Anxiety disorders research paper

Health & Medicine, Stress



Anxiety disorder describes serious psychological problems characterized by excessive worry, anxiety and nervous thoughts or expectations. This condition comprises a variety of clinical conditions of phobia, post-traumatic stress disorder and obsessive compulsive disorder (Shear et al., 2007). All human beings have flight responses required to react when one senses danger. However when anxiety becomes excessive and uncontrollable leading to emotional distress and disruption in everyday activities we consider it to be an anxiety disorder. Recent studies have identified anxiety disorders as a significant mental illness among both adults and children. National institute of mental health (NIMH) claims that nearly 18% of American adults suffer from anxiety disorders each year (2009). Anxiety disorders can be treated using treatment guidelines such as proper medication and cognitive behavioral therapy (Lambert et al., 2008). Example of these disorders includes post-traumatic stress disorder, panic disorder, phobias, social anxiety and generalized anxiety disorder. This research paper provides an overview of generalized anxiety disorder and post-traumatic stress disorder as an empirical study. It also seeks to identify symptoms of each condition and compare and contrast them to identify similarities and their differences.

Generalized anxiety disorder

This is a common disorder present in individuals who worry excessively and continuously about every day's problems. These individuals cannot control their worries and tension even when their lives are going well (NICE, 2011). Particularly they are overly concerned about money, work, health issues and family problems. Generalized anxiety disorder has symptoms such as difficulty in concentration and sometimes the mind goes blank. An individual with this disorder is also restless and ends up feeling as though he or she hangs at the edge and cannot take it anymore.

Physical symptoms include Irritation, fatigue, headaches, trembling, sweating, nausea, and muscle tension, frequent visits to the bathroom swallowing problems, trembling and feeling impatient. This problem also leads to difficulties relating to sleep. These effects are natural and not induced by any physiological effect such as drug abuse or medication. These symptoms, fear and anxiety lead to distress and impairment in social functionality (NICE, 2011). Usually individuals with generalized anxiety disorder can have problems executing basic activities.

Post-traumatic Stress Disorder

This anxiety develops following traumatic events leading to bodily harm. The condition is experienced by victims of the risk and witnesses of dangerous events. It manifests itself through severe anxiety persisting for over one month (Pare, 2011). Pare (2011) argues that Post-traumatic stress disorder mainly associates with military personnel and their reactions to traumatic experiences during the war. However post-traumatic stress disorder can be as a result of other traumatic events such as rape, torture, terrorist attacks, natural disasters, mugging, kidnapping or child abuse (NIMH, 2009). People suffering from this disorder usually re-experience the traumatic event. Symptoms associated with this re-experience include nightmares, flashbacks, unwanted distressful thoughts and feel extremely upset when reminded of the event. Individuals become numb and avoid thoughts, places and people whom they were close to before. They also feel detached from

the community and have difficulties in experiencing certain emotions. They lose faith in life and fear that they will not have a normal life span. Posttraumatic stress also leads to increased arousal that lead to sleeping difficulties, lack of concentration and excessively on attention to the extent that they simply startle.

Similarities between Generalized anxiety disorder and Posttraumatic stress disorder

Although anxiety disorders comprise of various types of disorders each with different characteristics, they also share some similarities. Both disorders include common features of emotions, behavior, bodily reaction and thoughts. Anxiety in both disorders leads to physiological tense body changes characterized by sweating, dizziness, heart pounding and nausea among other body reactions. Anxiety also affects different patterns of thinking in both cases through nightmares and lack of concentration. Both individuals also behave safely through escaping, needing to be with others, getting reassurance from friends etc. Emotionally in both cases individuals feel nervous, frightened when anticipating something and are exposed to substance use. Both disorders may run genetically in the family and can affect any age group. Women are more susceptible than men in both cases.

Their Differences

Despite been closely related differences also exist between these two. In generalized anxiety disorder, symptoms should have been present for at least 6 months for a diagnosis. Post-traumatic stress disorder requires symptoms to have lasted more than 1 month. According to the National institute of Mental Health (2009), post-traumatic stress disorder affects https://assignbuster.com/anxiety-disorders-research-paper/

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approximately 7. 7 million American adults while generalized anxiety disorder affects about 6. 8 million American adults. Post-traumatic stress disorder is as a result of a traumatic event whereas generalized anxiety disorder is fear without any provocation.

Anxiety disorder can be treated through medication and specific psychotherapy depending on the problem under analysis. Medication may not necessarily solve these problems but helps the patient during psychotherapy. Anyone fearing suffering from anxiety disorder should see a doctor as soon as possible for proper determination of those fears.

References

Lambert, R., Woody. C., & McVicar, A. (2008). Influences of lifestyle and general practice (GP) care on the symptom profile of people with panic disorder, Journal of Public Mental Health. Vol 7(2)

NICE. (2011). " Generalized Anxiety Disorder and Panic Disorder (with or without agoraphobia) in Adults", Management in Primary, secondary and Community care.

NIMH. (2009). Anxiety Disorders. USA. National Institute of Health.

Pare, J. (2011). Post-traumatic Stress Disorder and the Mental Health of Military Personnel and Veterans. Ottawa. Parliamentary Information and Research Services.

Shear, M. K., Besdo, K., Bjelland, I., & Gloster, A. (2007). " Supplementary dimensional assessment in anxiety disorders", International journal of Methods in Psychiatric Research.