Quick Summary: **Anxiety, Stress & Psychosomatic Illnesses**

Anxiety

- Psychological state with **excessive worry, fear, and tension**, often with physical symptoms like palpitations, sweating, muscle tension, and sleep disturbances.

Types of Anxiety:

١. **Generalized Anxiety Disorder (GAD):**
   - Chronic, excessive worry without a clear trigger
   - Symptoms: fatigue, muscle tension, difficulty concentrating
٢. **Panic Disorder:**
   - Sudden, recurrent panic attacks
   - Symptoms: palpitations, chest pain, shortness of breath, fear of losing control or dying
   - May develop anticipatory anxiety
٣. **Social Anxiety Disorder (Social Phobia):**
   - Intense fear of social situations
   - Fear of judgment or embarrassment, avoidance, extreme self-consciousness
٤. **Specific Phobias:**
   - Irrational fear of specific objects or situations (e.g., heights, spiders, flying)
   - Leads to avoidance behaviors

Other Related Disorders

١. **Obsessive-Compulsive Disorder (OCD):**
   - **Obsessions:** Intrusive, unwanted thoughts (fear of contamination, symmetry, aggressive thoughts)
   - **Compulsions:** Repetitive behaviors (hand washing, checking, counting, rituals)
٢. **Post-Traumatic Stress Disorder (PTSD):**
   - Follows trauma (war, disasters, accidents)
   - Symptoms: flashbacks, nightmares, severe anxiety, intrusive thoughts

Psychosomatic Illnesses

- Physical disorders influenced by stress/anxiety/psychological factors
- Examples: IBS, chronic pain, hypertension, skin disorders
- Demonstrates **mind-body connection**

Physiological Mechanisms

- **HPA Axis:** Stress → cortisol → energy & alertness; chronic activation → depression, obesity, memory issues
- **ANS:** Sympathetic NS (“fight/flight”), Parasympathetic NS (“rest/digest”); anxiety → SNS overactivation
- **Neurotransmitters:** Serotonin, GABA, Dopamine/Norepinephrine imbalances → anxiety symptoms

Stress

- **Eustress (Good Stress):** Short-term, motivating, improves focus/performance
- **Distress (Bad Stress):** Chronic, harmful; ↑ cortisol, poor immunity, chronic diseases
- **Perception matters:** Positive outlook reduces harmful effects and protects cardiovascular health

Research Highlights

- Keller et al. (2012): Negative stress perception → 43% higher risk of premature death
- The Lancet (2013): Positive stress mindset → fewer cardiovascular events

Chronic Stress & Heart Health

- Negative perception → hypertension, inflammation, arterial stiffness → precursor to heart disease

Cultural Impact

- Collectivist societies (e.g., Arabic culture) → lower reported anxiety due to strong social support
- Individualistic societies → higher prevalence
- Cultural beliefs influence **expression of symptoms and help-seeking**

Key Point

- Early detection + holistic treatment → better outcomes, lower healthcare costs, improved quality of life

1. Psychological Therapies

- **Cognitive Behavioral Therapy (CBT):**
  - Focuses on restructuring irrational thoughts and reducing avoidance behaviors.
  - Effective for GAD, panic disorder, social anxiety disorder, OCD, IBS, CFS.
  - Benefits: Long-term coping skills, relapse prevention.
- **Relaxation & Mindfulness Techniques:**
  - **Deep Breathing:** Activates PNS → lowers HR, BP, muscle tension.
  - **Progressive Muscle Relaxation (PMR):** Reduces physical tension, useful in headaches & TMJ.
  - **Mindfulness:** Increases present-moment awareness, reduces rumination, decreases psychosomatic symptoms.
  - **Other Techniques:** Guided imagery, visualization, autogenic training.

2. Pharmacological Treatments

- **Antidepressants:**
  - **SSRIs (e.g., Fluoxetine, Sertraline, Escitalopram):** ↑ serotonin, treat anxiety + depression. Side effects: nausea, insomnia, sexual dysfunction.

    - **SNRIs (e.g., Venlafaxine, Duloxetine):** ↑ serotonin & norepinephrine, also effective for chronic pain (fibromyalgia, IBS, migraines). May ↑ BP.
- **Anxiolytics:**
    - **Benzodiazepines (e.g., Alprazolam, Lorazepam, Diazepam):** Enhance GABA, rapid relief. Risk: tolerance, dependence, withdrawal → not for long-term use.
    - **Buspirone:** Modulates serotonin & dopamine, safer long-term, less dependency.

3. Lifestyle Modifications

- **Exercise:**
    - Improves mood, ↓ anxiety/depression, ↑ sleep quality.
    - Recommended: 150 minutes moderate-intensity aerobic exercise/week.
- **Nutrition:**
    - Balanced diet (fruits, vegetables, lean proteins, whole grains).
    - Key nutrients: Omega-3 (fish, flaxseed), Magnesium (spinach, almonds), Complex carbs (whole grains).
    - Avoid stimulants: caffeine, alcohol.
- **Sleep Hygiene:**
    - Poor sleep worsens anxiety.
    - Tips: consistent schedule, bedtime routine, no screens before sleep, quiet/cool/dark room.
- **Stress Management:**
    - Time management (realistic goals, priorities).
    - Social support (family, friends).
    - Hobbies & leisure (art, music, gardening).
- **Religious/Spiritual Practices:**
    - Provide meaning, reduce existential anxiety, increase stress tolerance.
    - Practices like prayer enhance psychological stability.

Interdisciplinary Collaboration & Anxiety Management – Quick Summary

Key Principle

- Anxiety and psychosomatic symptoms require **team-based care** combining **non-pharmacological** and **pharmacological** approaches for best outcomes.

1. Primary Care Physicians (PCPs)

- **Role:** Care coordination, rule out organic causes.
- **Actions:**
    - Initiate medication if needed
    - Refer to specialists
    - Monitor patient progress

2. Psychologists & Psychiatrists

- **Psychologists:** CBT, mindfulness, relaxation techniques

- **Psychiatrists:** Evaluate and manage medications for anxiety, depression, chronic pain

3. Medical Specialists

- **Gastroenterologists:** IBS management + collaboration with mental health
- **Dentists:** TMJ, bruxism; nightguards, stress-reduction techniques
- **Neurologists:** Rule out neurological causes for chronic fatigue or tension headaches; pain management

4. Therapists

- **Physical, Occupational, Speech Therapists:**
  - Teach pacing strategies, gentle exercises
  - Ergonomic adjustments to reduce strain

5. Nutritionists / Dietitians

- Identify dietary triggers
- Promote gut-friendly diets (e.g., low-FODMAP)

6. Social Workers

- Support for socioeconomic stress, trauma, lack of social support
- Connect to community resources and support groups

Key Takeaway

- Start with **non-drug interventions**
- Combine **pharmacological + non-pharmacological approaches** when necessary

Self-Assessment Anxiety Scale (Adapted GAD-7)

- **Rate each 0–3:** 0=Never, 1=Sometimes, 2=Often, 3=Always
- **Areas:** Worry, physical symptoms, sleep, irritability, avoidance, concentration, fatigue
- **Scoring:**
  - 0–7 → Mild (self-care)
  - 8–14 → Moderate (consider professional support)
  - 15–21 → Severe (seek clinical evaluation)