

ANXIETY DISORDERS

Continued

Fear versus Anxiety

Fear is our emergency defensive reaction, our flight-fight response, enabling us to respond to present danger with instantaneous, sometimes superhuman efforts (David Barlow, Boston University 2000)

Anxiety is a unique and coherent cognitive-affective structure within our defensive motivational system. . . .At its heart. . .is a sense of uncontrollability focused largely on possible future threats, danger, or other upcoming potential negative events, in contrast to fear, where the danger is present and imminent. . . .Anxiety is anticipatory, i.e., future oriented Worry or concern over future events when driven by strong anxiety is intense and uncontrollable. Chronic anxiety also is characterized by persistent central nervous system tension and arousal, autonomic inflexibility.” (Barlow, 2000)

EMOTIONAL MEMORY

EXTINCTION OF ANXIETY RESPONSES

This can be called inhibitory learning.

Plasticity

Plasticity is the change in neuron transmission properties that results from learning. This change is believed to be the expression of an increase in the strength of a synaptic connection, a process which is called:

Long Term Potential (LTP).

Inhibitory neurons achieve LTP and restrict or modify the expression of fear conditioning. Learning occurs which dampens the conditioned response.

OBSESSIVE-COMPULSIVE DISORDER

OBSESSIONS: Recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress. Not simply excessive worries about real-life problems

COMPULSIONS: Repetitive behavior (i.e., hand washing, checking) or mental actions (praying, counting, repeating words silently) that the person feels drive to perform in response to an obsession or according to rules that must be applied rigidly. The behaviors or mental acts are aimed at preventing or reducing the **distress** or preventing some dreaded event or situation.

TREATMENT

One of the anxiety disorders for which integrated model of treatment is indicated.

Medication: Certain Antidepressant medications like prozac, Luvox, imipramine

Behavior Therapy

SLOW behavior: Imagery, systematic desensitization
In Vivo Gradient exposure

RAPID: Implosion, flooding
In Vivo flooding