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## Generalized Anxiety Disorder, panic disorder - diagnosis and treatment

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## ABSTRACT

Anxiety is one of the most common psychopathological symptoms. It is based on the feeling of a strong threat without triggering a real stimulus. They are often accompanied by somatic symptoms, making it difficult to function normally and carry out daily activities. The causes of anxiety disorders include genetic and environmental factors. Anxiety can take the form of, but is not limited to, generalized anxiety disorder and panic disorder, which are described below. We also distinguish phobia syndrome, obsessive-compulsive disorder, post-traumatic stress disorder, separation anxiety and selective mutism. Among the methods of treatment, we distinguish psychotherapy and pharmacotherapy.

KEY WORDS: Generalized Anxiety Disorder, panic disorder

## INTRODUCTION AND PURPOSE

Anxiety disorders are a group of mental disorders characterized by feeling pathological fear. They concern imaginative situations and not are induced a real threat, what distinguishes them from fear. Often manifest themselves as a state of waiting for an undefined, negative experience. They are irrational in nature. They may be accompanied by physical symptoms such as tachycardia, sweating, nausea, vomiting, chest pain and discomfort, tension headache, difficulty falling a sleep and seizures. These disorders are common in neurosis, psychosis, depression, and mood and personality disorders. The causes of these disorders are a combination of genetics and environmental factors. Childhood sexual harassment, the presence of mental disorders in the family, and poverty increase the risk of developing anxiety disorders [4]. They can also be caused by the consumption of alcohol, marijuana or caffeine. It is estimated that it occurs in a few to several percent of the population. Patients affected by anxiety disorders they use medical services, mainly diagnostic ones, seven times more often than the general population. [1]

## DESCRIPTION OF THE STATE OF KNOWLEDGE.

The feeling of anxiety may be permanent. We are talking then about generalized anxiety disorder. The sick are constantly accompanied by an unjustified feeling of tension and danger. They complain about difficulty falling asleep, decreased concentration. There may be symptoms of derealization and depersonalization, as well as fear of losing control over oneself. [2] Anxiety disorders are often accompanied by somatic complaints, such as: tachycardia, trembling, inability to relax, chronic fatigue, sweating, hot flushes, dry mouth, nausea, and chest pain. They are often the reason for contacting the general practitioner and provide difficulties in diagnosis. According to scientific studies, 23% of people admitting to hospital with atypical chest pain met the criteria for generalized anxiety disorder [3].

The feeling of anxiety can also be paroxysmal, known as a panic attack. It is distinguished from generalized anxiety disorders by the clearly perceptible beginning and end of the event. It appears suddenly, unexpectedly. It is accompanied by an overwhelming feeling of anxiety, taking away the ability to think rationally. There may also be somatic symptoms such as: tachycardia, tachypnea, severe headache, tightness in the chest, temporary vision problems, so-called scotoma in front of the eyes, dizziness, feeling light-headed, feeling faint, sweating, trembling. A person experiencing a panic attack often does not know what is happening to him, he is afraid for his own health and life. The sensations are so strong that it is difficult to forget about a panic attack for a long time. In the ICD-10 classification criteria, panic

disorder should be diagnosed when there are several incidents within about a month and when they are accompanied by autonomic symptoms. These attacks occur without any known or predictable cause, and there is a relative relief from anxiety symptoms between anxiety attacks. This does not exclude the presence of fear of further attacks of anxiety, the so-called anxiety of anticipation.

Panic disorder and generalized anxiety disorders very often coexist with other anxiety disorders, depression and addictions. 50–65% of patients with panic attacks suffer from depression, and 25% suffer from generalized anxiety disorders [5]. In the course of depression, the most characteristic symptom is slow-flowing anxiety. It is a chronic type of anxiety with low fluctuation amplitude. Usually it is independent of external factors. [6] The second most common type of anxiety associated with depression is panic attacks [6].

The standard for treating disorders anxiety disorders are psychotherapy and pharmacotherapy. Cognitive behavioral therapy plays an important role in the treatment of generalized anxiety disorder. Allows it changes your thinking patterns, beliefs, and behaviors that may trigger anxiety. In panic disorder, benzodiazepine derivatives are used temporarily, hydroxyzine and beta-blockers, which by inhibiting the activity of the sympathetic system, soothe somatic ailments. Benzodiazepines are symptomatic and do not treat the causes of the disease. Their disadvantage is the rapid development of tolerance. They require the use of ever higher doses. They reduce psychomotor performance, affect cognitive functions and should not be used in people driving motor vehicles. Due to their addictive potential, they should not be used for more than a few weeks [2]. Combining benzodiazepines with even small amounts of alcohol is dangerous. In case of generalized anxiety disorder they are most often used for the first 2-4 weeks. Due to the lack of hepatic metabolism, lorazepam and oxazepam seem to be the safest [7]. One of the most commonly used benzodiazepines to treat anxiety and to stop a seizure is alprazolam. First-line treatment includes the use of SSRIs and SNRIs. The SSRIs used include citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, and sertraline. From the SNRI group, venlafaxine and duloxetine. It should be remembered that the use of these medicines may increase the feeling of anxiety at the beginning of treatment. The undoubted advantage of SSRIs is that they do not impair the ability to drive vehicles. The most common side effects include: sexual dysfunction, headache, nausea, tremors, intestinal ailments, and insomnia. Most of them are transient in nature, but sexual dysfunction may persist throughout the course of therapy. The following are also used in anxiety disorders: buspirone - a derivative of azaspirodecanedione, opipramol from the group of tricyclic antidepressants and the GABA analogue - pregabalin. These drugs can be used as monotherapy and in combination therapy. The use of pregabalin is associated with a quick effect of reducing anxiety.

## CONCLUSIONS

The goal of pharmacotherapy for anxiety disorders is to stop a panic attack, reduce the number of attacks, reduce the severity or relief of anxiety symptoms, and prevent

relapses. On an ad hoc basis, benzodiazepine derivatives, hydroxyzine and beta-blockers are used. Long-term treatment of anxiety includes the use of SSRIs and SNRIs. Bupropion, opipramol and pregabalin are also used as monotherapy or in combination with the other drugs mentioned above. The most effective, non-pharmacological treatment for anxiety disorders is cognitive-behavioral psychotherapy.

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