Table 6.1 Anxiety Disorders - Summary

Disorder and Lifetime Prevalence Rates	Definition	Main DSM-IV-TR Diagnostic Features	Key Features	Theories of Aetiology	Main Forms of Treatment
SPECIFIC PHOBIA (7.2% - 11.3%)	Excessive, unreasonable, persistent fear triggered by a specific object or situation	Marked and specific fear trigger by a specific object or situation Exposure evokes immediate anxiety Individual recognizes the fear is excessive The phobic situation is always avoided The fear interferes significantly with daily functioning	Clinical phobias are usually restricted to a small group of objects and situations (e.g. animals, heights, water, blood and injury, etc.) Twice as many females as males develop specific phobias Phobics acquire a set of threat-relevant beliefs that maintain their phobia	Psychoanalytic Accounts Classical Conditioning Biological Preparedness Nonassociative Fear Acquisition Disease-Avoidance Model	Exposure Therapy Systematic Desensitization Flooding One-session rapid treatments
SOCIAL PHOBIA (7% - 13%)	A severe and persistent fear of social or performance situations	Persistent fear of social or performance situations Exposure to social situations provokes anxiety Individual recognizes that fear is excessive Avoidance and anxiety significantly interferes with daily functioning	Anxiety of socially-based situations is so pervasive it has been labelled “social anxiety disorder” Social phobia is sometimes associated with panic attacks Social phobics appear to have developed an information processing and interpretation bias which causes them to make excessively negative predictions about future social events	Genetic Factors Role of Behavioural Inhibition in Childhood Information Processing Biases (e.g. negative processing of ambiguous information) Self-Focussed Attention	CBT Medication (e.g. MAOIs and SSRIs)

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PANIC DISORDER (1.5% - 3.5%)	The experience of repeated and uncontrollable panic attacks	Recurrent, persistent panic attacks At least 1 month of persistent concern or worry about these attacks Panic attacks cannot be accounted for by the physical effects of a substance or a general medical condition	Onset is common in adolescence or early adulthood, and normally following a period of stress Frequency of panic attacks can vary between one attack per week to frequent daily attacks Associated with fear of serious underlying medical condition or that the individual is losing control or "going crazy"	Hyperventilation Model Suffocation Alarm Theories Noradrenergic Over-activity Classical Conditioning Anxiety Sensitivity Catastrophic Misinterpretation of Bodily Sensations	Tricyclic antidepressants and Benzodiazepines Exposure-Based Treatments CBT
GENERAL ANXIETY DISORDER (GAD) (5%)	The experience of continual apprehension and anxiety about future events, leading to chronic and pathological worry	Excessive anxiety and worry occurring more days than not for 6 months Worry is uncontrollable Associated with 3 or more physical symptoms The anxiety or worry causes significant distress or impairment of daily functioning	Pathological worry is the cardinal diagnostic feature of GAD GAD is twice as common in women as in men 12% of those who attend anxiety clinics will present with GAD Highly comorbid with a range of other anxiety disorders and major depression	Genetic Factors Information Processing Biases Dysfunctional Beliefs about Worrying The Role of Dispositional Factors	Anxiolytics such as Benzodiazepines Stimulus Control Treatment CBT (including self-monitoring, relaxation training, and cognitive restructuring)

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OBSESSIVE-COMPULSIVE DISORDER (OCD) (2.5%)	Recurrent obsessions or compulsions that are severe enough to be time-consuming or cause distress	Recurrent thoughts, impulses, images experienced as intrusive and inappropriate Repetitive behaviours or mental acts that the person feels driven to perform The person recognises that these are excessive or unreasonable The obsessions or compulsions cause marked distress	OCD onset is gradual and begins to manifest in early adolescence or adulthood – normally following a stressful life event Affects women more frequently than men The main compulsions are checking and washing behaviours – although these rarely occur together in the same individual Sometimes comorbid with other disorders such as major depression and eating disorders	Role of Brain Deficits in the Frontal Lobes & Basal Ganglia Memory Deficits Inflated Responsibility Thought-Action Fusion Perseveration & the role of Negative Mood	Exposure & Ritual Prevention Treatments (EPR) CBT Drug Treatment (SSRIs) Cingulatomy

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POST-TRAUMATIC STRESS DISORDER (PTSD) (3% - 8%)	A set of persistent, anxiety-related symptoms that occur after experiencing or witnessing an extremely traumatic event	Experience of events involving death or threatened death Response involves intense fear, helplessness or horror, The traumatic event is persistently re-experienced The individual persistently avoids stimuli associated with the trauma Physical symptoms indicating increased arousal Duration of the disturbance is more than 1 month The disturbance causes significant distress or impairment	Following a severe traumatic event, women are significantly more likely to develop PTSD than men Experiences that are likely to cause PTSD include physical assault and rape, torture, POW and combat experiences, natural disasters such as floods and earthquakes, and motor vehicle accidents Main symptoms include increased arousal, avoidance and numbing of emotions, and re-experiencing of the traumatic event	Theory of Shattered Assumptions Classical Conditioning Emotional Processing Theory Mental Defeat Dual Representation Theory	Psychological Debriefing Exposure Therapy Eye-Movement Desensitisation and Reprocessing (EMDR) Cognitive Restructuring

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