# Chapter 24 Anxiety Disorders

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Table 1

Epidemiological Data for Anxiety Disorders

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Panic disorder | Agoraphobia | Social anxiety disorder | Specific phobia | Generalized anxiety disorder | Adult separation anxiety disorder |
| Lifetime prevalence (community) |  |  |  |  |  |  |
| 1. • 0.4-3.8% |  |  |  |  |  |  |
| 1. • Best-estimate: 1.2% |  |  |  |  |  |  |
| 1. • Panic attacks: 7.3-28.3% |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 1. • 0.73-10.8% |  |  |  |  |  |  |
| 1. • Best-estimate: 3.1% |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 1. • 0.5-16% |  |  |  |  |  |  |
| 1. • Best-estimate: 3.6% |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 1. • 0.6-12.5% |  |  |  |  |  |  |
| 1. • Best-estimate: 5.3% |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 1. • 1.9-31.1% |  |  |  |  |  |  |
| 1. • Best-estimate: 6.2% |  |  |  |  |  |  |
|  | 6.6% |  |  |  |  |  |
| Gender ratio | F:M = 2-3:1 | F:M = 2.5-4:1 | F:M = 1.5:1 (community)  F:M = 1:1 (clinical) | F:M = 2-2.5:1  F:M = 1:1 for blood-injection-injury phobia | F:M = 2:1 | F:M = 1:1 (?)  F > M for childhood separation anxiety disorder |
| Age of onset (in years) |  |  |  |  |  |  |
| 1. • Typical: 20s |  |  |  |  |  |  |
| 1. • Mean: 25 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 1. • Typical: mid-teens to early 20s |  |  |  |  |  |  |
| 1. • Mean: 17 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 1. • Typical: early teens to early 20s |  |  |  |  |  |  |
| 1. • Mean: 15-16 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 1. • Typical: childhood |  |  |  |  |  |  |
| 1. • Mean: 10 |  |  |  |  |  |  |
| 1. • Animal phobia: early childhood |  |  |  |  |  |  |
| 1. • Natural environment phobia: childhood |  |  |  |  |  |  |
| 1. • Blood-injection-injury phobia: late childhood |  |  |  |  |  |  |
| 1. • Situational phobia: mid-teens to early 20s |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 1. • Typical: late teens to late 20s |  |  |  |  |  |  |
| 1. • Can begin at any age |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 1. • Typical: early childhood |  |  |  |  |  |  |
| 1. • Can begin in adulthood |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Demographic correlates | Strong association with |  |  |  |  |  |
| 1. • Being separated, divorced, widowed |  |  |  |  |  |  |
| 1. • Lower education |  |  |  |  |  |  |
| 1. • Urban residence |  |  |  |  |  |  |
|  | Strong association with |  |  |  |  |  |
| 1. • Work disability |  |  |  |  |  |  |
|  | Strong association with |  |  |  |  |  |
| 1. • Being single |  |  |  |  |  |  |
| 1. • Lower education |  |  |  |  |  |  |
| 1. • Unemployment |  |  |  |  |  |  |
| 1. • Belonging to lower socio-economic group |  |  |  |  |  |  |
|  |  | Strong association with |  |  |  |  |
| 1. • Being separated, divorced, widowed |  |  |  |  |  |  |
| 1. • Unemployment |  |  |  |  |  |  |
| 1. • Lower income |  |  |  |  |  |  |
| 1. • Being a homemaker |  |  |  |  |  |  |
| 1. • Urban residence |  |  |  |  |  |  |
|  | Strong association with |  |  |  |  |  |
| 1. • Being unmarried, divorced (?) |  |  |  |  |  |  |
| 1. • Lower education (?) |  |  |  |  |  |  |
| 1. • Unemployment (?) |  |  |  |  |  |  |
| 1. • Work disability (?) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Table 2

General Characteristics of the PhobicDisorders (Agoraphobia, Social Anxiety Disorder, Specific Phobia)

|  |
| --- |
|  |
| 1. • The fear pertains to the known objects, situations, activities, or phenomena (“phobic stimuli”) |
| 1. • The fear is out of proportion to the actual threat posed by the phobic stimuli and to the sociocultural context |
| 1. • Insight that the fear is irrational or excessive is usually preserved, but may be absent in children |
| 1. • Exposure to phobic stimuli elicits an immediate fearful response, sometimes in the form of a panic attack |
| 1. • Phobic stimuli are avoided or endured with great distress and/or fear if avoidance is not possible |
| 1. • The fear is persistent and lasts for months and years (minimum 6 months according to the DSM-5) |
| 1. • The fear or fear-related avoidance causes significant distress or impairment in functioning |
|  |

Table 3

Evidence-Based Pharmacotherapy for Panic Disorder, Social Anxiety Disorder, and Generalized Anxiety Disorder

|  |  |  |  |
| --- | --- | --- | --- |
|  | Panic disorder | Social anxiety disorder | Generalized anxiety disorder |
| First line |  |  |  |
| 1. • Selective serotonin reuptake inhibitors: sertraline, paroxetine, escitalopram, fluoxetine |  |  |  |
| 1. • Serotonin and norepinephrine reuptake inhibitors: venlafaxine |  |  |  |
|  |  |  |  |
| 1. • Selective serotonin reuptake inhibitors: sertraline, paroxetine, escitalopram, fluvoxamine |  |  |  |
| 1. • Serotonin and norepinephrine reuptake inhibitors: venlafaxine |  |  |  |
|  |  |  |  |
| 1. • Selective serotonin reuptake inhibitors: escitalopram, paroxetine, sertraline |  |  |  |
| 1. • Serotonin and norepinephrine reuptake inhibitors: venlafaxine, duloxetine |  |  |  |
| 1. • Pregabalin |  |  |  |
|  |  |  |  |
| Second line |  |  |  |
| 1. • Tricyclic antidepressants: imipramine, clomipramine |  |  |  |
| 1. • Benzodiazepines: clonazepam, alprazolam |  |  |  |
|  |  |  |  |
| 1. • Benzodiazepines: clonazepam |  |  |  |
|  |  |  |  |
| 1. • Agomelatine |  |  |  |
| 1. • Benzodiazepines |  |  |  |
| 1. • Quetiapine |  |  |  |
|  |  |  |  |
| Third line |  |  |  |
| 1. • Classical, irreversible monoamine oxidase (MAO) inhibitors: phenelzine |  |  |  |
|  |  |  |  |
| 1. • Imipramine |  |  |  |
| 1. • Buspirone |  |  |  |
| 1. • Hydroxyzine |  |  |  |
|  |  |  |  |

Table 4

Specific Aspects of Cognitive-Behavioral Therapy and Related Treatments for Anxiety Disorders

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Panic disorder | Agoraphobia | Social anxiety disorder | Specific phobia | Generalized anxiety disorder |
| Cognitive therapy techniques |  |  |  |  |  |
| 1. • Correcting misinterpretations of bodily symptoms |  |  |  |  |  |
| 1. • Modifying beliefs about body-based threat and the dangerous nature of anxiety |  |  |  |  |  |
| 1. • Learning not to be afraid of panic and its symptoms |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. • Modifying assumptions and beliefs about oneself, others and social situations |  |  |  |  |  |
| 1. • Modifying appraisals of social situations as threatening and perception of the social environment as hostile |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. • Imagery exposure to the content of worries |  |  |  |  |  |
| 1. • Modifying beliefs about the benefit of worrying |  |  |  |  |  |
| 1. • Improving coping with uncertainty |  |  |  |  |  |
| 1. • Improving decision-making and problem-solving |  |  |  |  |  |
|  |  |  |  |  |  |
| Behavior therapy techniques |  | Exposure to agoraphobic situations: |  |  |  |
| 1. • Gradual |  |  |  |  |  |
| 1. • Self-directed |  |  |  |  |  |
| 1. • In vivo |  |  |  |  |  |
|  | Exposure to relevant social situations: |  |  |  |  |
| 1. • Gradual |  |  |  |  |  |
| 1. • First therapist-assisted (with role-play), then self-directed |  |  |  |  |  |
| 1. • First imaginal (often in-session), then in vivo |  |  |  |  |  |
|  | Exposure to phobic stimuli: |  |  |  |  |
| 1. • Gradual (rarely “flooding”) |  |  |  |  |  |
| 1. • Therapist-assisted and/or self-directed |  |  |  |  |  |
| 1. • Imaginal (guided imagery) or in vivo |  |  |  |  |  |
|  |  |  |  |  |  |
| Symptom control techniques | Breathing retraining |  |  |  | Progressive muscle relaxation |
| Other techniques |  |  | Social skills training |  |  |