An Introduction to Neurotic Disorders

LPT Gondar Mental Health Group

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Neurosis

- Originally coined by the Scottish physician William Cullen in 1769. Included a range of conditions e.g. epilepsy, mania, hysteria, diabetes etc., in which there was felt to be a general deficiency of the nervous system without fever.
Neurosis – modern definition

- Eysenk – behaviour which is associated with strong emotion which is maladaptive and which the person realises is absurd, nonsensical or irrelevant, but which he is powerless to change

- Oxford textbook – a widely used collective term for psychiatric disorders that have three things in common...not accompanied by organic brain disease...not psychoses...discrete onset rather than a continuous development from early life.
The disorders
Neurosis – what we really mean

- Phobic anxiety disorders
- Other anxiety disorders
- Obsessive compulsive disorder
- Reaction to severe stress and adjustment disorders- PTSD
- Dissociation and conversion disorders
- Somatoform disorders
What is anxiety

Apprehension, tension or uneasiness which stems from the anticipation of danger, the source of which is largely unknown or unrecognised. (American Psychiatric Association 1975)

An unpleasant emotional state or condition which is characterised by subjective feelings of tension, apprehension and worry and by activation or arousal of the autonomic nervous system. (Speilberger 1972)
Anxiety Vs Anxiety Disorders

• Anxiety is a normal human response to many everyday situations.
• Mild anxiety often improves performance and is adaptive.
• Anxiety disorders are more intense, last longer and may lead to problems that interfere with everyday life.
• Anxiety disorders are characterised by anticipation of and preparation for negative outcomes of future events ie danger and threat to self.
Anxiety Disorders

- Anxiety disorders occur because people believe situations to be more dangerous than they really are (over-estimate likelihood that feared event will occur, under-estimate ability to cope with that event).
- Good clinicians help patients to consider alternative, less threatening explanations of their problem.
Anxiety as a Normal and an Abnormal Response

• Some amount of anxiety is “normal” and is associated with optimal levels of functioning.

• Only when anxiety begins to interfere with social or occupational functioning is it considered “abnormal.”
An Important Law- The Yerkes Dodson Law
Another Bell Curve -

Figure 8-7

INTERACTION OF YERKES-DODSON LAW WITH TASK DIFFICULTY

- Good performance with optimal arousal
- Poor performance with low arousal
- Poor performance with high arousal

PERFORMANCE

DIFFICULT TASKS

EASY TASKS

LEVEL OF AROUSAL

LOW

MODERATE

HIGH
Three Components of Anxiety

• Physical symptoms
• Cognitive component
• Behavioral component
Physiology of Anxiety: Physical System

• Perceived danger
• Brain sends message to autonomic nervous system
• Sympathetic nervous system is activated (all or none phenomena)
• Sympathetic nervous system is the fight/flight system
• Sympathetic nervous system releases adrenaline and noradrenalin (from adrenal glands on the kidneys).
• These chemicals are messengers to continue activity
Parasympathetic system

- Built in counter-acting mechanism for the sympathetic nervous system
- Restores a realized feeling
- Adrenalin and noradrenalin take time to destroy
Cardiovascular Effects

• Increase in heart rate and strength of heartbeat to speed up blood flow
• Blood is redirected from places it is not needed (skin, fingers and toes) to places where it is more needed (large muscle groups like thighs and biceps)
• Respiratory Effects-increase in speed and dept of breathing
• Sweat Gland Effects-increased sweating
Behavioral System

• Fight/flight response prepares the body for action-to attack or run
• When not possible behaviors such as foot tapping, pacing, or snapping at people
• Avoidance important in maintaining disorders
Cognitive System

• Shift in attention to search surroundings for potential threat
• Can’t concentrate on daily tasks
• Anxious people complain that they are easily distracted from daily chores, cannot concentrate, and have trouble with memory
• Worry about future panic
• Feelings of dread of impending doom
Epidemiology

- Anxiety disorders have been shown to be chronic disabling and costly in both low income and high income countries.
- Often under diagnosed and under treated.
- Most prevalent of psychiatric disorders in USA.
- More common in women.
- In primary care generalised anxiety disorder most common and is associated with particularly high medical system use.
ICD 10

• F40 Phobic Anxiety Disorders
  – F40.0 Agoraphobia
    – Without panic disorder
    – With panic disorder
  – F40.1 Social phobia
  – F40.2 Specific (isolated) phobias
  – F40.8 Other phobic anxiety disorders
  – F40.9 Phobic anxiety disorder, unspecified

• F41 Other Anxiety Disorders
  – F41.0 Panic disorder (episodic paroxysmal anxiety)
  – F41.1 Generalised anxiety disorder
  – F41.2 Mixed anxiety and depressive disorder
  – F41.8 Other specified anxiety disorders
  – F41.9 Anxiety disorder, unspecified
Obsessive compulsive disorder
What is it?

- Obsessions and compulsions that intrude into a person's life by creating distress, taking up lots of time and increasing the risk of co-morbidity such as depression.
Symptoms

- Obsessions are intrusive, disturbing and incessant thoughts, ideas, images or urges
- Compulsions are repetitive mental or motor activities that mostly occur in response to obsessions and aim to neutralise anxiety
- The compulsion may have no clear connection to the obsession e.g. counting to prevent harm
- Or may be excessive e.g. Washing hands because of fear of germs
Epidemiology

- In one study OCD was found to be tenth most disabling of all disorders.
- Affect functioning in academic and occupational functioning and negatively affects relationships with family and friends.
- One third of costs of psychiatric disorders.
Panic Disorder

Panic attacks: periodic, short bouts of overwhelming panic - occur suddenly, reach a peak, and pass.

Fear: “I’ll die, go crazy, or lose control”

Dysfunctional changes in thinking & behaviour as a result of the attacks.

Worry persistently about having an attack.
There are three types of Panic Attacks:

1. Unexpected - the attack "comes out of the blue" without warning and for no discernable reason.

2. Situational - situations in which an individual always has an attack, for example, upon entering a tunnel.

3. Situationally Predisposed - situations in which an individual is likely to have a Panic Attack, but does not always have one. An example of this would be an individual who sometimes has attacks while driving.
Symptoms

- Develop suddenly and reach peak in about 10 minutes
- Need 4 of 14 symptoms
- In clinical settings agoraphobia may present in 75% of patients with panic disorder
- Panic disorder is common presentation in general medical settings - 13% in primary care
- may be due to physical nature of symptoms
- It is under recognised
Definitions

- **Agoraphobia**
  - Anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help might not be available in the event of having an unexpected or situationally-predisposed panic attack or panic-like symptoms.

- **Specific phobia**
  - Persistent and irrational fear of a specific object or a specific situation.

- **Social phobia**
  - Persistent fear of one or more situations in which the person is exposed to possible negative evaluation, criticism or rejection by other people. Person often fears they might behave in a way that will be embarrassing.
Specific phobia

Persistent and irrational fear of a specific object or a specific situation.

- A compelling desire to avoid the object or situation causing considerable inconvenience.
- On exposure to the feared stimulus a fear reaction follows immediately.
- Person realises that the fear is disproportional and irrational.
- Person usually free of symptoms if they are neither in nor anticipating a phobic situation.
- The person may dismiss the fear when in a safe place but still believe they are in danger when faced by the feared stimulus.
Phobias

- Specific phobia
  - Animal
  - Natural environment
  - Blood, Injection, Injury
  - Situational
  - Other – rare / atypical phobias
  - Fear of fear (Rachman and Bichard 1988)
- DSM-IV criteria page 44
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PTSD- Definition of Trauma

- Natural disasters, car accidents, experiences of domestic violence, criminal assault
- Majority of people recover without developing PTSD
Assessment

- Initially need thorough history
  - Nature of traumatic stressor
  - Patient’s role in event
  - Thoughts and feelings about actions taken and not taken
  - Effect of trauma on people’s life
  - Perceptions of self and others
  - Exposure to prior traumatic events
  - Habitual coping styles
  - Level of cognitive functioning
  - Personal strengths and weaknesses
  - Prior psychiatric history
  - Medical, social, family, and occupational history
  - Cultural/religious beliefs
PTSD Symptoms

- Hypervigilance
- Flashbacks
- Nightmares
- Avoidance
- Anxiety
- Irritability
- Poor concentration
Conversion disorders

(F44.) Dissociative (conversion) disorders
(F44.0) Dissociative amnesia
(F44.1) Dissociative fugue
(F44.2) Dissociative stupor
(F44.3) Trance and possession disorders
(F44.4) Dissociative motor disorders
(F44.5) Dissociative convulsions
(F44.6) Dissociative anaesthesia and sensory loss
(F44.7) Mixed dissociative (conversion) disorders
(F44.8) Other dissociative (conversion) disorders
Ganser's syndrome
The somatoform disorders are a group of mental disturbances placed in a common category on the basis of their external symptoms. These disorders are characterized by physical complaints that appear to be medical in origin but that cannot be explained in terms of a physical disease, the results of substance abuse, or by another mental disorder. In order to meet the criteria for a somatoform disorder, the physical symptoms must be serious enough to interfere with the patient's employment or relationships, and must be symptoms that are not under the patient's voluntary control.
Somatoform Disorders

- (F45.1) Undifferentiated somatoform disorder
- (F45.2) Hypochondriacal disorder
- F45.4) Persistent Somatoform Pain Disorder
Behavioral and Cognitive Therapy

- Teaches patient to react differently to situations and bodily sensations that trigger anxiety
- Teaches patient to understand how thinking patterns that contribute to symptoms
- Patients learn that by changing how they perceive feelings of anxiety, the less likely they are to have them
Medication

- Can be useful in short term but if using benzodiazepines be aware of tolerance and dependence
- SSRIs useful in OCD, if comorbid depression and in PTSD
Exercise

- Benefits: symbolic meaning of the activity, the distraction from worries, mastery of a sport, effects on self image, biochemical and physiological changes associated with exercise, symbolic meaning of the sport

- Helps by expelling negative emotions and adrenaline out of your body in order to enter a more relaxed, calm state to deal with issues and conflicts
Provided by The Leicester Gondar Link Collaborative Teaching Project

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