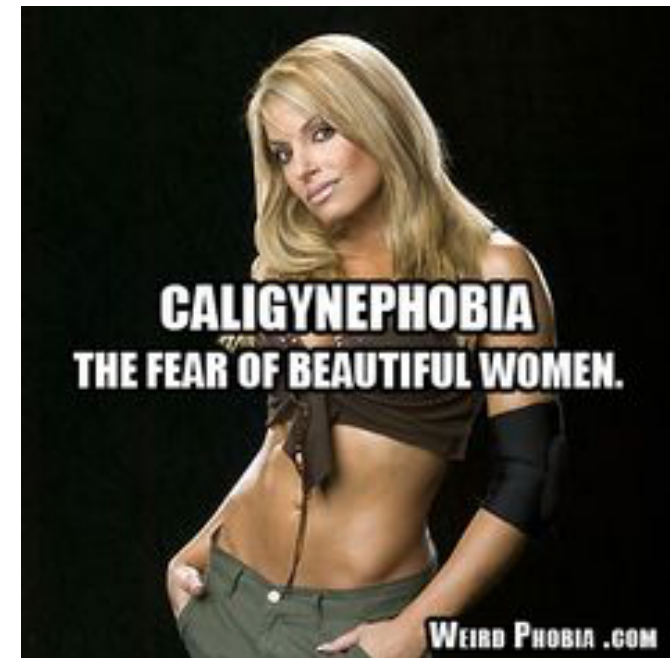
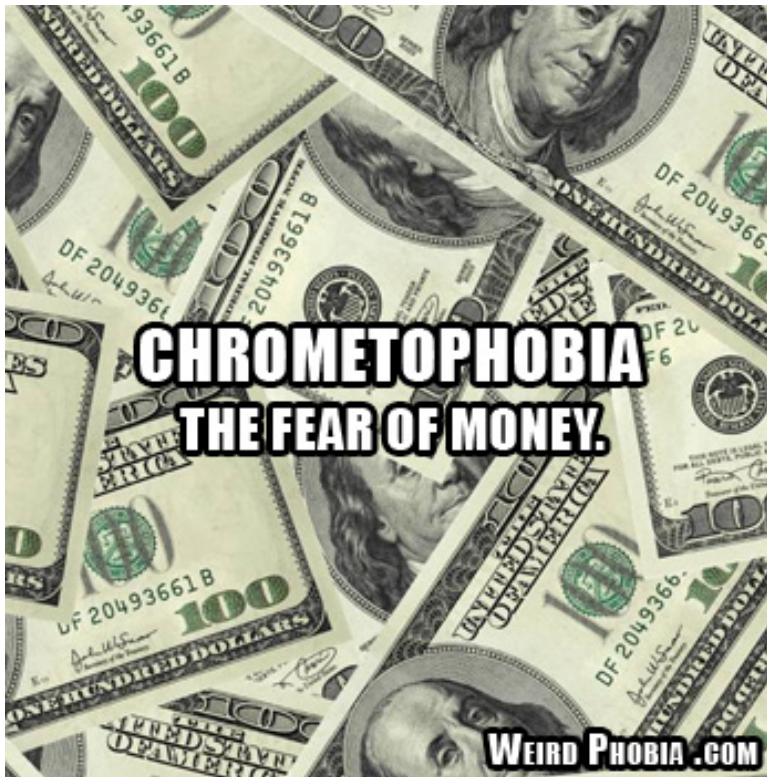
THE NATION'S TOP TEN PHOBIAS

- 1 Arachnophobia — spiders**
- 2 Social phobia — social or public situations**
- 3 Aerophobia — flying**
- 4 Agoraphobia — open or public spaces**
- 5 Claustrophobia — enclosed spaces**
- 6 Emetophobia — vomiting**
- 7 Acrophobia (vertigo) — heights**
- 8 Cancerphobia — developing cancer**
- 9 Brontophobia — thunderstorms**
- 10 Necrophobia — death (your own and others')**





- A. Marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).
- B. Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situationally bound or situationally predisposed Panic Attack **Note:** In children, the anxiety may be expressed by crying, tantrums, freezing, or clinging.
- C. The person recognizes that the fear is excessive or unreasonable. Note: In children, this feature may be absent.
- D. The phobic situation(s) is avoided or else is endured with intense anxiety or distress.
- E. The avoidance, anxious anticipation, or distress in the feared situation(s) interferes significantly with the person's normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.
- F. In individuals under age 18 years, the duration is at least 6 months.
- G. The anxiety or phobic avoidance is not better accounted for by another mental disorder, such as Social Phobia (e.g., avoidance limited to social situations because of fear of embarrassment), Obsessive-Compulsive Disorder (e.g., avoidance of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), or Separation Anxiety Disorder (e.g., avoidance of leaving home or relatives).

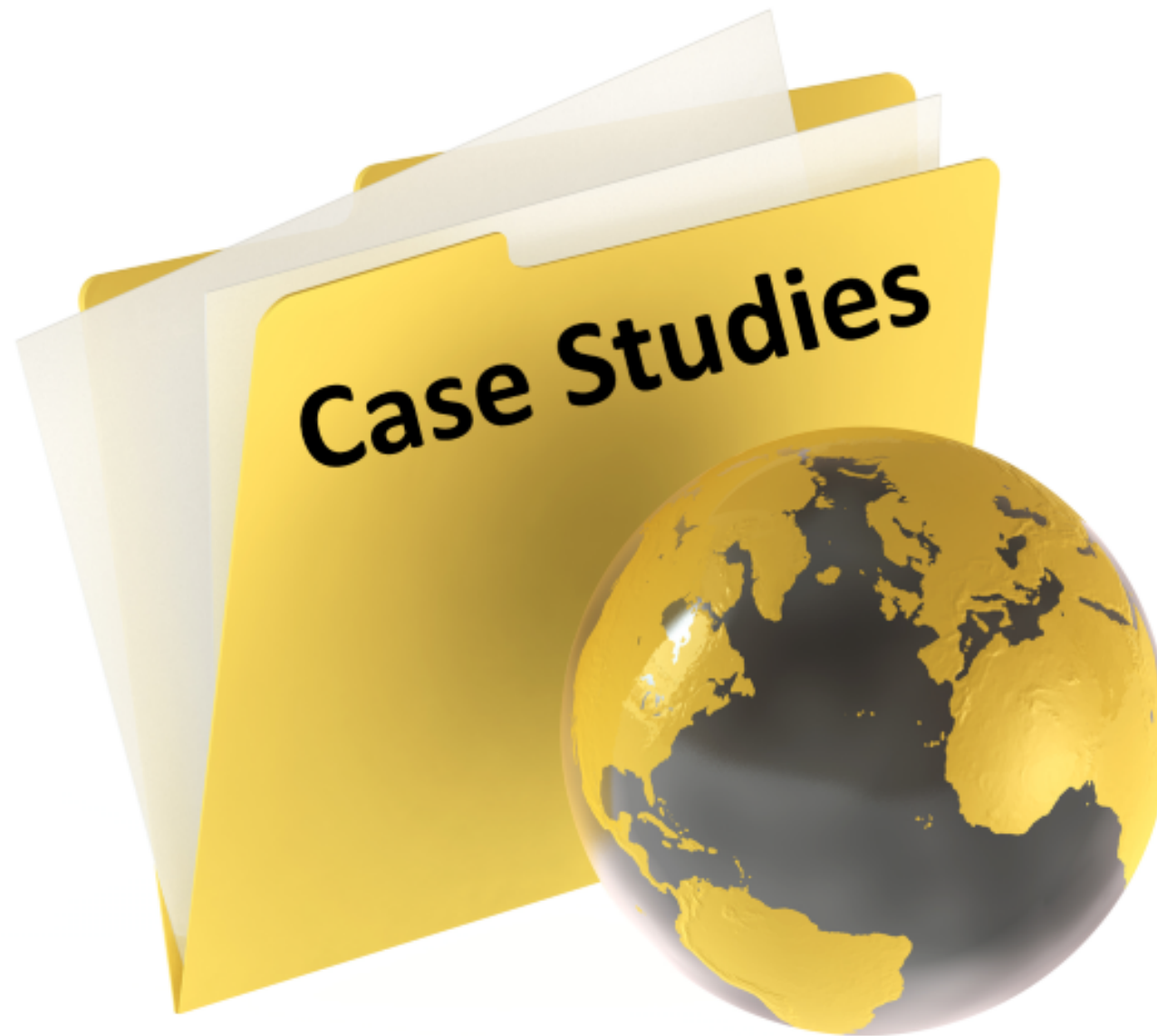


Hexakosioihexekontahexaphobia

Do you have a fear of the number 666?



F	FALSE
E	EVIDENCE
A	APPEARING
R	REAL





Panic disorder (PD) and ***obsessive-compulsive disorder*** (OCD) are less frequent (**2%** lifetime prevalence), and there are discordant results for ***social phobia*** (SP) (**2%-16%**) and ***generalized anxiety disorder*** (GAD) (**3%-30%**). The lifetime prevalence of ***specific phobia*** is 12.5% and that of ***agoraphobia*** is ranged from **0.73%** (Hong Kong) to 10.8% (Switzerland).



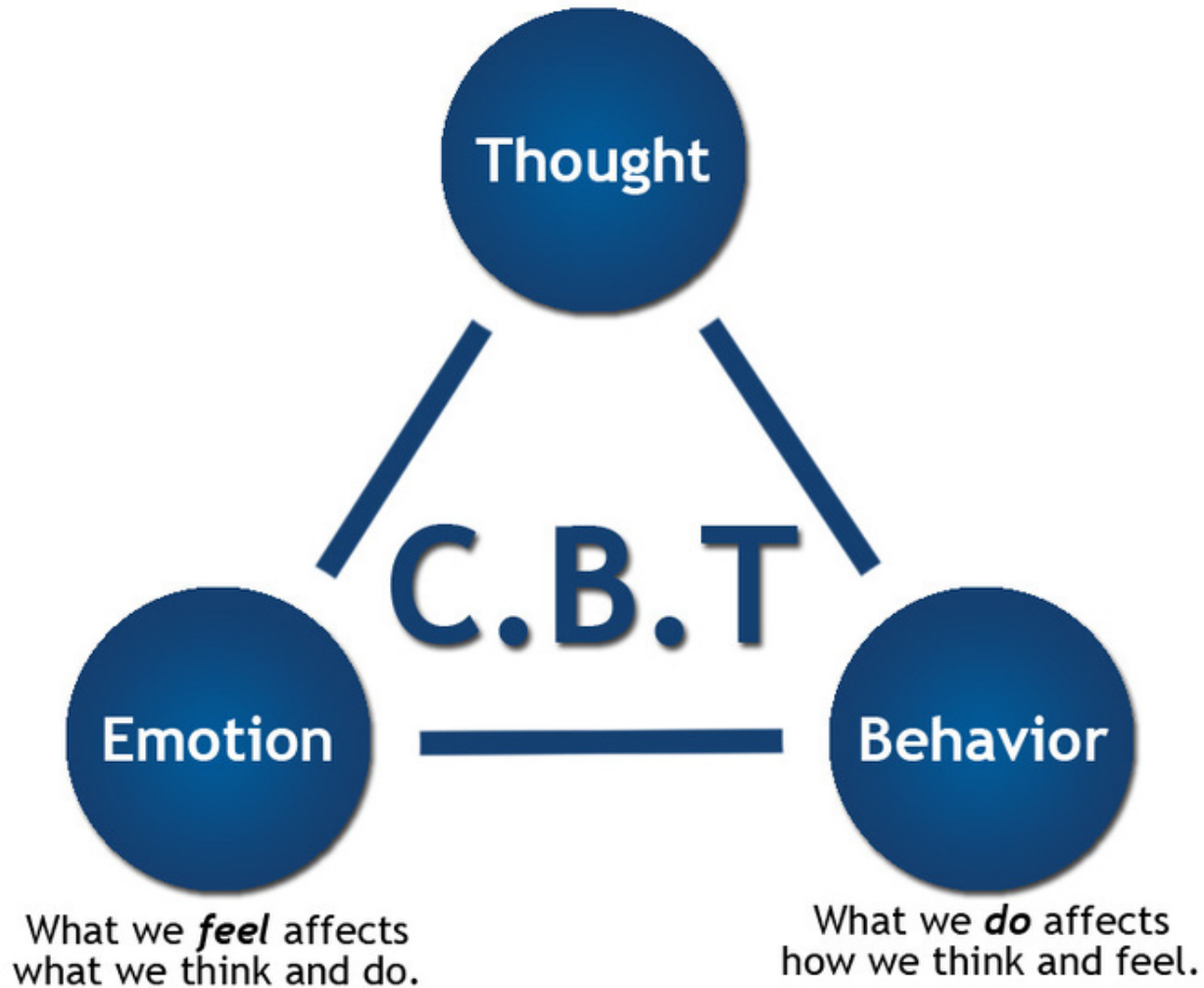




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What we ***think*** affects
how we act and feel.



M ~ moment to moment attention
I ~ in the here and now
N ~ non judgemental attitude
D ~ detach from unhelpful thoughts
F ~ forgive and be grateful
U ~ unconditional acceptance
L ~ learn with childlike mindset



Little Albert





