

INTRODUCTION TO PSYCHOLOGY...

Sheet 3: anxiety and stress disorders

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In psychiatric history, you have to ask about the premorbid personality of your patient (the personality before the psychiatric disorder) because a lot of disorders are nothing except exaggerated of a premorbid trait.

So you have to ask the patient's best friend about the patient's personality before the disorder

One of the most important questions is how the patient handles his stress.

Also, a person with a family history of (anxiety, depression.....) is more likely to develop these disorders in the future.

What is stress?

Stress is a state of disequilibrium of the internal environment of the body (mental, psychological or physical arousal)

This arousal appears as (tachycardia, over-sweating, MI-like symptoms "cardiac neurosis")

*Cardiac neurosis: MI-like symptoms without ischemic heart diseases (normal coronary arteries), due to a sudden acute huge increase of stress hormones.

Types and classifications of stress disorders

1_ Bad "negative" (distress) / positive (Eustress).

2_ Acute / chronic.

3_ Abnormal "pathological" (morbid or distinction stress) / Adaptive stress.

We will start with the first group

1_ Bad "negative" (distress) / positive (Eustress).

***Bad "negative" stress**

*Positive (Eustress): "Eu" means good

Δ always increases your motivation to help you to solve the problem.

Δ Ex: a person will get married soon and he needs money so he asks

and seeks someone to borrow from.

2_Acute / chronic.

*Acute

△ normally always happen

△ when the problem is solved the stress will go away.

△ it happens when there is a stressful event.

△ Ex: a person needs to pay his apartment rent at the end of the month and he has not enough money.

△ this type cannot cause a psychiatric disorder.

*chronic

△ cause psychiatric disorders.

△ repetitive and uncontrollable stress.

Doctor Saleh believes that psychiatric disorder is a balloon, this balloon is filled out until it burst.

3_Abnormal "pathological" (morbid or distinction stress)/ Adaptive stress.

*Abnormal "pathological" (morbid or distinction stress)

△ reactions are very amplifier (يعمل من الحبة قُبّة)

△ they always have eventual problems.

#eventual problems: type of problems are not happen yet and most probably will not happen.

△ they get anxiety from imaginary situations.

△ if the problem has been solved the person still has anxiety.

△ Ex person will travel to the USA he asks himself what if the plane fall, what if I late So they called what "ifing" people.

*Adaptive stress.

△ helps you to solve an actual and real problem and protect you.

△ always there is a stimulus

△ Ex when you cross the road you feel stress and this stress protects

you.

Δ once you solve the problem the anxiety goes away.

Effective (mood disorders) and females.

Mood disorders, in general, are more in female F to M ratio is 2 to 1, why?

There are several causes :

1. hormone

High levels of testosterone in males have a role in the protection of the body from stress.

2. females are much more emotional than males and they get stressed about more things

3 . cultural bias

Deprivation women to develop their own coping strategies

Behavioralists believe that anxiety is an abnormal learned behaviour and they aim to make this learned behaviour unlearned, and as people learn from experiences people with fewer experiences will have more difficulty to make this behaviour unlearned

And as females have fewer experiences(due to cultural causes) they will not able to develop their own coping strategies.

Under the umbrella of anxiety disorders :

1 Generalised anxiety disorders (GADs)

The patient is worry about everything

2. Panic anxiety disorder

A sudden acute increase in adrenaline and stress hormones.

The panic attack itself cannot kill the patient, but the patient thinks that

The panic attack itself is not dangerous but the consequences of it are dangerous for example when a patient has a panic attack in the city mall he will not go to it again

Also, you see him always near exists of buildings.

3 Phobic anxiety disorders

An elusive fear from nonharmful objects (spiders, lefts, cockroach.....)

Social phobia

A type of public attack in which the patient cannot deal with a big group of people.

The social phobic people are more susceptible to become drug or alcohol abuse because they think these drugs make them more relaxant.

Physical sign and symptoms of anxiety disorders.

Anxiety can affect any system in our body

1. skin: eczema
 2. neurological symptoms: headache
 - 3 .eating process: a lot of females with anxiety disorders come to the clinics with the dryness of mucous membranes so they develop (Globus hystericus)
- #Globus hystericus: is an overwhelming feeling of a lump lodged in a person's throat, even when nothing there.
- 4 RS: shortness of the breath.
 - 5 CVS: tachycardia, cardiac neurosis, MI symptoms.
 - 6 GI: irresistible bowel disease, in severe cases ulcers can occur.
 - 7 urinary tract: polyuria
 - 8 sexual dysfunction.

***Syndromes associated with anxiety disorders.**

1. Imposter syndrome

Mainly in successful women with powerful positions, she believes that her success is due to external factors (luck, a manager like her,)

not internal.

2 .Tako sopo syndrome (broken _heart syndrome)

Tako sopo means octopus trap and this syndrome called that because of the left ventricle look like octopus trap.

It is a type of non _ischemic (the coronary arteries are intact) cardiomyopathy.

This condition may be triggered by emotional stress due to the sudden increase in stress hormones levels cause left ventricle to pulse out.

Those who survive after Tako sopo syndrome have a good prognosis.

Consequences of taking sopo syndrome :

1. acute heart failure
2. lethal ventricular arithmetic
3. rupture of the left ventricle

This syndrome usually happens when the doctor tells the patient or patient's relative bad news.

Occupational stress

Some jobs cause stress more than others for example doctors who work as academic staff suffer more from anxiety than other doctors.

Causes of occupational stress

- 1 .workload
2. poor management strategies
3. lack of recognition and reward

Occupational stress ends with other psychiatric disorders.

Promotion neurosis

The patient has not enough experiences and knowledge to have big

responsibility so he feels stress.

Dentists, Anesthetist and psychiatrist are with higher suicide rates.