

Anxiety, Somatoform, and Dissociative Disorders

.....Eating Disorders

Dawn E. Santos NP

Etiology of Anxiety Disorders



- Family History/Genetics
- Major life Stressors
- Personality Characteristics
- Biological Disposition
 - Over-activation of brain chemicals

Anxiety Disorders Prevalence

- The most common of all Psychiatric Disorders and result in DISTRESS !!!
- Not unusual to have another coexisting d/o...
 - Depression
 - Substance Abuse

ALL HAVE THEME OF EXCESSIVE IRRATIONAL FEAR AND DREAD !

A mixture of Sx

- Physiologic
- Psychological
- Cognitive

Symptoms associated with ANXIETY

Physiologic...

- Heart palpitations
- Chest pain
- SOB
- Headaches
- Dizziness
- Nausea, Diarrhea
- Tightness in Throat

Psychological....

- Irritability
- Angry outbursts
- Helplessness/suicidal
- Withdrawal

Cognitive.....

- Forgetfulness
- Preoccupation
- Lack if concentration
- Reduced interest

Anxiety Disorders

- Panic Disorder with or without AGORAPHOBIA
- Social Phobia
- Specific Phobia
- Generalized Anxiety Disorder (GAD)
- Obsessive-Compulsive Disorder (OCD)
- Post Traumatic Stress Disorder (PTSD)
- Acute Stress Disorder

ANXIETY DISORDERS

PANIC DISORDER

2% incidence in American adults
in a year

More frequent in women

Panic Attack

- Crescendo of anxiety developing abruptly and reaching a PEAK
- Emotional Sx
 - Extreme fear
- Physical Sx
 - 4 or more Sx of anxiety
- Cognitive Sx
 - Belief in impending doom or death
 - Lack of awareness of external environment

Panic Attack

- ALWAYS.....
 - R/O hypoglycemia, hyperthyroid, Amphetamine or caffeine intox.

Panic Attack

- SOB
- Heart Palpitations
- Dizziness
- Trembling
- Feeling of Choking
- Nausea or GI distress
- Depersonalization
- Numbness
- Hot/Cold Flashes
- Chest Pain
- Fears of going crazy or losing control
- Fears of dying

Panic Disorder

At least 1 attack has been followed by a month of worrying or concern of another attack.

Anticipatory Anxiety

Panic Disorder

- Intense PANIC usually lasts no more than a few minutes
- Can return in 'waves' for a period of up to 2 hours

Phobic Disorders

- Persistent or irrational fear of a specific object, activity, or situation that results in a desire to avoid the object or situation
- They experience panic when exposed to the phobic situation

Agoraphobia

- 2.2%
- Fear of open spaces
- Fear of Panic Attacks
- Fear that you cannot escape from a situation, HELP IS UNAVAILABLE



Agoraphobia Avoiding situations . . .

- Enclosed or confined places
 - Tunnels
 - Bridges
 - Hairdresser's Chair
- Crowded public places
 - Grocery Stores
 - Department Stores
 - Restaurants

Agoraphobia Avoiding situations . . .

- Public Transportation
 - Trains
 - Buses
 - Subways
 - Planes

Panic Disorder...Diagnosis

- Panic Attacks plus....phobic avoidance
...Panic Disorder with Agoraphobia
- Absence of phobic avoidance
...Panic Disorder without Agoraphobia

Anxiety Disorders SOCIAL PHOBIA



- 3-7%
- Equal incidence males and females
- 10-20% comorbidity with GAD, Agoraphobia, Specific phobia

Social Phobia

- Marked FEAR of specific social situations which provoke an

IMMEDIATE ANXIETY RESPONSE

Social Phobia

- Triggered by specific stressors which involves scrutiny by others in a performance or social situation



Social Phobia

- Involves concern that others will judge you in some NEGATIVE or REJECTING way
- The fear is recognized as excessive or unreasonable

Social Phobia

- The situation is avoided
- Anticipatory anxiety may occur far in advance of an upcoming situation that is feared
- It can be generalized to all or most social situations

Social Phobia Most Common Fears

- Fear of Blushing in public
- Fear of choking on or spilling food while eating in public
- Fear of taking exams
- Fear of being watched at work
- Fear of using public toilets
- Fear of crowds
- Fear of writing or signing documents in the presence of others

Social Phobia

Associated with
Depression and ETOH
Dependence

Anxiety Disorders

SPECIFIC PHOBIA

4.4%

More females than males

Specific Phobia

- Involves a **STRONG FEAR** and avoidance of **ONE PARTICULAR** type of object or situation
- The fear and avoidance are strong enough to interfere with normal routine, work, relationships, and causes significant **DISTRESS!**

Specific Phobia

- Marked, persistent fear of specific object or situation
- Exposure to the phobic stimulus provokes immediate anxiety
- The fear is recognized as excessive or unreasonable
- The feared stimulus is avoided or endured with intense anxiety or distress

Specific Phobia

Types...



- Animal.... birds, insects
- Natural environment...weather
- Blood-injection-injury
- Situational....bridges, public transportation

Specific Phobia

- Many begin in childhood and disappear
- If it lasts to adulthood rarely will go away without tx

Anxiety Disorders

Generalized Anxiety Disorder

2.8%...equal males/females

Generalized Anxiety Disorder

- Excessive anxiety and persistent, free floating worry about numerous things in life
- They realize that their anxiety is more intense than the situation warrants
- The worry is greatly exaggerated in relation to the probability that the event will actually occur
- Difficulty in controlling the WORRY and ANXIETY

Generalized Anxiety Disorder

- Accompanied by 3 of the following ...
 - Restlessness
 - Fatigue
 - Difficulty concentrating/Blanking out
 - Irritability
 - Sleep Disturbance

Generalized Anxiety Disorder

- It is DIFFICULT to control the worry!
- R/O hyperthyroid, Cushings
- ETOH

Anxiety Disorders

Obsessive-Compulsive Disorder

2.3%... More common than Schizophrenia/Common in both sexes

Obsessive-Compulsive Disorder

- | | |
|--|---|
| ■ OBSESSION | ■ COMPULSION |
| an idea, impulse, or emotion that a person cannot put out of his/her consciousness | repetitive, seemingly purposeless behaviors performed according to certain rules known to the client in order to temporarily
REDUCE ESCALATING ANXIETY |

Obsessive-Compulsive Disorder

- Recurrent obsessions or compulsions that last more than 1 hour per day
- Recognized as excessive or unreasonable

Obsessive-Compulsive Disorder OBSESSIONS

- Experienced as intrusive and inappropriate
- Attempts to ignore, suppress, or neutralize them are ineffective
- Understands that obsessions are self-created

Obsessive-Compulsive Disorder COMPULSIONS

- They are done to prevent or reduce distress associated with some dreaded outcome
- They are excessive or not realistically connected to the outcome

Obsessive-Compulsive Disorder COMMON OBSESSIONS

- P. 374
- Images of doing violence to someone else
- Fears of leaving on lights or the stove or leaving door unlocked

Obsessive-Compulsive Disorder COMMON COMPULSIONS

- Washing hands
- Counting rituals
- Constantly checking stoves, locks
- Hoarding junk mail, receipts, and all types of papers


Obsessive-Compulsive Disorder

It is frequently accompanied by Major Depression!!
And Substance Abuse!!

Anxiety Disorders


POST TRAUMATIC STRESS DISORDER

3-6%




Post Traumatic Stress Disorder

- Exposure to traumatic event that
 - Involves death, injury, threat to the physical integrity of oneself or another
 - Creates feelings of intense fear, helplessness, or horror



Post Traumatic Stress Disorder

- Develops 3 persistent symptoms
 - Re-experiencing of the event
 - Avoidance of triggers associated with the trauma and emotional anesthesia
 - hyperarousal




Post Traumatic Stress Disorder

- Can occur anytime after the trauma and lasts more than 1 month




Post Traumatic Stress Disorder SYMPTOMS.....

- Repetitive, distressing thoughts about the event
- Nightmares related to the event
- Flashbacks so intense that you feel or act as though the trauma were occurring all over again



Post Traumatic Stress Disorder

- An attempt to avoid thoughts or feelings associated with the trauma
- Emotional numbness
- An attempt to avoid activities or external situations associated with the trauma
- Feeling of detachment from others



Post Traumatic Stress Disorder

- Losing interest in activities that used to give you pleasure
- Persistent symptoms of increased anxiety, such as difficulty falling asleep, concentrating, or irritability

Acute Stress Disorder

- Occurs within 4 weeks of trauma and lasts less than 1 month
- Precipitating stressors similar to PTSD

Acute Stress Disorder....different from PTSD....

- Shorter duration
- Interval from the trauma to the development of Sx is shorter
- Sx interfere with effective coping
- Has at least 3 of the following dissociative Sx
 - Sense of detachment/numbing
 - Depersonalization
 - Derealization
 - Dissociative amnesia
 - Being in a "daze"

Somatoform Disorders

Not to be confused with Factitious Disorders in which clients CONSCIOUSLY produce physical or psychological Sx

Somatoform Disorders


50 to 70% of people with Mental D/O initially present with a Medical Complaint

Somatoform Disorders

- A group of disorders in which
 - Physical symptoms suggest a physical disorder for which there is no demonstrable base
 - There is a strong presumption that the symptoms are linked to psychobiological factors


Somatoform Disorders

- High rate if misdiagnosis
- ALL PATIENTS MUST BE CHECKED MEDICALLY !!!!



Somatoform Disorders

- Somatization Disorder
- Conversion Disorder
- Pain Disorder
- Hypochondriasis
- Body Dysmorphic Disorder




Somatoform Disorders Somatization Disorder

- Usually before age 30
- Chronic course
- Not caused intentionally
- The client presents with physical Sx that seem to suggest impaired physical health
- The physical Sx CANNOT be explained by a medical condition, substance abuse, or other DSM-IV disorder




Somatoform Disorders Somatization Disorder

- The pain is REAL!
- The Sx cause significant distress or impairment in social, occupational, or other areas of functioning




Somatization Disorder Some Clues....

- May present Sx in a DRAMATIC way
- May be very DEMANDING, ANGRY, HOSTILE
- May have exhaustive notes about All of their problems
- Negative attitude toward providers



Somatization Disorder Some Clues....

- Being defensive at being told 'It is all in your head'
- May tell you about many tests, tx that have not worked for them



Somatization Disorder

- 4 Pain Sx
- 2 GI SX
- 1 Sexual SX
- Pseudoneurological Sx

Sx occur over a period of several years!

Somatoform Disorders

Conversion Disorder

- ## Somatoform Disorders
- ### Conversion Disorder
- Loss or change in bodily function that CANNOT be traced to organic cause
 - Is related to psychological stress

- ## Conversion Disorder
- Most Common Sx is Disorder of Movement
 - Inability to walk, stand, move an arm
 - 71% of clients present with CNS Sx
 - Paralysis of a limb
 - Blindness, deafness, difficulty swallowing

- ## Conversion Disorder
- 1 or more Sx affecting voluntary Movement or sensory functioning that suggests neurological or other GMC
 - Psychological factors are judged to be associated with the Sx The Sx is preceded by stress/conflict

- ## Somatoform Disorders
- ### Conversion Disorder
- The somatic Sx is used in an unconscious manner to reduce a psychological conflict that creates anxiety

- ## Somatoform Disorders
- ### Conversion Disorder
- The somatic Sx is used in an unconscious manner to reduce a psychological conflict that creates anxiety
 - Primary gain...keeps psychologic need out of conscious (blind to avoid traumatic event)
 - Secondary gain...avoid distressing activity... (broken arm...gun)



Conversion Disorder

- Not intentionally produced Sx
- Not explained by medical causes
- Causes clinically significant distress



Somatoform Disorders

Pain Disorder



Somatoform Disorders Pain Disorder

- The pain exceeds what would be expected and is influenced by psychological factors
- The patient does not deliberately lie about the pain to get attention!
- Spends lots of time seeking a cure!
- It becomes a central issue of Life



Somatoform Disorders Pain Disorder

- The presenting Sx is pain
- Pain in 1 or more sites
- Associated with psychological or physical conditions
- Pain causes clinically significant distress
- The pain is not intentionally produced



Pain Disorder

- The pain is severe enough to disrupt several functioning areas....unemployment, disability, family problems
- Psychological factors are judged to have an important role in onset, severity, exacerbation, and maintenance of pain



Somatoform Disorders

Hypochondriasis

Somatoform Disorders Hypochondriasis

- Preoccupied with the fear or belief that they have a serious disease based on individual misinterpretation of bodily Sx
- The preoccupation persists despite appropriate medical evaluation and reassurance

Somatoform Disorders Hypochondriasis

- Causes clinically significant distress

Somatoform Disorders

Body Dysmorphic Disorder

Body Dysmorphic Disorder

- Preoccupied with an imagined defect in appearance
- If a physical anomaly is present the person's concern is markedly excessive

Body Dysmorphic Disorder

- The preoccupation causes clinically significant distress

Body Dysmorphic Disorder Typical Concerns.....

- Minor flaws of the head or face
- Excessive thinning of hair
- Wrinkles, complexion tone, markings (freckles, scars)
- Asymmetry of the eyes, ears, or nose

Body Dysmorphic Disorder

- Often these people will have extensive plastic surgeries
- May have excessive grooming rituals
- Large amount of time checking in the mirror
- The preoccupation with one's appearance is very time consuming..restricts activities

Nursing Care.....

- Trusting Relationship
- Education – Medications
- Assess for Comorbid Disorders
- Family Involvement
- Individual Therapy
- Group Therapy

Nursing Care.....

- Coping Strategies –
 - Relaxation
 - Stress Management
- Focus less on physical Sx and improve ability to function

Nursing Care.....

- Minimize Provider Hopping
- Meds
 - Anxiolytics
 - Antidepressants

Dissociative Disorders

Periods of forgetfulness,
memory loss for past stressful
events

Dissociative Disorders

- Depersonalization Disorder
- Amnesic Disorders
 - Dissociative Amnesia D/O
 - Dissociative Fugue D/O
 - Dissociative Identity D/O

Dissociative Disorders Depersonalization Disorder

- Episodes of feeling detached or numb
- Acting as if in a dream or a movie
- Being 'outside of their body'

Amnestic Disorders SX....

- Changes in personality
- Emotional blunting
- Lack of initiative
- Bewildered by the world around them
- Confabulation
- Cognitive difficulties
- Lack of insight
- Denial of memory loss

Dissociative Disorders Dissociative Amnesia

- The memory loss goes beyond the usual forgetfulness
- Most have only partial recollection

Dissociative Disorders Dissociative Amnesia

- Difficulty remembering periods of time
- Defined gaps may be presented for traumatic events, violence

Dissociative Disorders Dissociative Fugue

- Confusion about one's personal identity and inability to remember past
- Sudden unexpected travel away from home or work and amnesia for their past or identity

Dissociative Disorders Dissociative Identity Disorder

- Severe identity disruption, in the form of 2 or more distinct personalities that take control over behavior
- Memory lapses are common
- Usually severe abusive childhood

Dissociative Disorders Nursing Care...

- Assess for safety
- Medication
- Individual Therapy
- Reorient, reality test as needed
- Trusting Relationship
- Reconnect to support systems

Dissociative Disorders Nursing Care...

- Group Therapy
- Family Involvement
- Be sure the patient cares for medical needs
- Assess and refer if substance abuse is a problem
- Stress management, relaxation, coping strategies

Amnesic Patients Nursing Care...

- ADL's
- Emphasize habits and repetition
- Secure environment
- Family and Community Support


Personality Disorders

Personality Disorders Prevalence

- 11% to 23%
- Higher in Medical and Psychiatric Populations
- Comorbidity
 - MD, PD – 25% to 50%
 - Also in many other Axis I disorders


Personality Disorders

- Lasting patterns that result in significant social and occupational impairment
- Each Personality D/O has distinct features
- Rigid, stereotyped behavior pattern that persists throughout one's life
- Maladaptive p. 480



Personality Disorders


- Enduring pattern of inner experience and behavior, across different personal and social situations, of long duration (adolescence or early adulthood), leading to significant distress or impairment



Personality Disorders


3 Clusters

- Cluster A Paranoid, Schizoid, Schizotypal
- Cluster B Antisocial, Borderline, Narcissistic, Histrionic
- Cluster C Avoidant, Dependent, Obsessive-Compulsive




Personality Disorders

- Manifested in at least 2 of the following areas
 - Cognition
 - Affect
 - Interpersonal Functioning
 - Impulse Control




Personality Disorders

- Manifested in at least 2 of the following areas
 - Cognition
 - Affect
 - Interpersonal Functioning
 - Impulse Control
- Lack of insight-lack of understanding of the impact of their behavior on others
- External response to stress-when threatened they change the env. Not themselves
- Failure to accept consequences of beh.



Personality Disorders

Cluster A
Odd or Eccentric Make-up



Cluster A.....

Paranoid Personality Disorder

- Suspicious and Mistrustful
- Others are plotting behind their backs
- Reluctant in confiding in others
- Bears grudges



Cluster A.....Schizoid personality Disorder

- Neither desires or enjoys close relationships
- Chooses solitary activities
- Little sexual interest
- Pleasure in few activities
- Lacks close friends
- Indifferent to praise
- Emotional coldness



Cluster A.....Schizoid Personality Disorder

- Lacks close friends
- Indifferent to praise
- Emotional coldness



Cluster A Schizotypal Personality Disorder

- Ideas of Reference
- Odd beliefs, magical thinking influences behavior
- Unusual perceptual experiences
- Odd thinking and speech



Cluster A Schizotypal Personality Disorder

- Suspicious, Paranoid
- Inappropriate and constricted affect
- Odd eccentric behavior
- Lack of close friends
- Excessive social anxiety



Personality Disorders

Cluster B
Dramatic, Emotional, or
Irrational



Cluster B Antisocial Personality Disorder

- Failure to conform to social norms with respect to lawful behaviors, repeatedly arrested
- Deceitfulness

Cluster B Antisocial Personality Disorder

- Impulsivity, Aggressiveness
- Physical fights and assaults
- Irritability and aggressiveness
- Reckless disregard for safety of self and others
- Consistently irresponsible
- Lack of remorse

Cluster B Borderline Personality Disorder

- Frantic efforts to avoid real or imagined abandonment
- Unstable and intense interpersonal relationships
- Identity disturbance

Cluster B Borderline Personality Disorder

- Impulsivity
- Recurrent suicidal behavior
- Affective instability
- Chronic feelings of emptiness
- Inappropriate intense anger or difficulty controlling anger
- Transient paranoid ideation

Cluster B Narcissistic Personality Disorder

- Has a grandiose sense of self-importance
- Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, etc.
- Believes that he/she is special

Cluster B Narcissistic Personality Disorder

- Requires excessive admiration
- Sense of entitlement
- Interpersonally exploitive
- Lacks empathy
- Envious of others
- Shows arrogant, haughty behaviors and attitudes

Cluster B Narcissistic Personality Disorder

- Is uncomfortable in situations where he/she is not the center of attention
- Interaction with others characterized by sexually seductive or provocative behavior

Cluster B Histrionic Personality Disorder

- Rapid shifting and shallow expression of emotions
- Uses physical appearance to draw attention to self
- Style of speech is excessively impressionistic

Cluster B Histrionic Personality Disorder

- Shows self-dramatization, theatricality, and exaggerated expression of emotion
- Considers relationships to be more intimate than they actually are

Personality Disorders

Cluster C
Anxious and Fearful

Cluster C Avoidant Personality Disorder

Cluster C Avoidant Personality Disorder

- Avoids occupational activities that involve interpersonal contact
- Unwilling to get involved with people unless certain of being liked

Cluster C Avoidant Personality Disorder

- Shows restraint within intimate relationships because of fear of being shamed
- Is preoccupied with being criticized or rejected in social situations

Cluster C

Avoidant Personality Disorder

- Is inhibited in new social situations
- Views self as socially inept, inferior to others
- Unusually reluctant to take personal risks or engage in new activities

Dependent Personality Disorder

- Needs others to assume responsibility for most major areas of their life
- Has difficulty expressing disagreement with others, fear loss of approval
- Has difficulty initiating projects, doing things on own, lack of self-confidence
- Goes to excessive lengths to obtain nurturance and support from others

Dependent Personality Disorder

- Feels uncomfortable or helpless when alone
- Urgently seeks another relationship as a source of care and support when a close relationship ends
- Unrealistically preoccupied with fears of being left to take care of him/herself
- Has difficulty making everyday decisions without an excessive amount of advice and reassurance from others

Cluster C..... Obsessive-Compulsive Personality disorder

- Is preoccupied with details, rules, lists, organization, schedules to the extent that the major point of the activity is lost

Obsessive-Compulsive Personality disorder

- Shows perfectionism that interferes with task completion
- Excessively devoted to work and productivity to the exclusion of leisure activities
- Over conscientious, scrupulous, and inflexible about matters of morality, ethics, or values

Cluster C..... Obsessive-Compulsive Personality disorder

- Unable to discard worn-out or worthless objects
- Reluctant to delegate tasks
- Adopts miserly spending style toward both self and others

About Personality Disorders...

- They frequently coexist with major psychiatric D/O's such as mood, anxiety, and substance-abuse D/O's
- May be environmental, genetic, and biological factors

About Personality Disorders...

- May be related to NT imbalance
- Longstanding problem
- May result from neglect and abuse as a child
- Need long term Tx
- CHALLENGING PATIENTS !!!!!

Eating Disorders

Anorexia Nervosa
Bulimia Nervosa

Eating Disorders...Etiology

- Sociocultural
- Family Systems
- Developmental Theories
- Biology
- Genetic



Eating Disorders

- 3% among women in industrialized nations over their lifetime
- Society's emphasis on thinness
- Anorexia Nervosa....Bulimia Nervosa....Binge Eating D/O

Anorexia Nervosa

- 90-95% are females..onset usually age 10-20
- Results in death 10% of those affected
- Refusal to maintain body weight at or above minimal for age and height (less than 85%)
- Intense fear of gaining weight
- Disturbance of body image
- In females amenorrhea

Anorexia Nervosa

- One of the most lethal of the Psychiatric disorders
- Outcomes are poor because pts. actively resist or refuse treatment

Bulimia Nervosa

- Most are young females of high school or college age of normal or slightly above average weight
- Recurrent episodes of Binge eating followed by purging
- Often use large doses of laxatives and diuretics
- Enemas also used
- Recurrent inappropriate compensatory behavior to prevent weight gain
- 2 X a week for 3 mos.

Bulimia Nervosa

- Self-evaluation is unduly influenced by body shape and weight
- Girls who have been physically or sexually abused at high risk

Binge-Eating Disorder

- Repeated episodes of uncontrolled eating, compulsive overeating
- Not....purging or excessive exercising.....they are often OBESE
- Some believe it is the most common eating disorder.....affecting 15-50% of people in weight control programs

Eating Disorders Comorbidity

- Depression
- Dysthymia
- Bipolar
- Personality Disorder
- Sexual Abuse 20-50%
- SIGNIFICANT RISK OF SUICIDE !!!

Eating D/O....Nursing Care...

- Managing nutrition..
 - Calm, matter-of-fact attitude
 - Positive expectation of the pt.
 - Consistency among staff
 - Target weight chosen by the team
- Facilitating Coping
 - Involve pt. In their tx
 - Trust is essential...be honest and available
 - Explore feelings



Eating D/O....Nursing Care...

- Enhancing Body Image
 - Encourage expression of feelings
 - Draw themselves now and their desired body size
- Improving Self-Esteem
 - Help them reexamine negative feelings about themselves and identify positive attributes
 - EMPHASIZE INDEPENDENT DECISION MAKING



Eating Disorders....Current Treatment

- Hospitalization
- Insight oriented therapy
- Cognitive Behavior therapy
- Group therapy
- Family therapy
- Medications SSRI's, MAOI's, TCA's