

A REVIEW: STUDY ON TYPES AND MANAGEMENT OF ANXIETY

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Abstract:

Anxiety disorders are the most prevalent mental health conditions. Although they are less visible than schizophrenia and bipolar disorder, they can be just as disabling. It is manifest by disturbances of mood, as well as of thinking, behavior, and physiological activity. Generalized anxiety disorder is a severe and chronic anxiety disorder characterized by uncontrollable worrying and somatic anxiety. Total Thirty Three percentage suffering from Anxiety. Main Purpose of this study to review types of Anxiety and Risk Factors, Management used by patients. Selective serotonin reuptake inhibitors (SSRI), serotonin-noradrenaline reuptake inhibitors (SNRI), and benzodiazepines are among the most typical pharmacological treatments for anxiety disorders. It can be concluded that that anxiety manifest by disturbances of mood, thinking, behavior, and physiological activity, disturbed sleep, concentration, social or occupational functioning

Keywords: Anxiety, Anxiety Disorder, Generalized Anxiety Disorders, Risk Factors, Pharmacological treatment, non pharmacological treatment

Introduction:

Anxiety disorders are the most common mental disorder; they include a group of extreme or pathological anxiety as a major change in mood; fear can be understood as a pathological simulation of ordinary fear., it is manifested as mood swings and thinking, behavior and physical activities (1). Fear is understood as an adaptive response designed to maximize survival by preventing potentially dangerous events. It mainly refers to Fear. Fear is the reaction trigger by imminent real threat. Although fear is necessary tool for human cognition anxiety disorder described the persistence of fear over reaction and uncontrollable.(2) Besides, it is a dangerous face, anxiety is often a beneficial behavioural strategy and an adaptive response to meet the demands of any challenging situation. It can be considered as a harmless behavioural pattern of normal day to day life. When normal anxiety becomes chronic, disproportionate and even starts to interfere with the routine of the individual, it will end up in manifesting anxiety disorders.(3) Anxiety is classified as Generalized Anxiety Disorder, Panic Disorder, Phobias, Social Phobia.

ABC Model of Anxiety:

Emotional or physiological reactions to a trigger event, sensation, or thought are referred to as alarms (A). A well-defined collection of brain circuits processes warning information quickly. The subsequent decision to act is based on beliefs (B) that are highly influenced by previous experiences, personal and cultural background, and sensory organ information. C referred to coping strategies because patient suffering from anxiety leads to more effective condition as compared to normal individual. such as function of brain to maintain activity, but in anxiety disorder leads to adaptive. These mechanisms develop over time, resulting in a complicated picture of an anxiety condition(4)

Risk factors of Anxiety in Childrens:

Youngsters who's age one to five years are most chance in preoperative anxiety. A few childrens suffering from other medical conditions like poor memory, poor skills and some divorced parents children are most suffering from anxiety. In some conditions higher chances of anxiety in crowded places like large number of individuals in one room, Delay preoperative time or in those youngsters who take IV administration of anesthesia during operation. These type of anxiety are more in childrens as compared to adults.(5)

Generalized Anxiety Disorder:

It refers to more anxiety that is uncontrolled by patient and patient don't control their thought and thinking in this type of anxiety. This type of anxiety mostly occurs in youthful grown-ups and persons also suffering from others diseases such chronic pain and bowel diseases. These types of anxiety examined by symptoms present over six months. Patients family and others are affected by this type of anxiety. These types of symptoms are following types such as

- patients are feeling anxious or believing
- patients easily fatigued, with trouble concentrating
- Irritability describes temperament state of mind
- Muscle stiffness and sleep disturbance.(6)

Diagnosis of anxiety

- Excessive uneasiness and stress more days than not for in any event a half year and various occasions or exercises for example, work or school execution
- The individual thinks that its hard to control the concern.
- The uneasiness and stress related symptoms at least three of the accompanying six side effects presented for more days like restlessness, fatigue, muscles stiffness, difficulty to falling asleep, blank mind or poor memories, staying unconscious.
- The anxiety, worry, or physical symptoms cause impairment in social, occupational function.
- medical condition like a drug of abuse, a medication hyperthyroidism
- Fear in public or panic attacks, hallucination(7)

Treatment:**Pharmacological therapies:**

Selective serotonin reuptake inhibitors (SSRI), serotonin-noradrenaline reuptake inhibitors (SNRI), and benzodiazepines are among the most typical pharmacological treatments for anxiety disorders. SSRIs and SNRIs work by inhibiting reuptake pumps on the membrane of presynaptic neurons, increasing the amount of serotonin and norepinephrine in the synaptic cleft available for post-synaptic action. Citalopram, an SSRI, has been shown to influence neural changes in anxiety disorder patients, driving the attenuation of the lateral OFC and right amygdala to aversive faces. Threeweeks of escitalopram, another SSRI, decreased activation of the bilateral posterior and middleinsula and the mPFC during aversive anticipation. Of interest, pre-treatment activation of the ACC to neutral and aversive stimuli is associated with greater reductions in anxiety after eight weeks of treatment with venlafaxine (SNRI). Pregabalin affects the brain through a mechanism that ultimately leads to, among other things, the upregulation of GABA, an inhibitory neurotransmitter. Treatment with pregabalin has been shown to attenuate activation of the left amygdala and anterior insula and increases in ACC activation during the anticipation and processing of emotional images.(8)

Anxiety disorder	First line treatment	Second line treatment
Generalized anxiety disorder	Duloxetine Escitalopram Paroxetine Sertraline Venlafaxine XR	Benzodiazepines Imipramine
Panic disorder	Selective Serotonin Reuptake inhibitors Venlafaxine XR	Alprazolam Citalopram Clonazepam Imipramine
Social anxiety disorder	Escitalopram Paroxetine Sertraline	Clonazepam Citalopram

Selective Serotonin Reuptake Inhibitors:

Selective Serotonin Reuptake inhibitors (SSRIs) are most prescribed drugs worldwide due to their effectiveness to treat most psychiatric disorders. These drugs are used to treat depression, Anxiety and other behavioural illness like Obsessive compulsive disorder (OCD). These drugs are effective, Safe and cheap as compared to newer drugs.(9) In 1988, Fluoxetine was introduced in U.S . As compared to tricyclic Antidepressants, SSRIs had less side effects. Like TCAs, SSRIs do not cause heart conduction abnormalities.(10)

Mechanism of Action:

SSRIs work by inhibiting the effect of serotonin reuptake transporters which when neurotransmitters bind, this causes the influx of serotonin. (9) The therapeutic effect of SSRIs is based on increase in serotonin deficiency, which the researchers hypothesized to be the cause of depression in the monoamine hypothesis. As the name suggests, SSRIs work by inhibiting serotonin reuptake, thereby increasing serotonin activity. SSRIs have little effect on other neurotransmitters such as dopamine or norepinephrine. SSRIs also have fewer side effects than TCAs and MAOIs because they have less impact on adrenergic, cholinergic, and histaminergic receptors. Free tryptophan is converted to 5HT in the terminal Axons of serotonergic neurons. 5HT is a two step process catalysed by tryptophan hydroxylase (TPH) and aroma decarboxylase(DDC). Tryptophan hydroxylase is rate limiting enzyme that exists in two isomers, TPH 1 and TPH2. TPH2 isoforms are the main form in neuronal tissue. The uptake of 5HT in presynaptic storage vesicles is mediated by the vesicle monoamine transporter. The transporter accumulates serotonin in synaptic vesicles through a proton gradient across the vesicle membrane .The 5HT that is not stored in the vesicles is broken down by monoamine oxidase A (MAO A) into 5-hydroxyindole acetic acid(5 HIAA)(10)

Non pharmacological treatment:**Cognitive–Behavioral Therapy:**

It is very important for anxiety disorder. Main aim of this therapy is to Modified thinking, behavior, Thoughts of a patient. It involves various methods for counseling of patients such as patient education, exercise, prevention of unwanted thoughts and imagination through counseling. It is most effective method in patient suffering from anxiety illness Like Generalized anxiety disorder, social anxiety disorder, Post traumatic stress disorder. It refers to gold standard treatment by controlling sign and symptoms of anxiety patients.(11)

Psychotherapy:

Supportive Psychotherapy: This is the most commonly practiced form of psychotherapy and is the generic name for a variety of procedures, whose characteristics depend a greater deal, as in all psychotherapy, upon the therapist's personal style. There is no intent to change the personality. In many cases, this is all that is needed. Supportive measures, thus, may be utilized as the principal treatment or may be combined with other forms of psychotherapy or even pharmacotherapy.(12)

- Guidance: Guidance may be only type of treatment to which some patients will respond.
- Tension Control: Tension activates many disturbing physiological behavioral tendencies. Tolerance of the effects of tension varies from individual to individual. It is often one of the earliest signs of emotional disturbance. Massage has been used traditionally in India to provide relief from tension. Muscular Relaxation exercises have been used for many years.(13)
- Milieu Therapy(Environment Adjustment Socioterapy):In Milieu therapy, an attempt is made to identify and eliminate provocative environment irritants, whether at the place of vocation, or at home, or elsewhere, to the

extent possible. The therapist may have to interfere actively with environmental aspects before the patient shows a maximal response to therapy.

Summary:

Majority of patients suffering from anxiety because some patients fear of complications during operation, fear of anesthesia. Selective serotonin reuptake inhibitors (SSRI), serotonin-noradrenaline reuptake inhibitors (SNRI), and benzodiazepines are among the most typical pharmacological treatments for anxiety disorders. GAD and other anxiety disorders are most prevalent mental disorder. The etiology of anxiety mainly involve stress, depression and genetic and environment factors. Anxiety disorder can be treated by psychology therapy, pharmacology therapy or combination of both.

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