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Where does the panic attack come from... – characteristics and forms of therapy for anxiety disorders[?]

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Introduction and purpose: Anxiety is a term with primarily psychological meaning, describing a broadly defined, indefinite emotional state characterized by the experience of uncertainty, apprehension, fear and annoyance. Anxiety is a feature of many common diseases as well as mental disorders. It is a non-specific and common symptom in medicine occurring as a trait in personality structure, psychotic anxiety or a condition in

psychosomatics. Due to the variety of clinical symptoms accompanying anxiety disorders, they should not be considered as a whole, as this group is not homogeneous and each individual differs in significant ways from the others. The following work aims to present the types of anxiety that occur, analyze their characteristics, and apply knowledge from psychology, neuroscience and psychiatry in understanding and treating these disorders.

Description of the state knowledge: A review of the reviewed literature indicates the significant benefits of combining appropriately selected pharmacotherapy and concurrent psychotherapy in patients struggling with anxiety disorders.

Summary: Anxiety disorders are the most common group of mental disorders that usually begin just before or in early adulthood. Although anxiety disorders are defined as the presence of extreme fear and anxiety, they encompass a range of different disease entities. The new ICD-11 International Classification of Diseases in the field of psychiatry has proposed moving away from defining a group of these disorders as “neurotic disorders” and replacing it with the less stigmatizing term “anxiety disorders” containing seven specific subgroups of disorders. The key role is to make a correct diagnosis of the disorders in question and to include effective treatment due to the wide range of anxiety as a psychopathological symptom.

Key words: anxiety, anxiety disorders, psychotherapy

Types of anxiety

Analyzing the types of anxiety that occur, we can distinguish between panic anxiety, free-floating anxiety otherwise known as generalized anxiety, and phobias. Free-floating anxiety is a type of anxiety characterized by a feeling of constant anxiety unrelated to a specific event or initiating stimulus. It manifests itself in a way that is disproportionately intense and out of proportion to actual threats, which distinguishes it in an important way from normal anxiety. It is a key symptom found in generalized anxiety disorder [5,6,7]. A sudden, intense anxiety attack, occurring for no apparent reason, distinguished by a rapid increase in somatic symptoms such as shortness of breath, palpitations or chest pain are hallmarks of panic anxiety. Unlike generalized anxiety, panic anxiety manifests itself with much greater intensity. In addition, in the course of generalized anxiety disorder, anxiety attacks may occur, but they are not as significant and pronounced as in panic anxiety, they tend to occur incidentally. Phobias, on the other hand, refer to strong fears associated with contact with an unambiguous object, situation, activity perceived as life-threatening [4]. Phobia is the term for fear, terror, apprehension [8]. Despite being aware of the irrationality of the fear they feel, people with phobias often try to avoid fear-inducing situations, which can significantly limit their daily lives.

Division of anxiety disorders

According to the ICD-11 classification, anxiety disorders are currently divided into: Generalized anxiety disorder (6B00), Anxiety disorder with panic (6B01), Agoraphobia

(6B02), Specific phobia (6B03), Social anxiety disorder (6B04), Separation anxiety disorder (6B05), Selective mutism (6B06), Other specified anxiety or anxiety-related disorder (6B0Y), and Anxiety or anxiety-related disorder unspecified (6B0Z) [9]. A key change in the ICD-11 is the disconnection of agoraphobia and panic disorder from each other and the inclusion of two diagnostic categories such as "separation anxiety disorder" and "selective mutism." The inclusion of these disorders allows them to be diagnosed not only in children and adolescents but also in adults.

- "Generalized Anxiety Disorder" (GAD- Generalized Anxiety Disorder) is characterized by chronic, constant and persistent anxiety of slight intensity, often referred to as "free-floating" anxiety. The patient in the course of GAD is unable to identify the source of the anxiety, it is a vague feeling of danger that would occur in the future. It provides the patient with mental discomfort as well as a constant feeling of anxiety and internal tension. Occasionally, anxiety attacks may also occur, but they are not as severe as in the course of , "Anxiety Disorder with Anxiety Attacks". In adult patients with GAD, anxiety and worry most often involve thoughts having to do with health or material well-being. According to the diagnostic criteria for GAD, the patient's heightened tension, worry and feelings of apprehension about everyday events and difficulties must last for at least six months. In addition, other symptoms that are also evaluated as part of establishing the diagnosis include somatic symptoms such as accelerated heart rate, sweating, dry mouth, a choking sensation, chest pain, hot flashes, difficulty breathing, dizziness, muscle tension and aching, a foreign body sensation in the throat or difficulty swallowing. What's more, the patient has trouble concentrating, there is increased irritability and sleep problems occur due to constant worrying. As many as 80% of patients with , "Generalized Anxiety Disorder" co-occur with other anxiety disorders or depression.
- "Panic Disorder" (PD- Panic Disorder), on the other hand, is characterized by unexpected anxiety attacks of high intensity without a clear trigger. In this case, a panic attack is defined as severe, rapidly escalating anxiety usually lasting several minutes and reaching its maximum intensity within 10 minutes. The described anxiety is accompanied by vegetative symptoms, which mainly include palpitations, dizziness, shortness of breath, chest pain, tachycardia and a sense of impending fainting or fainting. Symptoms rarely exceed 20-30 minutes and resolve spontaneously. In addition, the patient may exhibit manifestations of depersonalization and derealization, that is, a sense of unreality about himself and the world around him. Typical for this disease entity is that the patient is unable to pinpoint the cause of the anxiety attack, however, it is quite often related to the situation during which it first occurred. The disorder is chronic and often impairs the patient's daily functioning. Symptoms of paroxysmal anxiety syndrome usually lead to the buildup of secondary anticipatory anxiety, or in other words, the fear of anticipation of unpredictable anxiety attacks [4].
- Agoraphobia is a fear of open spaces. The avoidance, fear and anxiety accompanying agoraphobia must outweigh the actual threat and be a constant element for at least several months for this anxiety disorder to be identified. In addition, the constitution of symptoms occurring in at least two of the following five situations should also be met for diagnosis: 1) using public transportation - buses, trains, airplanes, ships; 2) being in open spaces - parking lots, large markets, bridges; 3) being in closed spaces - stores, theaters, movie theaters; 4) standing in line, being in crowds; 5) being out alone. [4] A person with agoraphobia experiences an intense fear of being in unfamiliar

surroundings where they lack control over the situation. This is often accompanied by a fear of public humiliation, especially when a potential panic attack occurs. Another symptom is an intense fear of being away from home or a person who is a source of security, stemming from the fear that if needed, the patient will not have help available [10].

- According to the ICD-11 classification, specific phobia is manifested by strong and unreasonable fear or anxiety that persists when confronted or anticipating confrontation with certain objects or situations. Appearing in the course of the above disorder, the symptoms are fixed and last at least several months [11]. Specific phobia is almost always accompanied by fear and anxiety, the intensity of which is disproportionate to the level of threat. When defining the type of specific phobia, it should be clearly defined whether it refers to situations (e.g., airplane flights, elevators, closed rooms, loud sounds) or objects (e.g., animals, the environment, blood, injections, needles). It often happens that one person experiences several specific phobias. It is then necessary to identify the type of phobia each time according to the triggering stimulus [4].
- Social anxiety disorder involves exaggerated fear or anxiety triggered by the presence of other people, especially in situations involving social interaction, performing in front of others or doing something under the feeling of being watched. In another view, anxiety can manifest itself in subtle ways, confining itself to specific areas of life, such as eating in public, public speaking or meeting members of the opposite sex. It can also take the form of a general, diffuse fear, involving almost all social situations [11]. Symptoms last for at least several months and are severe enough to cause considerable discomfort or significant limitations in the patient's daily functioning in the personal, family, social or educational spheres. A person affected by this disorder often fears that his or her behavior or statements may lead others to judge him or her as weak, fearful, antipathetic. Although an adult individual with social anxiety is aware of overreacting to social situations, children with this phobia do not always recognize their fear as disproportionate. Anxiety or fear in children may manifest as crying, freezing, shutting down, clinging or curling up. The degree of intensification of anxiety can also manifest itself through panic attacks as well as anticipatory anxiety. Anticipatory anxiety is associated with anticipation of upcoming events, situations or experiences. It is a form of stress that occurs before an event actually happens and a person experiencing this type of anxiety often experiences strong emotions and fears about the future. It can affect various areas of life, such as work, interpersonal relationships, exams or important life decisions. In addition, in the course of social anxiety disorder, a frequently noticeable somatic symptom is flushing, or facial redness, which occurs when exposed to a social situation [10].
- Separation anxiety disorder is a type of mental disorder manifested by severe anxiety or fear associated with separation from people or places to which one is emotionally attached. Most children with this type of anxiety are not diagnosed at preschool age, when the first separation from parents usually occurs, but rather at school age. The child reacts to the absence of his parents or significant others with fears that they will not return and that he will never see them again. The child's thoughts, often expressed verbally, involve worries about hypothetical, unrealistic situations, such as kidnapping, accidents, loss and even death, which will prevent him from seeing his loved ones

again [12]. In adults, anxiety usually relates to separation in romantic relationships or children. However, it can also arise in situations such as traveling alone. It is also common to experience night terrors related to the content of the separation anxiety experienced. Separation anxiety differs from normal separation anxiety through its unusually intense symptoms and unusual duration. The symptoms persist for at least several months and cause significant suffering and impairment in daily life functioning [4].

- Also known as selective mutism, selective mutism is the persistent manifestation of a child's lack of speech in certain situations for at least a month, in a certain environment or in relation to specific people, despite the ability to communicate with other individuals in different environments or situations [13]. Moreover, the lack of ability to communicate is not due to a lack of language skills or knowledge in using the required language in a given social situation [4]. Selective mutism is closely related to anxiety, which is so great that the child tries to remain unnoticed in the social sphere at all costs [14,15]. It expresses a fear of speaking, of being heard and sometimes of being observed while talking. In a zone of mental discomfort and uncertainty, he does not initiate conversations or answer questions, while in a safe environment, such as the family home, the child freely uses his ability to speak. Also noticeable is a certain bias in behavior and an aversion to novelty. Any unexpected change further intensifies the child's feelings of fear [16].

Anatomy of anxiety

The anatomy of anxiety disorders is a broad aspect including neurotransmission, functional or structural changes in the brain, genetic factors as well as the action of the hypothalamic-pituitary-adrenal axis, among others. The main process of anxiety disorders is the activation of the nervous system associated with the GABA-ergic system, whose main inhibitory neurotransmitter is γ -aminobutyric acid, which plays a key role in the human body. The onset of the serotonergic pathway targets the amygdala and human cortex, playing an important role in the anxiety response. An additional neurotransmitter involved in the anxiety response is dopamine, which affects various areas of the brain (hypothalamic-pituitary-adrenal axis) and regulates processes related to emotions and stress. In the context of post-traumatic stress disorder symptoms, the noradrenergic pathway is important. It plays an important role in the body's responses to stress through the release of norepinephrine, affecting the regulation of emotions and the activity of the sympathetic nervous system. Based on adrenergic theory, the onset of anxiety symptoms can be attributed to ineffective regulation of the biogenic amine system. The lack of effective control of chemicals such as norepinephrine is closely related to the experience of feeling anxiety. In half of the cases of social phobia, increased levels of norepinephrine, epinephrine and phenylethylamine are also noted, indicating the important role of these chemicals in shaping the above disorder.

An analysis of EEG studies showed a discrepancy in the activity of the right frontal brain area between patients suffering from anxiety disorders, i.e. panic attacks, social phobia or PTSD, and a control group of healthy people. Underlying anxiety disorders, the amygdala nuclei are also important. These are key brain structures responsible for processing and regulating emotions, especially anxiety- and fear-related reactions. Differences in their functioning have been observed in patients with social phobia and post-traumatic stress disorder. It was noted that in this group, a stimulation of the amygdala coexists with a reduction in the activity of the central prefrontal cortex. A reduction in the volume of gray matter in the temporal lobe region was also observed in the group of patients studied.

Analyses of a number of studies suggest that there is increased activity of the right frontal region of the brain during symptom elicitation in patients with panic attacks, social phobia and post-traumatic stress disorder. In addition, there is increased activity of the insula, anterior cingulate nerve and thalamus in people with animal phobias in response to the presentation of live animals or pictures of them. New research has shown that patients with anxiety disorders furthermore experience a reduction in hippocampal volume.

Regarding genetic factors associated with anxiety, they include the inheritance of certain temperament traits and genes related to the functioning of the GABA-ergic system. However, environmental influences also play an important role in shaping the anxiety response. At the time of a panic attack, the risk of the condition is about 25-30% in monozygotic twins and only 10-15% in dizygotic twins. The data obtained would indicate a significant influence of genetic factors on the propensity to experience anxiety attacks. Among patients with anxiety disorders, a tendency toward negative thinking is noted, meaning that they tend toward pessimistic interpretations of situations and thoughts. Both negative thought constructs and genetic factors interact to shape the trait of anxiety in the personality structure. Stressors influencing the early stages of life can modify gene expression, meaning they can make changes in how genes are activated or deactivated. The hypothalamic-pituitary-adrenal axis is an important element in regulating the body's response to stress, including the experience of anxiety. Under stress, catecholamines and glucocorticosteroids initiate intracellular adaptive processes in the human body. The hypothalamus releases corticotropin-releasing hormone (CRH), which stimulates the pituitary gland to secrete adrenocorticotropic hormone (ACTH). ACTH in turn stimulates the adrenal glands to produce cortisol, which regulates physiological processes in response to anxiety and stress. Elevated levels of CRH, ACTH and cortisol are considered indicators of stress. In the course of general anxiety disorder (GAD), panic attacks may be related to genetic, environmental and individual conditions. In stressful situations, GAD symptoms become activated, while they may be attenuated during periods of acceptable mental calm. An increased incidence has been noted in the female gender with a predominance of cases in the elderly [17]. Genetic factors may predispose to a propensity for this type of response, while life stressors or traumatic experiences may increase the risk of panic attacks in the context of GAD. Evolutionarily, anxiety played an adaptive role, protecting organisms from threats. Anxiety mechanisms, such as the readiness to flee or avoid danger, were thought to increase the chances of survival. Modern manifestations of anxiety may have roots in these adaptive mechanisms, albeit shaped by complex genetic, environmental and psychosocial factors [4].

Forms of therapy for anxiety disorders

Therapies for anxiety disorders may include cognitive-behavioral therapy, psychodynamic therapy or pharmacotherapy.

Cognitive-behavioral therapy (CBT) focuses on identifying and changing thoughts and behaviors associated with anxiety. It helps to understand negative beliefs and develop healthier coping strategies when patients are exposed to the trigger of an anxiety reaction. CBT can include exposure, or gradual exposure to anxiety situations, and relaxation techniques. The effectiveness of CBT in treating anxiety disorders has been widely validated. The course of therapy integrates educational elements, helping the patient understand anxiety mechanisms and identify negative thoughts [18,19]. This approach supports the patient's self-management of his emotional state. One approach used is so-called self-observation calendars, where the patient keeps systematic records of his or her thoughts, feelings and reactions in specific situations. This tool is an important part of homework, providing additional evidence and facilitating analysis where the therapist and patient work together to develop more

positive, realistic views of the situation reducing negative associations and reinforcing healthier perspectives. When treating anxiety attack disorders, it can also be helpful to use imaginal-based techniques that support the patient in managing anxiety attacks by controlling and correcting anxiety-related thoughts and emotions and revising beliefs. Relaxation techniques and learning focused breathing are sometimes used as effective strategies for alleviating anxiety symptoms [20].

Psychodynamic therapy for anxiety disorders focuses on understanding the deep-seated defense mechanisms and unconscious processes that contribute to anxiety. Work is done to identify and resolve emotional conflicts, often relying on analysis of past relationships. Psychodynamic therapy, while more time-consuming, can provide benefits through a deeper understanding of the roots of anxiety. In anxiety disorders, pharmacotherapy includes the use of anti-anxiety medications such as benzodiazepines or drugs from the selective serotonin reuptake inhibitor (SSRI) or norepinephrine reuptake inhibitor (SNRI) groups. The choice of a particular drug depends on the type and severity of symptoms and the individual characteristics of the patient.

Psychotherapy and its importance

Currently, there are numerous scientific studies confirming the effectiveness of psychotherapy in the treatment of anxiety disorders as well as those indicating the increased effectiveness of pharmacotherapy in combination with psychotherapeutic interventions [21]. Psychotherapy has been proven to be as effective as pharmacological treatment for generalized anxiety disorder (GAD) as well as anxiety disorder with panic attacks (PD) [22]. Moreover, it has also been confirmed that psychotherapeutic interactions significantly reduce PTSD symptoms, such as anxiety, stress, depression and general functional decline [21].

Of all the available forms of psychotherapy, individual cognitive-behavioral therapy is recommended for people struggling with anxiety disorders. Cognitive-behavioral therapy significantly reduces post-treatment anxiety symptoms in patients with generalized anxiety disorder [23]. Few studies support the effectiveness of psychoanalytic or psychodynamic therapy for treating anxiety disorders. A study conducted by Lindgren and other researchers among young adults between the ages of 18 and 25 confirmed the effectiveness of short- and long-term psychoanalytic psychotherapy in reducing symptoms related to anxiety, depression, lowered self-esteem and interpersonal difficulties. The results of the analysis indicated a reduction in psychopathological symptoms in most patients. 35%-50% of the treated patients showed significant improvement, both at the end of therapy and six months after completion. The results confirm the effectiveness of psychoanalytic psychotherapy in both the short and long term [24]. There is also evidence of beneficial effects of psychoeducation as well as group psychotherapy. Psychotherapy undertaken by patients usually does not require a long-term stay in a ward or psychiatric hospital [25]. In order to objectively evaluate the effectiveness of the psychotherapeutic measures carried out, the patient should attend therapy weekly for at least eight weeks.

Psychoeducation focuses not only on trying to understand the mechanism of anxiety in a given patient or how to cope with everyday difficulties, but also includes education on the physiological symptoms that accompany anxiety disorders [26]. Through such measures, patients' self-awareness increases and they are more able to control the course of the disease. Appropriately tailored psychotherapeutic methods have been shown to lead to a significant reduction in the occurrence of symptoms [27]. In conclusion, in the presence of anxiety disorders, psychotherapy is indicated and plays an important role in the treatment process. The available studies clearly indicate the significant benefits of various forms of

psychotherapy such as anxiety reduction, reduction in the frequency of panic attacks and improvement in patients' daily functioning.

Self therapy as a way to cope with panic attacks

Introducing self-therapy into the practice of people struggling with panic attacks can not only reduce the frequency of anxiety attacks, but also contribute to improving their quality of life. In self-management of anxiety, there are several methods that can produce visible results. According to Carbonell, effective anxiety reduction is not about trying to suppress worrisome thoughts, the key element is instead to change our attitude toward them. Moreover, the essence of the problem is not the content of the tormenting thoughts themselves, but the obsessive need to control them, which intensifies the sense of anxiety. One way to deal with anxiety is through regular exposure to stressful situations and also by confronting the individual with disturbing thoughts. Pushing away or suppressing intrusive thoughts can ultimately result in their reinforcement and intensify feelings of anxiety. To quote Carbonell, "the more we try to get rid of unwanted thoughts and feelings, the more we have to put up with them" [28]. This thesis is also supported by Bear, Bemis and Barrada, claiming that the consequence of suppressing thoughts is their recurrence [29]. According to psychologists, it is more effective than fighting the emerging anxiety to try to accept it. Instead of avoiding confrontation with situations that intensify anxiety in us, it is worth trying to become familiar with our fears.

In the process of self-management of anxiety, in addition to the above-mentioned regular exposure to stressful situations, patients can be helped by regular breathing exercises and also by mindfulness meditation. During meditation, it is recommended not to analyze the thoughts that arise, but to observe them without judgment, passively while focusing on the breath.

For people experiencing panic attacks, it is disadvantageous to keep their problems secret, as this can lead to the development of a number of dysfunctional attitudes or behaviors. Conversely, talking to a loved one or expressive, "cleansing" writing can be helpful [30]. The technique involves freely writing down one's experiences, feelings or thoughts so as not to lead to the accumulation of negative emotions. As a result, "unblocking" repressed emotions can have a positive impact on our well-being and at the same time reduce the level of anxiety we experience on a daily basis. The process of "cleansing writing" makes it possible to organize, organize and understand one's own experiences, which helps to accept them [31].

There are also scientific studies related to the effects of physical exercise such as aerobic training or jogging on the functioning of people struggling with anxiety disorders. It was unequivocally shown that exercise was less effective than clomipramine and also no more effective than controlled relaxation. For this reason, it was concluded that exercise can only be recommended as an adjunct to primary treatment [32]. Hypnosis, biofeedback, autogenic training, acupuncture or osteopathy are often recommended for patients with anxiety disorders however, there is currently a lack of scientific studies that meet basic methodological standards and unequivocally support this thesis [33].

Summary

Probably one of the most common forms of mental disorders are those related to anxiety. Different types of anxiety are characterized by different symptoms and varying effects on the patient's functioning as an individual. Understanding these differences is crucial for effective diagnosis as well as subsequent treatment of anxiety disorders. A combination of cognitive-behavioral therapy, pharmacotherapy and social support can contribute to the effective management of anxiety and improve the quality of life of those affected. It is worth

bearing in mind that each case of anxiety is individual and effective treatment requires a holistic approach tailored to the specific needs of the patient.

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