



GLOBAL MEDICAL  
EDUCATION  
PRESENTS

# WHAT ARE ANXIETY DISORDERS?



**Anxiety disorders  
are among the  
most common  
psychiatric  
disorders.**

## WHAT ARE ANXIETY DISORDERS?

Individuals with an anxiety disorder can experience psychological or physical symptoms, or both.



### PSYCHOLOGICAL SYMPTOMS

- Stressed out
- Emotionally drained
- Scared
- Worried
- Frightened
- Panicky
- Irritable



### PHYSICAL SYMPTOMS

- Shaky
- Disturbed sleep
- Palpitations
- Headaches
- Chest tightness
- Stomach "twisted up in knots"

The mean age of onset of anxiety disorders is a strikingly young age of **11 years old**.



**6x**

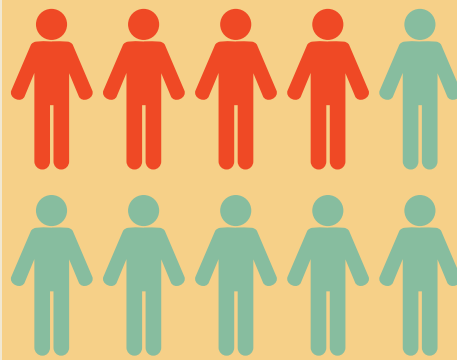


People with an anxiety disorder are **six times more likely to be hospitalized for psychiatric disorders than non-sufferers.**

## ANXIETY DISORDERS ARE FREQUENTLY CO-OCCUR WITH OTHER DISORDERS...



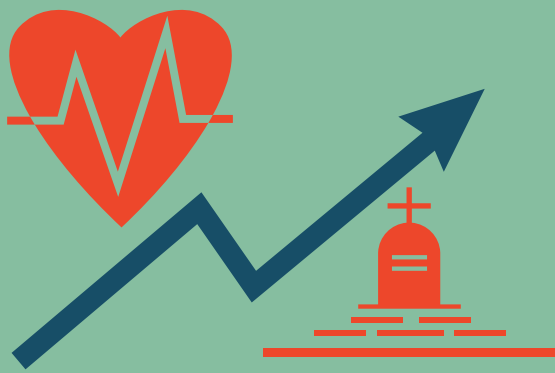
**of all patients with major depression have had an anxiety disorder.**



**Over 40% of individuals with Bipolar I and II disorder have a diagnosable anxiety disorder.**



who had a co-existing medical condition such as Hypertension, Diabetes and Arthritis... **anxiety disorders actually came first!**



In people who have had a “heart attack,” the presence of high anxiety **increases the risk of recurring heart attack, ischemia, arrhythmia and even death.**

Anxiety disorders exist at much **higher rates** in people with the following conditions:

- Asthma
- Hypertension
- Arthritis
- Heart Disease
- Chronic Headaches
- Back & Neck Pain





# THERE ARE SEVERAL TYPES OF ANXIETY DISORDERS:

## GENERALIZED ANXIETY DISORDER



Excessive and unrealistic worry and anxiety that is disproportionate to the situation and interferes with daily function.

## PANIC DISORDER



Feelings of terror that attack suddenly and can occur with sweating, chest pain, irregular heartbeats, and a feeling of choking. The person may believe he or she is having a heart attack or “going crazy.” Quality of life can be affected because people are in constant fear of another attack.

## OBSESSIVE-COMPULSIVE DISORDER



An anxiety disorder with unreasonable and unwanted fears that causes repetitive behaviors and obsessive thoughts and rituals. For example, someone with an unreasonable fear of germs will obsessively wash their hands. Other examples include counting objects, checking, and irrational fear of doing something wrong.

## POST-TRAUMATIC STRESS DISORDER



Can be triggered by a traumatic event such as war, accidents or natural disasters that leave people with lasting and frightening flashbacks, nightmares, and uncontrollable thoughts about the experience.

## SOCIAL ANXIETY DISORDER



Overwhelming worry and self-consciousness about day to day social situations that can often result in isolation and avoidance. The worry often centers on fear of being judged by others, or behaving in an embarrassing way that can lead to ridicule.

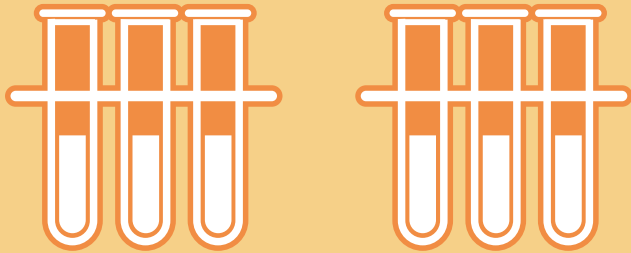
## SPECIFIC PHOBIAS



A specific phobia is an intense fear of a specific object or situation, such as spiders, heights, or flying. The level of fear is usually disproportionate to the situation and may cause the person to avoid common everyday situations.

# HOW IS A PERSON DIAGNOSED WITH AN ANXIETY DISORDER?

The diagnosis is based on information gathered on symptoms, personal and family history. A physical exam to rule out secondary causes such as medical illness, drugs, and medication. Individuals may also have to complete other psychiatric screenings such as depression as part of the diagnostic process.



Laboratory tests that may be indicated in the work-up of an anxious patient include: Thyroid function tests, B-12 and folate levels, sleep studies (if sleep apnea is suspected), EEG (if seizure disorder is suspected), drug screen, and EKG.

# WHAT CAUSES ANXIETY DISORDERS?



The exact cause of anxiety disorders is not fully known, but a number of factors appear to contribute to its development.



## BRAIN CHEMISTRY

Neurotransmitters are special chemical messengers that help move information from nerve cell to nerve cell. If the neurotransmitters are out of balance, the signals are affected. This can alter the way the brain reacts in certain situations, leading to anxiety.



## GENETICS

Some research suggests that family history plays a part in increasing the likelihood that a person will develop an anxiety disorder. This means that the tendency to develop a disorder may be hereditary.



## ENVIRONMENT

Trauma and stressful events, such as abuse, the death of a loved one, divorce, changing jobs or schools, may trigger anxiety disorders. The use of and withdrawal from addictive substances, including alcohol, caffeine and nicotine, can also worsen anxiety.

THIS INFOGRAPHIC WAS  
BROUGHT TO YOU BY



GLOBAL MEDICAL  
EDUCATION

For more information on anxiety disorders from the  
world's leading experts visit: [www.gmeded.com](http://www.gmeded.com)

*Always talk to your doctor about your illness*

#### SOURCES:

R. C. Kessler, B. Ustun (eds): The WHO world mental health surveys: Global perspectives on the epidemiology of mental disorders. Cambridge University Press, New York, First Edition, 2008

Adapted from Anxiety Disorders Association of America (AADA) website [www.adaa.org](http://www.adaa.org)

Kessler RC, et al. Arch Gen Psychiatry. 2005;62:593-602.

Kessler RC, Berglund PA, Demler O, Jin R, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). Archives of General Psychiatry. 2005 Jun;62(6):593-602.

Kessler RC, et al. Am J Psychiatry. 1999;156:1915-1923.

Kessler et al. Arch Gen Psychiatry. 1999;56:617.

Sareen J, et al. Depression and Anxiety 2005.21(4):193-202; Merikangas KR, Swanson SA. Curr Top Behav Neurosci. 2010. 2:37-59.

Scott KM, et al. J Affect Disord. 2007;103(1-3):113-120.

Sareen, J, Jacobi, F, et al. Disability and Poor Quality of Life Associated With Comorbid Anxiety Disorders and Physical Conditions. Arch Intern Med. 2006;166:2109-2116.

Moser, DK. Am J Crit Care 2007;16:361-369.

Kessler RC et al. JAMA. 2003;289:3095-3105.

Merikangas KR, et al. Arch Gen Psychiatry. 2007;64:543-552.