

Neuroses

In general :

- Limited organic bases
- The patients insight is preserved & the patient is aware of his illness .
- The patient is not detached from his environment .
- No psychotic symptoms ,but there is depressive or obsessive symptoms.
- Affects to some degree his occupation &social life .
- These disorders are somehow accepted by the society .
- Personality is still organized .
- It involves anxiety, insomnia ,conversion somatic disorder &Depression

i. Anxiety disorders :

1-GAD (Generalized Anxiety disorders)

no clear specific cause for this type

2-Specific type of anxiety:

(phobia ,OCD .panic disorders& PTSD → There is a specific cause .

ii. Somatoform disorders :

1. Generalized

(somatization, conversion &hypochondriasis).

2. Specific (chronic fatigue syndrome , Body dysmorphic disorder, panic disorders)

Etiology of neurosis :

(for all anxiety disorders)

1. Organic etiology :

-biological theory

No specific gene , but several areas on certain chromosomes making different levels of anxiety once environmental & social factors are established.

-Endocrine theory :

Cortico-releasing factors that activate hypothalamus-pituitary-adrenal gland system (Cortico-adrenal axis),(fight & flight system).

-Biochemical theory:

Depletion of GABA is indirectly associated with increased anxiety (that is why benzodiazepine is use as an anxiolytic)

Serotonergic system also involved with anxiety.

-Other factors:

Nicotine,caffeine & alcohol ,which can change the sensitivity of brain.

2.Psychological etiology :

-Behavioral theory:

Related to the classical condition by Pavlov .

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-Freud theory :

Reaction to danger due to surroundings' reactivation of infantile fearful situation as frustration of phallic stage leads to aggression .

-Parental factors:

Either positively or negatively.

If they teach him how to control street→ Positive effects.

If they always making him dependent & fearful (over caring) → negative effect.

Also neglect affect the adaptation to stimuli.

NOTE: Neurosis is a multifactorial disorder

GAD (General anxiety disorder) :

-more common in young age.

-it is the most common anxiety disorder.

-prevalence rate is 5% of all population.

-Long lasting anxiety not focused to anybody nor a situation(fear of unkown)

-it affects the whole body as physiological manifestation:

Cardiovascular system → tachycardia

Respiratory system →dyspnea& hypervrntilation

Gastrointestinal system → dyspepsia & distention

Genitourinary system → polyuria , urinary retention ,loss of libido, impotence
dysuria & vaginismuS

Central nervous system → Headache & dizziness

skiN →sweating

Even skin + joints →tremor.

Psychological →worrying ,anticipation, apprehension,
loss of ,
concentration,impaired skills &fear of future

Criteria for diagnosis :

A. Excessive anxiety & worrying throughout the day for 6 months or more in DSMS 5.

B. Difficult to control the anxiety .

C. 3 of the following :

Easy fatigability .

Difficult concentration .

Restlessness.

Muscular tension .

Sleep disturbances .

D . not associated with panic disorders or other psychological disorder as OCD ,PTSD ..etc

E .impairment of social & occupational life .

F .not associated with systemic disorders or substance abuse .

Differential diagnosis :

1. Medical causes :

-Hyperthyroidism .

-Pheochromocytoma .

-Mitral valve prolapsed.

-Respiratory tract disease as COPD.

2. substance induced :

Drug toxicity as Amphetamine, cocaine & alcohol .

Therapeutic as thyroxin , insulin ,SSRI, bronchodilators, caffeine ,opiate base analgesic.

3. Withdrawal symptoms of alcohol , opiates & benzodiazepines.

4. Psychiatric :-

Depression

Schizophrenia

Eating disorder
OCD.

Treatment :

i. Pharmacological :

1. Benzodiazepines : they are drugs of choice.

They are :

Lorazepam (Ativan) 1-3 mg/day .

Diazepam 3-5 mg/ day.

Alprazolam (xanax) 0.25 -0.5 mg/ day .

- These drug are chose according to half-life ,side effects &risk of addiction .
- The longer half-life ,the better .
- Tolerance develops to the sedative effect NOT to the anxiolytic effect .
- Lorazepam has shortest half-life ,more addictive unlike diazepam.

2. Beta blockers :

- Propranolol is used to control the autonomic symptoms.
- Atenolol is used.

3. Barbiturate &antihistamine :

- Phenobarbitone :addictive &sedative, high doses are lethal &can cause withdrawal symptoms.
- The antihistamine used to control the symptoms.

4. Low dose antidepressants :

- Used in old aged patients as a single dose , while in the young used as divided doses .
- They can cause tachycardia , so not preferred by patients.
- e.g .Amitriptyline .

5. Neuroleptic drugs (Atypical antipsychotics low dose +SSRI):

- SSRI (Selective serotonin reuptake inhibitors), used nowadays .

- Fluoxetine (Prozac) , Sertraline & Effexor .

II- Psychological therapy

Many approaches:

1. Behavioral therapy :

Relaxation

Bio-feed mechanism to control of the disease .

2. Social therapy :

Family support & explanation of the disease .

Psychological therapy ,in general it involves

- How to understand worrying words & know which are positive & which are negative .
- Relaxation technique : progressive muscular relaxation program because relaxation of muscles relaxation of the mind.
- Deep breathing from the diaphragm.
- Meditation (Not Yoga).
- Learning how to calm down :-sight =look at beautiful things .
 - sound =soothing music, see waves
 - sound .
 - smell=flowers .
 - taste =delicious meal.
- connect with others & stay away from negative thinking .
- change life style (occupation , food ...eta .)

Complications of General anxiety disorder :

1. Drugs & alcohol abuse .
2. Depression .
3. Hypochondria is

Prognosis :

Mild cases improve within months.

Severe cases also improve ,but within years .