

Anxiety Disorders



Anxiety – apprehension over an anticipated event or problem.

Fear – a reaction to immediate danger.

Both are adaptive.



Classification

Generalised Anxiety Disorder (GAD) Social Anxiety Disorder (SAD)

Specific phobias

Panic Disorder

Obsessive Compulsive Disorder (OCD)

Post Traumatic Stress Disorder (PTSD)

Base: all adults

Men Women

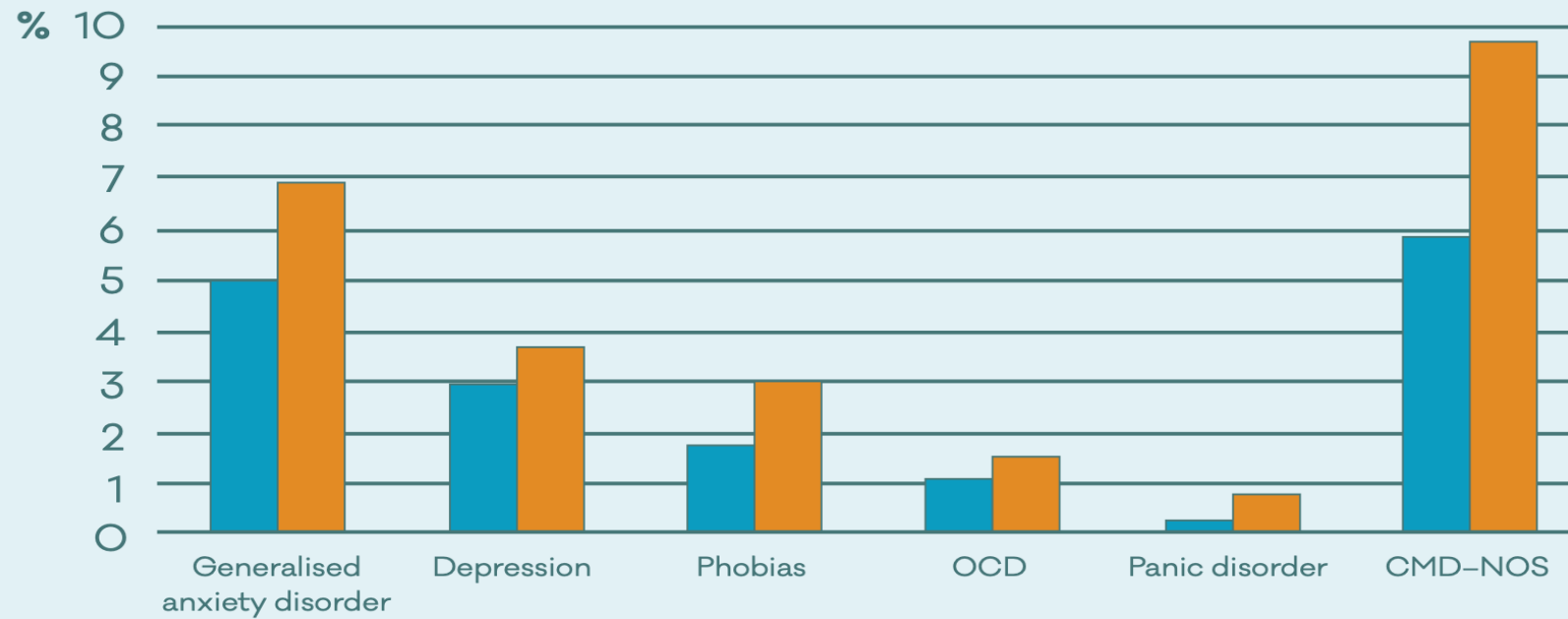


Figure 1a: APMS prevalence of common mental health problems by sex

Stansfeld, S., Clark, C., Bebbington, P., King, M., Jenkins, R., & Hinchliffe, S. (2016). Chapter 2: Common mental disorders. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital.

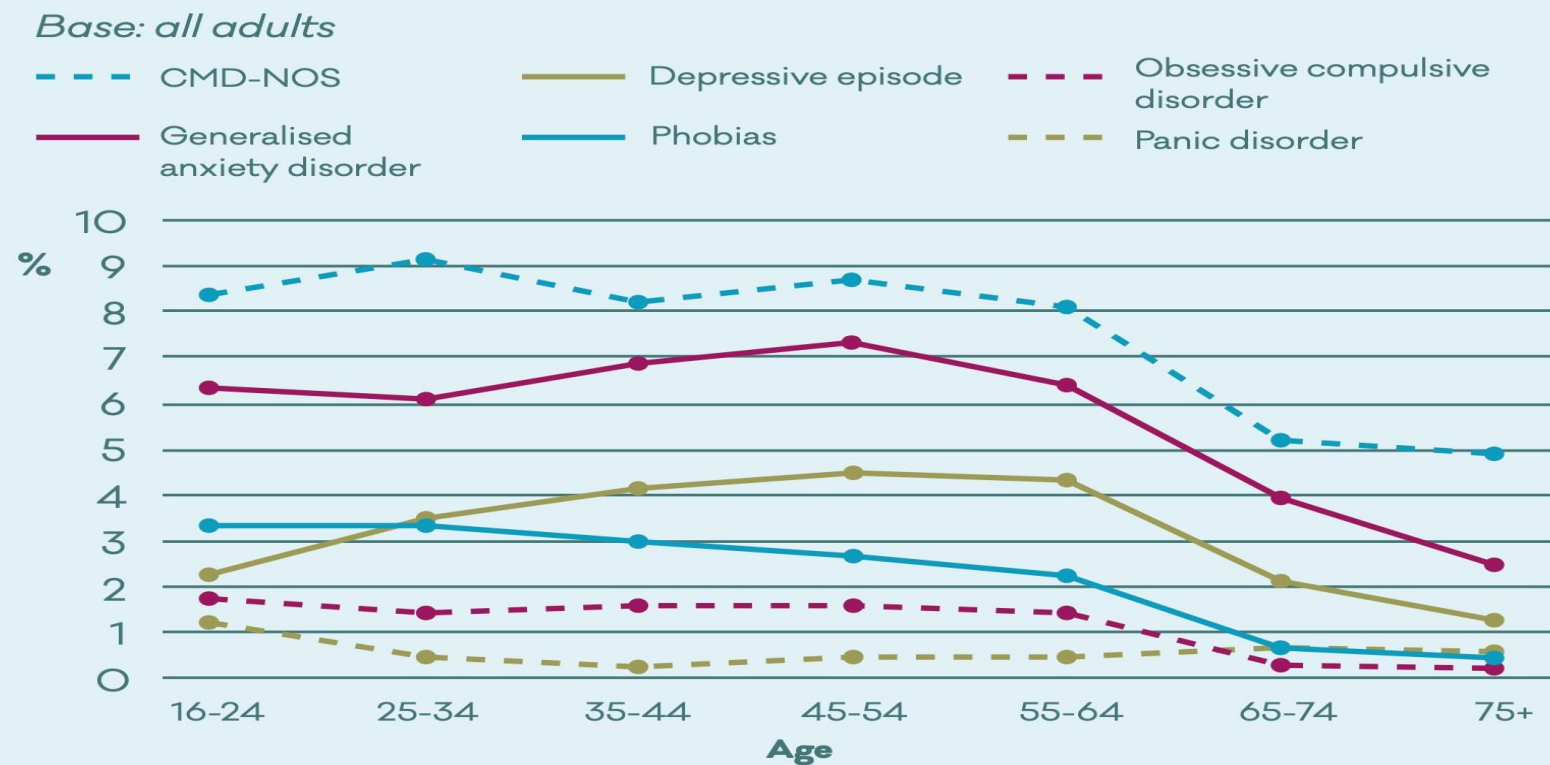


Figure 1b: APMS prevalence of common mental health problems by age

Stansfeld, S., Clark, C., Bebbington, P., King, M., Jenkins, R., & Hinchliffe, S. (2016). Chapter 2: Common mental disorders. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital.

Mental Health Foundation Report

- Findings from the APMS (2014) show that, with the exception of panic disorder, all types of mental health problems were more prevalent in people of working age (aged 16-64) than those aged 65 and over. See Figure 1b for the prevalence of common mental health problems by age group.
- Since the last survey in 2007, the APMS (2014) shows an increase in common mental health problems among late-mid-life men and women (aged 55-64), suggesting that this population group may be particularly vulnerable to the impact of the economic recession.
- In the survey, common mental health problems were also found to be more prevalent in certain groups of the population, including black women, adults under the age of 60 who are living alone, women who live in large households, unemployed adults, those in receipt of benefits and those who smoke cigarettes.

Mental health condition	2007 (%)	2014 (%)
GAD	4.4	5.9
Depression	2.3	3.3
Phobias	1.4	2.4
OCD	1.1	1.3
Panic disorder	1.1	0.6
CMD-NOS	9.0	7.8

Table 1b: Prevalence of common mental health problems (adults 16+)

Stansfeld, S., Clark, C., Bebbington, P., King, M., Jenkins, R., & Hinchliffe, S. (2016). Chapter 2: Common mental disorders. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital.

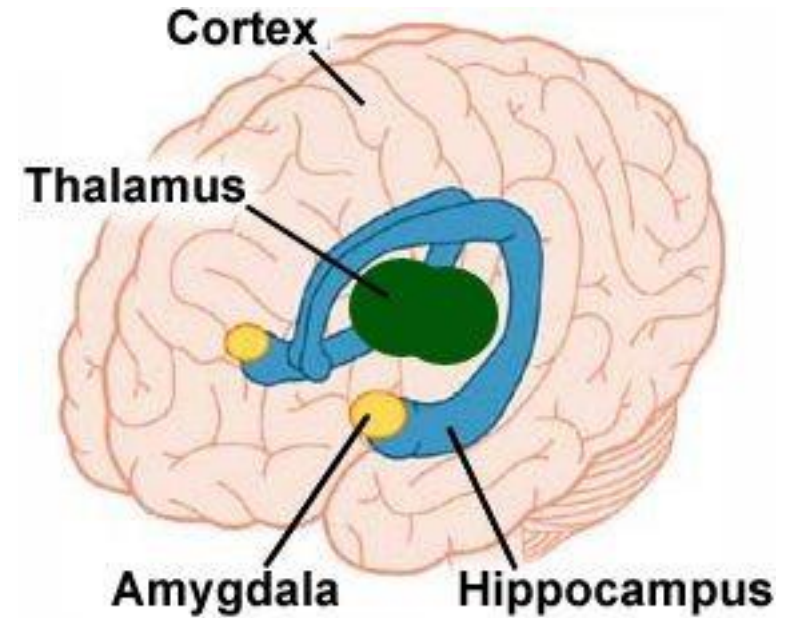
Aetiology

Phobias

Psychoanalytic theory

Classical conditioning

Biological models (biological preparedness & non-associative fear acquisition)



Treatment

Exposure therapy:

<https://www.youtube.com/watch?v=0jZdzjAif60>

CBT interoceptive exposure:

<https://www.youtube.com/watch?v=sigXTV5QXik>

Exposure therapy - VR

<https://www.youtube.com/watch?v=r7tY07QY66A>

Social Anxiety Disorder (SAD)

Aetiology

Genetic factors

Developmental factors

Cognitive factors (self-focused attention; interpretation bias)

Treatment

Exposure therapy

Social skills training

Cognitive restructuring

Panic Disorder & Agoraphobia

Aetiology

Biological theories (hyperventilation, noradrenergic overactivity)

Psychological theories

Classical conditioning

Catastrophic interpretation

Anxiety sensitivity

Treatment

Cognitive restructuring

Interoceptive exposure

Breathing training

Generalized Anxiety Disorder (GAD)

Aetiology

- Psychological theories

 - Information biases (attention bias modification)

 - Dispositional characteristics (worriers)

Treatment

- CBT

- Relaxation training

- Cognitive restructuring

- Behavioural rehearsal

Obsessive Compulsive Disorder (OCD)

OCD-related disorders:

- Body dysmorphia

- Hoarding

- Hair pulling

- Skin-picking

Aetiology

- Biological factors (inheritance component)

- Psychological factors

 - Memory deficits

 - Dysfunctional beliefs (inflated responsibility, thought-action fusion, & mental contamination)

Obsessive Compulsive Disorder (OCD)

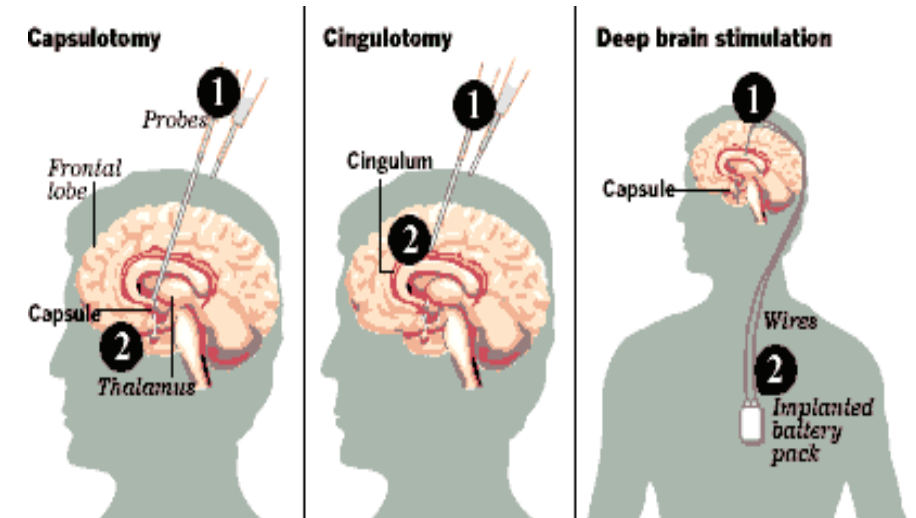
Treatment

Exposure therapy

CBT

Pharmacological treatment (SSRIs)

Neurosurgery (cingulotomy)



Post-traumatic Stress Disorder (PTSD)

Aetiology

Biological factors (hippocampus & amygdala)

Vulnerability factors

Dissociation and avoidance

Classical conditioning

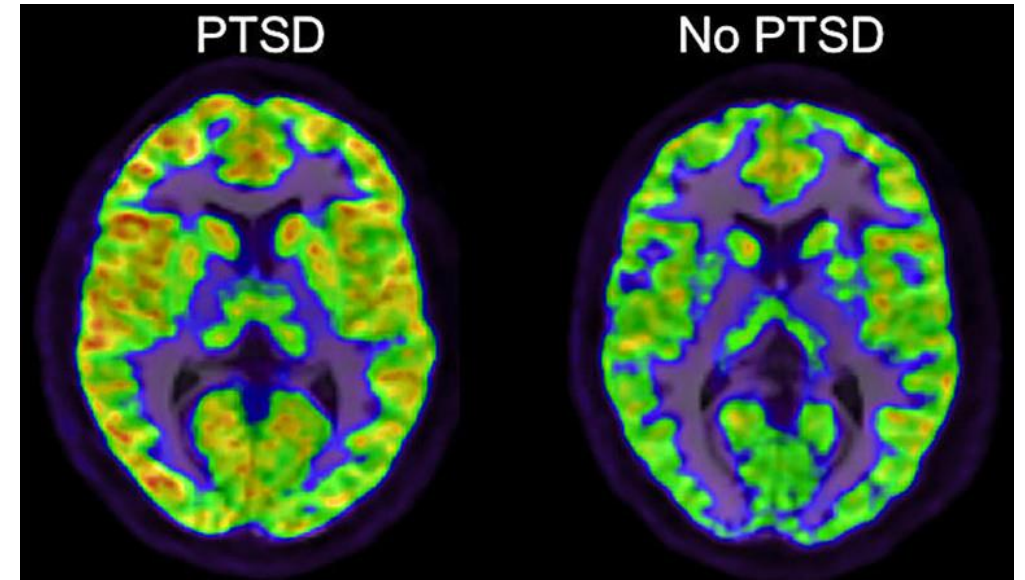
Emotional processing theory

Treatment

Psychological debriefing

Exposure therapy

EMDR (Eye movement desensitization and reprocessing)





Psychological Treatments for Anxiety Disorders



Cognitive Behavioural Therapy (CBT)

- Identifies unhelpful thoughts
- Changes avoidance behaviours
- Often includes exposure
- First-line treatment

Exposure-Based Therapies

- Gradual confrontation with feared stimuli
- Reduces avoidance and fear conditioning

Acceptance and Commitment Therapy (ACT)

- Builds psychological flexibility
- Acceptance of anxiety
- Values-guided action

Mindfulness-Based Interventions (MBCT / MBSR)

- Present-moment awareness
- Reduces reactivity to thoughts
- Helpful for GAD & relapse prevention

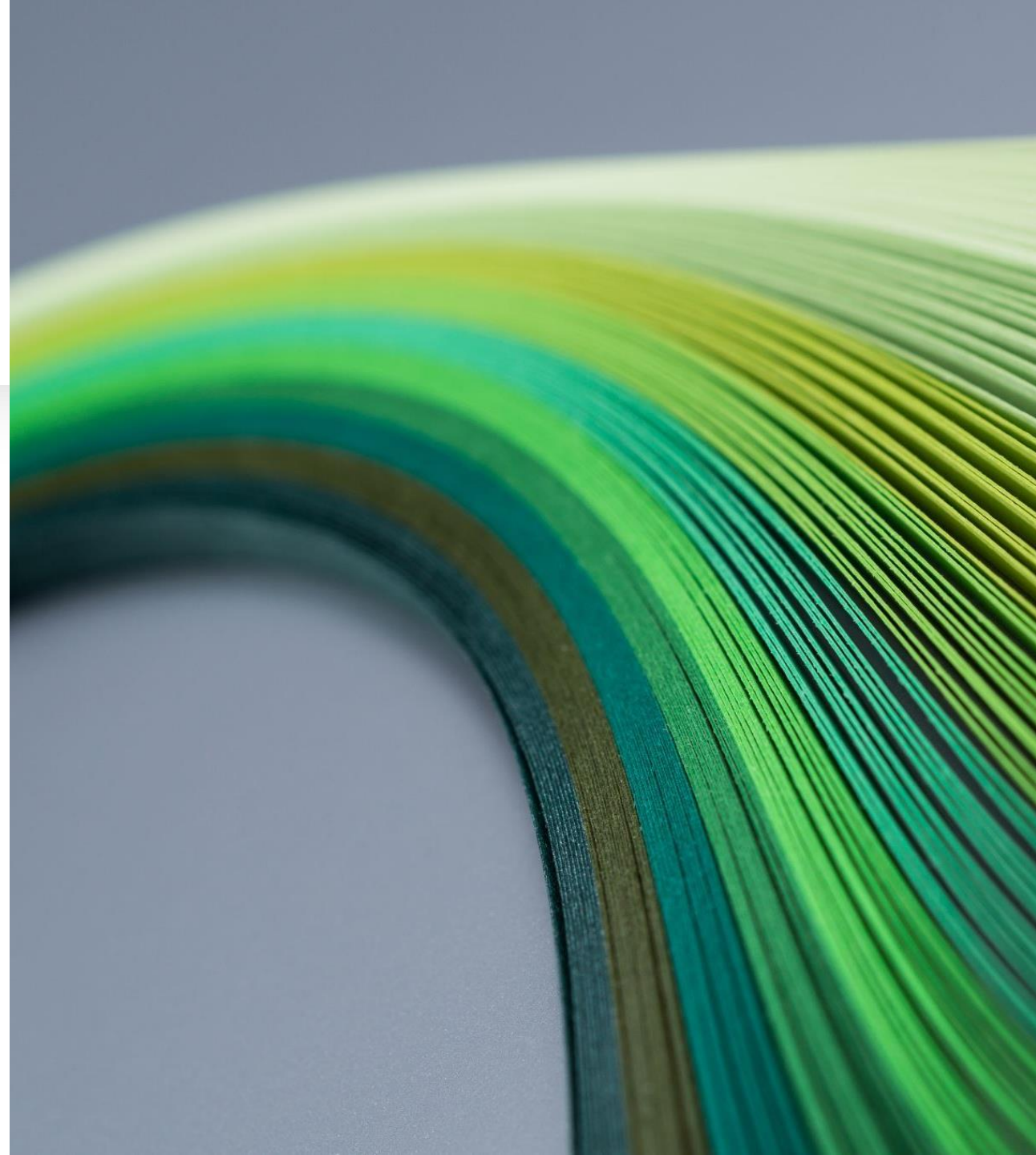


Psychodynamic Therapy

- Unconscious processes & attachment patterns

Humanistic / Person-Centred Therapy

- Empathy & therapeutic relationship
- Emotional processing & self-understanding



Compassion-Focused Therapy (CFT)

- Targets shame & threat systems
- Builds self-compassion

Metacognitive Therapy

- Works with beliefs about worry
- Reduces rumination





Psychoeducation



Breathing & relaxation



Emotion regulation



Somatic approaches



Nature-based / experiential work



Summary - At a Glance

CBT / Exposure:

- Strong evidence, structured
- Can feel technical

ACT / Mindfulness:

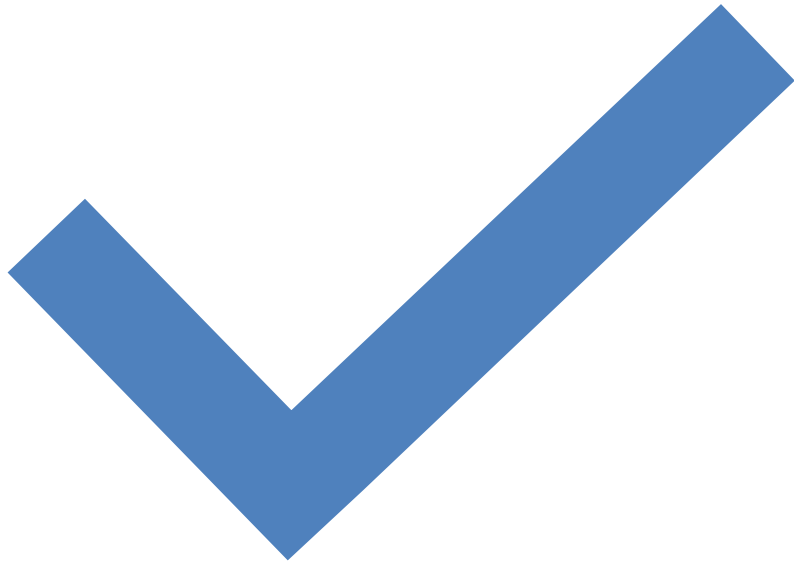
- Acceptance & values
- Less directive

Psychodynamic / Humanistic:

- Depth & relational meaning
- Slower change

CFT / Metacognitive:

- Shame & worry focused
- Specialist availability



No single model fits all

CBT + exposure strongest short-term evidence

Relationship & meaning matter

Practice is often integrative

Client preference guides approach