

निर्मल हॉस्पिटल व व्यसनमुक्ती केंद्र, मिरज.

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मनोविकार, लैंगिक समस्या व व्यसनमुक्ती तज्ञ.

शिवाजी स्टेडीयम जवळ स्टेशन रोड मिरज.

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ANXIETY DISORDERS



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Thought (विचार)



Emotion (भावना)

Behavior (कृती)

- आनंदी वाटणे.
- आनंदी होणे.
- आनंदी राहणे.

भावांक (EQ) > बुध्यांक(IQ)



निर्मल व्यसनमुक्ती केंद्र, मिरज.

Classification of Psychiatric Illness

A) Disorders During Infancy, Childhood or Adolescence :-

1) Mental Retardation, Learning disorders, Motor skill disorders. Communication disorders, Pervasive development disorders, ADHD, Tic disorders, Elimination disorder, Selective Mutism, Separation anxiety disorder.

B) Delirium, Dementia and Amnestic and other cognitive disorders :-

C) Mental disorder due to General Medical Condition:-

D) Substance related disorder:-

E) Schizophrenia and Other Psychotic disorders:-

F) Mood disorder:- Depressive disorder and Bipolar disorder.

G) Anxiety Disorder:- GAD, Phobia, OCD, PTSD.

H) Somatoform disorder:- Somatization , Conversion, Hypochondriasis, Pain Disorder, Body Dysmorphic disorder.

Classification of Psychiatric Illness

I) Factitious disorder :- (Munchausen Syndrome)

J) Dissociative disorder:- Dissociative amnesia/ Fugue/Identity disorder/Depersonalization disorder.

K) Sexual and Gender Identity Disorder:-

L) Eating disorder :-Anorexia Nervosa, Bulimia Nervosa.

M) Sleep Disorders :-

N) Impulse Control Disorders :- Kleptomania, Pyromania, Trichotillomania Etc.

O) Adjustment disorder :-

P) Personality disorders :-

1) Paranoid, Schizoid, Schizotypal.

2) Histrionic, Borderline, ASPD, Narcissistic.

3) Dependent, Avoidant, OCPD.

ANXIETY DISORDERS

Two components-

- Awareness of the Physiological sensations
Example - Palpitation, sweating.
- Awareness of being nervous or frightened.



ANXIETY DISORDER

Classification:

- **Panic disorder.**
 - **Specific phobia.**
 - **Social phobia.**
 - **Obsessive compulsive disorder.**
 - **Somatoform Disorders- Somatization disorder, Conversion disorder, Hypochondriasis, Pain Disorder, Body dysmorphic disorder.**
-

ANXIETY DISORDER

- **Acute stress disorder.**
- **Post traumatic stress disorder.**
- **Generalized Anxiety disorder.**
- **Anxiety disorder due to a general medical condition.**
- **Substance induced anxiety disorder.**
- **Anxiety disorder NOS.**



MOOD DISORDER

- Major depressive disorder
- Bipolar mood disorder- MANIA



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EPIDEMIOLOGY

One in four people meet at least one anxiety disorder.

- Lifetime Prevalence in men 19.2 %
- Lifetime Prevalence in Women 30.5%



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ETIOLOGY

Exact Etiology Is Not Known .

Theories:-

- Biological Theory.
- Genetic Theory.
- Psychosocial Theory.



ETIOLOGY

Psychoanalytical Theory:-

- Defines anxiety as a signal of the presence of danger in the unconscious.
- Biological Factors: Fluctuation in Neurotransmitters level like Serotonin, Norepinephrine, GABA etc.
- Genetic Factors : At least some genetic component responsible for anxiety disorders.



MAJOR DEPRESSIVE EPISODE

Five (or more) of the following symptoms have been present during the same **2 week** period.

- **Depressed mood** most of the day, nearly every day.
- **Markedly diminished interest** or pleasure in all, or almost all, activities most of the day.
- **Significant weight loss or weight gain** (e.g. a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.

MAJOR DEPRESSIVE EPISODE

- Insomnia or hypersomnia nearly every day.
 - Psychomotor agitation or retardation nearly every day.
 - Fatigue or loss of energy nearly every day.
 - Feelings of worthlessness or excessive or inappropriate guilt nearly every day, hopelessness or helplessness.
 - Recurrent thoughts of death, recurrent suicidal ideation plan, or a suicide attempt.
-

PANIC ATTACK

It is a syndrome or reproducible cluster of symptoms that can occur in several different anxiety disorders.

Main features- At least four of the following symptoms within 10 min.

- **Palpitation, or accelerated heart rate.**
 - **Sweating.**
 - **Shaking/Trembling.**
 - **Sense of shortness of breath or smothering.**
 - **Feeling of choking.**
-

- **Chest pain or discomfort.**
 - **Nausea or abdominal distress.**
 - **Feeling dizzy, unsteady, lightheaded or faint.**
 - **Derealization (feelings of unreality) or depersonalization (being detached from oneself).**
 - **Fear of losing control or going crazy.**
 - **Fear of Dying.**
 - **Paresthesia's (numbness or tingling sensations).**
 - **Chills or hot flushes.**
-

PERIPHERAL MANIFESTATION OF ANXIETY

- **Diarrhea.**
 - **Dizziness.**
 - **Hyperhidrosis.**
 - **Restlessness.**
 - **Hypertension.**
- **Syncope.**
 - **Tachycardia.**
 - **Tingling in extremities.**
 - **Tremors.**
 - **Upset stomach.**
-

PANIC DISORDER WITH AGORAPHOBIA

- Recurrent unexpected panic attacks for at least 1 month.
- Anxiety about being in places or situations from which escape might be difficult.

Example - Traveling, standing in a line, being in a crowd etc.



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PHOBIA

Phobia refers to an excessive fear of specific object, circumstance or situation.



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SPECIFIC PHOBIA

- **Acrophobia- Fear of heights.**
- **Agoraphobia-Fear of open places.**
- **Ailurophobia-Fear of cats.**
- **Hydrophobia-Fear of water.**
- **Claustrophobia-fear of closed spaces.**

SPECIFIC PHOBIA

- **Cynophobia-fear of dogs.**
- **Mysophobia-fear of dirt and germs.**
- **Pyrophobia-fear of fire.**
- **Xenophobia-fear of strangers.**
- **Zoophobia-fear of animals.**



OBSESSIVE COMPULSIVE DISORDER (OCD)

Obsessions:-

Recurrent and persistent thoughts, impulses or images that are experienced.

- Contamination.
- Pathological doubt.
- Need for symmetry.
- Sexual.

Compulsions:-

- Repeated behavior/Act.
- Washing.
- Counting.
- Need to ask.
- Symmetry.
- Multiple comparisons.

HYPOCHONDRIASIS

- It is defined as a persons **preoccupation with the fear of having** or the idea that one has a **serious disease** based on the persons misinterpretation of bodily symptoms.
- this fear or belief arises when a person misinterprets bodily symptoms or functions.



PAIN DISORDER – DSM IV TR

- **Pain in one or more anatomical sites is the predominant focus of the clinical presentation and is of sufficient severity to warrant clinical attention.**
- **The pain causes clinically significant distress or impairment in social, occupational or other important areas of functioning.**
- **Psychological factors are judged to have an important role in the onset, severity, exacerbation or maintenance of the pain.**

BODY DYSMORPHIC DISORDER DSM IV TR CRIRERIA

- **Preoccupation with an imagined defect in appearance. If a slight physical anomaly is present, the person's concern is markedly excessive.**
- **The preoccupation causes clinically significant distress or impairment in social, occupational or other important area of functioning.**

CONVERSION DISORDER

(Hysterical Conversion Reaction)

- **One or more symptoms or deficits affecting voluntary motor or sensory function that suggest a neurological or other general medical condition.**
- **The symptoms are not intentionally produced.**
- **After appropriate investigations each of the symptoms in criteria B can not be explained by a known GMC or direct effect of substance use.**
- **Type of symptom or deficit:**

- **With motor symptom or deficit(e.g., impaired coordination or balance, paralysis or localized weakness, difficulty swallowing or lump in throat, aphonia and urinary retention).**
 - **With sensory symptom or deficit: (e.g., loss of touch or pain sensation, double vision, blindness, deafness and hallucinations.**
 - **With Seizures or Convulsions: includes seizures or convulsions with voluntary motor or sensory components.**
 - **With Mixed Presentation: If symptoms of more than one category are evident.**
-

SOMATIZATION DISORDER DSM IV CRITERIA

- Four Pain symptoms: Pain related to at least Four different sites or functions: (Example - head, abdomen, back, joint, extremities, chest, rectum, during menstruation, during sexual intercourse or during urination)
- Two gastrointestinal symptoms: h/o at least two gastrointestinal symptom other than pain (Example. nausea, bloating, vomiting other than during pregnancy, diarrhea or intolerance of several different foods.)

SOMATIZATION DISORDER DSM IV CRITERIA

- One sexual symptom:

H/O at least one sexual or reproductive symptom other than pain (Eg. sexual indifference, erectile or ejaculatory dysfunction, irregular menses, excessive menstrual bleeding, vomiting throughout pregnancy).

- One pseudo neurological symptom:

h/o conversion symptoms such as impaired coordination or balance, paralysis or localized weakness, difficulty in swallowing or lump in throat, aphonia, urinary retention, hallucinations, loss of touch or pain sensations, double vision, blindness or deafness, seizures; dissociative symptoms such as amnesia or loss of consciousness other than fainting.)

POST TRAUMATIC STRESS DISORDER

- The person has been exposed to traumatic event. The person experienced, witnessed or was confronted with an event that involved actual or threatened death or serious injury.
- Recurrent and intrusive distressing recollection of the event including images, thoughts or perceptions.
- Recurrent dreams of the event.

CASE STUDY

30 yrs. Old Sunita lost her husband in an accident . After around 20 days she started having sadness of mood, lack of interest in reading newspapers and watching movie. She also started having disturbed sleep and appetite. She lost her confidence of doing job. She would express suicidal ideations in front of her friend. Occasionally she would exhibit crying spells.

These symptoms are since 1 month.

Diagnosis?

MAJOR DEPRESSIVE DISORDER...

CASE STUDY

- 26 year old Ganesh doing job in a school came alone to me for evaluation whether he is having HIV or not.
- ON history- he had a exposure with sex worker 3 months back. He had done all investigations like tri dot ,Elisa which were negative.
- He was with reports from different pathologists. But still he was preoccupied with thought as having AIDS.
- He asked about window period . on my explanation he decided to wait for three more months.
- After completion of window period he came to me for repeating investigation which were normal. He collected data from website and asked for western blot technique which was negative.
- But his preoccupation of having HIV persisted for 4 months. After that patient took treatment . improved 80%.

Diagnosis?

HYPOCHOONDRIASIS...

CASE STUDY

- 35 YRS old female Pooja married since 10 years who had interpersonal stressors with in laws brought by husband in casualty at Sion hospital with chief complaints of pain in abdomen on and off since 4 years.
- Pain was around the umbilical region, colicky in nature. Patient was tossing in bed. Pt was irritable. Patient was initially evaluated by Surgery lecturer at Sion. Patient was given analgesics. But no significant improvement. She had history of multiple visits in casualty and admissions in Surgery department.
- USG, colonoscopy, Upper GI scopey did not reveal any significant abnormality. All investigations were normal.
- So at last patient was referred to Psychiatry department

Diagnosis?

PAIN DISORDER...

CASE STUDY

23 yrs. old Suman who was referred to me by the cosmetic surgeon for evaluation. She was concerned about her appearance.

3 yrs. back once she was looking in the mirror while combing her hair & BODY DYSMORPHIC DISORDER notice that her nose was slightly crooked. She examined it closely from several angles & became convinced that it was abnormal.

After that she started asking everybody at home ,to friends about her appearance of nose. Everybody said – it looks fine to her but suman was not reassured.

Suman continued to be concerned about her nose. She became so self conscious about her nose that she often held her hands up to cover it when she spoke with people.

Since 6 months, she began to investigate the possibility to plastic surgery to straighten her nose. Plastic surgeon also said- it looks fine to her . In spite of this – she was asking for cosmetic surgery. So she was referred to me.

Diagnosis?

BODY DYSMORPHIC DISORDER ...

CASE STUDY

21 years old engineer Sachin B.E. Engineer student who came to me with chief complaints of nervousness. He said that he was going through the motions and want to lead normal life and go back to college.

When he entered college, he formed several close friendships but became super self conscious when speaking to strangers, classmates and sometimes with friends. He would feels nervous and had difficulty in speaking.

He began to turn down invitations to parties and to withdraw from social activities.

He decided to do job in post office where he does not require to deal with people.

Diagnosis?

SOCIAL PHOBIA...

CASE STUDY

- Working in a bank as clerk Sangeeta 31 years old who was admitted with physician for persistent nausea and vomiting referred to me for evaluation.
- She has a long history of multiple medical complaints with multiple emergency and outpatient visits with admissions over the last 5 years.
- Initially 5 years back she started complaining of irregular and painful menstrual cycles she was evaluated by gynecologists but no obvious cause was found. she continued to have problems with menstruation till date , after 2 years she started complaining of Headache with difficulty in swallowing with blurred vision. She was evaluated by Neurologist but no obvious cause was found she took treatment for 1 year but no improvement.
- After 1 year she started complaining of acute abdominal pain with vomiting evaluated by surgeon but no significant improvement.
- Since 2 years she is complaining of pain in her joints, extremities, chronic diarrhea, loss of libido.
- These symptoms were increased since last 1 year. At last she quit her job for seeking appropriate treatment.

Diagnosis?

SOMATIZATION DISORDER...

CASE STUDY

Sujata 37 F was admitted in medicine dept. at Sion Hospital. for malnutrition. After 2 wks. treatment she was ref to **psychiatric evaluation**.

On history she had repeated thoughts about cleanliness related to food items. It was **difficult to have food unless it had been washed by her 4-5 times**. She claimed after washing foods she would feel relax. After 3 months she started eating less inspire of washing repeatedly.

Diagnosis?

OBSESSIVE COMPULSIVE DISORDER...

CASE STUDY

Deepak while driving a car met an accident. He was trapped in a car for 3 hours while rescue workers cut the door of the car. After 2 days he started having recurrent intrusive thoughts about accident including nightmares of the event. He claimed he has changed his driving route. He also started having lack of concentration and increased focus on driving.

Diagnosis?

POSTTRAUMATIC STRESS DISORDER...

MANAGEMENT

- Investigations.
- Treatment.



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मानसिक चाचणी

- अल्कोहोल व मानसिक पेशंटची मानसिक चाचणी केली जाते.
- Rorschach test, EPQR, NSQ, MMPI.
- IQ, Test, BKT/Bhatia Battery/ GSB/ SPM.



DRUGS

Tertiary tricyclic drugs:-

Amitriptyline -150-300 mg/day

Clomipramine 100 mg/day

Doxepin 150-300

Imipramine 150-300

Secondary tricyclic drugs:-

Desipramine-150-300 mg/day

Tetracyclic drugs:-

Amoxapine 150-300 mg/day

Other Antidepressants:-

Mirtazapine 7.5 – 30mg/day

Venlafaxine – 37.5 – 150mg/day

Benzodiazepines:-

- Clonazepam.

- Alprazolam.

- Diazepam.

- Lorazepam.

Selective Serotonin Reuptake Inhibitors

- Fluoxetine- 20-80 mg/day
 - Escitalopram- 5,10,20 mg/day
 - Citalopram-20-40 mg/day
 - Sertraline-50-200 mg/day
 - Fluvoxamine-50 -300 mg/day
 - Paroxetine-10,20,25 mg, max up to 50 mg/day
-

TREATMENT

- MDD-Any TCA or SSRI 6-8 wks.
 - IF Severe MDD with active suicidal ideation- ECT
 - Phobia/Panic disorder- SSRI
 - Pain /Somatization disorder-TCA, or Duloxetine
 - Obsessive Compulsive disorder- SSRI Sertraline, Fluvoxamine
 - Generalized anxiety disorder- TCA or SSRI
-

PSYCHOTHERAPY / HYPNOTHERAPY

- **Individual.**
- **Group.**
- **Family.**
- **Cognitive Behavior therapy- Gradual desensitization.**



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समुपदेशन.....



पेशंट नातेवाईक यांचे
समुपदेशन केले जाते.



निर्मल व्यसनमुक्ती केंद्र, मिरज.

सामुहिक समुपदेशन(Group Therapy)....



अल्कोहोल पेशंट व
मानसिक पेशंट यांची
वेगवेगळी मिटिंग घेतली
जाते.



निर्मल व्यसनमुक्ती केंद्र, मिरज.

सामुहिक समुपदेशन(Family Therapy)....



नातेवाईकांचे मिटिंग घेऊन
त्यांनाही उपचाराबद्दल दारूचे
दुष्परिणाम तसेच मानसिक
आजार म्हणजे काय यावरती
माहिती सांगितली जाते.



निर्मल व्यसनमुक्ती केंद्र, मिरज.

योगा उपचार....



निर्मल व्यसनमुक्ती केंद्र, मिरज.

योगा उपचार....



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योगा उपचार....



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योगा उपचार / संमोहन उपचार



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योगा उपचार / संमोहन उपचार



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प्राणायाम....



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योगा उपचार....



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योगा उपचार....



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योगा उपचार / संमोहन उपचार



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पंचकर्मा उपचार



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Tratak Therapy....



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Zumba Dance Activity....



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Gym Activity....



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Music Therapy....



निर्मल व्यसनमुक्ती केंद्र, मिरज.

Music Therapy....



निर्मल व्यसनमुक्ती केंद्र, मिरज.

Ground Activity/Sports Activity



निर्मल व्यसनमुक्ती केंद्र, मिरज.

Gardening....



निर्मल व्यसनमुक्ती केंद्र, मिरज.

Carrom Activity



निर्मल व्यसनमुक्ती केंद्र, मिरज.

Craft Activity



निर्मल व्यसनमुक्ती केंद्र, मिरज.

Colour Therapy / Drawing / Painting



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SCAN ME



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अधिक माहितीसाठी संपर्क करा...

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THANK YOU