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Study Guide: Behavioral focus: Anxious/Panic, Obsessive, Compulsive Trauma, and Stressor Related Disorders
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N108 Mental Health and Psychiatric Nursing AY 2023-2024

Study Guide

Anxiety, Anxiety Disorders, Panic Disorders, Obsessive-compulsive, Trauma, and Stressor Related Disorders

Introduction

Hi N108 students,

In this session we will delve deeper into the application of the nursing process in MHPN with behavioral focus on Anxiety Disorder, Obsessive-Compulsive and other related disorders, and Trauma-and Stress related disorders. **Anxiety** is an ambiguous feeling of dread or trepidation as a response to external or internal stimuli which are multidimensional (behavioral, emotional, cognitive, and physical symptoms), but this is different from fear as fear is the feeling of being afraid or threat with an identified external stimulus that serves as a danger to the person (Videbeck, 2020). While **anxiety disorders** are a group of conditions that feature extreme anxiety that affect the patient's behavior, emotion, cognition, and exhibit physiological manifestations. **Panic disorder** on the other hand is incapacitating and distressing disorder usually characterized by frequent or spur-of-the-moment episodes of fear, worry, or distress and accompanied by at least other anxiety related symptoms such as palpitations, trembling, etc. (Hoppe et.al., 2012). Obsessive-compulsive **disorder** (OCD) is a disorder characterized by intrusive and disconcerting thoughts (obsessions) and repetitive behaviors (compulsive) that one feels driven to perform (Goodman et.al., 2014). **Trauma and stressor related disorders** such as post traumatic disorder (PTSD) and acute stress disorder usually develop after experiencing life events that are astonishing in intensity or severity.

Learning Outcomes

At the end of this session, you should be able to:

1. Discuss anxiety, anxiety disorders, panic disorders, OCD, and trauma and stressor related disorders.
2. Identify behavioral changes according to the different levels of anxiety.
3. Discuss the different theories on the etiologies of major anxiety disorder
4. Describe responses to trauma and stressors
5. Applying the nursing process to care for patients with anxiety, anxiety disorders, panic disorders, OCD, and trauma and stressor related disorders.

Concept Outline

1. Anxiety
 - a. defined an ambiguous feeling of dread or trepidation as a response to external or internal stimuli which are multidimensional (behavioral, emotional, cognitive, and physical symptoms), but this is different from fear as fear is the feeling of being afraid or threat with an identified external stimulus that serves as a danger to the person (Videbeck, 2020).
 - b. Levels of anxiety
 - i. Mild – Sensory stimulation increases and aids the person to focus attention to learn, solve problems, think, act, feel, and self protection. For example, a student focuses on their study a day before their examination.
 - ii. Moderate- the person feels that something is wrong and becomes nervous and agitated. One can still process information, solve problems, and learn new things but needs assistance from others. For example, a student worried about how well they have done during the exam knowing that there were concepts that they were not familiar with. They are unable to control their worrying, unable to relax for several days, but not every day.
 - iii. Severe- the person has trouble thinking and reasoning, restless, irritable, and angry.

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- iv. Panic- the person's emotional-psychomotor realms predominates and associated with fight, flight, or freeze responses. The only cognitive process is the persons focus on defense.

2. Anxiety Disorders

- i. Agoraphobia – fear of being outside
- ii. Specific phobia- an irrational fear of a particular object or a situation e.g.Natural environment phobia, blood-injection phobias, situational phobia
- iii. Social anxiety disorder (social phobia) – severe anxiety that can escalate into panic when confronting situations involving other people such as public speaking, making complaints, etc.
- iv. Generalized anxiety disorder (GAD) - excessive worrying and high level of anxiety at least 50% of the time for six month or more.

3. Panic disorder

- i. Panic disorder is an overwhelmingly intense feeling of anxiety and displays physiologic symptoms such as palpitations, sweating, tremors, shortness of breath, etc.
- ii. Composed of discrete episodes of panic attacks, lasting for 15 to 30 minutes of rapid, intense, escalating anxiety, storm of emotions of fear and physiologic discomfort.
- iii. A person is diagnosed with panic disorder has periodic, unanticipated panic attacks followed by at least one month of persistent anxiety or concern about future attacks.

4. Etiology of Anxiety

- a. Genetic Theories
- b. Neurochemical Theories
- c. Psychodynamic Theories
 - i. Intrapsychic/psychoanalytic theories
 - ii. Interpersonal theory
 - iii. Behavioral theory

5. Obsessive-compulsive disorder (OCD)

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- a. The theme for the ritual is most often than not associated with that of obsession. For example repetitive hand washing when someone is obsessed with contamination.
 - b. A person is diagnosed with OCD when these thoughts, images, impulses consume the person or they are compelled to act out the behaviors to a point at which they interfere with personal, social, and occupational functions.
6. Trauma and stressor related disorder
- a. Posttraumatic stress disorder (PTSD) is a disturbing pattern of behavior, demonstrated by someone who has experienced, witnessed, or been confronted with a traumatic event such as a natural disaster, combat, or an assault.
 - b. Related disorders
 - i. Adjustment disorder – reaction to a stressful event that causes problems for the individual (e.g., financial status, work related stressors)
 - ii. Acute stress disorder- occurs after a traumatic event characterized by reexperiencing, avoidance, and hyperarousal that occur from 3 days to 4 weeks following trauma. Also considered as a antecedent for PTSD
 - iii. Reactive attachment disorder (RAD) and disinhibited social engagement disorder (DSED)- occur before 5 years old in response to the child trauma such as abuse, neglect, and poor care.
7. Treatment
- a. Pharmacologic treatment such as benzodiazepine and SSRIs
 - b. Cognitive behavioral therapy (CBT)

Activity

Watch the recorded lecture in VLE.

NOTE: Please take down notes as the discussion will be more comprehensive

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