불안의 현상학적 이해

2005
대한불안장애학회
춘계학술대회

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신경정신과 **하 태 현**

What is anxiety ?

- **Ekman's basic emotions**
- ***Semantic difficulties***
  - ***anxiété, angoisse*** **(French)**
  - ***ansiedad*** **(Spanish)**
  - ***angst*** **(German)**

"the term is... no more than a shorthand term with a wide variety of meanings and menifestations"

Anxiety

- **definition**
  - **a mood state**
  - **characterized by marked negative affect and somatic symptoms of tension in which a person apprehensively anticipates futures danger or misfortune**
- **a normal emotion**
  - **adaptive, in moderate amount**
  - **future-oriented mood state that prepares human to take action**

Brief Review Needed

- Emotion
- Arousal
- Relation with Cognition

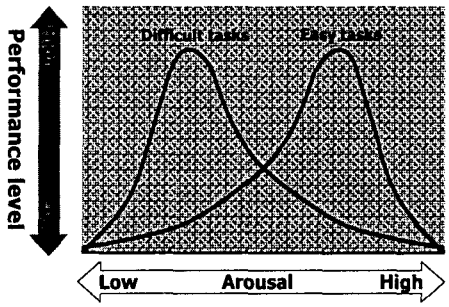
Emotion

- a response of the whole organism, involving;
  - physiological arousal
  - expressive behaviors
  - conscious experience

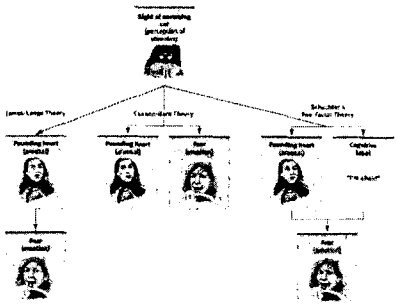
Physiological Arousal

Sympathetic		Parasympathetic
pupils dilates	eyes	pupils contracts
decreased	salivation	increases
perspires	skin	dries
increases	respiration	decreased
accelerates	heart	slows
inhibits	digestion	activates
secretes stress H	adrenal	decreased secretion

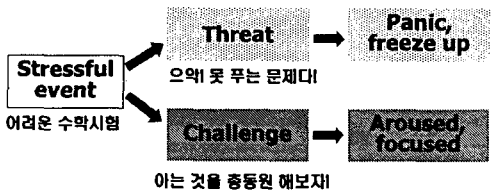
Arousal and Performance



Theories of Emotion



The Role of Appraisal



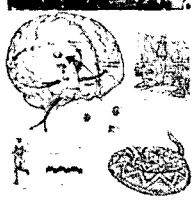
Arousal and Emotion

- **spillover effect** (Shachter and Jerome Singer, 1962)
  - **arousal response spills over into our response to the next event**
- **arousal from diverse emotion can spill from one emotion to another** (Zillman, 1986)
- **arousal can intensify any emotion** (Reisenzein, 1983; Sinclair et al, 1994)
- **sexually aroused react with more hostility, and arousal after an intense argument may intensify sexual passion** (Palace, 1995)

Emotion and Cognition

- ***arousal fuels emotion; cognition channel it !***

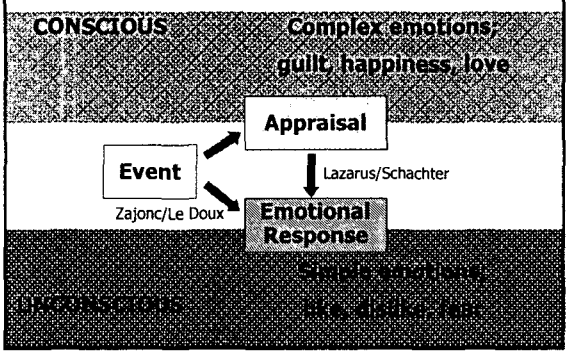
- **Which precede the other?**
  - **have to label our arousal, to experience an emotion?**



Emotions and Consciousness

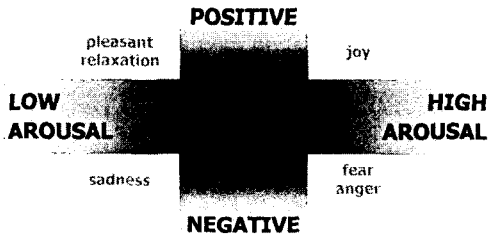
- **Without conscious thinking**
  - **emotional response to subliminally presented stimuli** (Murphy et al., 1995; Duckworth et al., 2000)
  - **facial muscles mimic** (Dimberg et al., 2000)
- **Cognitive appraisal may not be conscious** (Lazarus, 1991; 1998)
  - **may be effortless**
  - **but is still a mental function**

Experiencing an Emotion



Dimensions of Emotion

- **Emotions are variations on two dimensions**
  (Russell et al., 1989; 1999; Watsons et al., 1999)



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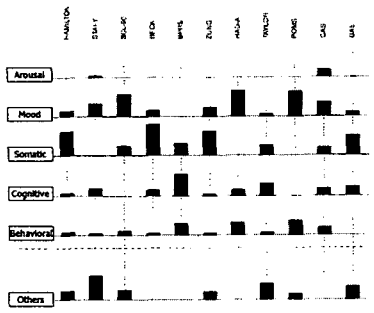
Constructs of Anxiety

- generalized or focused
  - non-situational anxiety; pervasive or free-floating, or in sudden bursts or panic attack
  - situational anxiety; may be proportional to the person's situation or experience
- state or trait
- a mood state equivalent to
  - fear, feelings of insecurity, apprehensive anticipation, contents of thought dominated by disaster...
  - increased arousal or vigilance

Multidimensional symptoms

Cognitive	Behavioral	Physiological
Nervousness	Hyperkinesis	Muscle tension
Apprehension	Repetitive motor acts	Chest tightness
Worry	Avoidance	Palpitations
Fearfulness	Pressured speech	Hyperventilation
Irritability	Increased startle response	Paresthesia
Distractibility	Lightheadedness	Lightheadedness
	Sweating	Sweting
	Urinary frequency	Urinary frequency

Measuring anxiety



Anxiety scales (Keedwell and Snaith, 1996)

Fear

- **definition**
  - **immediate alarm reaction to dangerous or life threatening situations**
  - **characterized by strong avoidance and activation of the sympathetic nervous system**
- **a normal mood state**
  - **adaptive, in response to real danger or threat**
  - **present-oriented mood state**

much evidence suggests that fear differs psychologically and biologically from anxiety

Human Fear

- **is adaptive**
  - **prepares our bodies to flee danger**
  - **fear helps us focus on a problem and rehearse coping strategies**
    - fear of injury protecting us from harm
    - fear of retaliation constraining us from harming one another
    - fear of real or imagined enemies binding people together
- **So many fears in human**
  - **we can learn to fear everything**
    - **experience; conditioning**
    - **learning by observation**

Conditioning

- **fear conditioning**
- **context conditioning**

Panic attack

- definition
  - an abrupt experience of intense fear or discomfort accompanied by physical symptoms such as heart palpitations, chest pain, shortness of breath, and dizziness
- description of 3 types in DSM-IV-TR
  - situationally bound (cued) panic attack
  - unexpected (uncued) panic attack
  - situationally predisposed panic attack

PATHOLOGIC ANXIETY

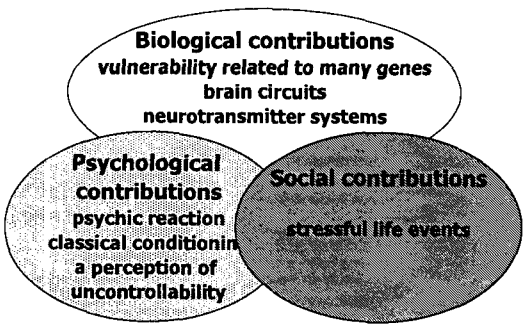
When Anxiety Becomes Pathological

- safe stimuli (e.g., situations, objects) acquire a meaning of danger
- Anxiety is excessive, inappropriate or generalized
- Responses to feared stimuli are maladaptive
- Becomes a Disorder when source of significant subjective distress or functioning impaired

Anxiety Disorders

- most common psychiatric conditions
- lifetime prevalence
  - 14.6% in ECA study (Regier et al., 1988)
  - 10.5% in WHO study (Sartorius et al., 1996)

Etiological models



Clinical Features

- Panic disorder
- Social anxiety disorder
- Specific phobia
- Post-traumatic stress disorder
- Generalized anxiety disorder
- Obsessive-compulsive disorder

Age at onset

- develop relatively early in life (Andrade et al., 2000)
  - 80-90%, before the age of 35
- specific and social phobia
  - childhood or early adolescence
  - generally manifested before the age of 20
- GAD, panic disorder and agoraphobia
  - late adolescence and early adult hood
  - average between 25 and 30 years

Panic disorder

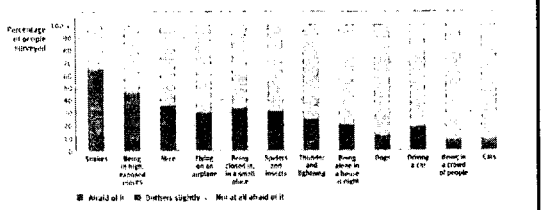
- panic attack
  - intense acute reaction, sudden onset, rapid peaking of a range of cognitive and somatic *symptoms, less than a half an hour*
- panic attack in panic disorder
  - recurrent and unexpected
  - spontaneity, but cued attack paossible
  - nocturnal panic attacks
- lifetime prevalence 2-5%
  - 3.8% for panic disorder, 5.6% for panic attack (Katerndahl and Realini, 1993)
  - 3 times more in women

Social anxiety disorder

- social situation feared
  - social interaction (generalized type)
  - social performance (performance type)
- panic attack
  - blushing, tremor, averted gaze (Amies et al., 1983)
  - situation triggered
- lifetime prevalence 2-3%

Specific phobia

- Persistent, irrational fears of certain objects or situations
- lifetime prevalence 2.3-14.4%



Post-traumatic stress disorder

- three symptoms clusters
  - re-experiencing symptoms
  - avoidant/numbing symptoms
  - hyperarousal symptoms
- meaningful other symptoms
  - shame, guilt, social mistrust
  - impulsivity, hostility, dissociation, somatization (van der Kolk et al., 1996)
- Lifetime prevalence 1-3%
  - far higher in combat veterans (30% of Vietnam vets)

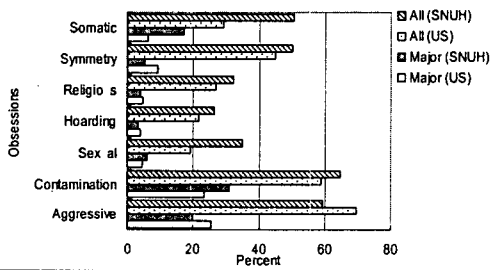
Generalized anxiety disorder

- "basic" anxiety disorder (Brown and Barlow, 1992)
- characterized by intense unfocused anxiety
  - worry about minor daily life events
  - (pathologic) difficult to turn off or control
- lifetime prevalence 4-6%
  - 2 times more in women
- comorbidity is most common (50-90%)

Obsessive-compulsive disorder

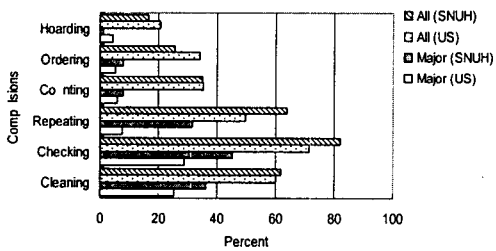
- obsessions and compulsions
- with poor insight
- other meaningful symptoms
  - slowness
  - indecisiveness
- lifetime prevalence 2-3%
  - men and women equally affected

Frequencies of obsessions



Frequencies of obsessions in US (Matalx Cols et al. 1999, N=354) and Korea (SNUH OCD Clinic, N=152)

Frequencies of compulsions



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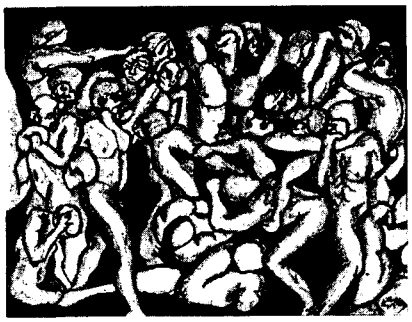
COMORBIDITY



Comorbidity

Any anxiety disorder	**74.1%**
Panic disorder	**92.2%**
Agoraphobia	**87.3%**
Social phobia	**81.0%**
Simple phobia	**83.4%**
Generalized anxiety disorder	**91.3%**
Post-traumatic stress disorder	**81.0%**

Rates of comorbidity among people with lifetime NCS/DSM-III-R anxiety disorder (Kessler et al., 1997)

Comorbidity among Anxiety disorders

	Panic disorder	Agoraphobia	Social phobia	Simple phobia	GAD
Panic disorder	-	-	-	-	12.3
Agoraphobia	11.9	-	7.1	8.7	5.8
Social phobia	4.8	-	-	-	3.8
Simple phobia	7.9	-	7.8	-	4.9
GAD	-	-	-	-	-
PTSD	3.9	4.2	2.8	3.8	3.9

Odds ratio significant at the 0.05 level (Kessler et al., 1997)

COMORBIDITY with DEPRESSION

Comparison with Depression

- **Distinction of Affect**
- **Two or Three factor model**
  - ***High negative affect in both conditions***
  - **Absence of positive affect in depression**
  - **Hyper-arousal in anxiety disorder**

Anxiety Disorders and Depression

Anxiety	Overlap	Depression
Hypervigilance, Startle response	Irritability, Apprehension/panic	Depressed mood, anhedonia
Worries about future	Negative rumination/worry	Rumination about past
Agoraphobia	Social withdrawal, distress, dysfunction	Loss of interest
	Agitation	Retardation
	Insomnia, decreased concentration, chronic pain, GI complaints, fatigue	Weight gain/loss

Epidemiology of Comorbidity

- **frequent than expected**
- **of patients with lifetime depression**
  - **47% in ECA study** (Reiger et al., 1998)
  - **58% in the NCS** (Kessler et al., 1996)
  - **57% in a meta-analysis** (Clark, 1989)
- **Odds ratio** (Kessler et al., 1996)
  - **2.9 for SAD**
  - **4.0 for panic disorder and PTSD**
  - **6.0 for GAD**

Impact of comorbidity with Depression

- **More severe symptoms**
- **More chronic illness**
- ***Decreased psychosocial function***
- **Increased work absenteeism**
- **Greater suicidal potential**
- **Greater refractoriness to treatment**

(Angst, 1993; Bronisch and Wittchen, 1994; Brown et al., 1996; Clayton et al., 1991; Coryell et al., 1992; Emmanuel et al., 1998; Gaynes et al., 1999; Kendall et al., 1992; Kessler et al., 1994; Levitt et al., 1993; Lewinsohn et al., 1995; Pawlak et al., 1999; Sartorius et al., 1996; Shafii et al., 1998; Tollefson et al., 1993)

Temporal relationship

- **anxiety-to-depression**
  - **SAD and simple phobias**
  - **cf) other anxiety disorders: at the same time as or after depression**

    (Kessler et al., 1996; Schatzberg et al., 1998)
- **mechanism proposed**
  - dysfunction in GABA system may ultimately lead to changes in monoamine systems and depression (Roy-Byrne and Katon, 1997)
  - maternal separation, protest (a prototype of anxiety), then later despair (a prototype of depression) (Bowlby, 1980)
  - early uncertain helplessness in the face of stressors become apparent (Beck, 1967)

Conclusion

- anxiety is a multi-dimensional construct
- normal anxiety is adaptive
- understanding of physiological arousal and the role of cognition is important
- pathological anxiety is very common and predisposes many psychopathologic conditions
- and, comorbidity is one of the most important aspects of anxiety disorder

감사합니다.