



# The Anxiety Disorders: What Are They?

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# Learning Objectives

1. Understand how the anxiety disorders are defined, including epidemiology and common presentations
2. Learn about evidence-based psychological treatment



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# The Anxiety Disorders

- Panic Disorder (with/without Agoraphobia)
- Social Anxiety Disorder
- Generalized Anxiety Disorder
- (Previously in DSM 4) Obsessive Compulsive Disorder
  
- At the Frederick W. Thompson Anxiety Disorders Centre, our clinical focus involves OCD and OCD spectrum conditions including:
  - Obsessive Compulsive Disorder
  - Skin Picking / Hair Pulling Disorders
  - Body Dysmorphic Disorder



# The Nature of Anxiety

- Anxiety is a natural response to perceived threat
- Anxiety may be unpleasant, but it is not inherently dangerous – it has adaptive qualities.
- **Client Treatment Goal: Eliminate Anxiety – Unrealistic!**
- Fight/flight response
- **Goal of CBT Treatment:** Develop skills to understand and manage anxiety, rather than complete elimination.



# Psychoeducation: The Anxiety Response

**Perceived Threat**

**Fight or Flight Response**

**Autonomic Nervous System**

**Sympathetic Nervous System**

Releases adrenalin & noradrenalin

**Parasympathetic Nervous System**

Releases Acetylcholine

Calms body down

*Points to emphasize:*

- Anxiety is normative and time-limited
- Staying in the situation leads to habituation



# Panic Disorder (Video)



# Panic Disorder

- Recurrent unexpected panic attacks
- At least one of the attacks has been followed by:
  - persistent concern about having additional attacks
  - worry about the implications of the attack or its consequences (e.g., losing control, having a heart attack, "going crazy")
  - a significant change in behavior related to the attacks
- Not better accounted for by another disorder
- May include agoraphobia (anxiety about being in situations from which escape might be difficult; situations are avoided or endured with marked distress)



# Panic Attack Symptoms

- Difficulty breathing
- Sweating
- Chest pain/discomfort
- Dizziness, faintness
- Tingling or numbness
- Trembling or shaking
- Nausea
- Palpitations
- Choking or smothering sensations
- Hot flashes or chills
- Feelings of unreality or detachment
- Fear of dying
- Fear of going crazy
- Fear of losing control



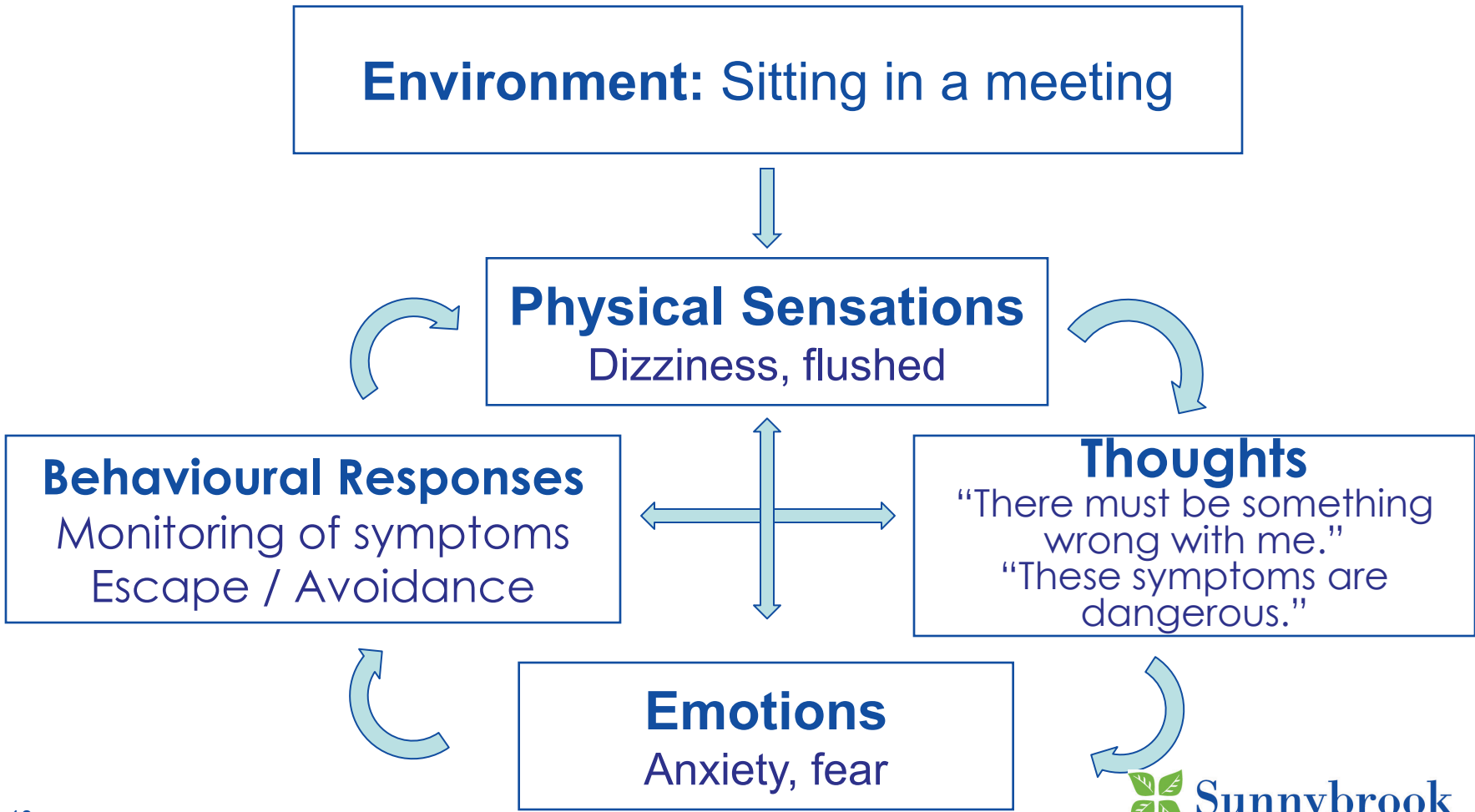


## Prevalence and Course

- 1-year prevalence = 2.3%
- Lifetime prevalence = 3.5% (Kessler et al, 1994)
- ~ 15% of population have had a panic attack
- More common in women
- Age of onset: typically mid-teens or early adulthood



# CBT Panic Model – An Example





# Social Anxiety Disorder (Video)



# Social Anxiety Disorder

- A. Marked and 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 humiliating or embarrassing.
- B. Exposure to the feared situation invariably provokes anxiety, which may involve a situationally bound panic attack.
- C. The person recognizes that the fear is excessive or unreasonable
- D. The feared social or performance situations are avoided or endured with intense anxiety or distress.
- E. The avoidance, anxious anticipation or distress causes significant impairment



## Prevalence and Course

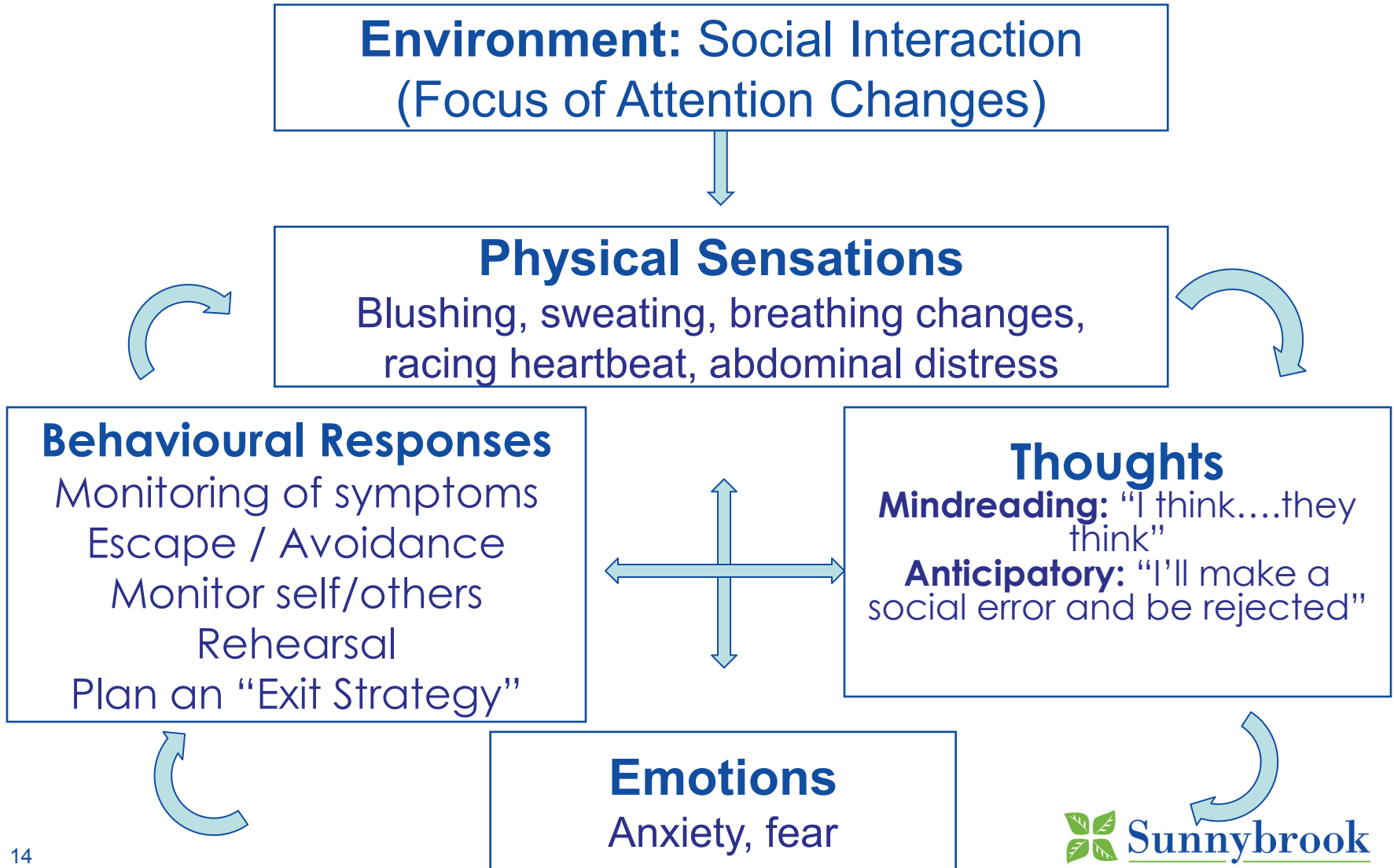
**Lifetime prevalence rate:** 15.5% females, 11.1% males (National Comorbidity Survey; Kessler et al., 1994)

**Six-month prevalence** 1.2%-2.2% (Eaton et al., 1991)

**Comorbidity:** 46% meet criteria for another anxiety or mood disorder, 28% another anxiety disorder alone, 29% another mood disorder alone (MDD) (Brown, Campbell, Lehman, Grisham & Mancill, 2001)



# CBT Social Anxiety Model –Example





# Generalized Anxiety Disorder: Diagnostic Criteria

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events (such as work or school performance).
- B. The person 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 present for more days than not for the past 6 months).
  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

**continued...**



## Generalized Anxiety Disorder: Diagnostic Criteria

- D. The focus of the anxiety and worry is not confined to features of another Axis I disorder.
- E. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- F. The disturbance is not due to the direct physiological effect of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism) and does not occur exclusively during a Mood Disorder, a Psychotic Disorder, or a Pervasive Developmental Disorder.





# Generalized Anxiety Disorder: Prevalence and Course

**Lifetime prevalence rate: 5%** (American Psychiatric Association, 2000)

**Six-month prevalence 3%** (American Psychiatric Association, 2000)

**Comorbidity: 40%** meet criteria for another anxiety or mood disorder, (Brown, Campbell, Lehman, Grisham & Mancill, 2001)



# CBT GAD Model – An Example

**Environment:** Uncertainty – What if?

(**Domains:** Finances, health, safety, job performance)

## Physical Sensations

Blushing, sweating, breathing changes,  
racing heartbeat, abdominal distress

## Behavioural Responses

Monitoring of symptoms  
Escape / Avoidance  
Checking Behaviours  
Reassurance Seeking  
Procrastination

## Thoughts

What if “chain”:

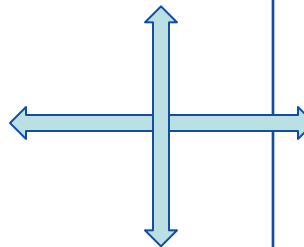
**What if...**I make a mistake at work?

**Then** get reprimanded....

**Then** lose my job...

**Then** fail to make my mortgage payment....

**Then** my partner will leave me...



## Emotions

Anxiety, fear

# Obsessive-Compulsive Disorder (OCD) (Video)



# Obsessive-Compulsive Disorder (OCD)

## Diagnosis

Presence of obsessions, compulsions, or both

### Obsessions

- ❑ persistent unwanted thoughts, urges or images
- ❑ intrusive, unwanted, uncontrollable/excessive
- ❑ provoke marked anxiety or distress

### Compulsions

- ❑ repetitive behaviours (e.g., hand washing, ordering, checking), or mental acts (e.g., praying, counting, repeating)
- ❑ performed in response to an obsession, in ritualistic fashion
- ❑ intended to reduce discomfort or prevent feared event



# OCD

## Facts & Figures

**Lifetime prevalence: 2-3%**

**BUT** significant OC symptoms found in up to 10% of psychiatric outpatients

**Metropolitan Toronto:** estimated 6,055,724 people

**Severe – WHO10<sup>th</sup>** leading cause of disability

**High comorbidity:**

- Depression, anxiety disorders, spectrum conditions

**Typically chronic, lifelong**

- 20% remission over 40 years



# OCD

## Quality of Life

Associated with functional impairment:

- education
  - 58% ↓ academic achievement
- employment
  - 66% ↓ career aspirations
  - 40% unable to work
- relationships (family, romantic, social)
  - 62% fewer friends/difficulty maintaining friends
- 13% attempted suicide

Hollander et al, J Clin Psych, 1996



# Obsessive Thought/Images Domains

**Doubting** (e.g., lock doors, turn appliances off, completion and/or accuracy of tasks)

**Rituals: Checking**



# Obsessive Thought/Images Domains

- **Contamination** (e.g., contracting germs from doorknobs, toilets, money, etc.)

**Rituals:** Elaborate washing, checking







# Obsessive Thought/Images Domains

- **Symmetry/exactness** (objects are misaligned, in disarray, or not “perfect”.)

- **Rituals:** Ordering, arranging, placing objects “correctly”



# Obsessive Thought/Images Domains

**Sexual thoughts/images**

**Religious/Satanic thoughts/images**

- **Rituals:** Checking, mental rituals (thought suppression, thought replacement, protective phrases / numbers / prayers / behaviours)



# Compulsions: Domains

- **Washing Checking Counting Internal Repetition**
- **Adhering to rules or sequences** (e.g., assuring symmetry, adhering to specific routines)
- What is the **function** of the compulsion?



# CBT for OCD



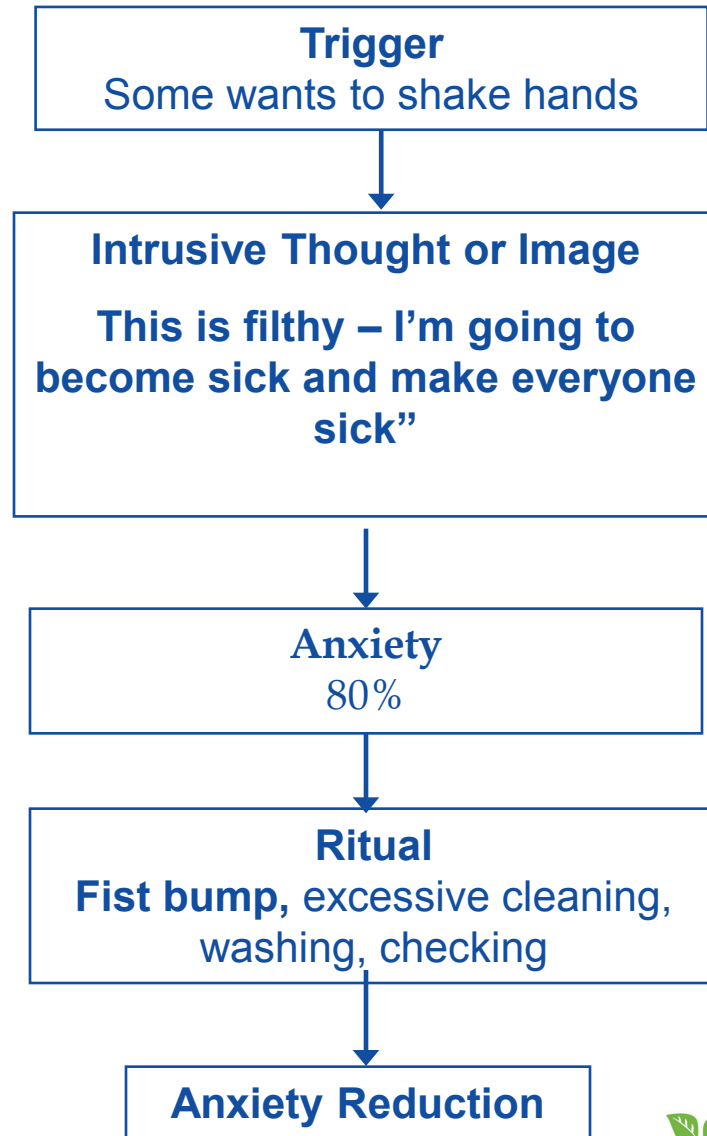
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# CBT Model of OCD



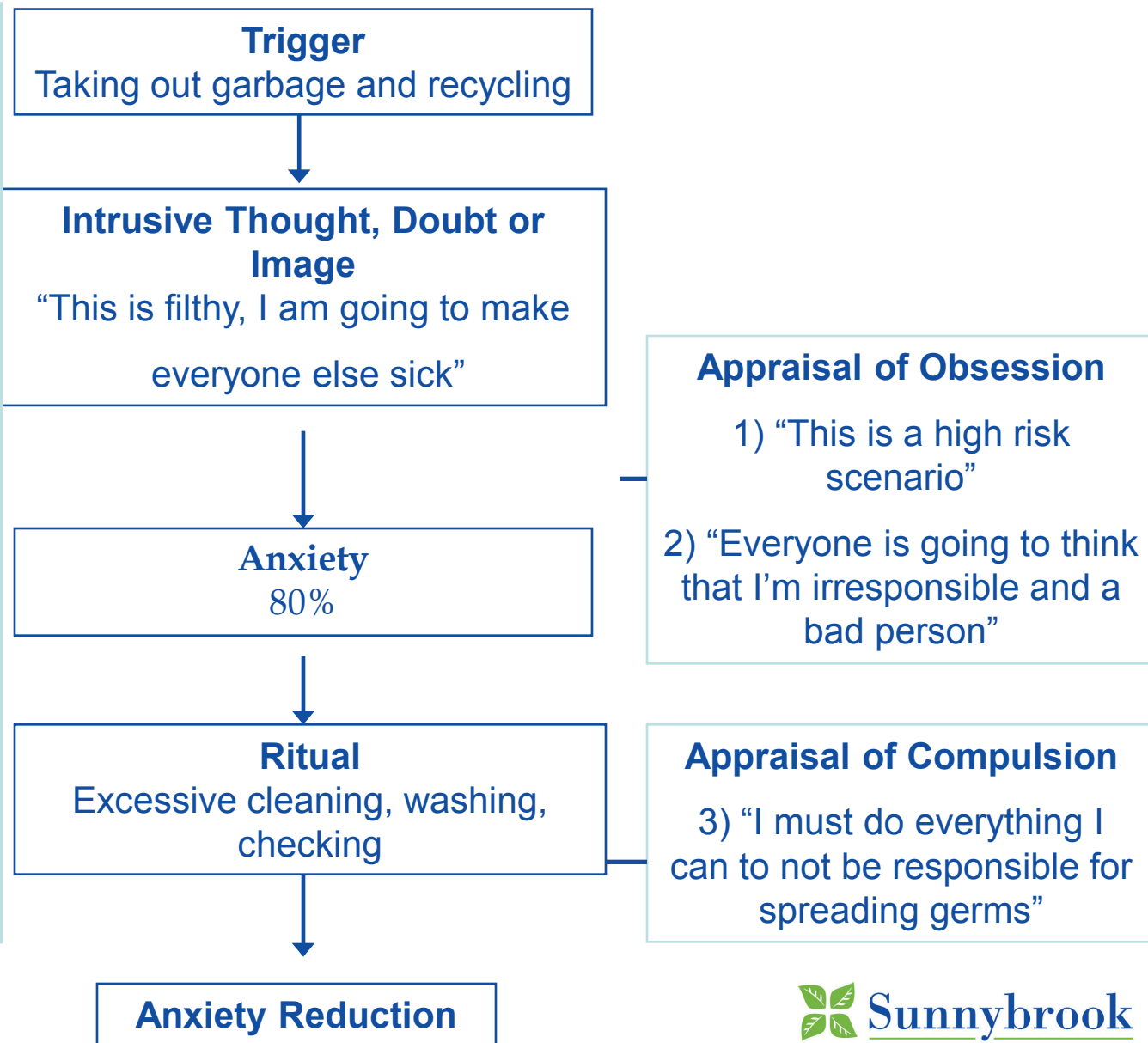


# CBT Model of OCD

Intrusive thoughts become associated through classical conditioning processes, with anxiety that has subsequently failed to extinguish.

This occurs due to rituals that prevent the extinction of the anxiety.

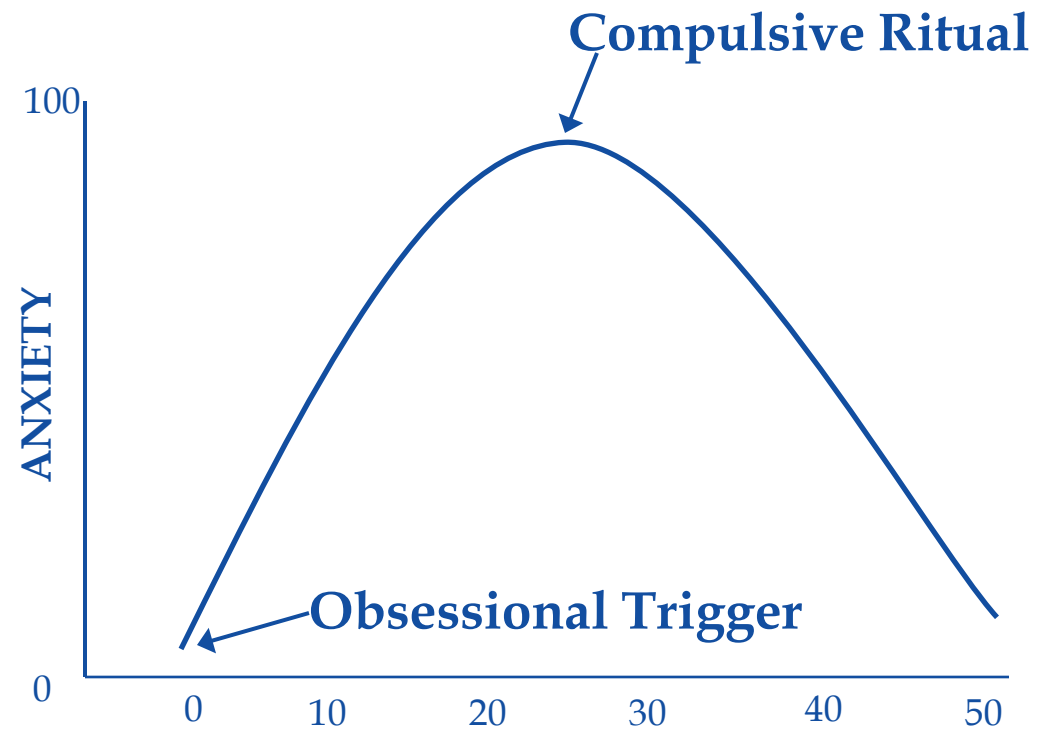
Cognitive appraisals of intrusive thoughts further reinforce this pattern





# Habituation Curve

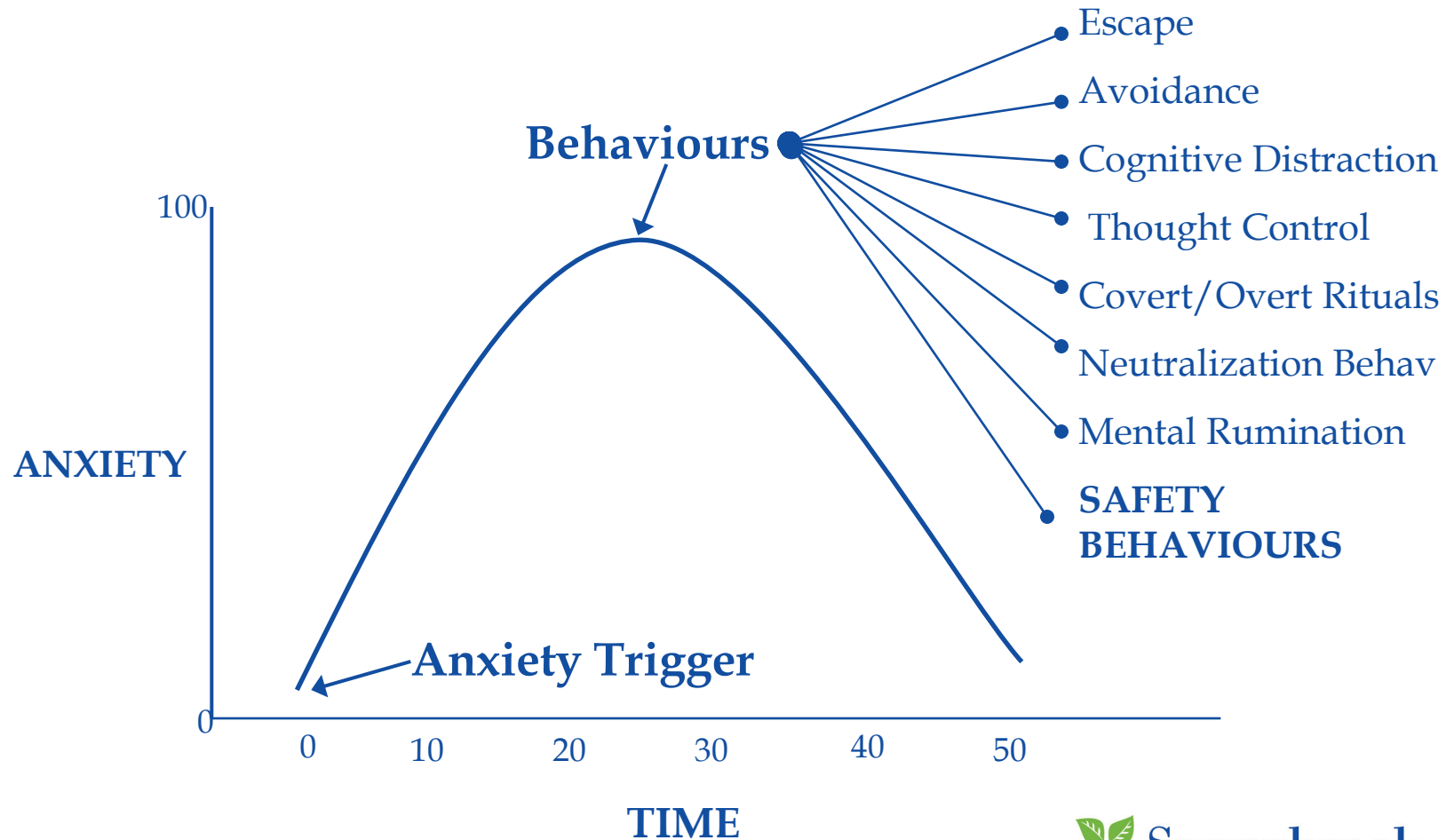
- When experiencing a triggering stimulus, patients experience a steep increase in anxiety and an accompanying urge to carry out a relevant compulsive ritual.
- If the compulsive ritual is carried out, anxiety declines.
- Clients continue to engage in rituals continue because the rituals function to reduce anxiety symptoms.







# Behaviours That Maintain Anxiety





# Process of Exposure/Response Prevention (ERP) Treatment

- Define a range of obsessional triggers
- Establish the range of discomfort associated with each trigger
- Establish a hierarchy
- Therapy would progress by systematically exposing the patient to each of these 10 situations with prevention of rituals or avoidance activity



# Contamination Hierarchy

0                      25                      50                      75                      100

No distress    Mild Distress                      Moderate                      Significant                      Highest

DISTRESSING SITUATION/OBJECT	DISTRESS (0-100)
Most distressing: reading or moving school papers, ads, newspapers; eating or cooking with high allergic foods	70
2 <sup>nd</sup> most distressing: pumping gas	70
3 <sup>rd</sup> most distressing: gardening with gloves, turning stove on/off	65
4 <sup>th</sup> most distressing: washing off cans, bottles, bags	60
5 <sup>th</sup> most distressing: turning off light switches, sweeping	55
6 <sup>th</sup> most distressing: vacuuming	50
7 <sup>th</sup> most distressing: placing dish on floor	45
8 <sup>th</sup> most distressing: opening cupboards during cooking	40
9 <sup>th</sup> most distressing: petting cats / dogs	35
10 <sup>th</sup> most distressing: sorting dirty laundry, adding dirty laundry to machine, killing insects with Kleenex	30



# What is a Body-Focused Repetitive Behaviour (BFRB)?

- A BFRB can be defined as any self-grooming behaviour that an individual engages in for non-cosmetic reasons.
- The self-grooming behaviour can include pulling, picking, biting, scraping of hair, skin, nails, etc.
- Common examples include:
  - Hair pulling
  - Skin picking
  - Nail biting
  - Cheek biting or chewing
  - Thumb sucking
  - Knuckle cracking



# Epidemiology and Course

- Non-cosmetic hair pulling in college students – 10% to 15%
- 2-5% of the population meet diagnostic criteria for Trichotillomania (TTM), with estimates changing depending on the diagnostic criteria used.
- 5% of the population meet diagnostic criteria for compulsive skin picking (CSP)
- Adult women diagnosed with TTM outnumber men (80-90% female).
  - May be more related to women being more likely to seek treatment or present for research studies than the actual prevalence rates.
  - It is also often easier for men to conceal the hair loss (e.g., shave to conceal pulling from the beard) and is more socially accepted for males to experience hair loss on the scalp.



# Online Resources

Frederick W. Thompson Anxiety Disorders Centre: [www.sunnybrook.ca/thompsoncentre](http://www.sunnybrook.ca/thompsoncentre)

Canadian OCD Network [www.canadianocdnetwork.com](http://www.canadianocdnetwork.com)

Canadian Institute for Obsessive Compulsive Disorders [www.ictoc.org](http://www.ictoc.org)

Anxiety Disorders Association of Canada [www.anxietycanada.ca](http://www.anxietycanada.ca)

Anxiety Disorders Association of Ontario [www.anxietydisordersontario.ca](http://www.anxietydisordersontario.ca)

Obsessive-Compulsive Foundation [www.ocfoundation.org](http://www.ocfoundation.org)

Anxiety Disorders Clinic, McMaster University website [www.macanxiety.com](http://www.macanxiety.com)

Ontario Obsessive-Compulsive Disorder Network [www.ocdontario.org](http://www.ocdontario.org)