UNIT 1 NEUROTIC, STRESS-RELATED AND SOMATOFORM DISORDERS

Structure

1.0 Objectives

1.1 Introduction

1.2 Anxiety, its Development, Characteristics and Levels

- 1.2.1 Development of Anxiety
- 1.2.2 Characteristics of Anxiety
- 1.2.3 Levels of Anxiety and their Manifestations

1.3 Causes of Anxiety

1.4 Physiological, Behavioural, Cognitive and Affective Behaviours Leading to Neurotic Disorders

1.5 Neurotic, Stress-related and Somatoform Disorders

1.6 Management of Anxiety Disorders

- 1.6.1 Medical Management
- 1.6.2 Psychological/Psychotherapy
- 1.6.3 Nursing Management

1.7 Let Us Sum Up

1.8 Key Words

1.9 Answers to Check Your Progress

1.10 Further Readings

1.0 OBJECTIVES

After studying this unit, you should be able to:

- define anxiety and describe its characteristics;
- compare the various levels of anxiety;
- analyse the causes of anxiety;
- identify the physiological, behavioural, cognitive and affective behaviours associated with anxiety; and
- explain the management of Anxiety Neurosis.

1.1 INTRODUCTION

Anxiety is one of the most common situation which every individual comes across. But using healthy defense mechanisms the individual is able to cope up with anxiety. As pain in human beings signls physiological function, anxiety signals psychological disorder. A minimum levels of anxiety exists in every one most of the time. If you are not anxious about examination, you may not read at all. So some amount of anxiety is essential to motivate a human being to act in a particular direction or way. All of us are anxious when we go to strange places, meet strangers or get into a new situation. But after going through those situations, the level of anxiety comes down. Anxiety is a universal emotion, and is experienced by all people throughout their entire life-span. Anxiety cannot be observed directly, but its presence can be inferred by behaviour.

Anxiety is an adaptation to stress and it serves as a gross stressor. The body system employs a variety of mechanisms to deal with anxiety.

In this unit, you are going to learn about what is meant by anxiety, what are its characteristics and different levels, what type of people are more vulnerable to anxiety and what circumstances lead to development of anxiety. You will also learn how to cope with anxiety experiences — how to help persons experiencing anxiety.

1.2 ANXIETY, ITS DEVELOPMENT, CHARACTERISTICS AND LEVELS

Definition: Anxiety is defined as a vague sense/feeling of impending doom, an apprehension or sense of dread which seemingly has no basis, in reality. A lay person refers to anxiety as 'being nervous'.

1.2.1 Development of Anxiety

i) Severe anxiety can be tolerated physically and behaviourally for only a short interval. If severe anxiety persists, the person cannot cope with or defend himself against the intense feelings and ineffective or dysfunctional behaviour results. He may be ineffective in one or two areas of life, such as, in family relationships or job performance. Many aspects of his life may be affected. This may lead to deviant and dysfunctional behaviour, which may be diagnosed as mental illness.

ii) Certain individuals may be born with a central autonomous nervous system that is over sensitive to stimuli, that are generally harmless.

iii) Childhood experiences and adult experiences may ultimately determine the extent, severity and nature of the situation that will evoke anxiety.

iv) Chronic ability to cope with dangerous situations adaptively could increase the tendency to respond with anxiety.

1.2.2 Characteristics of Anxiety

The main characteristics of anxiety are as follows:

- Anxiety is the only emotion which is being negative.
- Anxiety has extreme communicability. It can be transferred with amazing rapidity from one individual to another.
- An anxious candidate, sitting outside the interview room, can easily transfer anxiety to the other candidates.
- While experiencing anxiety, one cannot distinguish it from fear. The physiological response prepares the body for flight; this is often similar to the body's response to a frightening situation. (It creates the body's readiness to fly away from the situation.)
- Manifestations of anxiety can be explained but not the cause.
- There are degrees of anxiety. While mild anxiety serves as a motivational force by making one physically and mentally alert, its extremely high degree may cause incapacity or a panic state.
- Anxiety and fear are not the same. You can always know the cause of stress in fear but not the cause of anxiety. So the moment you know the cause, you can face it or eliminate it to get rid of fear; whereas you cannot do so in the anxiety state.

1.2.3 Levels of Anxiety and their Manifestations

Anxiety exhibits itself in various aspects of human behaviour : physiological, cognitive and emotional. We will describe anxiety conditions which are mild, moderate, severe, and panic. Bimla Kapoor (2001) has described the difference between mild, moderate, severe and panic level of anxiety as given in Table 1.1.

Table 1.1: Levels of Anxiety and their Manifestations

Changes	Mild	Moderate	Severe	Panic
Physiological changes	Increased heart rate, respiration, BP and gastric mobility (diarrhoea). Skin cold and clamy, pupils slightly dilated. Decreased salivation.	All the symptoms increase anxiety. There may be urinary urgency.	Symptoms are marked, decreased hearing, dilated pupils, decreased perception to pain or injury.	Physiological changes are severe.
Attention and concentration	Increased alertness, concentration poor, appears confident.	Misperception of stimuli, concentration very poor. Paces up and down, may irritate others.	Decreased and distorted perception.	Attention and concentration highly affected.
Speech	Volume and rate is appropriate to what a person is communi-cating.	Frequent changes of topic, joking, repetitive questioning. Speech volume and rate increase.	Uses words like "it is impossible for me." Demands help.	Not clear. May talk with action.
Activity	Increased	Body position changes frequently, restless, unable to meet routine social and vocational demands.	Gross motor tremors, facial grimaces, purposeless activity such as pacing up and down, wringing hands.	May scream and run about or may stick to something.
Appetite	Decreased due to a slowed digestive process.	Poor, or they eat very fast without chewing properly.	Marked loss of appetite.	No appetite.
Muscle Tone	Slightly tightened	Tense all the time	Tense and rigid muscles. Degrees of anxiety with associated symptoms	Very poor motor coordination.

1.3 CAUSES OF ANXIETY

It occurs most often as adaptation to threat to biological integrity, an unconscious symbolic conflict of a threat to self-concept.

Differential Diagnosis

Over Use of Caffeine: Many people, especially older individuals, have symptoms strongly resembling anxiety, when they drink more than five to six cups of coffee a day.

Withdrawal from Heavy Alcohol Use: During withdrawal phase if there is either physiological or psychological dependency, anxiety symptoms of both physiological and psychological nature may be present.

Stimulant Abuse: Dextroamphetamine or methyl phenidate abuse may stimulate anxiety symptoms. (Students use Dextroamphetamine during examination to keep themselves awake.)

Hyperthyroidism: Anxiety symtoms are present with hyperthyroidism.

Hypoglycemia: Anxiety symptoms together with sweating, flushing and hunger by reduced carbohydrate ingestion, may be present. Relief usually occurs 2-3 hours after meal.

Paroxysmal Arterial Tachycardia (PAT): Anxiety and a racing heart with sudden onset and sudden termination will need an electrocardiogram to rule out any cardiac problem.

Organic Brain Syndrome: Either acute or chronic organic brain syndrome may be accompanied by symptoms of anxiety. A post trauma syndrome, which includes symptoms of anxiety, is often present 3-4 weeks after the head injury.

Check Your Progress

1) Define anxiety.

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2) List five characteristics of anxiety.

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3) List four levels of anxiety described by Bimla Kapoor.

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4) What are the other conditions that resemble anxiety manifestations?

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1.4 PHYSIOLOGICAL, BEHAVIOURAL, COGNITIVE AND AFFECTIVE BEHAVIOURS LEADING TO NEUROTIC DISORDERS

Anxiety affects on all the systems of body. It may be physiology of the body, knowledge, comprehension and problem solving approach, mood or affect.

Table 1.2: Physiological Responses to Anxiety

Cardio Vascular	**Gastro Intestinal**
Palpitations	Loss of appetite
Heart-racing	Repulsion towards food
Increased blood pressure	Abdominal discomfort
Faintness	Abdominal pain
Actual fainting	Nausea
Decreased pulse rate	Heart Burn
	Diarrhoea
Respiratory	**Neuro Muscular**
Rapid breathing	Increased reflexes
Shortness of breath	Startled reaction
Pressure on Chest	Eyelid twitching
Shallow breathing	Insomnia
Lump in the throat	Tremors
Choking sensation	Rigidity
Gasping	Fidgeting
Skin	Pacing
Face flushed	Strained face
Localised sweating (palms)	Generalised weakness
Itching	Wobbly legs
Hot and cold spells	Clumsy movement
Face pale	**Urinary tract**
Generalised sweating	Pressure to Urinate
	Frequency of urination

Table 1.3: Behavioural, Cognitive and Affective Responses to Anxiety

Behavioural	Cognitive	Affective
Restlessness	Impaired attention	Edginess
Tremors	Poor concentration	Impatience
Startled reaction	Forgetfulness	Uneasiness
Rapid speech	Errors in judgement	Tension
Lack of coordination	Preoccupation	Nervousness
Accident proneness	Thought block	Fear
Inhibition	Decreased perceptual field	Alarm
Flight	Reduced creativity	Terror
Avoidance	Dininished productivity	
Hyperventilation	Confusion	
Withdrawn	Hypervigilance	
	Self-consciousness	
	Loss of objectivity	
	Fear of losing control	
	Frightening visual images	
	Fear of injury or death	

1.5 NEUROTIC, STRESS-RELATED AND SOMATOFORM DISORDERS

Neurotic, stess-related, and somatoform disorder all have some underlying anxiety as the predominant feature. Normal anxiety becomes pathological when it causes significant subjective distress or impairment in functioning. The types of disorders included are discussed as follows.

Phobic Anxiety Disorder

Phobic disorders are intense irrational fear responses to an external object. activity or situation (e.g. horses, heights, or crowd). The person experiences massive anxiety when exposed to the feared object and tries to avoid it at all costs.

Agora phobia: Fear of going outside or to open places.

School phobia: A disorder characterized by fear of leaving major attachment figure or home. Also called as separation anxiety disorders.

Social phobia: Social phobia is an irrational fear of public situations e.g. speaking in public, eating in public, using public bathrooms (Shy bladder).

Algo phobia: Having dread of pain.

Xeno phobia: Fear/dread of strangers.

Zoo phobia: Fear/dread of animals.

Acro phobia: Fear/dread of high places.

Claustro phobia: Fear of closed places.

Treatment

Hypnosis can be used to help the client experience the phobia in a safe, supportive envorument. Imagery can be used to desensitize the object of fear by slow, progressive exposure to which the client imagines a phobic episode. From imagined experiences, progression to films, then watching significant other encounter phobic situations, and then encountering with support and then facing alone, these, step by step exercise can help to get rid of phobia. This is known as systematic desensitization.

Prognosis

- Phobias may worsen or spread if untreated.
- Prognosis is good with therapy.
- Agoraphobia is the most resistant of all phobias.

Panic Disorder

Panic disorder refers to an anxiety disorder characterized by recurrent, unpredictable anxiety, attacks of panic proportions. Panic attacks are usually manifested by a sudden onset of intense apprehension, or terror and are often associated with feelings of doom.

Generalized Anxiety Disorder

It is usually characterized by chronic anxiety that is so uncomfortable that interferes with daily life. These individuals persistently manifest signs of severe anxiety, including motor tension, autonomic hyperactivity and apprehensive expectations.

Obsessive-compulsive Disorder

The essential feature of this disorder is recurrent obsessional thoughts refers to recurrent, persistent ideas, thoughts, images, or impulses. Compulsions on the other

hand, are ritualistic behaviours that the individual feels compelled to perform. The obsessive compulsive individual may experience mild to severe symptoms.

Reaction to Severe Stress and Adjustment Disorder

This category differs from others that it includes disorders identifiable not only on grounds of symptomatology and course but also on the basis of one or other of two causative influences—are exceptionally stressful life of event producing an acute stress reaction, or a significant life change leading to continued unpleasant circumstances that result in an adjustment disorder.

Dissociative Disorder

Dissociative disorders are presumed to be 'psychogenic' in origin, being associated closely in time with traumatic events insolvable and intolerable problems, or disturbed relationships. The term 'conversion' is widely applied to some of these disorders, and implies that the unpleasant affect, engendered by the problems and conflicts that the individual cannot solve, is some how transferred into the symptoms. These disorders have previously but it now seems that to avoid the 'term hysteria', as far as possible in view of its many and varied meanings.

Somatoform Disorders

In these disorders there is often a degree of attention seeking (hysteric) behaviour, particularly in patients who are resentful of their failure to persuade doctors of the essentially physical nature of their illness and of the need for further investigations or examinations.

Neurasthenia

The main feature is a complaint of increased fatigue after mental effort or feelings of bodily or physical weakness and exhaustion after only minimal effort. Worry about decreasing mental and bodily wellbeing, irritability, varying minor degrees of both depression and anxiety are all common.

Depersonalization

It is a disorder in which the sufferer complains that his or her mental activity, body, and/or surroundings are changed in their quality so as to be unreal, remote or automatized.

1.6 MANAGEMENT OF ANXIETY DISORDERS

Anxiety is one of the basic symptoms of neurotic disorders. If the management of anxiety is done timely and effectively, it can prevent many maladaptive behaviours in patient.

1.6.1 Medical Management

The drugs of choice for generalised anxiety are benzodiazepines, and for panic antidepressants are used. The Benzodiazetines drugs Alprazolam (Alzolam) 0.25 to 0.5 mg. orally three times a day. It may be increased to 6 to 8 mg./daily, which has antianxiety as well as antidepressant properties and it is useful in treatment of both generalised anxiety and panic disorders. Another method is to use blocker like Propranolol (e.g. Ciplar) which are particularly useful in anticipatory anxiety (e.g. anxiety occuring before going on stage, before examination, etc.).

Some anxiety disorders such as post traumatic stress disorders are treated primarily with psychotherapy; other such as phobias, panic disorders and obsessive compulsive disorder are treated with medication or with combined drug therapy and psychotherapy. (Refer BNS-108, Block 2).

1.6.2 Psychological/Psychotherapy

Psychotherapy is most effective in somatoform disorders. You may refer Block 2 of BNS-108.

Supportive Psychotherapy: This approach involves the use of psychobynamic concepts and a therapeutic alliance to promote adaptive coping. Adaptive defenses are encouraged and strengthened, and maladaptive ones are discouraged.

Insight-oriented Psychotherapy: The goal is to increase the patient's development of insight into psychological conflicts that, if unresolved, can manifest as symptomatic behaviour. This modality is particularly indicated (e.g. in anxiety, phobias, obsessions and compulsion, and posttraumatic stress reactions).

Behavioural Psychotherapy: The basic assumption is that change can occur without the development of psychological insight into underlying causes. Techniques include positive and negative reinforcement, systematic desensitization, flooding, graded exposure, response prevention, stop thought, relaxation techniques, panic control therapy, self monitoring, and hypnosis.

Cognitive Psychotherapy: This is based on the premise that maladaptive behaviour is secondary to distortions in how people perceive themselves and how others perceive them. Certain patients with mild depression, with depressive ideation may respond well to Cognitive psychotherapy.

Group Psychotherapy: Groups range from those that provide only support and increase in social skills to those that focus on relief of specific symptoms to those that are primarily insight oriented.

Relaxation Techniques: In patients of mild to moderate anxiety, relaxation techniques, like yoga and meditation are very useful.

1.6.3 Nursing Management

Nursing Assessment: The nursing assessment may be done for a client/patient suffering from anxiety as given below diagramatically in Fig. 1.1.

The diagram is an algorithm, or decision tree, which serves as a guideline for action. Although a nursing algorithm guides nursing intervention with a client exhibiting certain kinds of behaviour, the nurse recognizes that each client situation is different and individualized care accordingly. The following is an algorithm for a client with manifestations of severe anxiety or panic disorders.

Nursing Diagnoses: Nursing diagnoses describe behavioural alteration and coping deficits and suggest descriptive interventions. As such nursing diagnoses apply not just to one psychiatric diagnosis but to several. Nursing diagnoses applicable to clients with anxiety disorders include the following:

- Sensory perceptual alteration associated with severe anxiety.
- Disturbed cognitive functioning associated with severe anxiety.
- Disturbed cognitive functioning related to decisional conflict.
- Alteration of breathing pattern related to hyperventilation associated with severe anxiety.
- Short term memory deficit related to exposure to a traumatic stressor.
- Diversional activity deficit related to preoccupation with repetitive, ritualistic activity.
- Self care deficit related to preoccupation with repetitive, ritualistic activity.
- Disturbed cognitive functioning related to repetitive, intrusive thoughts.
- Exaggerated fear of being alone in assigned room.
- Anticipatory anxiety of severe proportion associated with preparing for shopping trip.

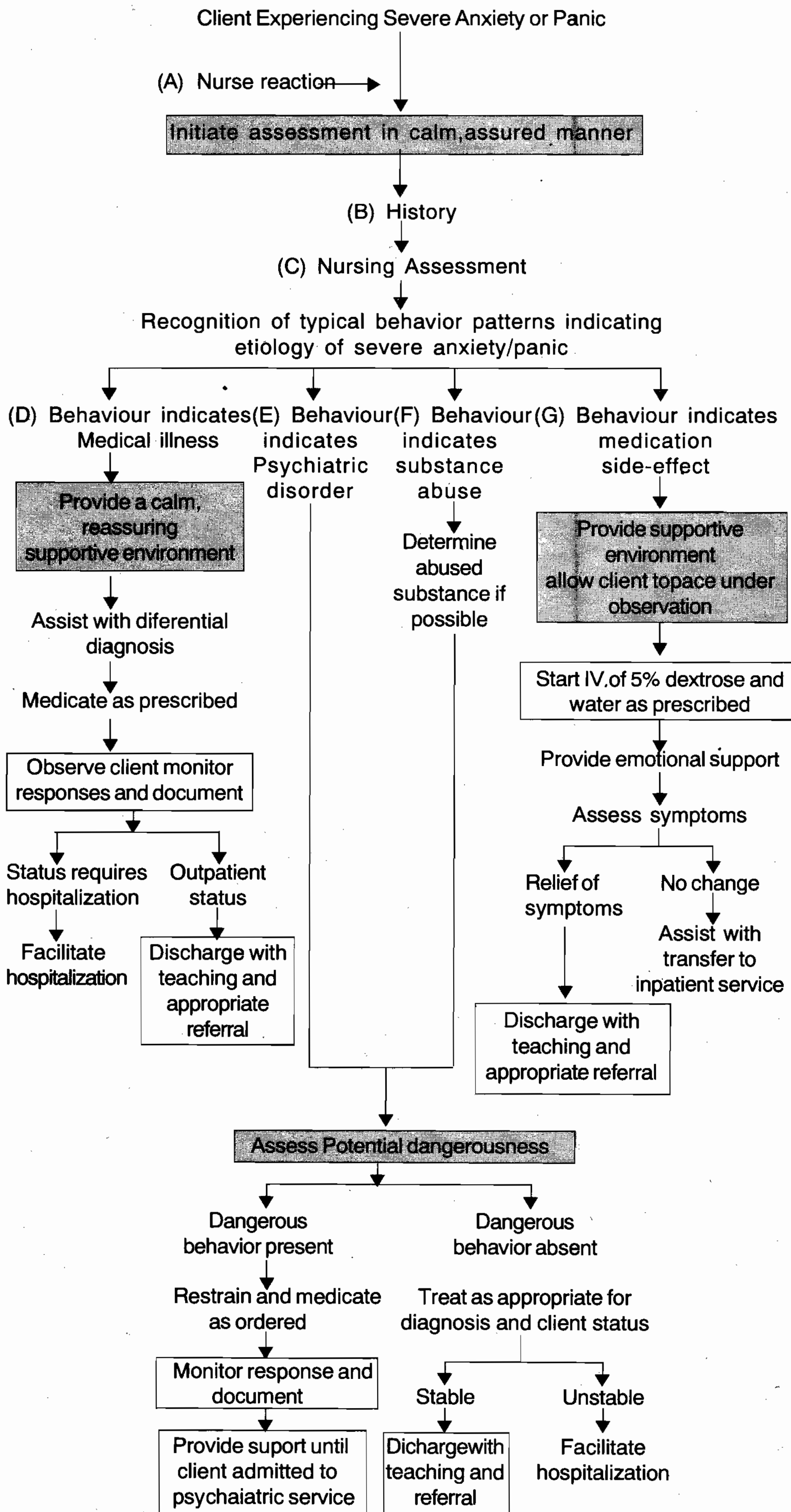

Fig. 1.1: Diagramatic representation of nursing assessment and management

- Ineffective individual coping related to chronic moderate anxiety.
- Ineffective individual coping related to exaggerated fear of conversing with other people.
- Impaired verbal communication related to severe anxiety.
- Decreased social sensitivity related to psychic numbing.
- Alteration in consciousness associated with the experiencing a traumatic event.
- Sleep pattern disturbance associated with recurrent dreams and nightmares.
- Dysfunctional marital relationship related to decreased sexual desire associated with chronic severe anxiety.
- Dysfunctional group membership behaviour related to chronic severe anxiety.

This is a fairly small sample of nursing diagnoses applicable to individuals with anxiety disorders.

Planning: Despite the differences among the anxiety disorders, the major goals for nursing care have applicability to each of them. These goals are concerned primarily with the client learning about anxiety and how to cope with it. They are as follows:

- To accept the experience of anxiety as inevitable and normal.
- To increase self-awareness with regard to fluctuations in anxiety level.
- To reduce shame about exhibiting signs of anxiety.
- To learn and apply self-help techniques designed to reduce anxiety.
- To increase problem-solving and coping skills.
- Clients who meet these goals not only develop increased tolerance of anxiety but also an increased awareness of their strengths and limitations.

Intervention: To help the client reach the planned goals, the nurse needs to establish a supportive relationship with the client. This relationship is characterized by trust, respect, and empathy on the part of the nurse. Intervention of anxiety disorders depend on the nursing diagnosis of each types of anxiety disorders. (See Fig.1.2, as an example of nursing care plan of a particular nursing diagnosis of a specific disorder).

The intervention of the anxiety disorders can be done as follows:

- The nurse needs to remain calm using low voice and tone because anxiety is transmitted easily to interpersonal contact.
- The nurse needs to explain the concept of anxiety to the client in simple terms and emphasize that all people feel anxious time to time as it will help to reduce anxiety of the client.
- The nurse should engage the client in self awareness activities such as ask the client to maintain a diary in which she will record when the client feels anxiety and what s/he is doing at that time and what s/he thinks at that time which will help to recognize the anxiety triggers.
- Ask the client to maintain a graph with anxiety level on one axis and time measured in 30 minutes interval on the other axis for 24 hours period to detect the level of anxiety.
- To help the client to learn self help skills like assertive skill, positive coping to allay herself from doubt and anxiety.
- The client needs to learn alternative ways of perceiving and appraising stressors.

- Relaxation therapy is also used to assist the client to learn how to control anxiety. The client should learn to do progressive muscular relaxation and deep breathing exercise.
- Talk about life experiences.
- Show understanding and patience.
- Do not condemn or punish.
- Minimise the sick role, do not reinforce the illness while giving great deal of attention to the physical complaints.
- Maintain consistency in dealing with client.
- Encourage family involvement.
- Explore community resources for support to client.
- Administer antianxiety medication at the right time as prescribed. Antianxiety agents do not cure anxiety disorders, but they do calm client sufficiently that may be beneficial.

Evaluation

The extent to which nursing care for clients anxiety disorders is effective is based on the client's subjective report of his/her feeling state as well as changes in the client's behaviour. Behaviour changes indicating improvement, such as decreased muscular tension and tremors, increased appetite, normal physiological indices, and increased attention span and concentration, may be the first signs that the client has begun to improve. Additionally, the reduction of cardinal symptoms associated with anxiety disorders and their replacement with adaptive behaviour signifies improvement.

1.7 LET US SUM UP

In this unit, you have learnt about anxiety and its characteristics. You have also read about its causes: physiological, behavioural, cognitive and affective aspects and different types of anxiety, neurotic disorders, their treatment and management. By now you should be confident of handling a person experiencing anxiety and help people suffering anxiety neurotic disorders.

1.8 KEY WORDS

Cognitive Function : Act or faculty of knowing, perceiving, conceiving.

Ego : Ego follows the reality principals and operates by means of secondary thinking process.

Evolution : Development of organisms, human society of universe.

Frigid : Irresponsive to emotion, specially inability on the part of a woman to feel sexual desire.

Hyperphagia : Eating more food than required.

Hypnosis : An altered state of consciousness during which one may be receptive in suggestion and directions.

Id : Unconscious aspect of personality, containing primitive urges.

Self Concept : A person's image of one's own self.

Super ego : The aspect of personality known as conscience, which includes one's ego ideals.

1.9 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress

1) Anxiety is defined as a vague sense of impending doom, an apprehension or sense of dread which seemingly has no basis in reality. Lay person refers to anxiety as being "nervous".

2) a) Anxiety is perceived as a negative emotion.
   b) Anxiety has extreme communicability.
   c) Manifestations of anxiety can be explained, but not the causes.
   d) Anxiety occurs in various levels from mild to panic.
   e) While experiencing anxiety, physiological responses also occur.

3) a) Mild anxiety: Increased heart rate, respiration, BP and gastric mobility. Increased alertness. Activity increases.
   b) Moderate: All symptoms as in mild anxiety get increased. Urinary urgency may be present. Restlessness, poor concentration. Paces up and down.
   c) Severe: Symptoms are marked, decreased perception to pain or injury. Marked loss of appetite.
   d) Panic: Physiological changes are severe. Attention and concentration are highly affected. Feels no appetite. Very poor motor co-ordination.

4) a) Overuse of caffeine.
   b) Withdrawal from alcohol use.
   c) Stimulant abuse.
   d) Hyperthyroidism.

1.10 FURTHER READINGS

Johnson, Barbara, S., *Adaptation and Growth of Psychiatric Mental Health Nursing.*

Kaplan and Sadock's Pocket Handbook of Clinical Psychiatry, third edition, Lippincott, William and Wilkin, Philadelphia, USA.

Kapoor, Bimla, *Text Book of Psychiatric Nursing,* Vol. I, Kumar Publishing House, Pitampura, Delhi.